

DBT Breakthrough: Combating Emotional Dysregulation in Single Mothers

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Abstract

Single mothers are an integral part of our society and mental health issues in them are very common which needs to be addressed. The current study aims to explore the effectiveness of Dialectical Behavior therapy (DBT) techniques on emotion regulation and mindfulness of single mothers. Study is based on a pre and post-assessment method, consisting of 5 participants between the age ranges of 20-50 years recruited by purposive sampling technique. Clinical interview was conducted after meeting the inclusion criteria of this study, after which five participants were selected for the study. Pre testing was done on the clients using Kentucky Inventory of Mindfulness Skills (KIMS) and Difficulties in Emotion Regulation (DERS). Eight structured therapy sessions were provided to them. After termination post-assessment was done using the same measures. The results revealed that techniques of DBT were effective in improving mindfulness skills and emotion regulation in single mothers.

Keywords: *Single mothers, DBT, Mindfulness, Emotion regulation*

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1. Introduction

Emotional dysregulation denotes the inability to modulate emotional responses in a flexible and adaptive way. This phenomenon presents a prevalent challenge for single mothers, regardless of whether they are separated, divorced, or widowed—stemming from the distinct stressors they encounter (Luthar & Cushing, 2021). The stressors frequently encompass financial instability, social isolation, and the responsibilities associated with single parenthood, which contributes to an increased risk of emotional dysregulation. Consequently, these intricate challenges may adversely affect their mental health and parenting strategies (Kelley & Smith, 2022).

Single motherhood frequently correlates with a range of stressors, such as economic difficulties, insufficient social support, and societal stigma. A study indicates that single mothers experience elevated levels of anxiety and depression in comparison to their partnered counterparts, which considerably affects their capacity to regulate emotions effectively (Chen et al., 2023). The psychological burden associated with managing various roles—such as provider, caregiver, and frequently the primary decision-maker—may result in increased emotional instability. The emotional instability experienced by mothers not only impacts their own well-being but also has the potential to create cascading effects on their children, leading to behavioral issues and emotional challenges in the offspring (Murray et al., 2023).

Recent studies underscore the significance of comprehending emotion dysregulation within the framework of single motherhood. For instance, research indicates that single mothers frequently employ maladaptive coping strategies, including avoidance or rumination, which further intensifies their emotional difficulties (Jones & Moller, 2022). This maladaptive coping mechanism can establish a cycle of distress, wherein the inability to regulate emotions contributes to heightened stress levels, subsequently resulting in further emotional dysregulation.

With the rising prevalence of single motherhood, it is essential to address the emotional and psychological needs of these women, as this is crucial for their well-being and that of future generations (Adams & Brown, 2023). By cultivating skills to effectively manage emotions, single mothers can enhance their own mental well-being while simultaneously establishing a more stable and nurturing environment for their children. Interventions aimed at enhancing emotion regulation skills have demonstrated considerable benefits for single mothers. Initiatives that foster mindfulness, employ cognitive-behavioral techniques, and cultivate social support networks have the potential to strengthen emotional resilience and enhance overall well-being (Williams et al., 2024).

Dialectical Behavior Therapy (DBT)

Emotion dysregulation is especially relevant among single mothers, who frequently encounter with a multifaceted array of stressors such as financial pressures, social isolation, and the responsibilities of parenting (Kelley & Smith, 2022). Recent research suggests that single mothers experience heightened susceptibility to these emotional challenges, underscoring the need for targeted therapeutic interventions that address their unique circumstances (Chen et al., 2023).

DBT (Linehan, 1993) initially designed for individuals diagnosed with borderline personality disorder, has increasingly been recognized as a beneficial intervention for a range of emotional regulation challenges. DBT integrates cognitive-behavioral strategies

with mindfulness methodologies, focusing on the cultivation of competencies related to emotional regulation, distress tolerance, interpersonal effectiveness, and acceptance (Linehan, 2015). For single mothers facing challenges related to emotional dysregulation, DBT offers crucial strategies to effectively manage their intricate emotional experiences, thereby enhancing both their mental health and parenting effectiveness.

Research underscores the efficacy of DBT in managing emotion dysregulation across diverse populations, with its implementation among single mothers showing particularly encouraging results. Williams et al. (2024) demonstrated that DBT markedly enhanced emotional resilience while simultaneously alleviating symptoms of anxiety and depression among mothers undergoing substantial life transitions. The systematic methodology of DBT assists single mothers in cultivating coping mechanisms that promote emotional stability, thereby improving their capacity to effectively navigate stressors.

