

Table 1. Definitions of the term “emotional disorder.”

Definitions of the term "emotional disorder"		
Article	Categorical definition	Defining characteristics
Carson, Ringbauer, MacKenzie, Warlow, & Sharpe, 2000	"We are aware of only four studies that measured the prevalence of emotional disorder (depressive and anxiety disorders) in neurology outpatient clinics (p. 202)"	
Muratori et al., 2002	"Emotional disorders are characterized by anxiety or depression without the characteristics of a specific syndrome (p. 29)"	"They are broadly termed ‘internalizing disorders’ by Achenbach (1991) or ‘overcontrolled’ in the more recent literature (Kazdin, 1998) (p. 29)"
den Boer, Wiersma, & Van de Bosch, 2004	"Our current focus is specifically on bibliotherapy and self-help groups for patients with emotional disorders (anxiety and depression) (p. 960)"	
Rangel, Garralda, Jeffs, & Rose, 2005	"...and 27 with emotional disorders (i.e., anxiety and/or depressive disorders) were recruited...(p. 150)"	
ten Have, Iedema, Ormel, & Vollebergh, 2006	"It further assumes that a lack of resources heightens the risk of emotional disorder (mood and/or anxiety disorders)...(p. 286)"	
Watson, O'Hara, & Stuart, 2008	"This superclass [of current mood and anxiety disorders] should be given a nonspecific label, such as 'emotional disorders' (p. 285)"	"This nonspecific nomenclature ['emotional disorders'] would formally recognize the fact that this superclass subsumes different types of negative affect, including both depression and anxiety (p. 285)"
Yuan & Hoff, 2008		"Emotional disorders can be separated into several groups: dysfunction in emotion comprehension/understanding; dysfunction of those neurocognitive systems responsible for the experience of emotion; and dysfunction of emotion control and expression (p. 723)"
Goldberg, Krueger, Andrews, & Hobbs, 2009	"They [emotional disorders] include generalized anxiety disorder (GAD), unipolar depression, panic disorder, phobic disorders, obsessional states, dysthymic disorders, post-traumatic stress disorder (PTSD) and somatoform disorders. We have also included neurasthenia, as this diagnosis is commonly made in many parts of the world, and is in the ICD-10. We have preferred the term ‘emotional’ because we include somatoform disorders in the group (p. 2043)"	"Emotional (or internalizing) disorders form the largest group of mental disorders, consisting of states with increased levels of anxiety, depression, fear and somatic symptoms (p. 2043)."; "Negative affectivity is the defining feature of the emotional cluster (p. 2043)"

