

Research Paper

Worry, Rumination and Emotion Regulation among Patients with Generalized Anxiety Disorder and Depression

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ABSTRACT

The present study aimed to explore worry, rumination and emotion regulation among the patients with generalized anxiety disorder and depression. The objectives of the study were, 1. explore the difference among the variables worry, rumination and emotion regulation in the patients with GAD and DEP, 2. Determine the relationship among the variables worry, rumination and emotion regulate. Purposive sampling technique was used to select 50 patients aged 18 to 28 from hospital settings of kota Raj. Self-report questionnaires; Ruminative Response Scale, Penn State Worry Questionnaire and Difficulties in Emotion Regulation Scale were administered on them. Results revealed statistically significant difference between the two sample on the variable worry and rumination but insignificant difference was noted on emotion regulation. The correlational findings depicted significant relationship among worry, rumination and emotion regulation. Through findings it can be concluded that worry and rumination hamper the emotion regulation which in turn may cause the person to suffer from anxiety and depression for a longer period. Research finding may help therapist to get depth understanding of worries, ruminations and emotion regulation in the patient with GAD and DEP.

Keywords: *Worry, Rumination, Emotion Regulation, Generalized Anxiety Disorder, Depression*

In a large group of prevalent psychiatric disorders, GAD is excessive anxiety and worry about a range of concerns (e.g., world events, finances, health, appearance, and, work) accompanied by such symptoms as restlessness, fatigue, poor concentration, irritability, muscle tension, and disturbed sleep. For a formal diagnosis of GAD, the worry is often experienced as difficult to control, and the various symptoms that accompany the worry and anxiety occur on more days than not for a period of 6 months or more. (APA & DSM5). On the other side Major Depression disorder is a negative affective state, ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency, that interferes with daily life. Various physical, cognitive, and social changes also tend to co-occur, including eating or sleeping habits, lack of motivation, difficulty in concentrating, poor decisions making, and withdrawal from social activities. It is symptomatic of a number

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of mental health disorders. (APA & DSM5). According to recent survey of World Mental Health Survey (WMHS), The current weighted prevalence of total ADs was 2.57% among the adult general population. Among Anxiety Disorders, agoraphobia was most common (1.6%), followed by GAD (0.57%). Females are 1.67 times more affected compared to men. According to WHO about 7.5 per cent Indians suffer from some mental illness. In numbers 56 million Indians suffer from depression and another 38 million Indians suffer from anxiety disorders.

Worry and rumination are cognitive processes characterized by thinking about personal concerns in unproductive, repetitive ways, and experiencing difficulties terminating these chains of thoughts (de Jong-Meyer, Beck, & Riede, 2009). Worry is one mechanism that has been implicated to manage emotional reactivity. GAD and worry are actively linked to intrusive, exploitable, non-assertive, and interpersonal problems (Przeworski et al. 2011). One study found that even after controlling for depressive and social anxiety symptoms, individuals highest in worry in a mixed anxious-depressed clinical sample had the strongest negative interpersonal impacts (e.g., viewed as more hostile) as rated by significant others (Erickson et al. 2010). In addition, individuals with GAD appear to suffer interpersonally, as reflected in their greater likelihood of being separated or divorced (Whisman 2007), having disrupted family relations (Beesdo et al. 2010), and lacking close friendships (Whisman et al. 2000) compared to individuals with other disorders. Furthermore, GAD predicts low marital satisfaction even after controlling for a host of comorbid Axis I disorders (Whisman et al. 2000), further buttressing the idea that interpersonal disruption is central to GAD. Segerstrom, Tsao, Alden, and Craske (2000) assessed the relationship between worry and rumination in anxiety and depression using structured equation modelling. They suggested that repetitive thoughts such as worry and rumination did not differentially relate to anxiety or depression. Further, findings of Muris, Roelofs, Meesters, and Boomsma (2004) demonstrated in non-clinical samples that rumination and worry correlated more strongly with anxiety than with depression, and that rumination was unable to predict depression after controlling for worry. Thus, results from previous studies indicate that the relationship between anxiety, depression, worry, and rumination is presently unclear. Thus, another purpose of this study was investigated whether the different forms of repetitive thought differentially mediate the relationship between IU, depression, and anxiety using a multiple mediation model. The specific type of repetitive negative thinking most frequently examined across a range of disorders, especially depression and anxiety disorders, is rumination. Nolen-Hoeksema defines rumination as a pattern of responding to distress in which an individual passively and perseverative thinking about his or her upsetting symptoms and the causes and consequences of those symptoms, while failing to initiate the active problem solving that might alter the cause of that distress (Nolen-Hoeksema and Morrow, 1991, Yook, Kim et al., all 2010). Rumination is one of the most problematic cognitive symptoms associated with depression. These negative thought processes heighten negative affect and interfere with an individual's ability to engage in effective problem-solving and adaptive behaviors (Nolen-Hoeksema et al., 1999; McLaughlin et al., 2007; Nolen-Hoeksema et al., 2008). A number of studies suggest that MDD is associated with impairments in cognitive control processes, specifically those involved in regulating conflict (Lemelin et al., 1997; Davidson et al., 2002; Vanderhasselt et al., 2012; Clawson et al., 2013). Study done by Participants included 27 patients with MDD, 28 patients with GAD, and 16 patients with comorbid GAD/MDD. Even though worry, rumination, IU, anxiety, and depressive symptoms correlated substantially with each other, worry partially mediated the relationship between IU and anxiety whereas rumination completely mediated the relationship between