Furthermore, the emphasis on mindfulness in DBT enables single mothers to enhance their awareness of emotional states, thereby diminishing impulsivity and fostering more adaptive responses to stress (Murray et al., 2023). This mindfulness practice yields advantages not only for mothers but also for their parenting, as mothers who exhibit emotional regulation are more inclined to create a nurturing environment for their children (Adams & Brown, 2023).

In short, the integration of DBT into the support systems for single mothers holds considerable promise in effectively addressing challenges associated with emotion dysregulation. Through the provision of practical skills aimed at emotional regulation, DBT has the potential to enhance the overall well-being of these women and strengthen family dynamics, thereby establishing itself as a crucial intervention in the current context of increasing single-parent households.

Theoretical Framework

DBT is based on various psychological theories that offer a framework for understanding and managing emotion dysregulation, especially in vulnerable groups like single mothers (whether separated, divorced, or widowed). This theoretical framework comprises several key components:

Cognitive-Behavioral Principles: DBT incorporates cognitive-behavioral principles that emphasize the interplay between thoughts, emotions, and behaviors. This method teaches clients to identify and modify harmful thought patterns that contribute to emotional dysregulation (Linehan, 2015). Cognitive restructuring aids single mothers facing emotional stressors, such as inadequacy or guilt, in responding more effectively to challenging situations (Adams & Brown, 2023).

Mindfulness Training: Mindfulness is a key component of DBT, promoting present-moment awareness and non-judgmental engagement with thoughts and feelings. This aspect is crucial for single mothers, allowing them to improve their understanding of emotional states and triggers (Kelley & Smith, 2022). Mothers can reduce impulsivity and emotional overwhelm by maintaining a non-reactive approach, enhancing their capacity to handle stressors linked to single parenting. Integrating mindfulness into therapy improves emotional regulation and decreases anxiety in single mothers (Murray et al., 2023).

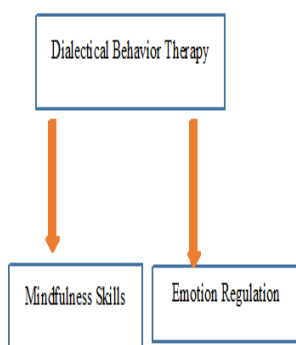
Distress Tolerance Skills: DBT emphasizes distress tolerance, equipping individuals with skills to manage painful emotions and situations without resorting to harmful behaviors. Single mothers experiencing stress from life transitions may find these coping skills beneficial (Murray et al., 2023). Self-soothing, distraction, and acceptance are strategies that help mothers navigate emotional crises while minimizing distress.

Interpersonal Effectiveness: Single mothers often face social challenges, including isolation and difficult relationships. DBT equips individuals with skills for effective interpersonal communication, enabling them to assert their needs while maintaining healthy relationships (Chen et al., 2023). This is essential for single mothers who may face loneliness or feelings of inadequacy in social interactions, allowing them to build a supportive network.

- **Dialectical Principles:** DBT fundamentally involves dialectics, which denotes the equilibrium between opposing forces. This can manifest as tension between acceptance and change for single mothers. Single mothers frequently face emotional challenges, requiring them to accept their situations while pursuing personal growth and development. A mother may experience sadness regarding her situation while also striving to foster a positive environment for her children. This approach promotes agency, enabling mothers to manage their complex emotions without feeling confined (Linehan, 2015).

To conclude, DBT's theoretical framework effectively addresses emotion dysregulation in single mothers. DBT combines cognitive-behavioral principles, mindfulness, distress tolerance skills, interpersonal effectiveness, and dialectical thinking to improve emotional regulation and well-being. Research supports the efficacy of DBT, indicating its potential application for enhancing the mental health and well-being of single mothers.

Figure 1: Integrated Conceptual Framework



2. Method

2.1 Research Design

This study employed a small N design incorporating pre- and post-assessment approach (ABA).

2.2 Sample

The study's participants comprised five adult females, aged between 20 and 55, who were single mothers; either divorced, separated, or widowed (Petry, 2002). They were selected from Rawalpindi and Islamabad via purposive sampling technique.

2.3 Instruments

Participants were requested to respond on the demographic data sheet which included basic data regarding the category of single mothers which were divorced, separated or widow, their education, occupation and number of children. They also filled a couple of questionnaire i.e., Kentucky Inventory of Mindfulness Skills (KIMS; Baer et al., 2004) and Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004). DERS further includes Lack of emotional clarity (LEC), Non-acceptance of emotional response (NER), Difficulty engaging in goal directed behavior (DGB), Impulse control difficulties (ICD), Lack of emotional awareness (LEA), and Limited access to emotion regulation strategies (LES).