Trosper, Buzzella, Bennett, & Ehrenreich, 2009	"...emotional disorders in particular, which are defined here as the anxiety and unipolar mood disorders (p. 234)"	"It has also been argued that common temperamental risk factors account for the relationship between the emotional disorders (Barlow et al. 1996; Brady and Kendall 1992; King et al. 1991; Watson and Clark 1984); Recent research has suggested that NA [negative affect] is a risk factor for the development of both anxious and depressive disorders (p. 236)"
Farchione et al., 2012*		"Taken together, evidence from these sources suggests that a common, underlying factor across [emotional] disorders is the propensity toward increased emotional reactivity, coupled with a heightened tendency to view these experiences as aversive and attempts to alter, avoid, or control emotional responding (p. 667)"
Sauer-Zavala et al., 2012*	"...a cognitive-behavioral intervention recently developed to address anxiety, depression and related disorders (somatoform and dissociative disorders), or 'emotional disorders' (p. 551)"	"Emotional disorders are characterized by a tendency to experience steep increases in affect in response to environmental stimuli and, subsequently, interpret these emotional experiences as harmful (p. 551)"
Trosper, Whitton, Brown, & Pincus, 2012	"One key area of concern with regard to classification is the often comorbid emotional disorders, which encompass unipolar depression and anxiety (p. 621)"	"Current iterations of tripartite-based models indicate that negative affect impacts the full spectrum of anxiety and depressive disorders (p. 622) "
Carl, Soskin, Kerns, & Barlow, 2013*	"...understanding emotional disorders such as anxiety, depression, and bipolar disorder (p. 344)"	"Individuals with these disorders tend to experience their negative emotions as overwhelming and uncontrollable, and often lack the skills necessary to manage and regulate these intense emotional experiences (p. 344)"
Rudolph, Staurt, Glass, & Merikangas, 2014	"Research into the relationship between neighborhood disadvantage and child/adolescent emotional disorders (i.e., anxiety and depressive disorders) has resulted in inconsistent evidence (p. 468)"	
Baek, 2014	"Typical emotional disorders are anxiety disorder, depression, and bipolar disorder (p. 205)"	"Emotional disorder is psychological and behavioral problems of emotional domain that is different from cognitive domain, such as thought and memory (p. 205)"
Watson & Naragon-Gainey, 2014	"Watson (2005) used this term [emotional disorders] to characterize the symptoms and diagnoses classified within two key diagnostic classes—namely, the Mood Disorders and Anxiety Disorders—in the Fourth Edition of the DSM (DSM-IV; American Psychiatric Association, 2000). In the revised framework of DSM-5 (American Psychiatric Association, 2013), these disorders now fall into five adjacent diagnostic classes: Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders, and Trauma- and Stressor-Related Disorders (p. 422)"	"Although most forms of psychopathology are associated with emotional dysfunction and dysregulation (Mineka, Watson, & Clark, 1998; Watson, 2009), these disorders are characterized by a particularly strong component of affective disturbance (e.g., sad mood in the Depressive Disorders, fearful, apprehensive mood in the Anxiety Disorders; see Watson, 2005; Watson, Clark, & Stasik, 2011), a point we develop in greater detail later (p. 423);" "Virtually all of the symptoms and disorders subsumed within this domain [emotional disorders] contain a shared component of elevated negative affect (p. 423)"

Zvolensky, Farris, Leventhal, & Schmidt, 2014	"Among the various psychiatric symptoms and psychopathologies, depressive and anxiety syndromes—that is, emotional disorders—are highly prevalent in the general population...(p. 912)"	
Bentley, Cassiello-Robbins, Vittorio, Sauer-Zavala, & Barlow, 2015*	"Conditions historically thought to fall under the emotional disorder umbrella include the range of DSM-5 (APA, 2013) depressive and anxiety disorders, and obsessive–compulsive and trauma- and stress-related disorders (p. 73)"	"According to Sauer-Zavala and Barlow (2014), emotional disorders refer to psychopathology characterized by “frequent and intense negative emotions, strong aversive reactions to negative emotions, and efforts to avoid or escape these emotional experiences” (p. 118; Barlow, 1991; Brown & Barlow, 2009); any disorder determined to fit the aforementioned definitional characteristics through functional analysis may be considered within this group (p. 73)"
González-Robles et al., 2015	"Emotional disorders (ED) (anxiety and mood disorders) are among the most prevalent mental disorders...(p. 489)"	From this theoretical framework, ED are regarded as minor variations in the manifestation of a broader syndrome (that is, “general neurotic syndrome”) such that the development of treatments directly targeting this underlying syndrome rather than symptom-specific variations would result in a more parsimonious, easier to disseminate treatment approach (pgs. 489-490);" "Due to difficulties in emotion regulation, people with ED often react negatively to their own emotions, and they are more likely to use maladaptive emotion regulation strategies that, in turn, increase the frequency and intensity of negative emotions (p. 490)"
Kotov, Perlman, Gamez, & Watson, 2015	For example, emotional disorders – a cluster of strongly related conditions, including depressive, bipolar and anxiety disorders as well as post-traumatic stress disorder (PTSD) and obsessive–compulsive disorder (OCD) (Barlow, 1991; Watson, 2005; Goldberger et al. 2009b) – is not a formal diagnostic class in DSM-5 (p. 1687)"	"In children, these studies have consistently supported two fundamental spectra of mental illness: internalizing and externalizing (Achenbach, 1966; Achenbach & Rescorla, 2001; Lahey et al. 2004, 2008). Adult studies have replicated these two dimensions, with internalizing composed primarily of the emotional disorders and externalizing defined by substance use, conduct and antisocial disorders (pgs. 1687-1688)"
Paulus, Talkovsky, Heggeness, & Norton, 2015	"...a growing body of evidence supports clustering emotional disorders (anxiety and DEP) together...(p. 389)"	"A wide body of work has supported the view that NA [negative affectivity] is a common factor linking the emotional disorders (p. 390)"
Tuithof, ten Have, van Dorsselaer, & de Graaf, 2015	"An emotional disorder, i.e. mood or anxiety disorder, may result in substantial consequences...(p. 16)"	

