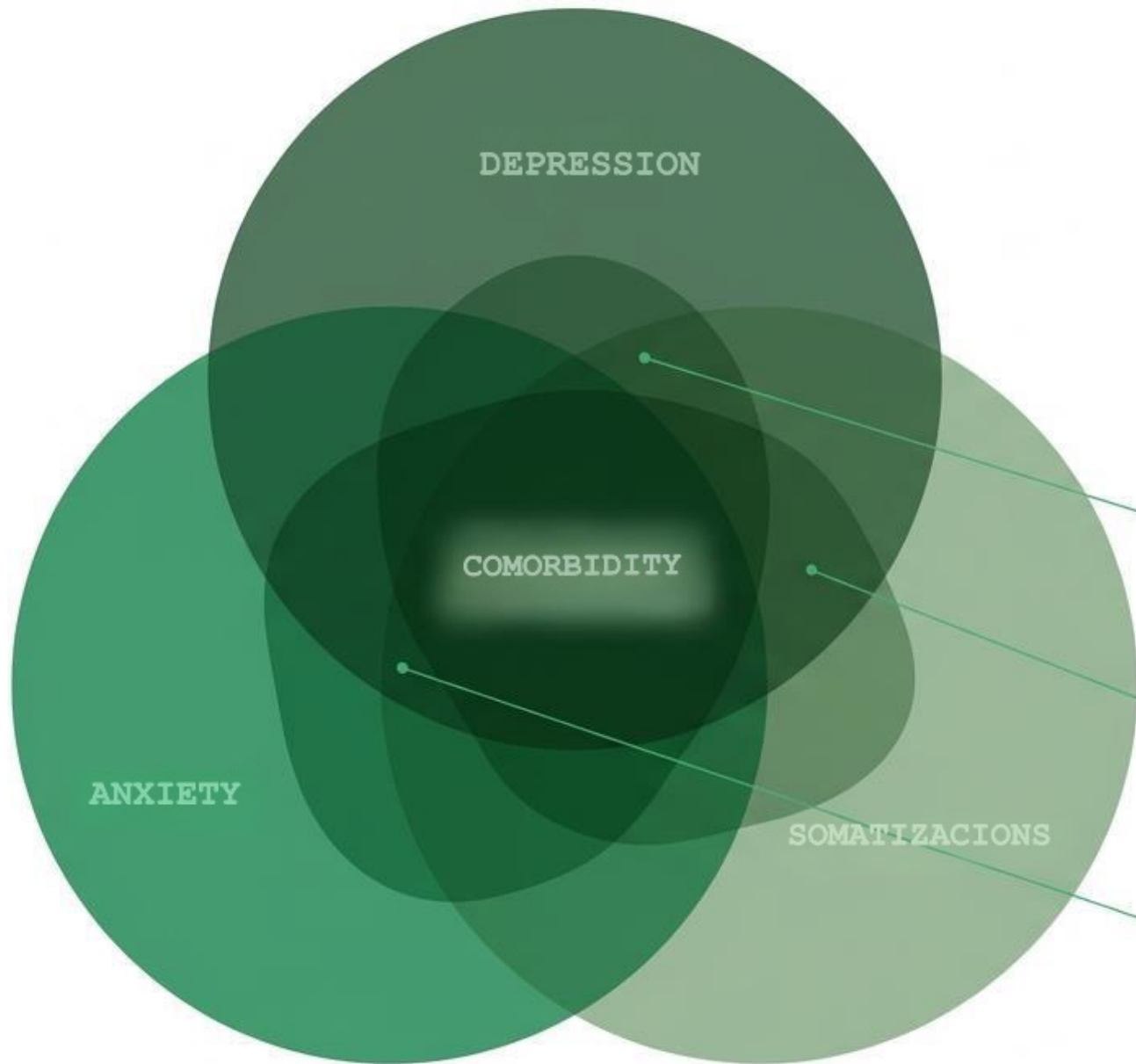


Transdiagnostic Processes in Emotional Disorders: From Cognitive Distress to Risk Behaviors

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Clinical reality

Historically, diagnostic manuals have treated depression, anxiety, and somatization as separate, distinct conditions. Empirical evidence reveals a different, intertwined reality.

Nearly a quarter of patients diagnosed have dual diagnosis (mental health disorders + alcohol use).

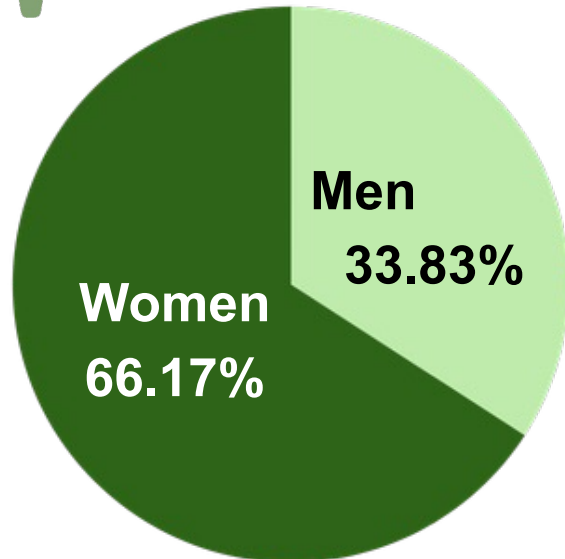
33% of suicide victims show signs of alcohol intoxication at the time of the act.

The risk of severe behavior increases exponentially with comorbidity.



Sample

$n = 1014$ adults



Age:

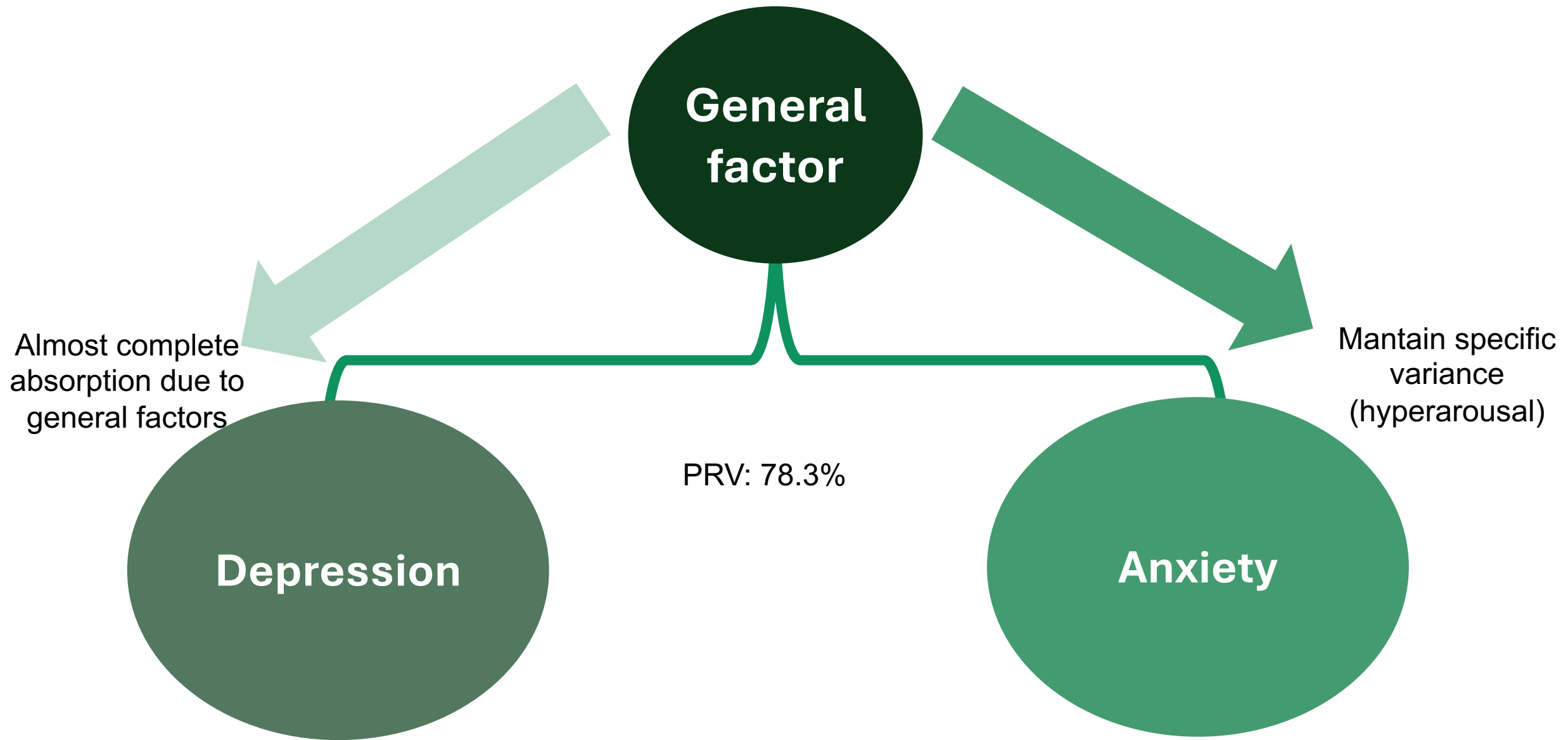
18 - 75 ($M = 33.0$, $DT = 15.15$)

