



# MASTERARBEIT | MASTER'S THESIS

Titel | Title

From Self-Reflection to Wellbeing: The Critical Role of Emotion  
Regulation in Self-Reflection Based on the Process Model

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angestrebter akademischer Grad | in partial fulfilment of the requirements for the degree of  
Master of Science (MSc)

Wien | Vienna, 2025

Studienkennzahl lt. Studienblatt | Degree  
programme code as it appears on the  
student record sheet:

UA 066 840

Studienrichtung lt. Studienblatt | Degree  
programme as it appears on the student  
record sheet:

Masterstudium Psychologie

Betreut von | Supervisor:

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## Introduction

*Self-reflection*, defined as the conscious examination of one's own thoughts, feelings, and behavior, is often seen as a double-edged sword when it comes to mental health. On the one hand, self-reflection can foster insight into our cognitive, emotional, and behavioral states, which is valuable for solving problems and navigating life effectively (Czyżowska & Gurba, 2021). However, self-reflection can also become counterproductive if it leads to *rumination*, a repetitive, passive focus on negative emotions and problems (Takano & Tanno, 2009). A study by van Seggelen-Damen (2023) found that self-rumination mediates the negative effect of self-reflection on life satisfaction. Therefore, self-reflection only lowers life satisfaction when it leads to, or is accompanied by, self-rumination. Instead of promoting clarity and growth, rumination often exacerbates distress and has been linked to mental health issues such as depression and anxiety (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). This suggests that while self-reflection can be a powerful tool for self-improvement, it is not sufficient alone to promote mental health and it must be approached carefully to avoid maladaptive patterns.

According to the WHO, mental health is defined as, “mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” (World Health Organization: WHO, 2019). This multifaceted definition provides us with a framework that encompasses both mental states, such as anxiety, and practical aspects, such as the ability to set and achieve life goals. Mental health problems can affect all areas of life. The WHO also reports that 970 million people had a mental disorder in 2019, demonstrating the enormous influence that mental disorders have.

*Emotion regulation* refers to a range of automatic and deliberate strategies that people use to manage their emotional experiences. Emotion regulation is associated with better mental health, social life and overall well-being. In contrast, challenges in emotion regulation are often associated with several mental disorders, including anxiety, depression and borderline personality disorder, highlighting its importance in maintaining emotional stability (Menefee, Ledoux & Johnston, 2022). However, emotion regulation can also involve counterproductive strategies, such as avoiding problems

rather than confronting them, which are associated with poorer well-being, life satisfaction, anxiety and increased loneliness (Olderbak et al., 2023).

An influential theoretical framework for emotion regulation is the *process model of emotion regulation* which was developed by James Gross (1998). The model presents certain strategies that encompass the practical application of emotion regulation. These strategies are: *situation selection* (the process of choosing to engage in or avoid certain situations that can influence emotional experience), *situation modification* (the active alteration of the external environment or context in order to change its emotional impact, e.g., increasing the physical distance from an emotion-evoking object), *attentional deployment* (the modification of focus towards or away from an emotion-invoking situation to influence emotional experience, including strategies such as distraction and rumination), *cognitive change* (the process of modifying the interpretation of a situation, such as cognitive reappraisal, distancing or humor) and *response modulation* (the direct regulation of emotional responses, such as suppression, exercise or drug use).

All of these strategies can be classified into *engagement* and *disengagement* components. Engagement strategies involve actively confronting and processing the emotional experience and the related situation, and they are generally associated with better mental health outcomes. In contrast, disengagement strategies focus on avoiding or suppressing the emotional experience or the situation linked to it, often manifesting as maladaptive coping mechanisms that have been linked to poorer mental health outcomes (Olderbak et al., 2023). Thus, distinguishing between engagement and disengagement appears crucial for understanding the differential impact of emotional regulation strategies on psychological wellbeing. Situation selection is classified into *confront unpleasant situations* and *avoid unpleasant situations*; situation modification into *resolve conflict* and *avoid conflict*; attentional deployment into *focus elsewhere* and *cognitively distract*; cognitive change into *consider benefits* and *reduce importance*; response modulation into *support by emotional sharing* and *expressive suppression* (in each pair, the first strategy represents engagement-oriented and the second disengagement-oriented emotional regulation, respectively).

The process model of emotion regulation is widely used by researchers to identify the underlying mechanisms of emotional regulation, and by clinicians to assess individual tendencies and develop tailored therapeutic interventions. Therefore, it is an ideal tool with which to better understand the impact of emotional regulation. However, most questionnaires do not cover all aspects of emotion regulation, including those based on the process model of emotion regulation, such as the emotion regulation questionnaire (Gross & John, 2003). This changed with the publication of the process model of emotion regulation questionnaire (PMERQ, Olderbak et al., 2022), which includes five aspects of emotion regulation addressed in the process model, including differentiation between engagement and disengagement emotional motivation. The translation into German and validation of the translations were completed in 2024 by Heckerens et al. This new German version of the questionnaire was utilized in this study.

There is a lack of empirical research examining the relationship between self-reflection and emotion regulation. Existing research suggests a meaningful association between self-awareness (similar concept to self-reflection) and emotion regulation (Verhaeghen & Mirabito, 2021). Another study found that self-awareness influences emotional intensity based on one's emotional regulatory standards (Silvia, 2002). Furthermore, emerging evidence indicates that self-reflection may serve as a predictor of difficulties in emotion regulation (Abdel-Hadi, 2022). Goleman's theory of emotional intelligence includes both self-awareness and self-regulation as core components, suggesting that these two constructs may interact to facilitate effective navigation of emotional situations (Goleman, 1995). Together, these findings emphasize the need for a more in-depth exploration of this relationship.

Previous research lacks a comprehensive approach to emotion regulation and a deeper understanding of the interplay between self-reflection and emotion regulation. Consequently, this study aims to provide new insights by employing a relatively novel approach grounded in a broader understanding of emotional regulation by using the process model. Additionally, it seeks to determine the impact of these constructs on mental health, recognizing mental health as a significant public concern and a fundamental aspect of human functioning.

## **Study aims and hypotheses**

This study investigates the relationship between self-reflection and emotional regulation, specifically focusing on whether emotional regulation influences the impact of self-reflection on mental health outcomes. Additionally, the study looks at which specific emotion regulation strategies are most beneficial and which are most detrimental for mental health, providing a deeper understanding of the mechanisms that contribute to adaptive or maladaptive outcomes.

### ***Research question***

How does emotion regulation influence the relationship between self-reflection and mental health?