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IU and depressive symptoms. Katie and Nolen-Hoeksema (2011) identified rumination as a transdiagnostic factor responsible for the co-occurrence of symptoms of depression and anxiety in both adolescents and adults. Rumination accounted for a significant proportion of the concurrent overlap in symptoms of depression and anxiety, albeit to a greater degree among adolescents than adults. Rumination also explained the prospective relations between depression and anxiety indicating that rumination is responsible, at least in part, for the transitions over time between symptoms of depression and anxiety. These results point to the importance of incorporating intervention techniques targeting rumination into transdiagnostic treatment approaches for emotional disorders. Emotion regulation is an ability of an individual to modulate an emotion or set of emotions. Explicit emotion regulation requires conscious monitoring, using techniques such as learning to construe situations differently in order to manage them better, changing the target of an emotion (e.g., anger) in a way likely to produce a more positive outcome, and recognizing how different behaviors can be used in the service of a given emotional state. Implicit emotion regulation operates without deliberate monitoring; it modulates the intensity or duration of an emotional response without the need for awareness. Emotion regulation typically increases across the lifespan. Individuals with depression with GAD report greater perceived intensity of emotional experiences. Those with GAD also self-report more difficulty recovering from or managing a negative mood state, including experimentally induced emotion (Mennin et al. 2005), and were objectively rated as demonstrating more anxiety and sadness than controls in response to emotional disclosures by a confederate (Erickson & Newman 2007). These chronic negative life events may also lead to the development of an aversion to emotional contrast due to inconsistency and lack of predictability about the timing of the next parental rejection, abusive episode, or negative parent-child interaction. In fact, a current notion in the GAD literature is that worry may be a cognitive mechanism employed in an attempt to master problems with emotional dysregulation and to feel more in control. To this end, Borkovec and colleagues' Cognitive Avoidance theory of worry (Borkovec et al. 2004) has played an important role in helping to inform our understanding of the relationship between worry and emotional dysfunction.

METHOD

Participants

50 Participants, reported anxiety and depressive symptoms and were diagnosed by a licensed clinical psychologist using the Structured Clinical Interview for DSM-IV-TR disorders (SCID-I), were recruited on an outpatient basis from the hospital settings. All the 50 participants were satisfied the DSM-IV-TR assumptions for pure GAD and depression. Participants ranged in age from 18 and 28 years. The clinical groups were composed of 25 participants with GAD, and 25 participants with DEP. Individuals suffering from comorbid disorders of any type and nature were excluded from participation.

Procedure

A full description of the study was rendered to the participants. A written informed consent was obtained from them. Following this, the patient will be screened for exclusion and inclusion criteria. Finally, demographic details will be collected using the personal data sheet and then the various assessment tools will be administered and scored according to the standardized procedures set for each tool. Total time spent in filling all the questionnaires would be around 20 minutes to 30 minutes. However, most of the participants were able to complete the questionnaires without any help.