Instruments

Depression and anxiety subscales of the Brief Symptom Inventory (LSB-50)

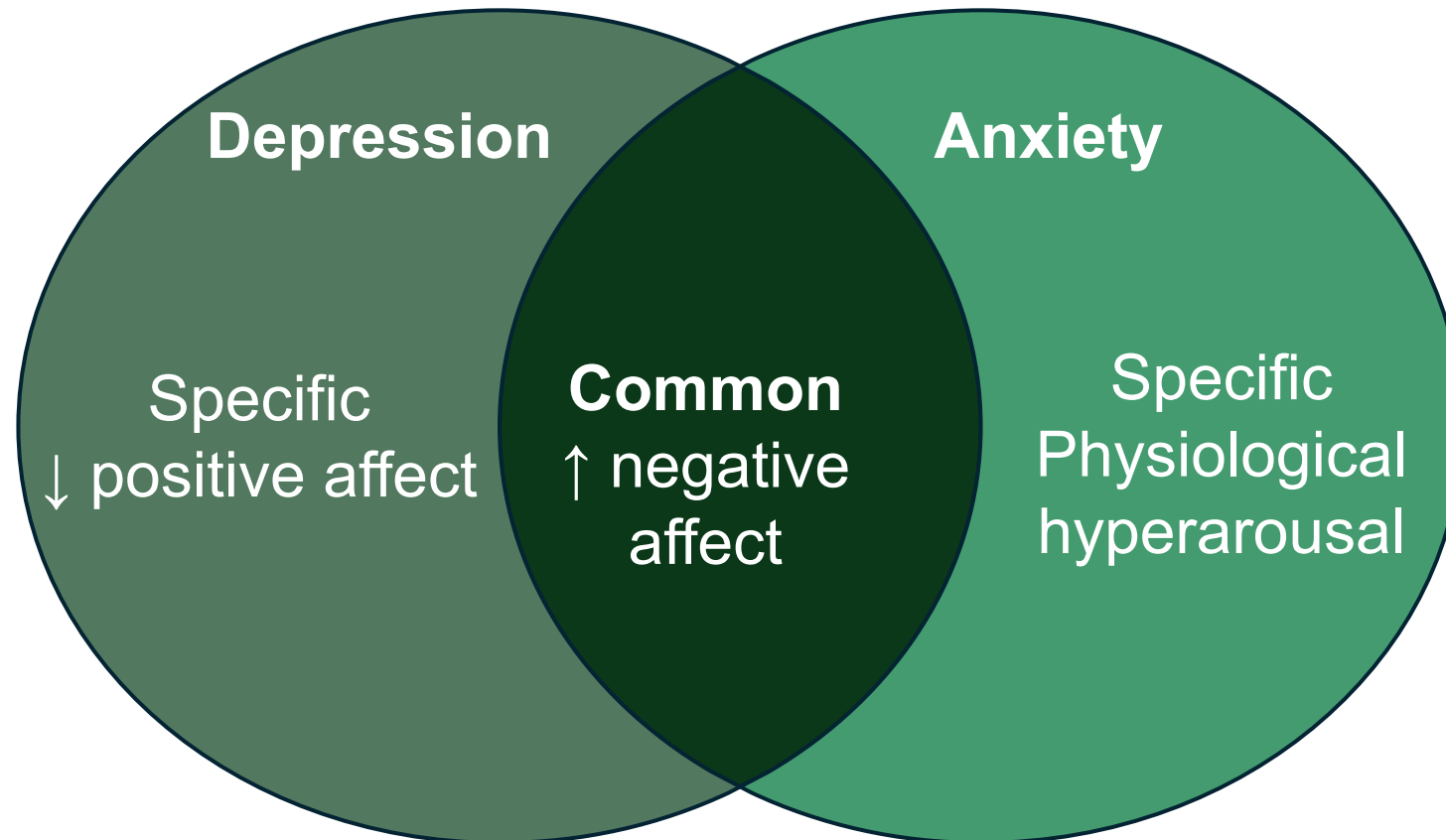
Analysis

- AFC to test fit of unidimensional, two dimensions and bifactor model
- Bifactor index



Depression and anxiety are not entirely distinct conditions, but rather overlapping manifestations of an underlying distress

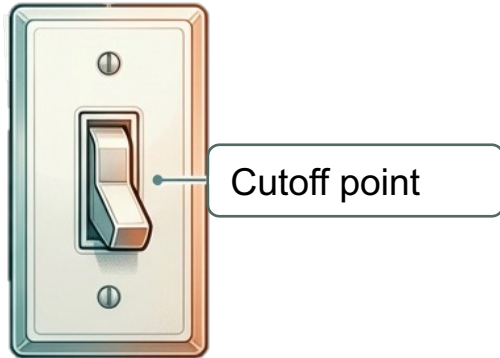
Tripartite model Clark y Watson (1991)



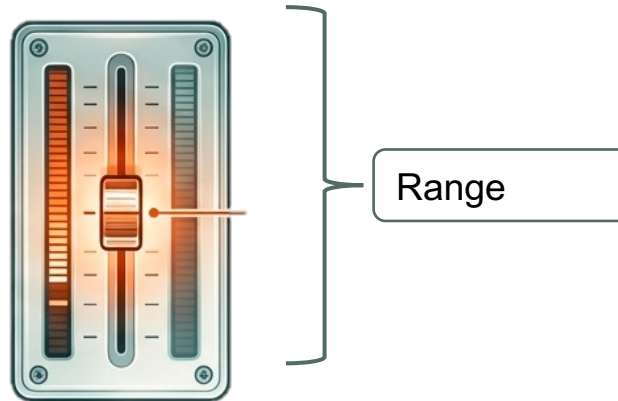
This model demonstrated that anxiety and depression are not isolated phenomena, but rather manifestations that share negative affect