### ***Hypotheses***

**Hypothesis 1.** Self-reflection alone does not lead to better mental health outcomes.

**Hypothesis 2a.** Engagement-oriented emotional regulation leads to better mental health outcomes

**Hypothesis 2b.** Disengagement-oriented emotional regulation leads to worse mental health outcomes.

**Hypothesis 3.** Self-reflection is associated with improved mental health outcomes when engagement-oriented emotion regulation is accounted for, indicating a mediating effect.

In addition to the main hypotheses, this study conducted an exploratory analysis to determine if specific emotional regulatory strategies within engagement and disengagement regulation have different effects on mental health.

## **Methods**

### **Participants**

A total of 178 German-speaking participants were recruited, primarily through social media. Therefore, this study falls under the category of convenience sampling. Participation was voluntary. Participants were informed that the surveys were anonymous and could not be traced back to individuals. Due to the survey's considerable duration, which ranged from 20 to 30 minutes, it is plausible that the participants experienced some fatigue. 14 participants were excluded from the analysis due to failing the attention check item ("To be sure that you read the questions carefully, please choose 'strongly disagree'"), indicating that the items were not read attentively,

which could lead to pattern-like answers and ignoring reversed items. Four participants were also excluded due to German language proficiency below the C1 level, which could lead to an insufficient understanding of the items' nuances. Ultimately, 160 participants were included in the analysis. Prior to the analysis, a G\*Power analysis was conducted to determine the necessary sample size (Faul et al., 2009). Similar studies including emotion regulation and mediation found low, low-to-medium, medium, and large effect sizes (Wang et al., 2023; Brodbeck et al., 2021; Peng & Ishak, 2024). Due to the wide range of results, a conservative low-to-medium effect size was chosen for this analysis considering all mediation paths ( $f^2 = 0.05$ ), with an alpha level of .05 and power of .80. This resulted in a sample size of 159 participants in the G\*Power analysis. Therefore, the final sample size of 160 is considered sufficient.

In the final sample, the mean age was 36. 50% identified as female, 46% identified as male, and 4% identified as diverse. This is a surprisingly balanced sample in terms of gender, given that women are more likely to participate in online surveys (Becker, 2017). 91% reported German as their first language. 42% reported a prior diagnosis of a psychological disorder, which is disproportionately high. A systematic review of international studies found a lifetime prevalence of 29.2% for mental health disorders (Steel et al., 2014). In terms of education, 36% of participants held a university degree. Most (84%) lived in a German-speaking EU country other than Austria, while 14% lived in Austria. Thus, this sample cannot be considered representative of Austria (Table 1).

**Table 1**

*Demographic variables*

| Variable             | Category              | <i>n</i> | %   |
|----------------------|-----------------------|----------|-----|
| Gender               | Female                | 80       | 50% |
|                      | Male                  | 74       | 46% |
|                      | Diverse               | 6        | 4%  |
| Language proficiency | Native German speaker | 146      | 91% |

| Variable                | Category                                                        | <i>n</i> | %     |
|-------------------------|-----------------------------------------------------------------|----------|-------|
| Psychological diagnosis | C2 (near-native)                                                | 10       | 6%    |
|                         | C1 (advanced)                                                   | 4        | 3%    |
|                         | Yes                                                             | 67       | 42%   |
|                         | No                                                              | 87       | 54%   |
|                         | Prefer not to say                                               | 6        | 4%    |
| Highest education       | No secondary school qualification                               | 8        | 5%    |
|                         | Lower secondary (Mittelschule)                                  | 17       | 11%   |
|                         | Vocational school (BMS)                                         | 35       | 22%   |
|                         | High school diploma (e.g., AHS, BHS, Berufsreifeprüfung)        | 43       | 27%   |
|                         | University degree (Bachelor, Master, Diploma, Doctorate)        | 57       | 36%   |
| Current residence       | Austria                                                         | 23       | 14.4% |
|                         | In another German-speaking country (e.g., Germany, Switzerland) | 134      | 83.8% |
|                         | In other EU country                                             | 1        | 0.6%  |
|                         | Outside the EU                                                  | 2        | 1.3%  |
| Austrian citizenship    | Yes                                                             | 18       | 11%   |
|                         | No                                                              | 142      | 89%   |

*Note.* This table presents the demographic characteristics of the sample in the present study. *n* denotes the number of participants who selected each category. % represents the percentage of the total sample ( $N = 160$ ) that selected each category.

### Study design

This study was conducted online, targeting a German-speaking population, and utilized several standardized questionnaires to assess the relevant constructs. For self-reflection, the German version of the self-reflection and insight scale (SRIS) was used,

which includes for this study 1 relevant subscale: engagement in self-reflection. Responses are recorded on a 6-point Likert scale from 1 (strongly disagree) to 6 (strongly agree). It includes statements such as “I don’t often think about my thoughts”. The original English questionnaire showed internal consistency ranging from  $\alpha = .71$  to  $\alpha = .91$  (Grant et al., 2002). Good convergent and discriminant validity was also reported. As no validated German translation of this questionnaire currently exists, it was translated by the author of this current study. To ensure linguistic accuracy and conceptual equivalence, the translation was reviewed and back-translated by several native German-speaking psychology master's students. The engagement in self-reflection scale demonstrated acceptable internal consistency, with a Cronbach’s alpha of .76.

To assess emotion regulation, the process model of emotion regulation questionnaire (PMERQ) was employed (Heckerens et al., 2024), comprising five subscales: situation selection, situation modification, attentional deployment, cognitive change, and response modulation (Grant et al., 2002). The five subscales are divided into specific regulatory strategies, categorized as either engagement- or disengagement-oriented: confront unpleasant situations (engagement) and avoid unpleasant situations (disengagement) for situation selection; resolve conflicts (engagement) and avoid conflicts (disengagement) for situation modification; focus elsewhere (engagement) and cognitively distract (disengagement) for attentional deployment; consider benefits (engagement) and reduce importance (disengagement) for cognitive change; and support by emotional sharing (engagement) and expression suppression (disengagement) for response modulation. The PMERQ consists of 45 items, including statements such as “I distract myself during stressful situations to feel less anxious.” Responses are rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The German version of the questionnaire was reported to be valid and reliable (Heckerens et al., 2024).

Depression and anxiety was measured using the Patient Health Questionnaire-4 (PHQ-4), which is the ultrashort measure of the core characteristics of depression and anxiety. It includes 4 items rated on a 4-point scale from 1 (not at all) to 4 (nearly every day). It includes statements such as “Feeling down, depressed or hopeless”. Of these,

two items assess depression and two items assess anxiety symptoms (Löwe et al., 2010; Kroenke et al., 2007). The PHQ-4 is reported to have good validity and internal consistency, with Cronbach's  $\alpha = .86$  for the depression subscale and  $\alpha = .90$  for the anxiety subscale (Adzrago et al., 2024).