Alladin & Amundson, 2016	"Emotional disorders in this article refer to a spectrum of psychological conditions including anxiety, depression, dissociation, somatization, and trauma-related problems (p. 147)"	"A person with an emotional disorder is characterized by a tendency to experience precipitous increases in negative affect in response to environmental stimuli and to interpret the subsequent experience as being harmful (Andrews, 1990, 1996; Brown & Barlow, 2009; Payne, Ellard, Farchione, Fairholme, & Barlow, 2014; Sauer-Zavala et al., 2012) (p. 147)"
Alladin, 2016		"A person with an emotional disorder is generally characterized by a tendency to express negative reactions to intense emotional experience. From the wounded-self perspective, emotional disorders are hypothesized to stem from two layers of psychological processes, transmuted by self-wounds or emotional injuries. The first layer of this process implicates conscious awareness of symptoms, engendered by cognitive distortions, cogitation with symptoms, or excessive worries. The second layer involves implicit or unconscious interpretations of what the symptoms mean to the client (p. 1)"
Cano-Vindel et al., 2016	"Emotional disorders (EDs), including mood, anxiety, and somatization disorders, are a leading cause of disability...(p. 246)"	
Mahaffey, Watson, Clark, & Kotov, 2016	"This cluster [emotional disorders] includes (but may not be limited to) the depressive disorders, the anxiety disorders, posttraumatic stress disorder (PTSD), and obsessive– compulsive disorder (p. 758)"	"The emotional disorders are a cluster of strongly related conditions that, although not formally recognized as a group in Diagnostic and Statistical Manual of Mental Disorders (5th ed.; American Psychiatric Association, 2013), have often been linked on the basis of comorbidity, similarities in presentation, shared treatment response, and common risk factors. One avenue of research that has linked the emotional disorders is the study of trait-like individual differences, often called clinical traits, that are known to increase the risk for onset and chronicity of these disorders. Some of the most widely studied clinical traits with relevance to the emotional disorders are rumination, self-criticism, perfectionism, anxiety sensitivity, fear of negative evaluation, and thought suppression (pgs. 758-759)"
Nilsen, Handegård, Eisemann, & Kvernmo, 2016	"...in a naturalistic sample of patients with anxiety and/or depressive disorders (hereafter referred to as emotional disorders) (p. 12)"	