Transdiagnostic model

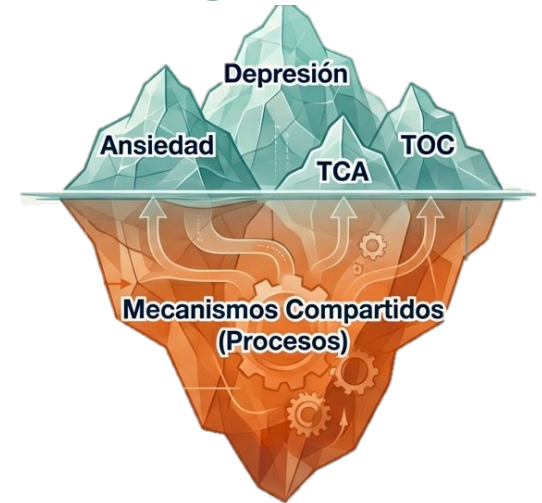
Categorical model



Dimensional model



Transdiagnostic model



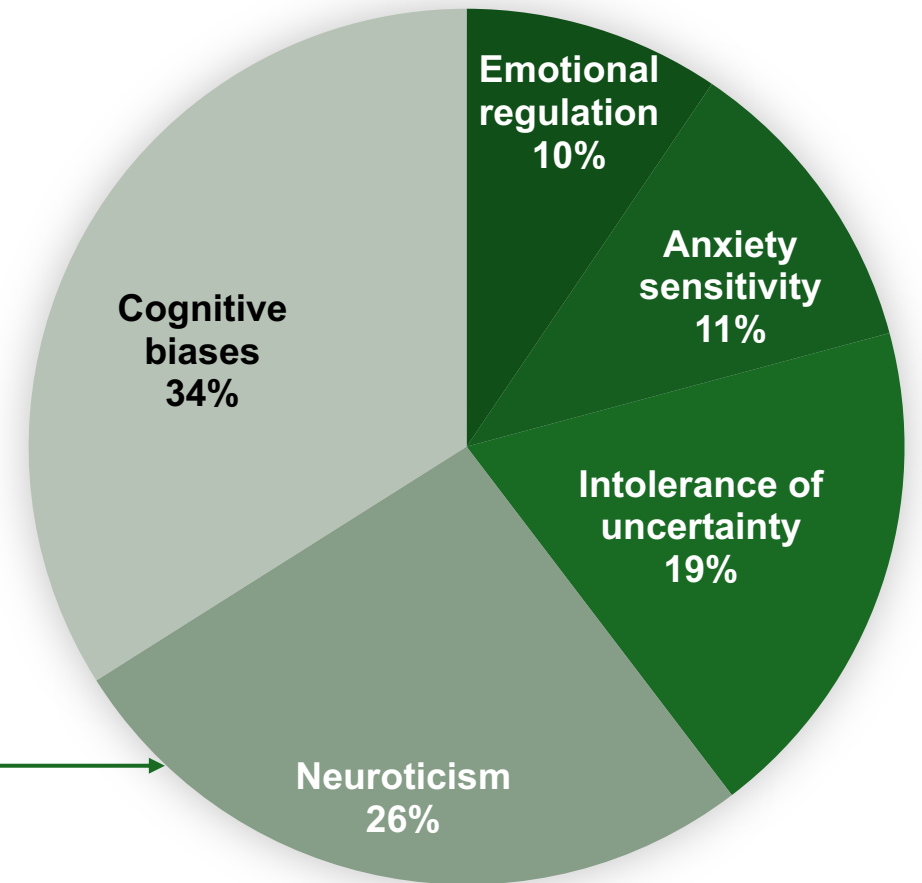
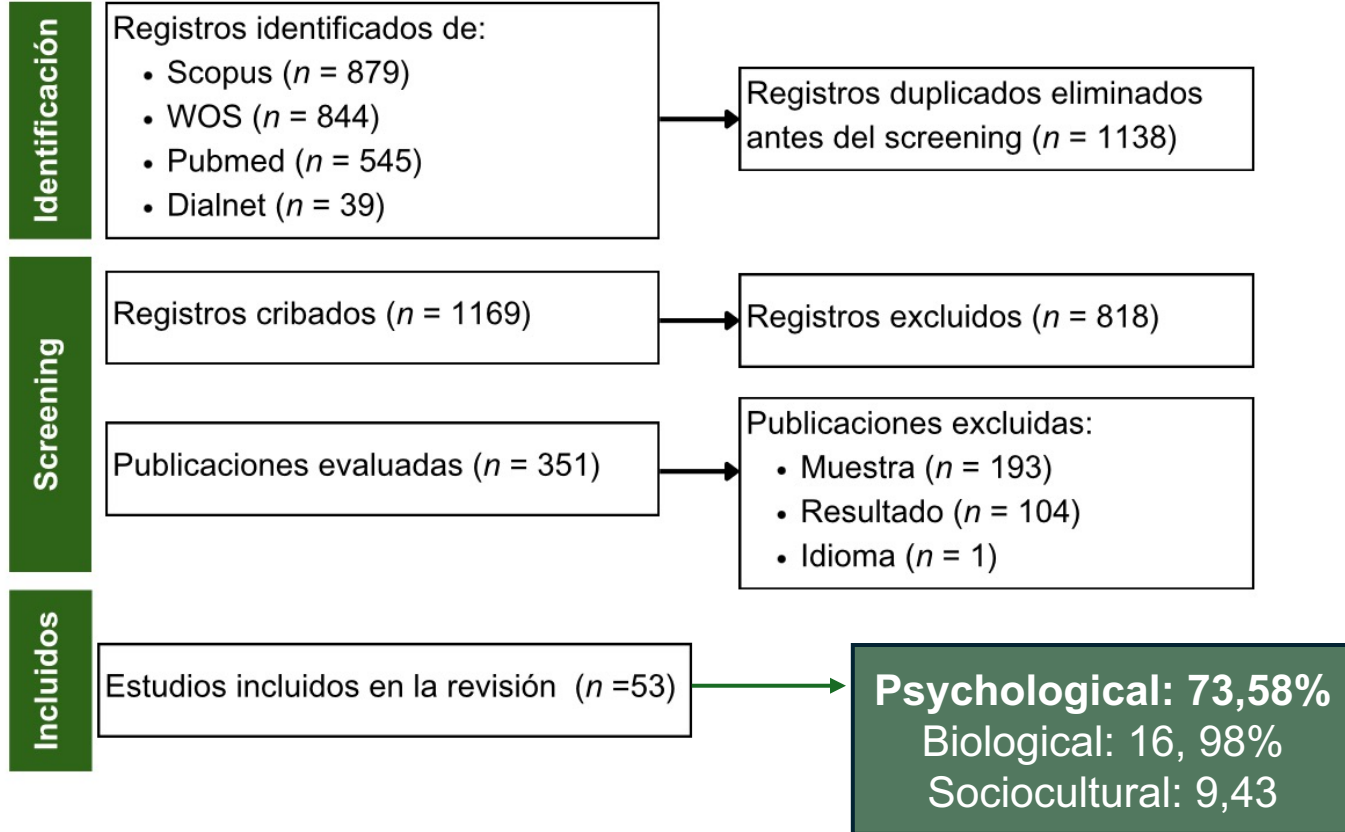
El modelo transdiagnóstico va más allá: aborda la base etiopatológica



Transdiagnostic risk factors of emotional disorders in adults: A systematic review

Celia Antuña-Cambor^{*1,4}, Óscar Peris-Baquero², Joel Juarros-Basterretxea³,
 Antonio Cano-Vindel⁴, and F. Javier Rodríguez-Díaz¹

¹ Universidad de Oviedo (Spain)
² Universidad de Zaragoza (Spain)
³ Universidad de Zaragoza (Spain)
⁴ Universidad Complutense de Madrid (Spain)



Problematic use of alcohol

Alcohol is the most widely consumed psychoactive substance worldwide and is responsible for more than 3 million deaths each year.

There is a high rate of comorbidity with emotional disorders.

The hypothesis of self-medication

People consume alcohol in a problematic manner to alleviate emotional and physical symptoms; that is, because they lack adaptive coping strategies.



Coping-strategies as a mediator between emotional disorders and problematic alcohol use

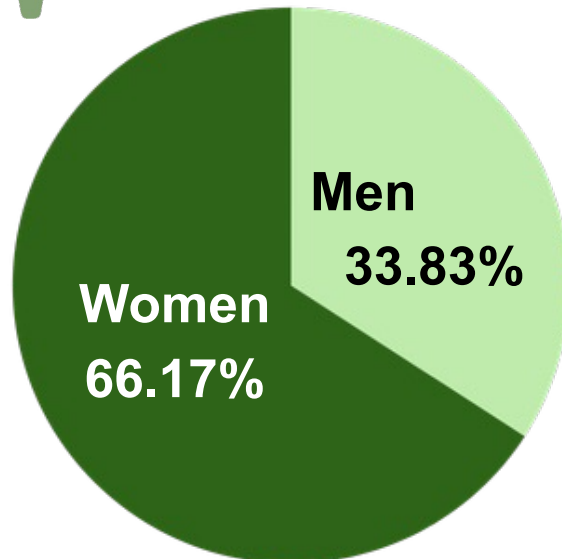


Celia Antuña-Cambor ^{a,*}, Gabriel Esteller-Collado ^{b,c}, Joel Juarros-Basterretxea ^d, Roger Muñoz-Navarro ^c, Francisco Javier Rodríguez-Díaz ^a



Sample

$n = 1014$ adults



Age:

18 - 75 ($M = 33.0$, $DT = 15.15$)