Finally, life satisfaction was measured using the German version of the Satisfaction with Life Scale (SWLS; Diener et al., 1985), which consists of five items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). It includes statements such as "In most areas, my life corresponds to my ideals". The German version of this questionnaire is reported to have good convergent validity and to have a Cronbach's  $\alpha$  of .92 (Glaesmer et al., 2011).

These measures provided comprehensive data on self-reflection, emotion regulation, depression and anxiety symptomatic, and overall life satisfaction. Demographic data was also collected through separate questions about age, gender, German language proficiency, residency (Austria, German-speaking area within the EU, other parts of the EU, or outside the EU), Austrian citizenship, mental health history and highest level of education.

### **Statistical analysis**

Descriptive statistics were calculated for all demographic variables, including means, standard deviations, and ranges.

To test Hypothesis 1, separate linear regression analyses were conducted with mental health outcomes (depression, anxiety, and life satisfaction) as dependent variables and self-reflection as the independent variable.

To test Hypothesis 2, separate linear regression analyses were conducted using engagement- and disengagement-oriented emotion regulation strategies as predictors and mental health outcomes (depression, anxiety, and life satisfaction) as dependent variables. These analyses examined whether engagement strategies are positively associated with better mental health outcomes and disengagement strategies with poorer outcomes.

To test Hypothesis 3, mediation analyses were performed with self-reflection as the independent variable, engagement-oriented emotion regulation as the mediator, and mental health outcomes as the dependent variables. These analyses assessed whether

the potential beneficial effect of self-reflection on mental health outcomes is mediated by engagement-oriented emotion regulation.

An exploratory analysis was conducted to determine which specific engagement- and disengagement-oriented emotion regulation strategies significantly impact mental health outcomes. Separate regression analyses were performed for each PMERQ regulatory strategy, with mental health outcomes as the dependent variables. Additionally, a stepwise regression approach was employed to identify the strategies that contribute uniquely and most strongly to the prediction of these outcomes.

All statistical analyses were conducted using IBM SPSS Statistics. Mediation analyses were performed using PROCESS (version 3.5), a macro developed by Hayes (2022), to assess simple mediation models. Statistical significance was set at a 95% confidence level.

## **Results**

### **Descriptive statistics**

Depression ( $M = 4.28$ ,  $SD = 1.79$ ) and anxiety ( $M = 4.29$ ,  $SD = 1.79$ ) scales were slightly positively skewed (skewness = 0.77 and 0.73, respectively), indicating that participants tended to score low on these measures. Life satisfaction ( $M = 21.33$ ,  $SD = 7.20$ ), self-reflection ( $M = 26.54$ ,  $SD = 5.68$ ), and engagement emotion regulation ( $M = 83.91$ ,  $SD = 18.57$ ) were slightly negatively skewed (skewness =  $-0.25$ ,  $-0.42$ , and  $-0.36$ , respectively), suggesting higher scores on these scales. Disengagement emotion regulation ( $M = 71.21$ ,  $SD = 22.73$ ) did not show skewness (skewness = 0.15). There was no missing value in the data.

Shapiro–Wilk tests indicated significant deviation from normality for depression,  $W(160) = .95$ ,  $p < .001$ ; anxiety,  $W(160) = .96$ ,  $p < .001$ ; life satisfaction,  $W(160) = .98$ ,  $p = .010$ ; and self-reflection,  $W(160) = .97$ ,  $p = .005$ . Engagement emotion regulation,  $W(160) = .99$ ,  $p = .207$ , and disengagement emotion regulation,  $W(160) = .99$ ,  $p = .181$ , were normally distributed. Despite skewness, kurtosis values were close to zero (depression =  $-0.42$ ; anxiety =  $-0.52$ ; life satisfaction =  $-0.73$ ; self-reflection =  $-0.24$ ; engagement emotion regulation = 0.11; disengagement emotion regulation =  $-0.55$ ), suggesting distributions approximate normality. A visual inspection of the histograms revealed only a relatively small deviation from normality.

Boxplot analysis identified one outlier for self-reflection and two outliers for engagement emotion regulation. Visual inspection of standardized residuals against standardized predicted values showed no strong violation of homoscedasticity and no significant nonlinearity. Collinearity diagnostics indicated no multicollinearity, with condition indices consistently below 10.

Overall, despite some data limitations, there were no significant violations of the assumptions required for linear regression and mediation analyses. Furthermore, these analyses are robust, and the sample size ( $N = 160$ ) is sufficiently large to accommodate minor deviations.

## **Hypothesis 1**

### ***Self-reflection predicts depression***

A significant regression was not found,  $F(1, 158) = 1.06$ ,  $p = .305$ . The  $R^2$  was .01, indicating that self-reflection explained approximately 1% of the variance in depression.

### ***Self-reflection predicts anxiety***

A significant regression was found,  $F(1, 158) = 13.67$ ,  $p < .001$ . The  $R^2$  was .08, indicating that self-reflection explained approximately 8% of the variance in anxiety.

### ***Self-reflection predicts life satisfaction***

A significant regression was not found,  $F(1, 158) = 1.84$ ,  $p = .177$ . The  $R^2$  was .01, indicating that self-reflection explained approximately 1% of the variance in life satisfaction (Table 2).

**Table 2**

*Regression Coefficients of Self-reflection Predicting Mental Health Outcomes*

| Dependent variables | <i>B</i> | <i>SE</i> | 95% CI        | <i>p</i> |
|---------------------|----------|-----------|---------------|----------|
| Depression          | .03      | .03       | [−0.02, 0.08] | .305     |
| Anxiety             | .09      | .03       | [0.04, 0.14]  | <.001    |
| Life satisfaction   | −.14     | .10       | [−0.33, 0.06] | .177     |

*Note.*  $N = 160$ . Standardized regression coefficients ( $B$ ) are presented.  $SE$  = standard error;  $CI$  = confidence interval for  $B$ ;  $p$  = significance level

## Hypothesis 2

### ***Engagement emotion regulation predicts depression***

A significant regression was found ( $F(1,158) = 19.78, p < .001$ ). The  $R^2$  was .11, indicating that engagement emotion regulation explained approximately 11% of the variance in depression.

### ***Engagement emotion regulation predicts anxiety***

A significant regression was found ( $F(1,158) = 7.76, p = .006$ ). The  $R^2$  was .05, indicating that engagement emotion regulation explained approximately 5% of the variance in anxiety.