2.4 Procedure

This study utilized the ABA model of treatment. Purposive sampling was employed for sample collection. This study employed a Small N design, necessitating a minimum of five participants (Graham et al., 2012). The study included eight weekly therapy sessions conducted online using the Zoom app. Each therapy session lasted approximately 45 to 50 minutes. The study comprises an evaluation phase, pre-testing, intervention phase, and post-testing phase.

2.5 Evaluation Phase

Demographic information and signed informed consent were obtained from participants during the evaluation phase. The clinical interview enabled the assessment of clients based on the study's inclusion and exclusion criteria. After conducting clinical interviews with nine single mothers, five were selected for this study. Four single mothers dropped out for several reasons: one was on medication for chronic heart disease, another had a history of psychological treatment, third could not attend eight weekly sessions due to job commitments, and the last refused to participate in online sessions. The selected single mothers were reminded of the therapeutic sessions, and their inquiries were addressed.

2.6 Pre-assessment

Following the evaluation phase, selected participants received a link of Google form which included the measures: KIMS and DERS. After obtaining the pre-assessment data, therapy sessions were commenced under supervision.

2.7 Intervention phase

This phase included eight individual online sessions with multiple techniques to improve mindfulness skills and reduce difficulties in emotion regulation. Furthermore, treatment plan (Table 1) illustrated the application of various techniques per session and exhibited core elements of each session.

2.8 Ethical Consideration

The written consent was taken from the participants, in which ample information regarding the study was shared. It was assured to them that the results will be kept confidential. The participants participated voluntarily and they were given full right to back out from the research at any time. Lastly, participants were appreciated for participating in the study.

Table 1

Treatment plan

Treatment	Sessions	Objective	Techniques	Outcome	Material needed
Initial Phase	Session 1	- Psycho-education - Goal setting and introduction to mindfulness practice	Formal mindfulness practice (Count your breath) and goal setting (SMART)	Participants began to exhibit increased mindfulness and focus.	Goal setting worksheet
	Session 2	Introduction of radical acceptance and pleasurable activities	Radical acceptance by employing coping statements and scheduling pleasant activities	Participants began to learn acceptance and identified pleasant activities	Big list of pleasant activities
Middle Phase	Session 3	Stress management and mindfulness practice	Safe place visualization and rediscovering your values/committed action	Participants learned stress management skills	Committed action worksheet
	Session 4	Increase resilience and strength in client	Self-affirming statements, distraction and self-soothing and F-TIP skills	Participants learned adaptive coping skills	List of self-affirming statements
	Session 5	Focus on present moment and know your emotions	Band of light and describe your emotions	Participants became mindful of their physical sensations and emotions	Describe your emotions worksheet and list of commonly felt emotions
	Session 6	To improve communication skills and existing relationships	DBT DEAR MAN GIVE FAST	Participants' communication skills improved	Communication style quiz worksheet
Ending Phase	Session 7	To help client become more willingness	Moving from willfulness to willingness and half smile	Participants learned to be willing	
	Session 8	Taking therapy towards termination	Revision of all the techniques and concepts	Termination	

3. Result

Table 2

Frequencies and Percentages of the Demographic characteristics of participants of the study (N = 5).

Demographics	Groups	f	%
Marital status	Separated	2	40
	Divorced	2	40
	Widow	1	20
Education	Metric	1	20
	Graduate	2	40
	Post –graduate	2	40
Employed	Yes	3	60
	No	2	40
Number of children	1	4	80
	2	1	20

Note: f = Frequency, %= Percentage

Table 2 showed the descriptive statistics of demographic variables. Frequencies and percentages were calculated for categorical variables.

Which concludes that 2 (40%) single mothers were separated, 2 (40%) were divorced and 1 (20%) was a widow. 1 (20%) did matriculation, 2 (40%) were graduates and 2 (40%) were post graduates. 3(60%) were employed and 2 (40%) were unemployed single mothers. 4 (80%) had 1 child whereas 1 (20%) had 2 children.

Figure 2

Pre and Post-assessment score differences of KIMS across study participants.