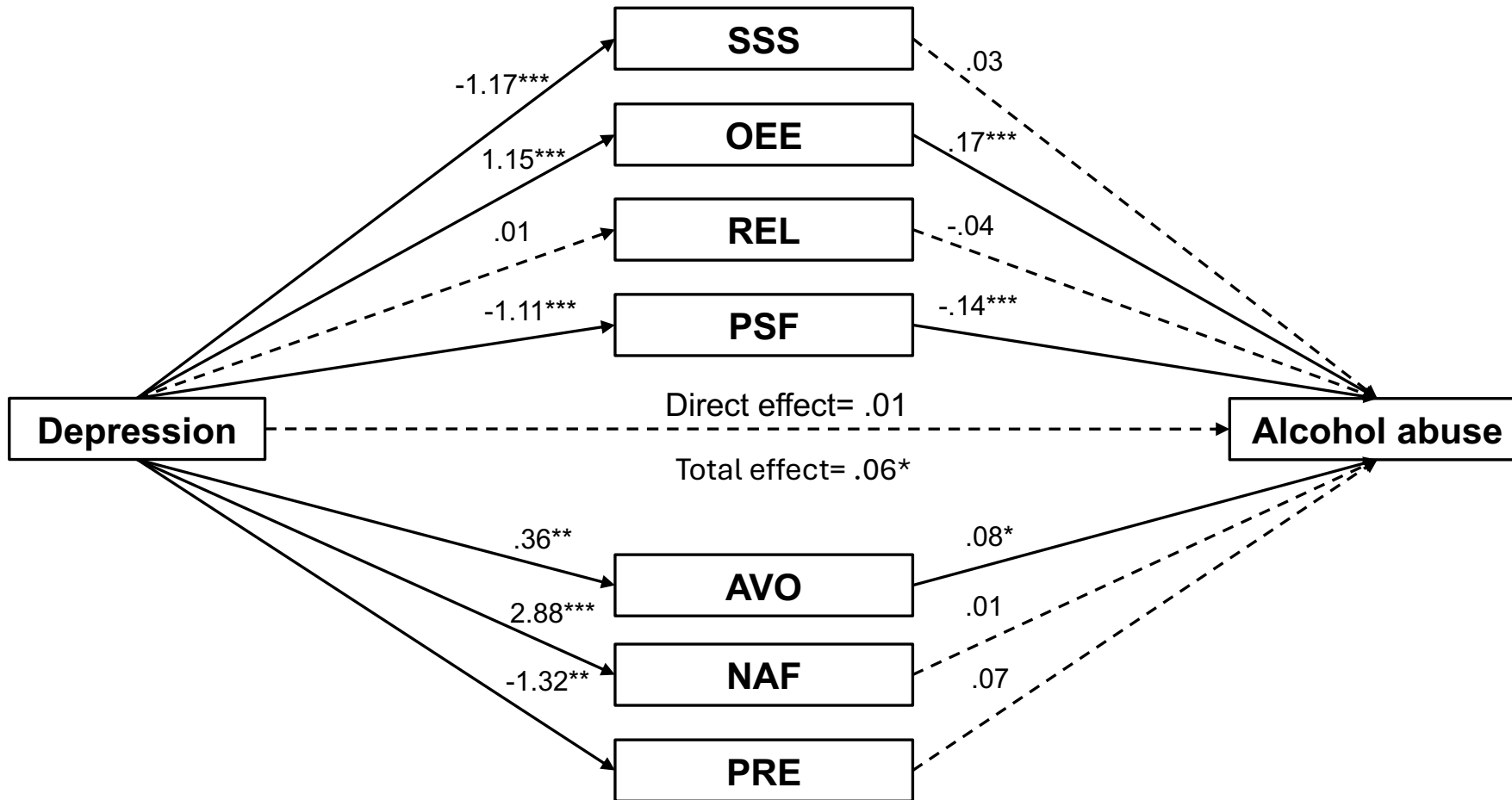
Instruments

- Depression, anxiety and somatizations subscales of LSB-50
- Stress Coping Questionnaire (SCQ)
- Alcohol Use Disorders Identification Test (AUDIT)

Analysis

- IBM SPSS (v.28) - statistical analysis and collinearity diagnosis
- PROCESS macro - mediation model 4 (gender: COV)

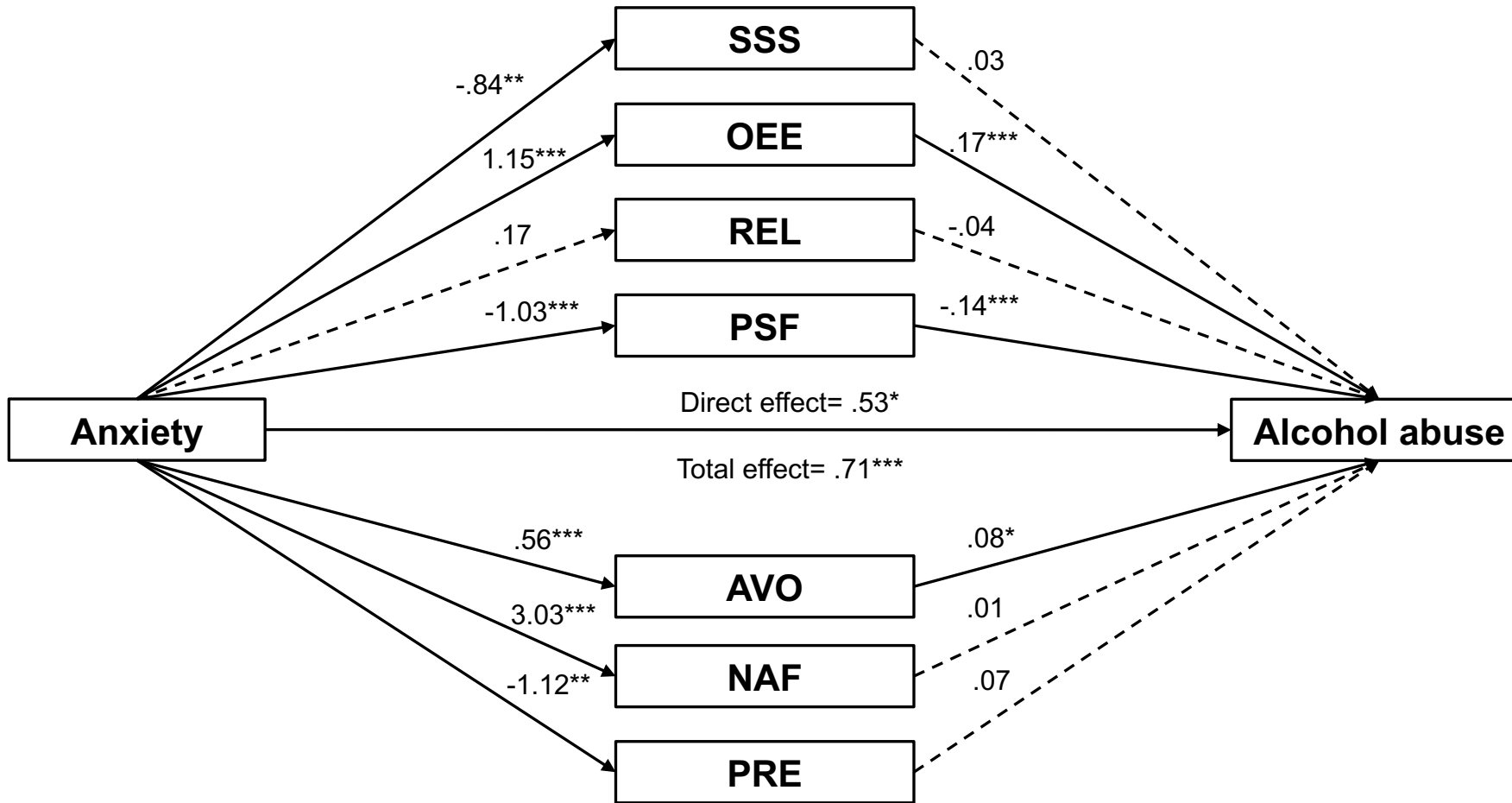
Modelo síntomas depresivos



Mediador	Effect size (SD)
SSS	-.009(.008)
OEE	.032 (.012)
REL	-.001 (.002)
PSF	.033 (.011)
AVO	.003(.003)
NAF	.009(.027)
PRE	-.023(.011)