### ***Engagement emotion regulation predicts life satisfaction***

A significant regression was found ( $F(1,158) = 14.74, p < .001$ ). The  $R^2$  was .09, indicating that engagement emotion regulation explained approximately 9% of the variance in life satisfaction (Table 3).

**Table 3**

*Regression Coefficients of Engagement Emotion Regulation Predicting Mental Health Outcomes*

| Dependent variable | $B$  | $SE$ | 95% CI       | $p$    |
|--------------------|------|------|--------------|--------|
| Depression         | -.03 | 0.01 | [-.05, -.02] | < .001 |
| Anxiety            | -.02 | 0.01 | [-.08, -.01] | .006   |
| Life satisfaction  | .11  | 0.03 | [.06, .17]   | < .001 |

*Note.*  $N = 160$ . Standardized regression coefficients ( $B$ ) are presented.  $SE$  = standard error;  $CI$  = confidence interval for  $b$ ;  $p$  = significance level

### ***Disengagement emotion regulation predicts depression***

A significant regression was found ( $F(1, 158) = 6.58, p = .011$ ). The  $R^2$  was .04, indicating that disengagement emotion regulation explained approximately 4% of the variance in depression.

#### **Disengagement emotion regulation predicts anxiety**

A significant regression was found ( $F(1, 158) = 19.96, p < .001$ ). The  $R^2$  was .11, indicating that disengagement emotion regulation explained approximately 11% of the variance in anxiety.

#### **Disengagement emotion regulation predicts life satisfaction**

A significant regression was found ( $F(1, 158) = 9.79, p = .002$ ). The  $R^2$  was .06, indicating that disengagement emotion regulation explained approximately 6% of the variance in life satisfaction (Table 4).

**Table 4**

*Regression Coefficients of Disengagement Emotion Regulation Predicting Mental Health Outcomes*

| Dependent variable | <i>B</i> | <i>SE</i> | 95% CI       | <i>p</i> |
|--------------------|----------|-----------|--------------|----------|
| Depression         | .02      | .01       | [-.004, .03] | .011     |
| Anxiety            | .03      | .01       | [-.02, .04]  | < .001   |
| Life satisfaction  | -.08     | .02       | [-.13, -.03] | .002     |

*Note.*  $N = 160$ . Standardized regression coefficients (*B*) are presented. *SE* = standard error; CI = confidence interval for *b*; *p* = significance level

### **Hypothesis 3**

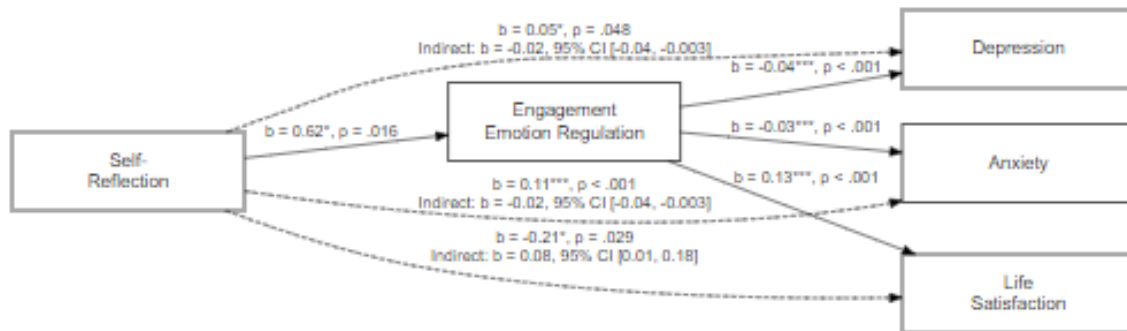
#### ***Engagement emotion regulation mediates between self-reflection and mental health variables.***

The mediation analyses revealed that self-reflection significantly predicts engagement emotion regulation ( $R^2 = .04, F(1, 158) = 5.98, p = .016$ ), indicating that about 4% of the variance in engagement emotion regulation is explained by self-reflection. For depression, self-reflection had a small positive direct effect ( $b = .05, SE = .02, t(157) = 1.99, p = .048$ ), and engagement emotion regulation had a significant small

negative effect ( $b = -.04$ ,  $SE = .01$ ,  $t(157) = -4.79$ ,  $p < .001$ ). The indirect effect of self-reflection on depression through engagement emotion regulation was significant, small and negative ( $b = -.02$ ,  $BootSE = .01$ , 95% CI  $[-.044, -.003]$ ), indicating mediation. For anxiety, self-reflection had a significant small positive direct effect ( $b = .11$ ,  $SE = .02$ ,  $t(157) = 4.49$ ,  $p < .001$ ), while engagement emotion regulation had a significant small negative effect ( $b = -.03$ ,  $SE = .01$ ,  $t(157) = -3.75$ ,  $p < .001$ ). The indirect effect of self-reflection was significant, small and negative ( $b = -.02$ ,  $BootSE = .01$ , 95% CI  $[-.04, -.003]$ ), also indicating mediation. For life satisfaction, self-reflection had a significant small negative direct effect ( $b = -.21$ ,  $SE = .08$ ,  $t(157) = -2.21$ ,  $p = .029$ ), while engagement emotion regulation had a significant positive effect ( $b = .13$ ,  $SE = .03$ ,  $t(157) = 4.24$ ,  $p < .001$ ). The indirect effect of self-reflection was significant and positive ( $b = 0.08$ ,  $BootSE = .04$ , 95% CI  $[.01, .18]$ ), indicating mediation. These results suggest that engagement emotion regulation mediates the relationships between self-reflection and the outcomes of depression, anxiety, and life satisfaction (Figure 1).

### **Figure 1**

*Mediation Model of Engagement Emotion Regulation Between Self-Reflection and Mental Health Outcomes*



Note.  $N = 160$ . Unstandardized regression coefficients ( $b$ ) are presented. Indirect = indirect effect in the mediation model; CI = confidence interval;  $p$  = significance level.