Measures

- **Structured Clinical Interview for DSM-IV-TR:** The Structured Clinical Interview for DSM-IV-TR (SCID-I; Michael, Robert, Gibbon, & Williams, 2002) is a semi-structured interview for making major DSMIV-TR Axis 1 diagnoses. It is administered by a clinician or trained mental health professional who is familiar with the DSM-IV-TR classification and diagnostic criteria (APA, 2000). It is designed for use with subjects who are identified as psychiatric patients.
- **Generalized Anxiety Disorder – 7 (GAD-7; Spitzer et al., 2006):** Generalized Anxiety Disorder – 7 (GAD-7; Spitzer et al., 2006). The GAD-7 is a screening and severity measure of GAD according to the diagnostic criteria of the DSM-IV-TR (American Psychiatric Association, 2000). It consists of 7 items with a 4-point Likert-type scale (3 = nearly every day; 0 = not at all). The score ranges for mild, moderate, and severe levels of GAD are 5–9, 10–14, and 15–21, respectively. We used the Spanish translation of the GAD-7 for Colombia distributed by Pfizer, which showed good psychometric properties in initial studies in our laboratory with clinical ($\alpha = 0.87$) and non-clinical samples ($\alpha = 0.90$), and a one-factor structure.
- **Beck Depression Inventory II (Beck et al., 1961):** Participants completed the BDI-II a 21-item, self-report inventory of the severity of current depressive symptoms. Higher total scores reflect greater subjectively perceived depressive symptomatology. The BDI-II in this sample demonstrated good internal consistency ($\alpha = 0.92$).
- **Ruminative Response Scale (RSS; Nolen-Hoeksema & Morrow, 1991):** The ruminative response scale is a 22-item scale that assesses an individual's trait, or inherent levels of rumination. Items are rated on a 4-point scale (almost never to almost always) for the extent to which they reflect respondents' thoughts or actions when feeling sad, down or depressed. The RRS consists of items measuring how often people engage in responses that are self- focused (e.g., "Think 'why am I the only person with these problems'"), symptom-focused (e.g., "focus on the fact that I am always tired"), and focused on the causes and consequences of having a depressed mood (e.g., "think 'I won't be able to do my job/work because I feel so badly'"). The RRS has demonstrated a good 5-month test-retest reliability ($r .80$, Nolen-Hoeksema, Parker, & Larson, 1994) as well as high internal consistency ($\alpha .89$) and validity in terms of predicting depression (Nolen-Hoeksema & Morrow, 1991). In the present study a Cronbach's alpha of .87 was observed for RRS.
- **Penn State Worry Questionnaire (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990):** It is a 16-item self-report measure that assesses worry. Each item is scored on a 5-point scale ranging from 1 (not at all typical) to 5 (very typical). Internal consistency for this questionnaire was reported 0.91. Mansouri et al. reported good internal consistency for the PSWQ ($\alpha = 0.87$). The first-half alpha coefficient, the second-half alpha coefficient, and the split-half reliability were 0.76, 0.78, and 0.76, respectively. Moreover, the results of confirmatory factor analysis showed good and satisfactory indices (CFI = 0.98, NFI = 0.97, NNFI = 0.97, IFI = 0.98, RFI = 0.97, GFI = 0.95, and RMSEA = 0.065).
- **Difficulties in Emotion Regulation Scale (DERS Gratz, K. L., & Roemer, L. (2004):** The Difficulties in Emotion Regulation Scale (DERS) is an instrument measuring emotion regulation problem. The 36 items self-report scale asks respondents how they relate to their emotions in order to produce scores on the following subscales. 1. Nonacceptance of emotional responses. 2. Difficulty

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engaging in goal-directed behaviour. 3. Impulse control difficulties. 4. Lack of emotional awareness. 5. Limited access to emotion regulation strategies. 6. Lack of emotional clarity. This scale measures an integrative conceptualization of emotion regulation as involving not just the modulation of emotional arousal, but also the awareness, understanding, and acceptance of emotions, and the ability to act in desired ways regardless of emotional state. During development of the scale, it was found that the DERS had high internal consistency, good test–retest reliability, and adequate construct and predictive validity (Gratz & Roemer, 2003).

Statistical Analysis

Data were analysed using Statistical Package for the Social Sciences (SPSS), To examine the comparability of participants in the GAD and Depression group. Descriptive statistics were applied in this study. Pearson's correlation analysis was used to investigate relationships between outcome variables and group comparisons were analysed by independent samples t-test between the groups.

RESULT

Table 1: Age (in years)

Group	Mean	S.D.
GAD	22.12	3.08653
DEP	21.76	2.712318

As evident from table 1 the mean age of the participants in the GAD group is 22.12 years with S.D. 3.08. The mean age of the participants in control group was 21.76 years with S.D. of 2.71.

Table 2: Socio-demographic characteristics of the GAD and the DEP group

Characteristics	Description	GAD (N=25)		DEP (N=25)	
		Frequency	Percentage	Frequency	Percentage
Gender	Male	13	52.00	11	44.00
	Female	12	48.00	14	56.00
Religion	Hindu	20	80.00	18	72.00
	Muslim	2	8.00	3	12.00
	Others	3	12.00	4	16.00
Education	12 th	11	44.00	12	48.00
	Above 12 th	14	56.00	13	52.00

Table 2; shows the socio-demographic characteristics of the sample in GAD and DEP group. In GAD sample 13 (52.00 %) were male and majority of the participants i.e. 20 (80.00 %) of them belonged to Hindu religion. It was observed that 14 (56.00%) of them were studied above 12th. In DEP sample 11 (44.00 %) were male and 14(56.00%) were female. 18 (72.00 %) belonged to Hindu religion. Most of them 13 (52.00%) were educated above 12thclass, out of the 25 participants.