$R^2 = .4989; p < .001$

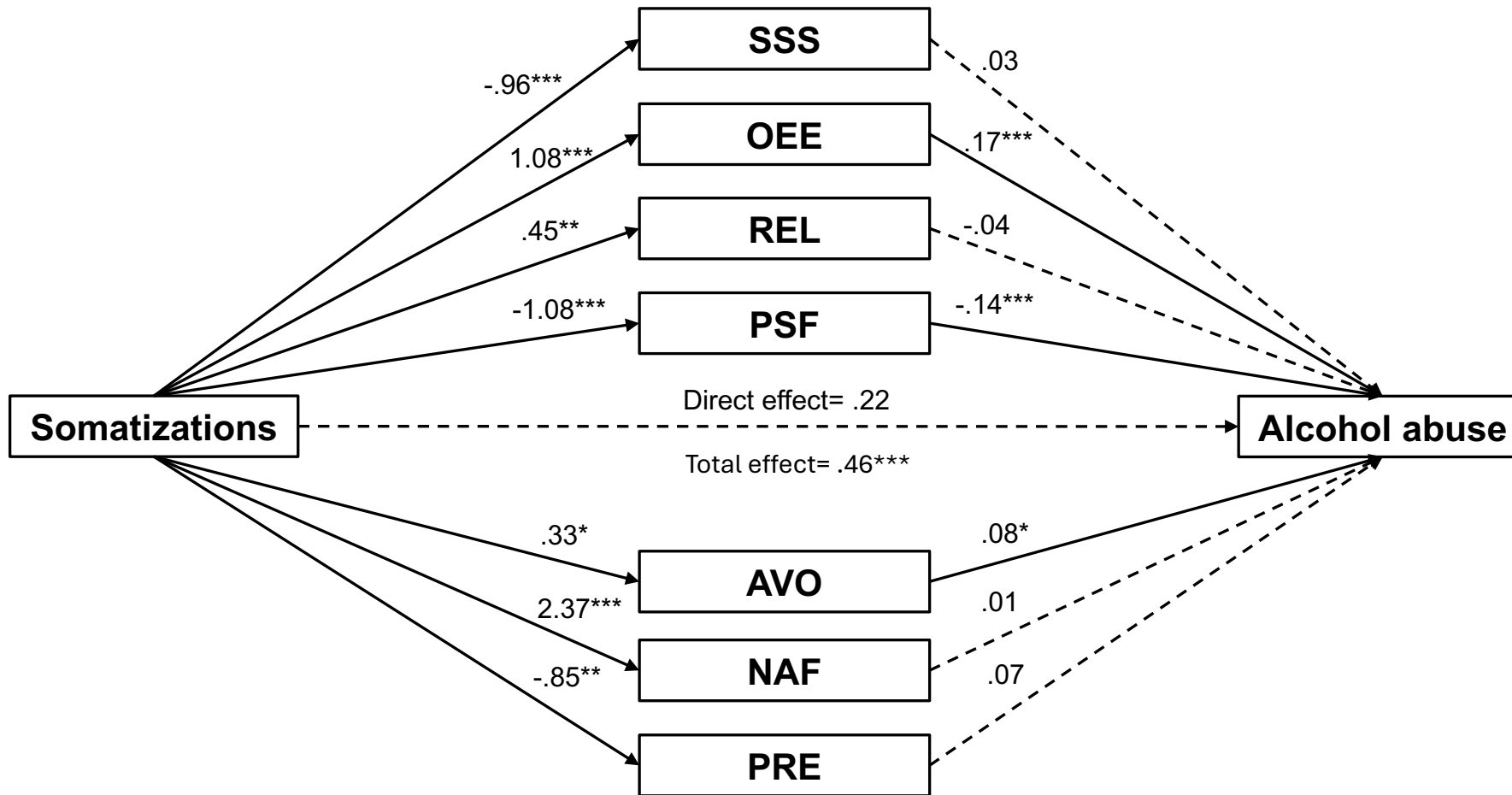
Modelo síntomas de ansiedad



Mediador	Effect size (SD)
SSS	-.005(.005)
OEE	.026(.001)
REL	-.002(.002)
PSF	.024(.009)
AVO	.004(.005)
NAF	-.007(.022)
PRE	-.026(.008)

$R^2 = .3159; p < .001$

Modelo síntomas somáticos



Mediator	Effect size (SD)
SSS	-.009(.008)
OEE	.032(.012)
REL	-.005(.002)
PSF	.033(.011)
AVO	.003(.004)
NAF	.009(.027)
PRE	-.023(.011)

$R^2 = .3196; p < .001$

Key findings

In the three models analyzed, **the mediating strategies that proved significant were consistent:**

- The relationship between emotional symptoms and problematic alcohol use was positively mediated by open emotional expression and problem-solving focus.
- In the depressive symptoms model, the mediation was total and explained nearly half of the variance, whereas in the other two models it was partial, explaining just under one-third of the variance

Emotional Disorders, Distress Tolerance and Suicide Risk: A Mediation Model

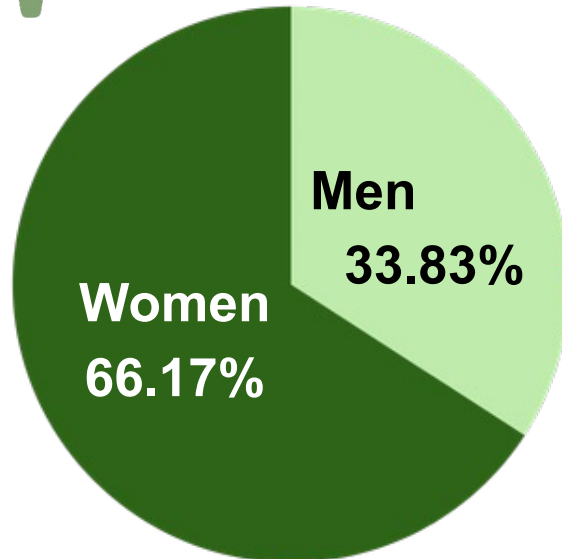
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Celia Antuña-Cambor¹ , Gabriel Esteller-Collado^{2,3},
Roger Muñoz-Navarro³, María F. Rabito-Alcón⁴, and
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Sample

$n = 1014$ adults



Age:

18 - 75 ($M = 33.0$, $DT = 15.15$)

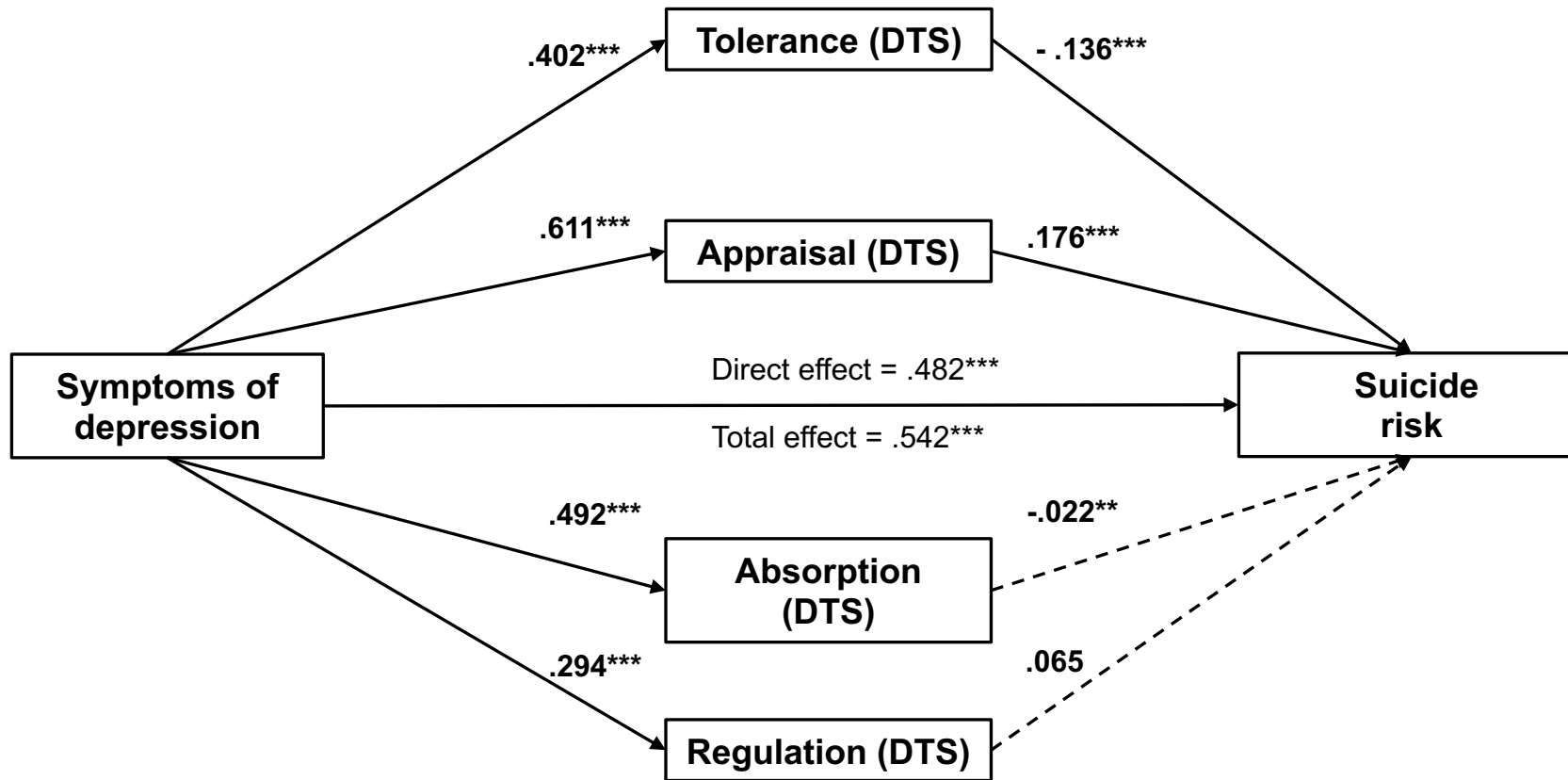
Instruments

- Depression, anxiety, obsessions and somatizations subscales of LSB-50
- Distres Tolerance Scale (DTS)
- Plutchik Suicide Risk Scale (RS)