### ***Disengagement emotion regulation mediates between self-reflection and mental health variables***

The mediation analyses showed that self-reflection did not significantly predict disengagement emotion regulation ( $R^2 = .00$ ,  $F(1, 158) = 0.01$ ,  $p = .941$ ), indicating no meaningful variance in disengagement emotion regulation explained by self-reflection. For depression, self-reflection had a small positive but non-significant direct effect ( $b = .03$ ,  $SE = .03$ ,  $t(157) = 1.03$ ,  $p = .304$ ), while disengagement emotion regulation showed a significant positive effect ( $b = .02$ ,  $SE = .01$ ,  $t(157) = 2.56$ ,  $p = .012$ ). The indirect effect of self-reflection on depression through disengagement emotion regulation was non-significant ( $b = .0004$ ,  $BootSE = .01$ ,  $95\% \text{ CI } [-.011, .014]$ ), indicating no mediation. For anxiety, self-reflection had a significant small positive direct effect ( $b = .09$ ,  $SE = .02$ ,  $t(157) = 3.90$ ,  $p < .001$ ), and disengagement emotion regulation also had a significant small positive effect ( $b = .03$ ,  $SE = .01$ ,  $t(157) = 4.64$ ,  $p < .001$ ). The indirect

effect was non-significant ( $b = .001$ ,  $\text{BootSE} = .01$ , 95% CI  $[-.019, .021]$ ), indicating no mediation. For life satisfaction, self-reflection had a non-significant negative direct effect ( $b = -.13$ ,  $SE = .1$ ,  $t(157) = -1.37$ ,  $p = .171$ ), while disengagement emotion regulation had a significant negative effect ( $b = -.08$ ,  $SE = .02$ ,  $t(157) = -3.13$ ,  $p = .002$ ). The indirect effect was non-significant ( $b = -0.002$ ,  $\text{BootSE} = .03$ , 95% CI  $[-.06, .07]$ ), indicating no mediation. These results suggest that disengagement emotion regulation does not mediate the relationships between self-reflection and depression, anxiety, or life satisfaction

### **Exploratory analysis**

Separate simple linear regression analyses were conducted on each engagement emotion regulation strategy (Table 4).

#### ***Engagement emotion regulation strategies predicting life satisfaction***

**Confront unpleasant situations.** A significant regression was found,  $F(1, 158) = 11.90$ ,  $p = .001$ . The  $R^2$  was .07, indicating that confront unpleasant situations explained approximately 7.0% of the variance in life satisfaction.

**Resolve conflict.** A significant regression was found,  $F(1, 158) = 4.80$ ,  $p = .030$ . The  $R^2$  was .03, indicating that resolve conflict explained approximately 3% of the variance in life satisfaction.

**Focus elsewhere.** A significant regression was found,  $F(1, 158) = 6.74$ ,  $p = .010$ . The  $R^2$  was .04, indicating that focus elsewhere explained approximately 4% of the variance in life satisfaction.

**Consider benefits.** A significant regression was found,  $F(1, 158) = 11.16$ ,  $p = .001$ . The  $R^2$  was .07, indicating that consider benefits explained approximately 7% of the variance in life satisfaction.

**Support by emotional sharing.** No significant regression was found,  $F(1, 158) = 1.10$ ,  $p = .296$ . The  $R^2$  was .01, indicating that support by emotional sharing explained approximately 1% of the variance in life satisfaction.

#### **Engagement emotion regulation strategies predicting depression**

**Confront unpleasant situations.** A significant regression was found,  $F(1, 158) = 11.61$ ,  $p = .001$ . The  $R^2$  was .07, indicating that confront unpleasant situations explained approximately 7% of the variance in depression.

**Resolve conflict.** A significant regression was found,  $F(1, 158) = 5.02, p = .026$ . The  $R^2$  was .03, indicating that resolve conflict explained approximately 3% of the variance in depression.

**Focus elsewhere.** A significant regression was found,  $F(1, 158) = 10.42, p = .002$ . The  $R^2$  was .06, indicating that focus elsewhere explained approximately 6% of the variance in depression.

**Consider benefits.** A significant regression was found,  $F(1, 158) = 15.20, p < .001$ . The  $R^2$  was .09, indicating that consider benefits explained approximately 9% of the variance in depression.

**Support by emotional sharing.** No significant regression was found,  $F(1, 158) = 3.40, p = .067$ . The  $R^2$  was .02, indicating that support by emotional sharing explained approximately 2% of the variance in depression.

#### **Engagement emotion regulation strategies predicting anxiety**

**Confront unpleasant situations.** A significant regression was found,  $F(1, 158) = 11.09, p = .001$ . The  $R^2$  was .07, indicating that confront unpleasant situations explained approximately 7% of the variance in anxiety.

**Resolve conflict.** No significant regression was found,  $F(1, 158) = 0.68, p = .412$ . The  $R^2$  was .004, indicating that resolve conflict explained approximately 0.4% of the variance in anxiety.

**Focus elsewhere.** No significant regression was found,  $F(1, 158) = 2.14, p = .145$ . The  $R^2$  was .01, indicating that focus elsewhere explained approximately 1% of the variance in anxiety.

**Consider benefits.** A significant regression was found,  $F(1, 158) = 14.17, p < .001$ . The  $R^2$  was .08, indicating that consider benefits explained approximately 8% of the variance in anxiety.

**Support by emotional sharing.** No significant regression was found,  $F(1, 158) = 0.26, p = .612$ . The  $R^2$  was .002, indicating that support by emotional sharing explained approximately 0.2% of the variance in anxiety.

**Table 4**

*Regression Coefficients of Engagement-Based Emotion Regulation Strategies  
Predicting Mental Health Outcomes*

| Dependent variable | Independent variable           | <i>b</i> | <i>SE</i> | 95% CI         | <i>p</i> |
|--------------------|--------------------------------|----------|-----------|----------------|----------|
| Life satisfaction  | Confront unpleasant situations | 0.40     | 0.12      | [0.17, 0.63]   | .001     |
|                    | Resolve conflict               | 0.20     | 0.09      | [0.02, 0.39]   | .030     |
|                    | Focus elsewhere                | 0.31     | 0.12      | [0.08, 0.55]   | .010     |
|                    | Consider benefits              | 0.26     | 0.08      | [0.11, 0.41]   | .001     |
|                    | Support by emotional sharing   | 0.14     | 0.13      | [−0.12, 0.40]  | .296     |
| Depression         | Confront unpleasant situations | −0.10    | 0.03      | [−0.16, −0.04] | .001     |
|                    | Resolve conflict               | −0.05    | 0.02      | [−0.10, −0.01] | .026     |
|                    | Focus elsewhere                | −0.10    | 0.03      | [−0.16, −0.04] | .002     |
|                    | Consider benefits              | −0.08    | 0.02      | [−0.11, −0.04] | < .001   |
|                    | Support by emotional sharing   | −0.06    | 0.03      | [−0.13, 0.00]  | .067     |
| Anxiety            | Confront unpleasant situations | −0.10    | 0.03      | [−0.16, −0.04] | .001     |
|                    | Resolve conflict               | −0.02    | 0.02      | [−0.07, 0.03]  | .412     |
|                    | Focus elsewhere                | −0.05    | 0.03      | [−0.11, 0.02]  | .145     |
|                    | Consider benefits              | −0.07    | 0.02      | [−0.11, −0.04] | < .001   |
|                    | Support by emotional sharing   | 0.02     | 0.03      | [−0.05, 0.09]  | .612     |

Note.  $N = 160$ . Unstandardized regression coefficients ( $b$ ) are presented.  $SE$  = standard error;  $CI$  = confidence interval for  $b$ ;  $p$  = significance level.