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Table 3: Means and Standard Deviations of Worry, Rumination and Emotion Regulation in GAD and DEP group.

Scales	GAD (N = 25)			DEP (N = 25)			t	Sig .
	MEA N	SD	Std. Error	MEA N	SD	Std. Error		
PSWQ	62.68	6.32	1.291924	33.24	10.81	2.207019	6.281	.000
RRS	43.08	5.11875	1.926932	61.68	11.01533	2.248496	8.218	.000
Depression	20.28	2.349468	1.04486	31.76	5.798483	1.160625	7.271	.000
Brooding	11.4	2.638181	0.479583	16.04	2.705254	0.541484	6.344	.000
Reflection	11.4	9.44	0.538516	14.28	2.764344	0.553312	3.692	.001
DERS	157.16	13.64018	2.784289	152.2	10.13509	2.068816	0.175	0.86
Non acceptance	27.48	3.176413	0.648383	26.44	3.465025	0.707295	0.283	0.77
Goals	21.24	3.467333	0.707766	23.8	3.655133	0.746101	0.016	0.98
Impulse	21.48	5.586555	1.140351	25.28	4.449899	0.908332	0.012	0.99
Awareness	25.32	4.314812	0.880757	27.6	2.842534	0.580235	0.035	0.97
Strategies	35.88	3.536326	0.721849	35.24	4.420679	0.902367	0.582	0.56
Clarity	22.08	2.398666	0.489626	22.2	2.966479	0.605538	0.878	0.38

(Note. PSWQ = Penn State Worry Questionnaire, RRS = Ruminative Response Scale, DERS = Difficulties in Emotion Regulation Scale.)

To evaluate the differences of variables, an independent samples t test was conducted on PSWQ, RRS and DERS within two groups (GAD and DEP). The results of this test indicated that there was a significant difference in PSWQ between the two groups, PSWQ ($t = 6.28, p < .001$). RRS ($t = 8.21, p < .001$). These results suggest that the individuals in GAD group ($M = 62.68; SD = 6.32$) were more reflective of worry features than individuals in the DEP group ($M = 33.24; SD = 10.81$). Significant difference was also found between the two groups on RRS ($t = 8.21, p < .001$). The participants in GAD group ($M = 43.08; SD = 5.11$) scored higher than their counterparts in the DEP group ($M = 61.68; SD = 11.01$). The two groups were not found significant difference on DERS ($t = 0.17, p > .001$). These results suggest that that the individuals in both GAD and DEP group have difficulty in emotion regulation at the same level.

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Table 4: Relationship among Worry, Rumination and Emotion regulation.

The following section gives the correlations among worry, ruminations, and emotion regulation.

Correlations										
	1	2	3	4	5	6	7	8	9	10
1.Worry	1	- .252	- .178	.015	.439 **	.102	.063	.106	.413 **	.371 **
2.Depression	- .252	1	.931 **	.836 **	.200	.672 **	.686 **	.603 **	.336 *	.432 **
3.Brooding	- .178	.931 **	1	.884 **	.309 *	.745 **	.744 **	.716 **	.446 **	.567 **
4.Reflection	.015	.836 **	.884 **	1	.345 *	.739 **	.707 **	.680 **	.468 **	.574 **
5.Nonacceptance	.439 **	.200	.309 *	.345 *	1	.525 **	.426 **	.405 **	.268	.490 **
6.Goal	.102	.672 **	.745 **	.739 **	.525 **	1	.659 **	.674 **	.406 **	.651 **
7.Impulse	.063	.686 **	.744 **	.707 **	.426 **	.659 **	1	.689 **	.366 **	.604 **
8.Awareness	.106	.603 **	.716 **	.680 **	.405 **	.674 **	.689 **	1	.609 **	.675 **
9.Strategy	.413 **	.336 *	.446 **	.468 **	.268	.406 **	.366 **	.609 **	1	.713 **
10.Clarity	.371 **	.432 **	.567 **	.574 **	.490 **	.651 **	.604 **	.675 **	.713 **	1

***. Correlation is significant at the 0.01 level (2-tailed).*

**. Correlation is significant at the 0.05 level (2-tailed).*

Correlation analysis was used to examine the relationships between worry (PSWQ), rumination (RRS), and emotion regulation (DERS). As evident from table 4, worry (PSWQ) positively correlated with non-acceptance, limited assess to emotion regulation strategies. High positive correlation found domains of RRS and DERS. (e.g. depression, brooding, difficulty in goal directed behaviour, difficulty in impulse control and lack of emotional awareness). Results show that all variables worry, rumination and emotion difficulty are associated with each other.