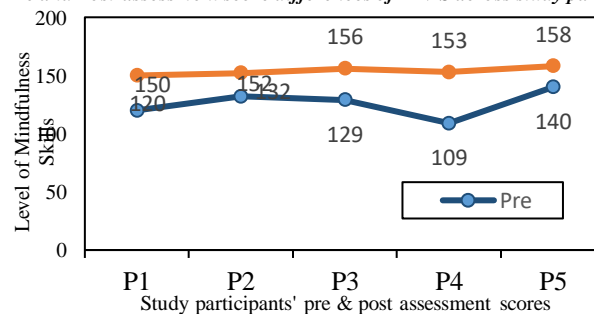


Figure 3
 Pre and Post-assessment score differences of DERS across study participants.

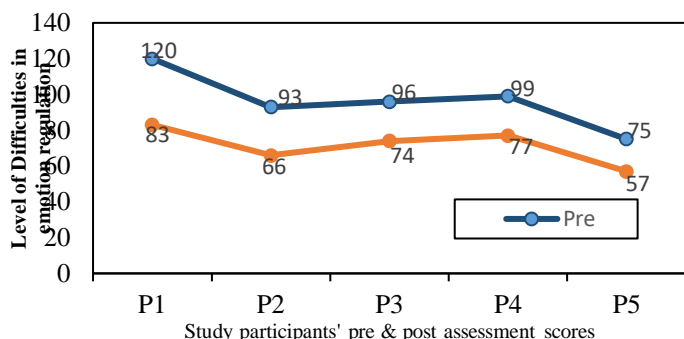


Figure 3.4
 Pre and Post-assessment score differences of ICD across study participants.

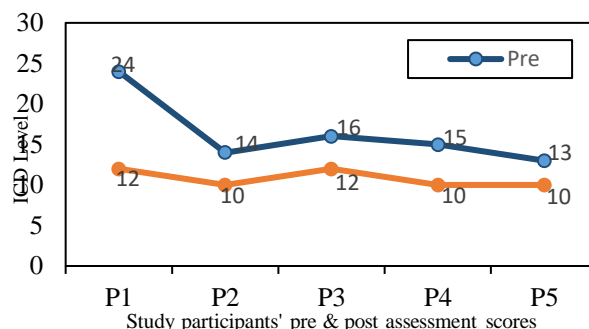


Figure 3.1
 Pre and Post-assessment score differences of LEC across study participants.

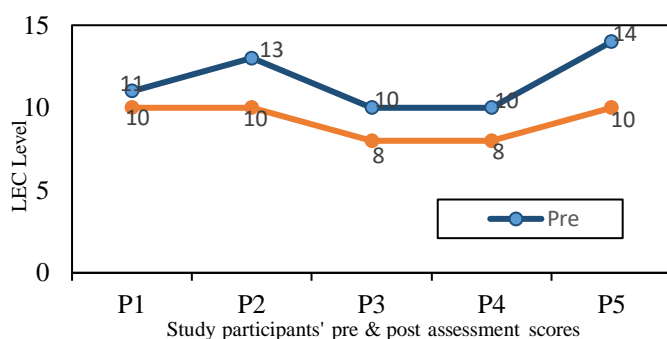


Figure 3.5
 Pre and Post-assessment score differences of LEA across study participants.

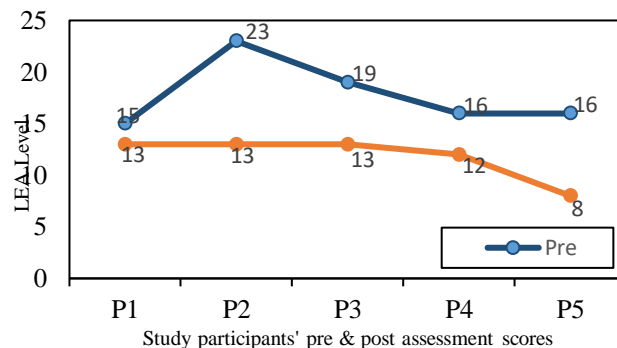


Figure 3.2
 Pre and Post-assessment score differences of NER across study participants.

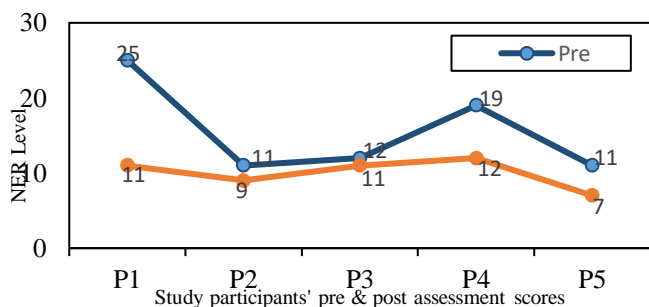


Figure 3.6
 Pre and Post-assessment score differences of LES across study participants.