***Disengagement emotion regulation strategies predicting life satisfaction***

**Avoid unpleasant situations.** A significant regression was found,  $F(1, 158) = 18.73$ ,  $p < .001$ . The  $R^2$  was .1, indicating that avoid unpleasant situations explained approximately 10% of the variance in life satisfaction.

**Avoid conflict.** A significant regression was found,  $F(1, 158) = 4.62$ ,  $p = .033$ . The  $R^2$  was .03, indicating that avoid conflict explained approximately 3% of the variance in life satisfaction.

**Cognitively distract.** A significant regression was found,  $F(1, 158) = 9.10$ ,  $p = .003$ . The  $R^2$  was .05, indicating that cognitively distract explained approximately 5% of the variance in life satisfaction.

**Reduce importance.** No significant regression was found,  $F(1, 158) = 2.43$ ,  $p = .121$ . The  $R^2$  was .02, indicating that reduce importance explained approximately 2% of the variance in life satisfaction.

**Expressive suppression.** No significant regression was found,  $F(1, 158) = 2.68$ ,  $p = .104$ . The  $R^2$  was .02, indicating that expressive suppression explained approximately 2% of the variance in life satisfaction.

***Disengagement emotion regulation strategies predicting depression***

**Avoid unpleasant situations.** A significant regression was found,  $F(1, 158) = 19.10$ ,  $p < .001$ . The  $R^2$  was .108, indicating that avoid unpleasant situations explained approximately 10.8% of the variance in depression.

**Avoid conflict.** No significant regression was found,  $F(1, 158) = 0.40$ ,  $p = .527$ . The  $R^2$  was .003, indicating that avoid conflict explained approximately 0.3% of the variance in depression.

**Cognitively distract.** No significant regression was found,  $F(1, 158) = 2.39$ ,  $p = .124$ . The  $R^2$  was .02, indicating that cognitively distract explained approximately 2% of the variance in depression.

**Reduce importance.** No significant regression was found,  $F(1, 158) = 0.43, p = .514$ . The  $R^2$  was .003, indicating that reduce importance explained approximately 0.3% of the variance in depression.

**Expressive suppression.** A significant regression was found,  $F(1, 158) = 7.52, p = .007$ . The  $R^2$  was .05, indicating that expressive suppression explained approximately 5% of the variance in depression.

***Disengagement emotion regulation strategies predicting anxiety***

**Avoid unpleasant situations.** A significant regression was found,  $F(1, 158) = 33.17, p < .001$ . The  $R^2$  was .17, indicating that avoid unpleasant situations explained approximately 17% of the variance in anxiety.

**Avoid conflict.** A significant regression was found,  $F(1, 158) = 7.22, p = .008$ . The  $R^2$  was .04, indicating that avoid conflict explained approximately 4% of the variance in anxiety.

**Cognitively distract.** A significant regression was found,  $F(1, 158) = 16.36, p < .001$ . The  $R^2$  was .09, indicating that cognitively distract explained approximately 9% of the variance in anxiety.

**Reduce importance.** No significant regression was found,  $F(1, 158) = 0.18, p = .676$ . The  $R^2$  was .001, indicating that reduce importance explained approximately 0.1% of the variance in anxiety.

**Expressive suppression.** No significant regression was found,  $F(1, 158) = 2.61, p = .108$ . The  $R^2$  was .02, indicating that expressive suppression explained approximately 2% of the variance in anxiety.

**Table 4**

*Regression Coefficients of Disengagement-Based Emotion Regulation Strategies Predicting Mental Health Outcomes*

| Dependent variable | Independent variable        | <i>B</i> | <i>SE</i> | 95% CI         | <i>p</i> |
|--------------------|-----------------------------|----------|-----------|----------------|----------|
| Life satisfaction  | Avoid unpleasant situations | 0.30     | 0.07      | [-0.44, -0.17] | < .001   |
|                    | Avoid conflict              | 0.18     | 0.08      | [-0.34, -0.01] | .033     |
|                    | Cognitively distract        | 0.23     | 0.08      | [-0.38, -0.08] | .003     |

| Dependent variable | Independent variable        | <i>B</i> | <i>SE</i> | 95% CI        | <i>p</i> |
|--------------------|-----------------------------|----------|-----------|---------------|----------|
| Depression         | Reduce importance           | 0.23     | 0.15      | [-0.06, 0.51] | .121     |
|                    | Expressive suppression      | 0.21     | 0.13      | [-0.45, 0.04] | .104     |
|                    | Avoid unpleasant situations | 0.08     | 0.02      | [0.04, 0.11]  | < .001   |
|                    | Avoid conflict              | 0.01     | 0.02      | [-0.03, 0.05] | .527     |
|                    | Cognitively distract        | 0.03     | 0.02      | [-0.01, 0.07] | .124     |
| Anxiety            | Reduce importance           | 0.02     | 0.04      | [-0.10, 0.05] | .514     |
|                    | Expressive suppression      | 0.08     | 0.03      | [0.02, 0.15]  | .007     |
|                    | Avoid unpleasant situations | 0.10     | 0.01      | [0.07, 0.13]  | <.001    |
|                    | Avoid conflict              | 0.06     | 0.02      | [0.02, 0.10]  | .008     |
|                    | Cognitively distract        | 0.08     | 0.02      | [0.04, 0.11]  | <.001    |
|                    | Reduce importance           | 0.02     | 0.04      | [-0.06, 0.09] | .676     |
|                    | Expressive suppression      | 0.05     | 0.03      | [-0.01, 0.12] | .108     |

*Note.* *N* = 160. Unstandardized regression coefficients (*b*) are presented. *SE* = standard error; CI = confidence interval for *b*; *p* = significance level.