DISCUSSION

Heightened emotional intensity coupled with poor understanding of emotions and discomfort with emotional experience may lead individuals with GAD to use maladaptive coping strategies to manage this aversive state. To date, there has been little research investigating ER in adults with GAD and DEP. The present study conducts to examined the relationship among worry, rumination, and emotion regulation in 2 clinical groups of GAD and DEP. Strong positive correlation is found among three variables. Other objective of the study is to examined the difference in worry, rumination and emotion regulation between GAD and DEP. Research findings show significant difference between 2 clinical group in two variable worry and rumination. There is no significant difference found in emotion regulation variable. The results also revealed that GAD group was more representative of worry-related symptoms whereas DEP group was found to be high in rumination. This might be due to the fact that in GAD, excessive anxiogenic cognition takes the form of

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preservative worry, which consists of apprehensive thoughts about everyday concerns, such as finances, academic performance, and household maintenance (Burns et al., 1996). Results found that individuals suffer with severe generalized anxiety disorder have moderate depressive features. Lastly, even where overlap in aspects of emotion dysregulation was observed between GAD and DEP, it is also important to recognize that the same deficits may have different functions or consequences for each disorder. Additionally, deficits in expressing emotions are also likely to lead to negative interpersonal consequences. Emotion-expressive behavior is essential for communicating what one wants and influencing the actions and feelings of others (Gross & Levenson, 1997). Indeed, expressive suppression has been associated with poorer social support (Gross & John, 2003) and reduced feelings of rapport, motivation to become further acquainted and increased physiological reactivity in an interaction partner (Butler et al., 2003). Our data suggest that. Furthermore, although only a trend in this study, deficits in expression of negative emotions may lead to problems for socially anxious individuals. Previous research suggests that individuals with generalized anxiety disorder experience more anger than non-anxious persons (Erwin, Heimberg, Schneier, & Liebowitz, 2003; Meier, Hope, Weilage, Elting, & Laguna, 1995). Depressive individuals also pay less attention to their emotions than both controls and individuals with GAD. As previously discussed, individuals who are able to identify and utilize their emotions are more prepared to respond flexibly and adaptively to the current environment and to appropriately regulate their affect (FeldmanBarrett et al., 2001). These results have implications for the treatment of generalized anxiety disorder. This study has several limitations. First, it used analogue GAD and DEP disorder groups. More differences may have been observed between groups if clinical samples had been used. Additionally, comorbid cases were excluded for conceptual clarity. In clinical samples, comorbid patients could be diagnosed as having principal GAD and secondary depression disorder or vice versa, allowing for a more naturalistic comparison between groups, especially given the high degree of comorbidity between these two disorders. Therefore, replication of these findings with treatment-seeking samples diagnosed with structured interviews is an important agenda for future research, as is examining emotions dysregulation among persons with other psychiatric disorders. Additionally, self-report methods for the assessment of emotion may be subject to considerable bias (Davies, Stankov, & Roberts, 1998; Wagner & Waltz, 1998; Westen, 1994). Self-report measures assume that respondents are aware of their emotional experiences and are accurate in their observations of their own self-regulatory behavior. Therefore, it will be important for future research to employ more objective methodologies. Despite limitations of this study, we believe we have provided implicative data for future studies regarding the specificity of the clinical features involved in the relationship between worry, rumination, emotion regulation, generalized anxiety disorder (GAD), and depression (DEP). The present study demonstrated that although worry, rumination, emotion regulation, generalized anxiety disorder (GAD), and depression (DEP) correlated substantially with each other. Thus, it may be concluded that worry is a component more related to generalized anxiety disorder (GAD) and rumination related to depression (DEP). Through findings it can be concluded that worry and rumination hamper the emotion regulation which in turn may cause the person to suffer from anxiety and depression for a longer period of time. Mental health professionals with the help of different therapies such as cognitive behaviour therapy, acceptance and commitment therapy and mindfulness-based therapy can teach patients how to regulate their emotions and reduce the level of anxiety and depression, so they can have better mental health wellbeing.

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Conflict of Interest

The author(s) declared no conflict of interest.

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