

# Are Internalizing Symptoms Associated with Criminal Behavior in Married Couples?

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Internalizing symptoms that is symptoms of anxiety and depression have long been associated with criminal behavior. Internalizing symptoms are criminal behavior also negatively influence marriage and family in a number of ways, for example by reducing marital satisfaction, physical and emotional health. Anxiety, depression, and criminal behavior in one spouse are also found to impact the other partner in the relationship as well. Specifically, the partners of people with increased anxiety, depression, or criminal behavior tend to have higher levels of anxiety and depression and to engage in more criminal behavior as well (Homish et al., 2007). Due to the associations between anxiety, depression, and criminal behavior it is possible that the treatment of anxiety and depression may not only lead to promising developments in the reduction of criminal behavior, but it could have a positive impact on the couple dynamic as well.

Anxiety and depression matter tremendously within the couple dynamic of those in romantic relationships and marriage. Studies have shown that if one a partner experiences high levels of anxiety and depression, their partner in many cases will demonstrate higher levels of anxiety and depression as well (Stokes, 2017). Anxiety and depression have also been found to be related to poorer mental and physical health. For example, in a study conducted by Meyer and Paul (2011) that examined the cross-partner association between marriage and early life stressors, it was found that marriage was associated with higher levels of stress in individuals, again leading to poor physical health (Meyer & Paul 2011). Criminal behavior in the context of couple dynamic is also an issue. In a study by Homish et al. (2007), evidence showed that an intimate partner can influence the other to participate in illegal drug use (Homish et al., 2007; Bardone et al., 1996). Anxiety and depression are found to have a relationship with criminal behavior, individuals who engage in criminal behavior are more likely to suffer from anxiety and depression (Mestre et al., 2017). The treatment of anxiety and depression in married couples could lead to reduced conflict in marriage itself.

According to the American Psychological Association, Anxiety is defined as “feelings of tension, worried thoughts, and physical changes” (APA, 2018). Anxiety tends to play a large part in criminal behavior. Adolescents are a large sample that demonstrate just how much relation anxiety has with criminal behavior. Adolescents who are suffering from anxiety and/or depression become more likely to engage in criminal acts with their peer group (Lalayants and Prince, 2014). And as adolescents grow into adulthood and enter in romantic relationships, past deviant behavior may arise and potentially affect couple dynamic. Anxiety is also suggested to be a predictor of future crime in an individual (Nee and Witt, 2013). In a study by Nee and Witt (2013), results showed that adolescents who suffered from mental illness, were more likely to commit a crime in the future, vs adolescents who did not suffer from anxiety or depression. Anxiety not only effects the production of criminal behavior, but it has consequences on couple dynamics as well. One partner’s anxiety in romantic relationships tend to infect the

other partner as well. This leads to poor health for both partners, tension in the relationship, and even harsher consequences such as mental or physical abuse in the relationship (Revenson et al., 2016). Anxiety in relationships also affects the couple dynamic by affecting sleep patterns, resulting in hypertension for both partners (Revenson et al., 2016). A number of studies have shown how anxiety affects criminal behavior however; the population in which prior research has been done on is often quite limited. Studies often depict the relationship between anxiety and criminal behavior on adolescents, incarcerated individuals, or single men or women (Bardone et al., 1996; Baskin and Sommers, 2015; Lalayants and Prince, 2014). Few studies actually research how the relationship between anxiety and criminal behavior affects married couples or individuals in romantic relationships.

Like anxiety, depression has similar effects on criminal behavior and couple dynamic. According to the American Psychological Association, depression is the most common mental disorder and includes “a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide” (APA, 2018). Depression seems to play an even larger role in criminal behavior than anxiety does. Individuals higher in depression were found to engage in criminal behavior as adolescents and veer towards a decline of mental health as adults (Bardone et al., 1996). Depression is also related to the use of illegal substances (Lalayants and Prince, 2014). Individuals who were more depressed compared to their counterparts were found to engage in underage drinking or illegal drug use (Lalayants and Prince, 2014). Couple dynamic is affected in a similar way to anxiety. One partners depression, can lead to depression in the other partner. Again, these consequences affected hypertension within the relationship, and even led to poor sleeping patterns, which lead to poor mental and physical health for each partner (Revenson et al., 2016; Stokes, 2017). Like anxiety, there have been many studies that suggest that depression has a strong influence on adolescents causing them to engage in criminal behavior, but minimal research has been done to explore how depression affects criminal behavior in married couples of individuals involved in romantic relationships.