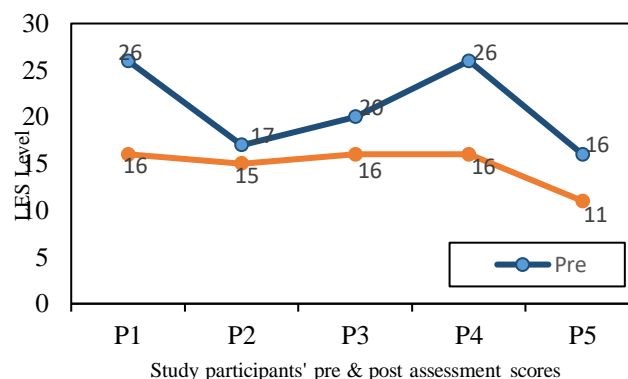
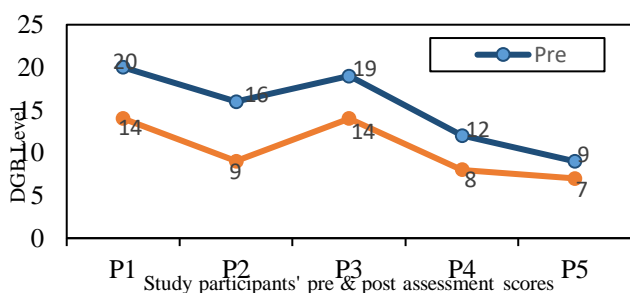


Figure 3.3
 Pre and Post-assessment score differences of DGB across study participants.



4. Discussion

Single mothers encounter various challenges that may result in mental health challenges and emotional deregulation. Managing work, household duties, and parenting can overwhelm even the most resilient individuals. Mindfulness, characterized by full presence and engagement in the moment, enhances emotional well-being and parenting effectiveness. This discussion encompasses two hypotheses, formulated based on the empirical evidence. The first hypothesis that “there will be a significant enhancement in mindfulness skills among single mothers following the implementation of DBT” is substantiated

by a strong foundation of theoretical comprehension and empirical evidence.

Considering the distinct challenges encountered by single mothers—spanning work-life balance and emotional turmoil—DBT provides a tailored methodology that cultivates advanced mindfulness abilities, hence facilitating emotional regulation and overall well-being.

Single mothers frequently traverse an environment replete with various pressures, such as social isolation, financial challenges, and the intricacies of solo parenting. These obstacles may result in intensified emotional reactions, exacerbating mental health concerns (Bramlett & Mosher, 2020). In this paradigm, mindfulness—a practice focused on presence and full engagement—becomes especially pertinent. Mindfulness allows individuals to notice their thoughts and emotions non-judgmentally, serving as an essential instrument for stress management and enhancing emotional resilience (Linehan, 2015).

DBT seeks to improve individuals' capacity to identify and embrace their emotional experiences while cultivating practical skills for emotional regulation and interpersonal efficacy. Mindfulness in DBT encompasses tactics including observation, description, and engagement, aimed at fostering a non-judgmental awareness of the present moment (Linehan, 2015).

DBT markedly improves mindfulness skills in study participants. Participants who participate in DBT exhibit notable enhancements in mindfulness skills, which is associated with a decline in emotional distress (Van & Lothes, 2022).

Moreover, the impact of DBT on mothers enduring chronic stress, demonstrated that individuals who underwent mindfulness training exhibited increased acceptance of their emotional states and improved coping mechanisms. This is especially pertinent for single mothers, as increased mindfulness can enhance problem-solving skills and foster a more balanced emotional approach to parenting (Rabiee et al., 2020). By cultivating awareness of their emotional states, single mothers can respond to pressures adeptly. Mindfulness enables moms to interact more enthusiastically with their children, promoting healthier relationships and superior parenting results (Gonzalez et al., 2021). Augmented mindfulness has been correlated with reduced levels of anxiety and depression, hence enhancing general mental health (Keng et al., 2011).