Analysis

- IBM SPSS (v.28) - statistical analysis and collinearity diagnosis
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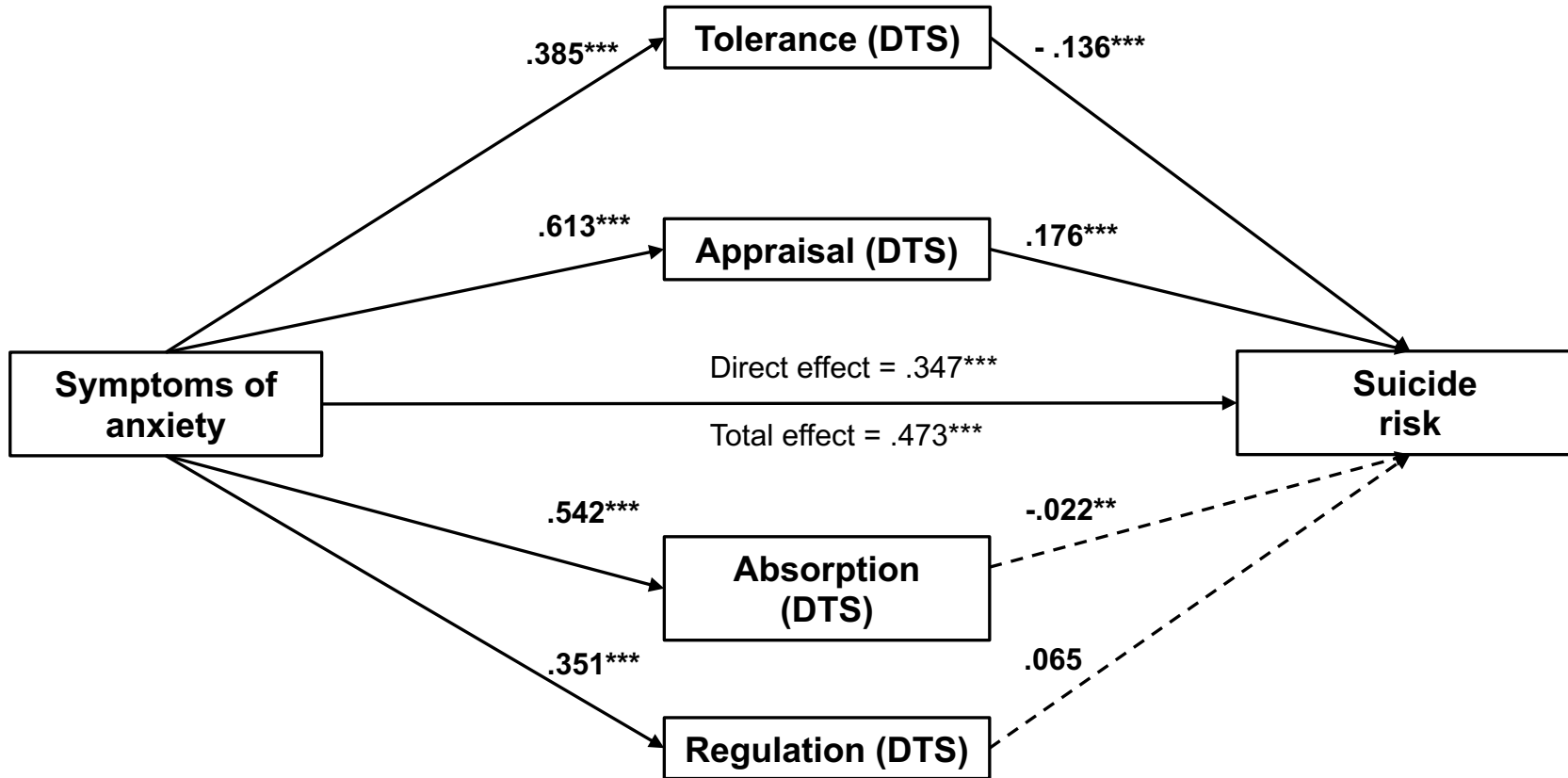
Model of depressive symptoms



Me	Effect size (SD)
Tolerance	-.05(.01)
Appraisal	.08(.03)
Absorption	.06(.02)
Regulation	<.01(<.01)

$$R^2 = .5973; p < .001$$

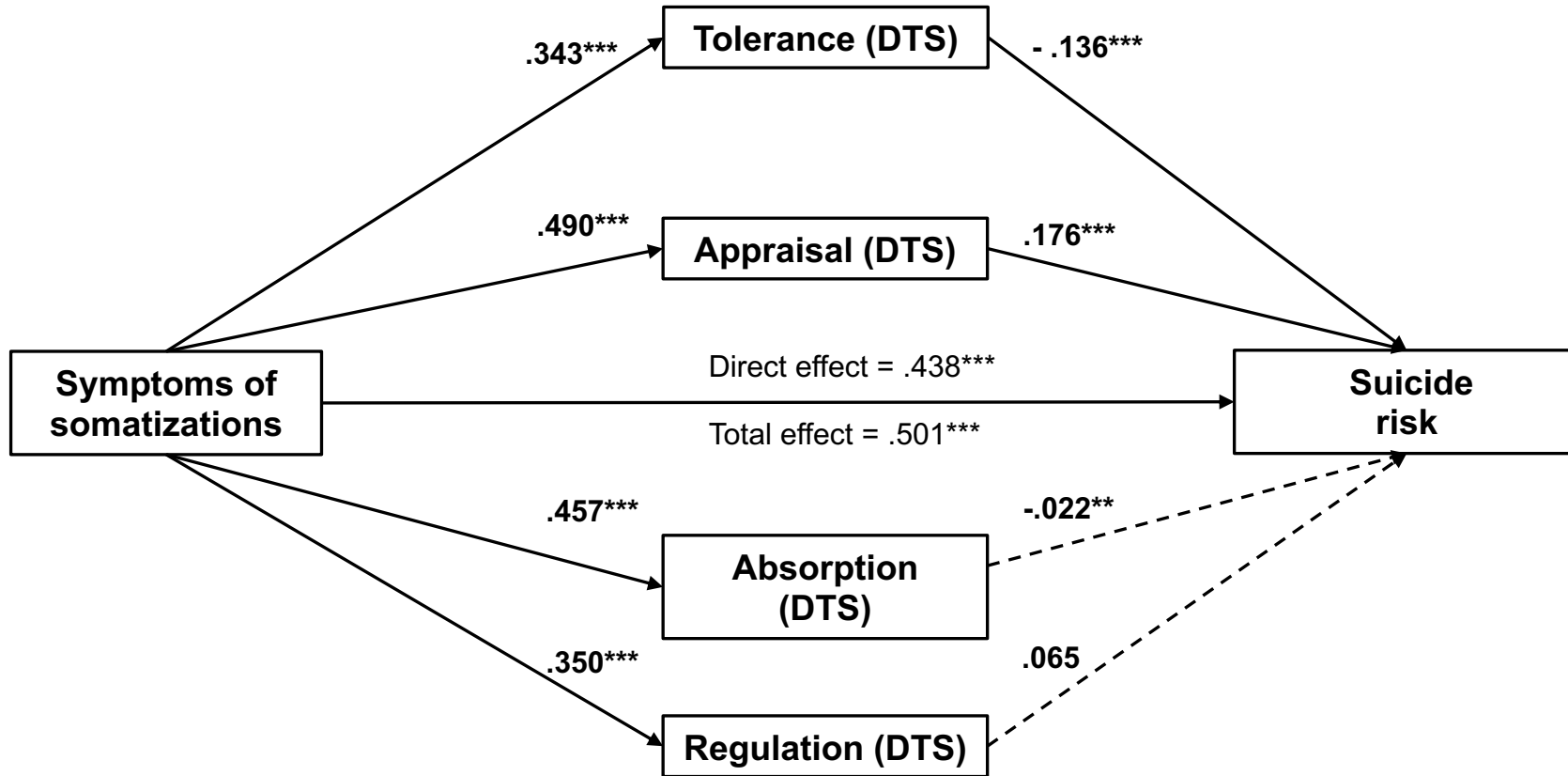
Model of anxiety symptoms



Me	Effect size (SD)
Tolerance	-.05(.02)
Appraisal	.13(.01)
Absorption	.13(.03)
Regulation	<.01(<.01)