Sung et al., 2016	"The term 'emotional disorders' is not a clearly defined medical term, but is commonly used to refer to psychological disorders (e.g., generalized anxiety disorders and major depressive disorders) that appear to affect the emotions. 'Emotional disorders' in this study refers to the symptoms of anxiety and depression (p. 1630)"	
Bentley, 2017*	"Prototypical emotional disorders include anxiety, depressive, trauma, and stressor-related obsessive-compulsive, and somatic disorders; however, other conditions often maintained by similar processes (e.g., substance use, disordered eating) can also be considered in this category (p. 548)"	"One process central to the development and maintenance of emotional disorders is the interpretation of emotions as unacceptable or intolerable, which results in problematic efforts to control intense emotion (e.g., avoidance, suppression; Barlow, Sauer-Zavala, Carl, Bullis, & Ellard, 2014; Sauer-Zavala & Barlow, 2014). Neuroticism, or the trait-like tendency to experience frequent negative emotion and a perceived inability to cope in response to stress, is also considered to underlie this class of disorders (Barlow et al., 2014) (p. 547)"
Bentley et al., 2017*	"There is reason to suggest that core mechanisms underlying the emotional disorders (i.e., anxiety, depressive, trauma-related, obsessive-compulsive, and somatic disorders; Barlow, 1991) may also contribute...(p. 532)"	"One evidence-based mechanistic process of emotional disorder symptomatology is the interpretation of emotions as unacceptable or intolerable, resulting in maladaptive efforts to control the emotional experience, such as avoidance or suppression (Barlow, Ellard, Sauer-Zavala, Bullis, & Carl, 2014; Sauer-Zavala & Barlow, 2014). This functional process is also viewed as the phenotypic expression of neuroticism, or the trait-like tendency to experience frequent negative affect and perceived inability to cope in response to stress, which has been shown to confer vulnerability for anxiety, depression, and related conditions (p. 532)"
Dornbach-Bender et al., 2017	"Emotional disorders—namely bipolar disorders, depressive disorders, posttraumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and anxiety disorders—are among the most prevalent forms of mental illness...(p. 31)"	"Quantitative nosology instead proposes grouping homogenous components of these disorders within a higher order internalizing dimension (p. 31)"
Díaz-García et al., 2017	"Lifetime prevalence estimates for emotional disorders (ED), defined as anxiety and unipolar mood disorders, are quite high...(p. 146)"	"People with ED have higher levels of neuroticism/negative affect/behavioral inhibition (N/NA/BI) (Brown & Barlow, 2009), and they experience negative emotions more intensely and frequently (Campbell-Sills et al., 2006, Mennin et al., 2005), accept emotional experiences to a lesser extent (Weiss et al., 2011), associate the experience of living with more negative emotions (Roemer et al., 2005), use cognitive and behavioral strategies to reduce the impact of negative emotions (Aldao et al., 2010), and show intolerance to uncertainty,

		leading to an increase in negative affect (Boswell et al., 2013). In short, people with ED tend to react negatively to their emotions and are more likely to use maladaptive emotion regulation strategies. These strategies, in turn, increase the frequency/intensity of negative emotions. Some authors have argued that this functional relationship may be driven by neuroticism, which would be the core of the ED (p. 222)"
Farmer et al., 2017	"Cross-sectional and longitudinal epidemiological research has generally revealed significant associations between depressive and anxiety disorders (collectively emotional disorders) with alcohol abuse...(p. 222)"	
Finning, Moore, Ukoumunne, Danielsson-Waters, & Ford, 2017	"Emotional disorder can be conceptualised in different ways but is generally considered to mean depression or anxiety (p. 122)"	"Studies may also refer to 'internalising problems' or 'internalising symptoms', which are generally considered to mean a combination of depression and anxiety (p. 122)"
Waszczuk, Kotov, Ruggero, Gamez, & Watson, 2017	"Emotional disorders consist of a cluster of closely related conditions, including depressive, bipolar, and anxiety disorders, as well as posttraumatic stress disorder (PTSD) and obsessive–compulsive disorder (p. 613)"	"All emotional disorders were found to reflect the Internalizing spectrum, a dimension that has emerged in numerous studies (Achenbach & Rescorla, 2001; Achenbach, 1966; Achenbach, 1991; Forbush & Watson, 2013; Kotov et al., 2011; Krueger & Markon, 2006; Lahey et al., 2004; Lahey et al., 2008; Røysamb et al., 2011) (p. 615)"
Waszczuk et al., 2017	"We focused on emotional disorders, which consist of a cluster of closely related conditions, including depressive, bipolar and anxiety disorders as well as post-traumatic stress disorder (PTSD) and obsessive– compulsive disorder (OCD) (p. 81)"	

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