Mindfulness is essential in DBT, fostering non-judgmental observation of thoughts and emotions, which enhances present-moment awareness (Linehan, 2015). This practice can significantly impact single mothers. Engaging with immediate experiences instead of succumbing to stressors can promote a calmer and more focused parenting approach. Mindfulness interventions enhance mental health, particularly in emotional regulation and psychological well-being. Mindfulness training enhances awareness and decreases stress reactivity among participants (Khoury et al., 2015). Single mothers participating in DBT may experience enhanced mindfulness, which can positively impact their daily lives.

DBT techniques, including “what” and “how” skills, enable single mothers to integrate mindfulness into their daily routines. These skills improve interactions with children and aid in managing intense emotions. Improved mindfulness and stress management reduce stress and improve parent-child interactions, fostering a more supportive environment (Bögels et al., 2010). Mindfulness improves the mental well-being of single mothers by fostering resilience and aiding in the management of mental health challenges (Querstret et al., 2020).

Mindfulness skills from DBT assist single mothers in reducing psychological stressors linked to their roles, resulting in enhanced emotional resilience. This fosters a more stable and supportive home environment for children. Mindfulness training offers numerous documented benefits throughout life. Mindfulness meditation enhances emotional well-being and social interactions (Rincón et al., 2020). DBT provides single mothers with immediate advantages and enduring skills to manage future challenges effectively.

Hence the notion that mindfulness skills will markedly improve among single mothers following the application of DBT is strongly substantiated by theoretical foundations, empirical evidence, and findings of the study. DBT empowers single mothers with mindfulness skills, enhancing their emotional control and giving techniques for managing the intricacies of their roles. This transition can result in enhanced emotional resilience, improved connections, and a more gratifying existence as a single parent.

The last hypothesis that “there will be a significant enhancement in emotional regulation among single mothers following the implementation of DBT” is supported by theoretical frameworks and empirical evidence. DBT significantly improves emotional regulation and mental well-being among single mothers. The application of DBT on women experiencing stressors akin to those of single mothers showed significant enhancements in emotional regulation and mental health following DBT treatment (Wenzel et al., 2020). DBT's emphasis on mindfulness and emotional awareness enables mothers to more effectively identify and regulate their emotional responses. This enhances stress management and parenting practices, fostering healthier family interactions (Gonzalez et al., 2021; Roos et al., 2023).

In short, single mothers encounter distinct challenges; thus, employing DBT offers crucial skills for effective emotional regulation. DBT enhances emotional regulation, benefiting psychological health and family dynamics, which leads to improved parenting outcomes. Integrating DBT into support programs for single mothers could enhance their emotional and relational well-being.

Conclusion

The findings of this study indicate that the application of DBT results in notable enhancements in mindfulness skills and emotional regulation among single mothers. These enhancements indicate that DBT may serve as an effective therapeutic intervention for this population, promoting improved coping strategies and emotional resilience. The findings underscore the significance of providing targeted interventions to support single mothers in improving their mental health and overall well-being.

Significance of the study

This study holds considerable significance as it has the potential to illustrate the positive effects of DBT on the well-being of single mothers. The study seeks to evaluate the improvement of mindfulness skills and emotional regulation subsequent to the implementation of DBT. Its objective is to furnish empirical evidence demonstrating that these therapeutic approaches can effectively assist single mothers in navigating the stress and emotional difficulties inherent to their specific situations. Enhanced mindfulness can cultivate a heightened sense of awareness and presence in everyday life, whereas improved emotional regulation may contribute to the development of healthier coping mechanisms and more effective interpersonal relationships.

This study has the potential to inform the creation of targeted interventions aimed at empowering single mothers, fostering mental health, and improving overall quality of life.

Limitations

The study may exhibit constraints in sample size or insufficient diversity, potentially impacting the generalizability of the findings to the broader population of single mothers. The evaluation of mindfulness and emotional regulation is contingent upon self-reported measures, which may introduce biases and influence the precision of the findings. Should the study exclusively assess immediate post-treatment outcomes, it may neglect to consider long-term effects and the sustainability of the observed improvements. Variations in external stressors and support systems among participants may impact outcomes, complicating the task of isolating the effects of DBT.

Recommendations

Subsequent studies ought to prioritize the inclusion of larger and more varied participant groups to improve the applicability of the results across a range of demographic categories. The implementation of longitudinal studies may facilitate the evaluation of the enduring impacts of DBT on mindfulness and emotional regulation in single mothers. The integration of objective metrics in conjunction with self-reported data can yield a more thorough assessment of mindfulness and emotional regulation. The incorporation of control groups in forthcoming studies may enhance the comprehension of the distinct effects of DBT in comparison to alternative interventions or the absence of intervention entirely.

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