$R^2 = .4283; p < .001$

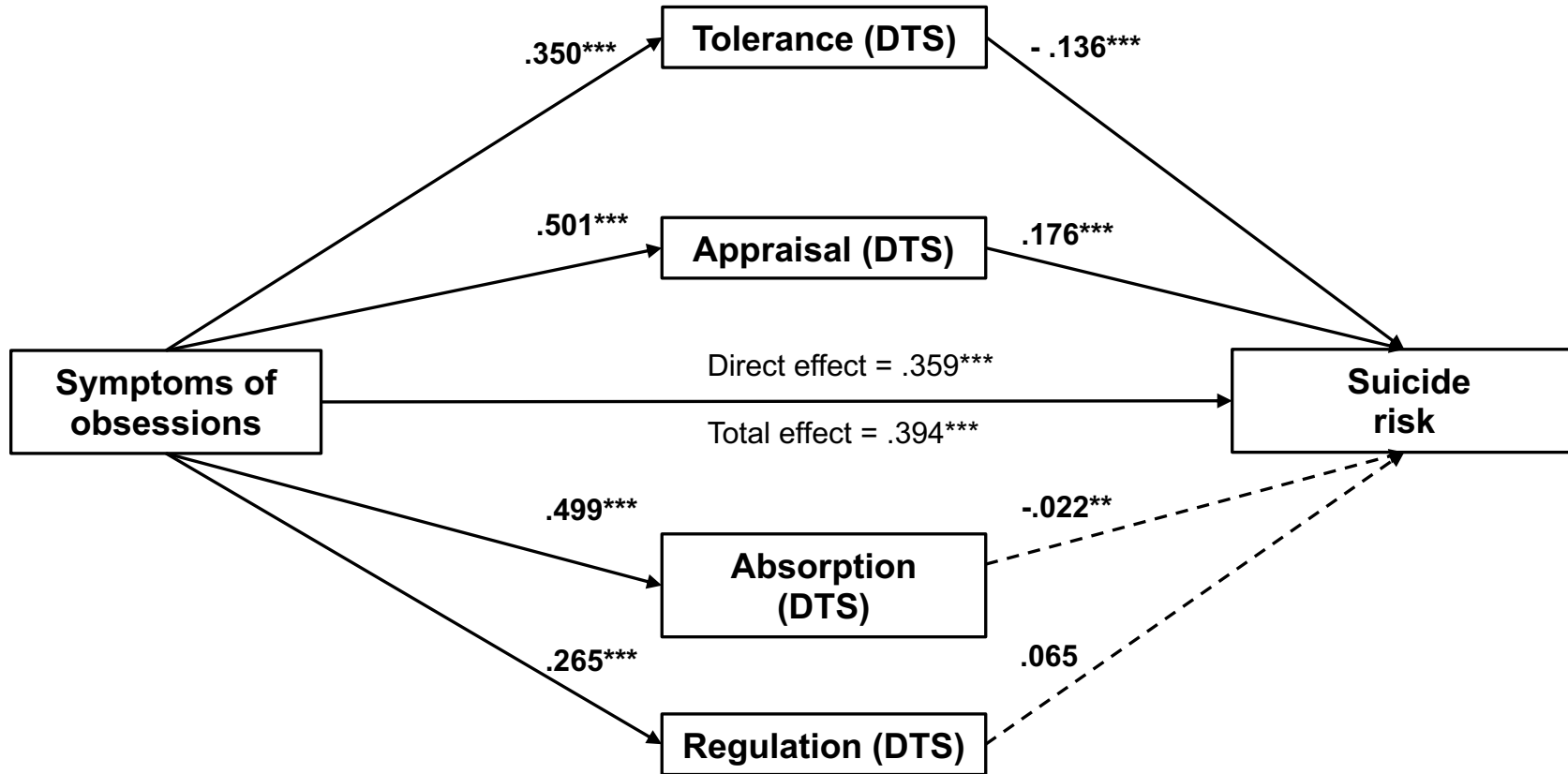
Model of somatic symptoms



Me	Effect size (SD)
Tolerance	-.05(.02)
Appraisal	.17(.02)
Absorption	.12(.03)
Regulation	<.01(<.01)

$$R^2 = .3393; p < .001$$

Model of obsessive symptoms



Me	Effect size (SD)
Tolerance	-.05(.02)
Appraisal	.17(.03)
Absorption	.12(.03)
Regulation	<.01(<.01)

$$R^2 = .3359; p < .001$$

Key findings

In all models analyzed, **the mediating strategies are consistent:**

- Emotional symptoms have a **positive effect** on suicide risk through **evaluation and absorption**
- Emotional symptoms have a **negative effect** on suicide risk through **tolerance**

In all of them, the mediation was partial, explaining more than half of the variance in depression (59.73%), slightly less than half in anxiety, and one-third in both somatization and obsessions (33.93% and 33.59%).

ORIGINAL

Emotion regulation strategies mediate the relationship between excessive alcohol use and suicidal behaviour

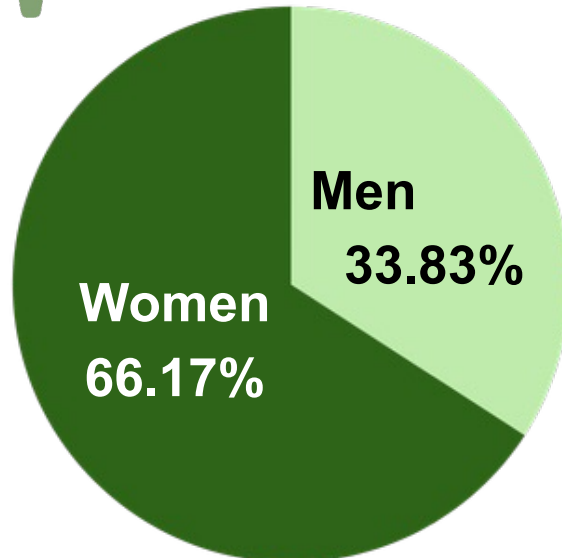
Las estrategias de regulación emocional median en la relación entre el consumo excesivo de alcohol y la conducta suicida

CELIA ANTUÑA-CAMBLOR*; GABRIEL ESTELLER-COLLADO**; ROGER MUÑOZ-NAVARRO**.



Sample

$n = 1014$ adults



Age:

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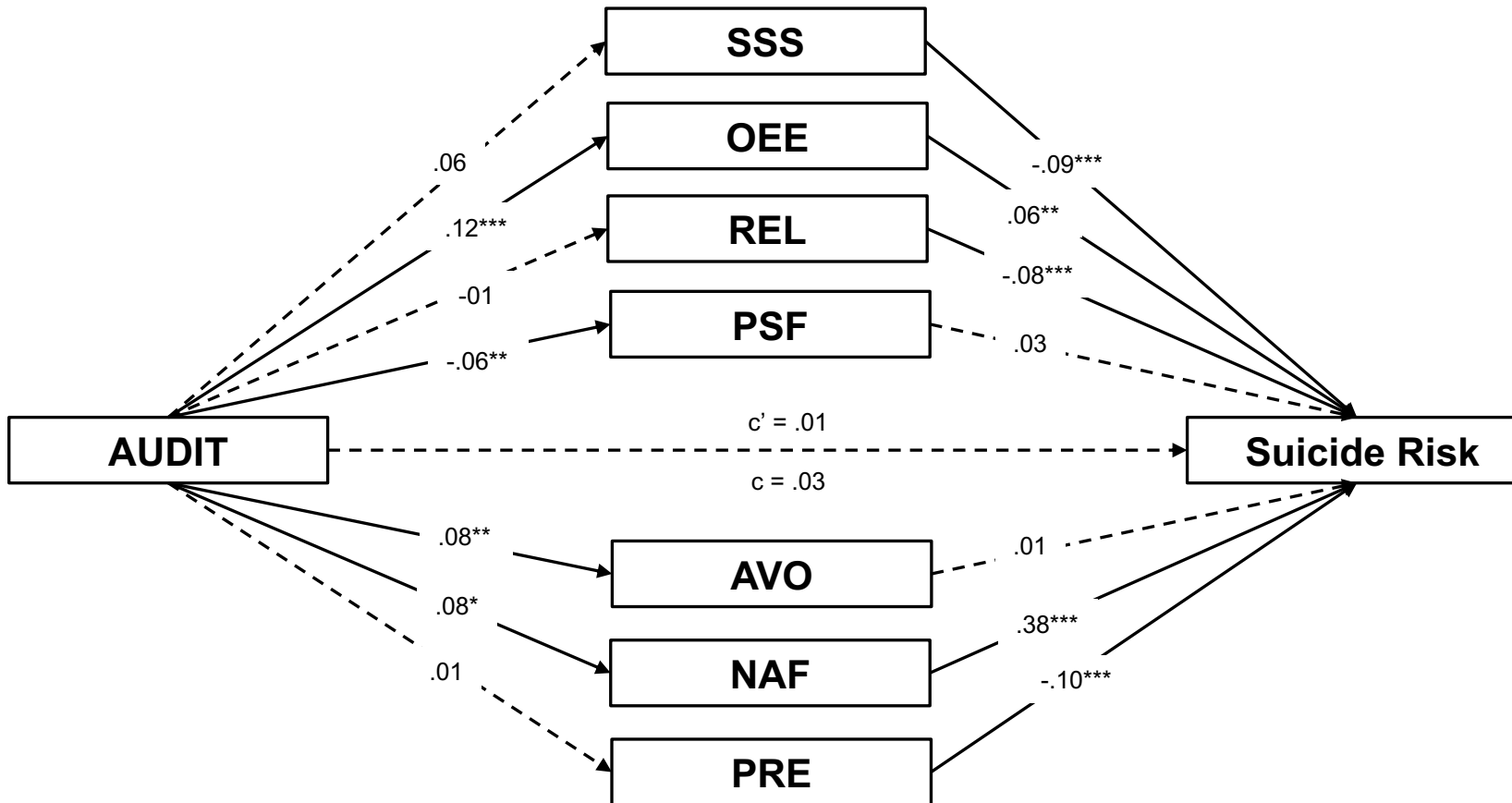
Instruments

- Alcohol Use Disorders Identification Test (AUDIT)
- Distress Tolerance Scale (DTS)
- Stress Coping Questionnaire (SCQ)
- Plutchik's Suicide Risk Scale (RS)

Analysis

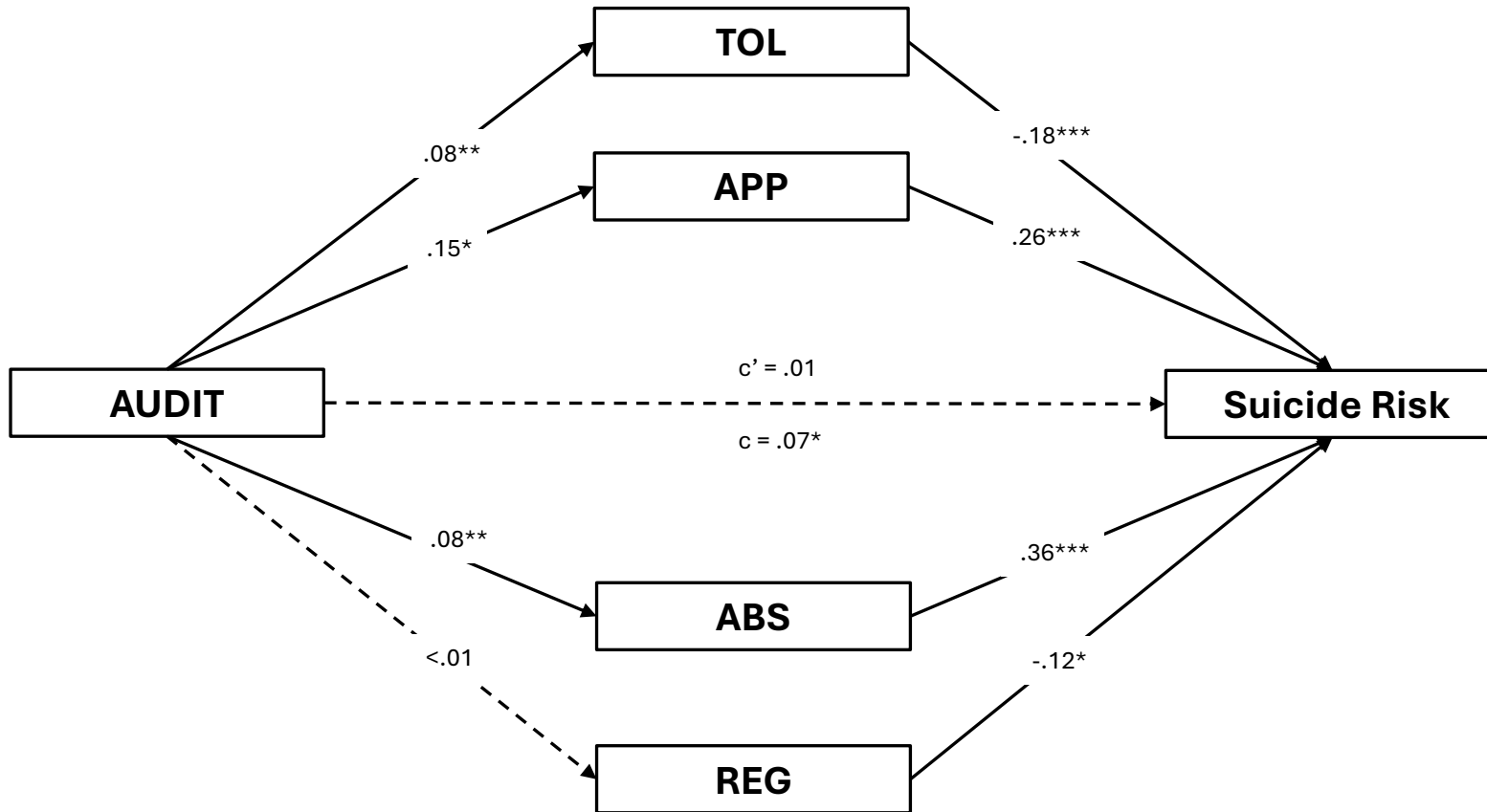
- IBM SPSS (v.28) - statistical analysis and collinearity diagnosis
- PROCESS macro - mediation model 4 (gender: COV)

Modelo de afrontamiento



Me	Effect size (SD)	
	OH-RS	RS-OH
SSS	-.006 (.005)	-.010 (.012)
OEE	.008 (.004)	.032 (.012)
REL	.001 (.003)	.002 (.003)
PSF	-.002 (.002)	.037 (.015)
AVO	-.001 (.002)	.004 (.004)
NAF	.031 (.013)	.005 (.031)
PRE	-.001 (.004)	-.027 (.016)

Distress model



Me	Effect size (SD)	
	OH-RS	RS-OH
TOL	-.014 (.007)	.033 (.023)
APP	.037 (.016)	.068 (.053)
ABS	.029 (.012)	.013 (.041)
REG	-.001 (.003)	-.046 (.021)

Key findings

- Higher alcohol consumption predicts a greater tendency toward negative self-focus (**negative coping**), which in turn increases the risk of suicide.
- Alcohol enhances cognitive narrowing, trapping the person in their own negative emotions (**absorption**) and amplifying catastrophic assessments of suffering (**valuation**), thereby exacerbating hopelessness.
- Higher tolerance diminishes the emotional impact of alcohol abuse, reducing the likelihood of suicidal behavior.

Conclusions and clinical recommendations

1 Transdiagnostic processes

Emotional disorders share underlying mechanisms, which means that interventions can be effective when they target these common processes.

2 Distress as core factor

General emotional distress is central to the onset and persistence of mental disorders, making it a primary target for intervention.

3 Process intervention


Focus treatment on shared processes (such as rumination or intolerance of uncertainty) rather than solely on specific symptoms.

4 Therapeutic pillars

Prioritize the development of skills in emotion regulation, distress tolerance, and adaptive coping strategies.

5 Build resilience

Promote and strengthen individual and social protective factors to build a solid foundation against future vulnerabilities.



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