### Discussion

This study examined the effects of self-reflection, engagement, and disengagement emotion regulation strategies on mental health outcomes, specifically depression, anxiety, and life satisfaction. Findings indicated that self-reflection was associated with increased anxiety but showed no significant relationship with depression or life satisfaction (hypothesis 1). Engagement emotion regulation strategies positively influenced all three mental health variables, leading to improvements in depression, anxiety, and life satisfaction (hypothesis 2a). Conversely, disengagement emotion regulation strategies were linked to detrimental effects across all measured mental health outcomes (hypothesis 2b). A mediation analysis demonstrated that engagement emotion regulation mediates the relationship between self-reflection and mental health (hypothesis 3). Because the direct and indirect effects of the independent variables were in opposite directions, it was a competitive mediation. An exploratory analysis revealed that the engagement emotion regulation strategies considering

benefits and confronting unpleasant situations were significantly associated with all three mental health outcomes. In contrast, support by emotional sharing was not significantly related to any of the mental health variables. Among the disengagement strategies, only avoiding unpleasant situations showed significant associations across all three outcomes, while reducing importance was not significantly related to any mental health outcome.

### ***Hypothesis 1***

The significant results align with previous research. A study using the same questionnaire found that self-reflection correlated positively with anxiety and stress, but not with depression (Grant et al., 2002). One possible explanation is that self-reflection can intensify emotions, including anxiety-related worry. This mechanism is supported by some evidence. However, the intensification of emotion appears to be conditional on the presence of emotional standards (Silvia, 2002). For example, high self-awareness may amplify sadness in situations like a funeral, where strong emotional responses are socially expected. Individuals experiencing depression without anxiety may exhibit apathy, a core characteristic of depression, which could dampen the emotional intensity and thus reduce additional distress caused by self-reflection.

While self-reflection can also lead to rumination, which is a common feature of both anxiety and depression, rumination itself is a heterogeneous phenomenon. Brooding rumination, characterized by passively dwelling on problems, is more typical in depression and may be less influenced by self-reflection (Gibb et al., 2011). In contrast, anxiety may be associated with a more active form of rumination, which could be more directly linked to self-reflective processes. This distinction may help explain why self-reflection relates differently to anxiety and depression. Self-reflection had a detrimental effect on life satisfaction, although this relationship was not statistically significant. Depression and life satisfaction are conceptually related, as a core feature of depression is the feeling inadequacy, including self-worthlessness (Harrison et al., 2022). Supporting this, a study by Seo et al. (2018) found that individuals experiencing depression also tend to report lower levels of life satisfaction. Anxiety and depression are closely associated and frequently co-occur as comorbid disorders (Kalin, 2020), however, they remain conceptually distinct conditions. The conceptual overlap may

explain why self-reflection did not have a significant effect on depression and life satisfaction. The varied results across different mental health outcomes highlight the importance of adopting a nuanced, multidimensional perspective when studying mental health. They also emphasize the need to treat psychological constructs, such as rumination, with specificity in order to distinguish their distinct effects accurately.

### ***Hypothesis 2***

The results align with the findings of the validation study for the PMERQ questionnaire, supporting the idea that engagement emotion regulation is a key factor in managing mental health (Heekerens et al., 2024). Avoiding emotions or related situations may increase worry over the long term, as reflected in this study's data showing that disengagement strategies were associated with higher anxiety. Additionally, disengagement was linked to greater depression and lower life satisfaction, suggesting it may also hinder overall life accomplishments and contribute to dissatisfaction. A study found that individuals who relied more heavily on avoidance-based coping strategies also reported lower sense of self-control and poorer psychological well-being (Dijkstra & Homan, 2016). Another study showed that when students used Information and communication technologies to avoid negative experiences or emotions, they tended to report poorer mental health (Panova & Lleras, 2016). However, when the devices were used out of boredom, no such effect was observed. However, a study suggests that certain forms of avoidance may serve as effective coping mechanisms in anxiety disorders, supporting a more nuanced view of disengagement emotion regulation (Hofmann & Hay, 2018).

### ***Hypothesis 3***

The mediating role of engagement emotion regulation in the relationship between self-reflection and mental health supports a nuanced view of self-reflection as a psychological construct. Self-reflection is a fundamental human capacity that appears to have ambivalent effects on mental health. Understanding the factors that influence the impact of self-reflection is therefore essential. On its own, self-reflection may simply provide insight into one's internal experiences. However, whether this insight is beneficial likely depends on the presence of other psychological resources, such as adaptive emotion regulation strategies.

In the simple regression analysis (Hypothesis 1), self-reflection demonstrated a partly detrimental and partly neutral relationship with mental health outcomes. In contrast, the mediation analysis revealed a significant positive association between self-reflection and engagement emotion regulation: individuals who engage in self-reflection are more likely to use constructive, engagement-based strategies to regulate their emotions. This may be because self-reflection enhances emotional awareness, making it easier to identify and regulate emotional responses. Furthermore, greater insight into one's reactions and behaviors may facilitate the development of more adaptive coping mechanisms.

When engagement emotion regulation was controlled for in the mediation model, the direct effect of self-reflection on mental health became significantly detrimental across all mental health variables. This suggests that self-reflection is harmful without engagement-type regulation. Conversely, the indirect path through engagement-based emotion regulation showed significant effects on all three mental health variables. This indicates that self-reflection can support mental well-being when accompanied by engagement-based emotion regulation strategies. For disengagement emotion regulation, the mediation analysis revealed no significant association with self-reflection and no evidence of a mediating effect.

### ***Exploratory analysis***

Considering benefits was consistently significant across all three mental health outcomes, suggesting that it may be particularly beneficial for overall mental well-being. Considering benefits represents a form of cognitive reappraisal, which is widely recognized as an effective emotion regulation strategy. For example, Stover et al. (2024) found that cognitive reappraisal is positively associated with resilience, while Troy et al. (2010) showed that women under high stress reported fewer depressive symptoms when they used more reappraisal. Similarly, Han et al. (2023) reported that cognitive reappraisal predicted fewer mental health problems in children. However, Penley et al. (2002) found that positive reappraisal, which is the concept most closely related to that in the current study, did not lead to improvements in mental health. Another study surprisingly found that reappraisal capacity was not associated with depressive or anxiety symptoms (Andrews et al., 2023). Highlighting the complex nature

of reappraisal, the disengagement emotion regulation strategy reducing importance, which can also be considered a form of cognitive reappraisal, did not affect any of the three mental health variables in the current study. Dawel et al. (2023) concluded that reappraisal was mostly effective in enhancing well-being and less in improving mental health. Also, it was most beneficial for individuals with vulnerabilities such as high neuroticism. Given that the current study's sample includes an overrepresentation of individuals with a history of mental health issues, it is plausible that vulnerabilities like neuroticism are also overrepresented, which may partly explain the particularly strong effect of cognitive reappraisal strategies on mental health in this context.

Another regulatory strategy consistently found to be beneficial for mental health was confronting unpleasant situations. This approach may facilitate taking active steps toward solving life problems. Supporting this, Penley et al. (2002) found that problem-focused coping positively correlates with psychological health outcomes. Consistent with these findings, avoiding unpleasant situations showed a significantly negative impact on all mental health variables in the current study.

An engagement emotion regulation strategy that was not associated with any of the mental health variables in this study was support by emotional sharing. Emotional sharing may represent an ambivalent regulatory strategy. For example, Monteiro et al. (2024) found that receiving social support increases life satisfaction and decreases anxiety. In contrast, Penley et al. (2002) reported that merely seeking social support can negatively affect mental health. This discrepancy might be explained by the difference between actually receiving genuine social support, which is beneficial, and the act of seeking social support itself, which does not guarantee positive social responses. Emotional sharing may sometimes result in dismissive or critical reactions, which could explain the lack of a clear beneficial effect observed in this study.

### **Limitations**

This study suffers from several limitations. It used a convenience sample of the German-speaking population recruited via social media, which limits the generalizability of the findings. A more representative sampling method might be required. The cross-sectional study design also does not allow for causal inferences, nor does it capture changes over time. Longitudinal studies and experimental designs might therefore be

needed. The study also relied on self-report questionnaires, which may distort results due to social desirability and common-method bias. Furthermore, the German version of the PMERQ is still relatively new and may require additional studies to examine its psychometric properties. In addition, the SRIS questionnaire was translated by the author of this study without a formal validation, which makes the results on self-reflection methodologically questionable. Some slight issues with the normality of the data were also observed. Overall, due to these limitations, the interpretation of the results should be approached with caution, and further research is needed.

### **Conclusion and implications**

This study showed that self-reflection alone can be detrimental or neutral for mental health. However, when mediated by engagement-focused emotion regulation, self-reflection can become beneficial. The findings underscore the crucial role of engagement emotion regulation in determining whether self-reflection benefits or harms mental health. The study suggests that self-reflection, when combined with active and constructive emotion regulation strategies, can serve as a valuable tool for psychological well-being. Further research is recommended to identify additional factors that may positively influence self-reflection. This study also highlighted specific regulatory strategies, such as confronting unpleasant situations, that have the most beneficial or detrimental effects. To uncover important differentiating effects, it is essential to examine psychological concepts in the most precise and concrete way possible. The results demonstrate the strong potential of the PMERQ questionnaire for advancing research on emotion regulation within the framework of the process model. Insights gained from this and future research can inform therapeutic practice by deepening our understanding of the interplay between self-reflective psychological constructs and more specific self-regulatory strategies, ultimately aiding the development of more effective treatment methods.

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## **Appendix**

### **Abstract**

The relationship between self-reflection and mental health is complex. While previous research has shown that self-reflection is often associated with mental health difficulties, it is also recognized as an important tool for personal growth and increased self-awareness, which can facilitate problem-solving. This study investigated whether engagement emotion regulation strategies, as defined by the process model of emotion regulation, mediate the relationship between self-reflection and mental health outcomes. To explore this, data were collected from 160 German-speaking participants in an online, cross-sectional study. Self-reflection, emotion regulation, and mental health variables (depression, anxiety, and life satisfaction) were assessed using standardized questionnaires. The results indicated that self-reflection alone was significantly associated with higher levels of anxiety and showed no significant relationship with depression or life satisfaction. Engagement emotion regulation was positively associated with better outcomes across all three mental health measures. Conversely, individuals who scored higher on disengagement strategies tended to report worse outcomes on all three variables. A mediation analysis revealed that engagement-based emotion regulation significantly mediated the relationship between self-reflection and mental health: self-reflection was beneficial only when accompanied by engagement strategies. No significant relationship was found between disengagement-based emotion regulation and self-reflection. An exploratory analysis further identified specific emotion regulation strategies most strongly associated with mental health: “considering benefits” and “confronting unpleasant situations” were linked to improved mental health, whereas “avoiding unpleasant situations” was associated with poorer outcomes.

. *Keywords:* self-reflection, emotion regulation, engagement, disengagement, depression, anxiety, life satisfaction, mental health, mediation

## **Zusammenfassung**

Die Beziehung zwischen Selbstreflexion und psychischer Gesundheit ist komplex. Frühere Forschungen haben gezeigt, dass Selbstreflexion häufig mit psychischen Problemen in Verbindung gebracht wird. Sie gilt aber auch als wichtiges Instrument für persönliches Wachstum und verbesserte Selbstwahrnehmung, was die Problemlösung erleichtern kann. In dieser Studie wurde untersucht, ob Engagement Strategien zur Emotionsregulierung, wie sie im Prozessmodell der Emotionsregulierung definiert sind, den Zusammenhang zwischen Selbstreflexion und psychischen Gesundheitsergebnissen vermitteln. Um dies zu untersuchen, wurden Daten von 160 deutschsprachigen Teilnehmern in einer Online-Querschnittsstudie erhoben. Selbstreflexion, Emotionsregulation und Variablen der psychischen Gesundheit (Depression, Angst und Lebenszufriedenheit) wurden mit standardisierten Fragebögen erfasst. Die Ergebnisse zeigten, dass Selbstreflexion allein signifikant mit einem höheren Angstniveau verbunden war und keine signifikante Beziehung zu Depression oder Lebenszufriedenheit aufwies. Eine Engagement-Emotionsregulierung stand in einem positiven Zusammenhang mit besseren Ergebnissen in allen drei Bereichen der psychischen Gesundheit. Umgekehrt berichteten Personen, die bei Disengagement-Strategien höhere Werte erzielten, tendenziell schlechtere Ergebnisse bei allen drei Variablen. Eine Mediationsanalyse ergab, dass eine auf Engagement basierende Emotionsregulierung den Zusammenhang zwischen Selbstreflexion und psychischer Gesundheit signifikant vermittelte: Selbstreflexion war nur dann förderlich, wenn sie von Engagementstrategien begleitet wurde. Es wurde kein signifikanter Zusammenhang zwischen Emotionsregulation auf der Basis von Desengagement und Selbstreflexion gefunden. Eine explorative Analyse ermittelte darüber hinaus spezifische Emotionsregulationsstrategien, die am stärksten mit psychischer Gesundheit verbunden sind: Die Strategien „Vorteile in Betracht ziehen“ und „Unangenehme Situationen konfrontieren“ wurden mit einer besseren psychischen Gesundheit in Verbindung gebracht, während „Unangenehme Situationen vermeiden“ mit schlechteren Ergebnissen verbunden war.

*Stichworte:* Selbstreflexion, Emotionsregulation, Engagement, Disengagement, Depression, Angst, Lebenszufriedenheit, psychische Gesundheit, Mediation