This current study will examine how anxiety and depression are associated with criminal behavior in married couples. This effect of anxiety, depression, and criminal behavior on the counterpart partner in the marriage will also be analyzed. So far, there have been a number of studies that explore how anxiety and depression affect one partner in the relationship when one suffers from anxiety and depression. These results have concluded that when one partner suffers from high levels of anxiety and depression, the other partner suffers from these internalizing disorders as well (Revenson et al., 2016; Stokes, 2017). Another result shows that when one partner in the relationship is involved in illegal drug use, then the other partner will be more likely to engage in illegal drug use as well (Homish et al., 2007). However, the association between anxiety, depression, and criminal behavior in romantic relationships is an area of research that is minimal. The current study will investigate how anxiety and depression affect criminal behavior within married couples. Anxiety, depression, and criminal behavior in one partner in the relationship will also be explored to determine how these factors affect the other spouse. The treatment of anxiety and depression could lead to a decline in criminal behavior

within individuals. More importantly the treatment of anxiety and depression could reduce criminal behavior in married couples.

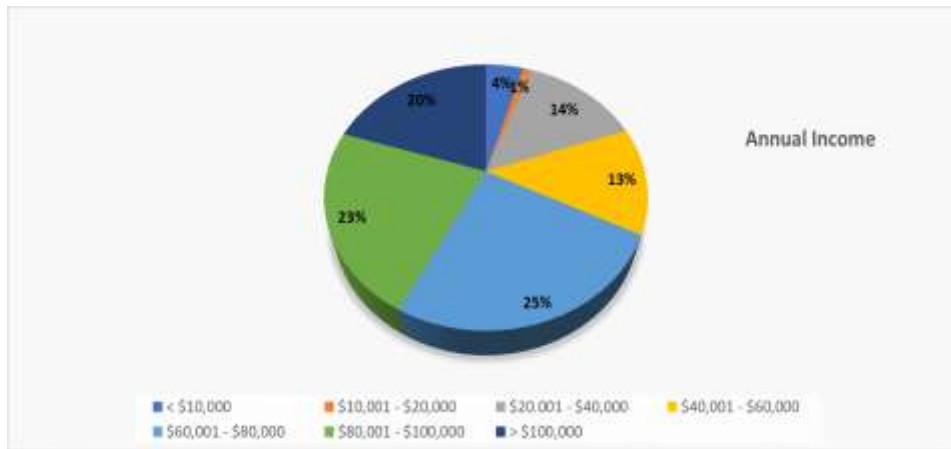
In the past, minimal research has been done to understand the relationship between anxiety, depression, and criminal behavior in couples. Our current study developed two hypotheses regarding our research. The first hypothesis is that symptoms of anxiety and depression are associated with individual's higher engagement in criminal behavior. The second hypothesis is that married individual's whose partners have higher symptoms of anxiety and depression will be more likely to engage in criminal behavior.

## Method

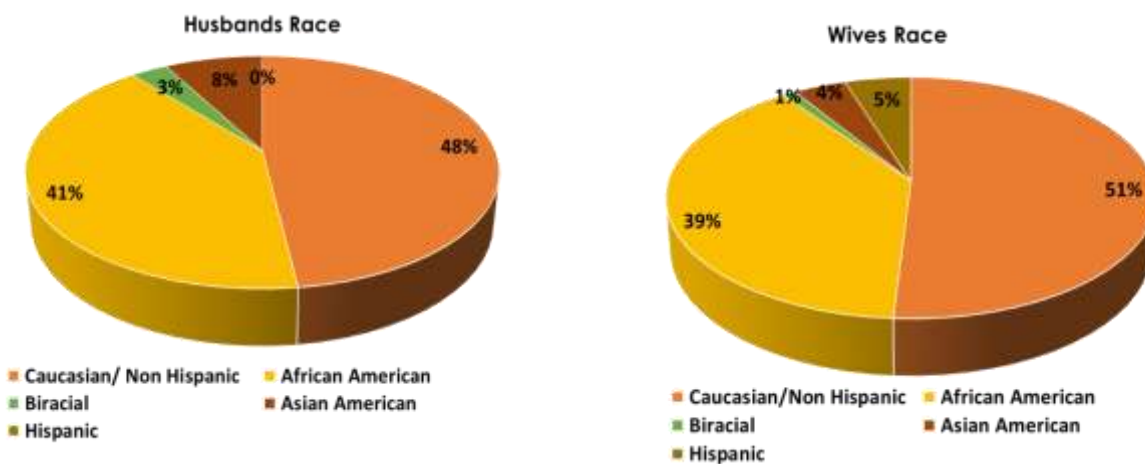
This sample consisted of 114 married couples that were recruited from Baltimore County, in Maryland, U.S. Applicants were recruited through marriage licenses. This sample consisted of participants who were between the ages of 18-55. Participants were married less than 1 year. On average, couples had been married 3.78 months ( $SD = 1.91$ ). On average the couples dated 13.96 months before getting married ( $SD=35.73$ ). About 78% of the couples cohabitated before getting married. Husbands average age was 30.03 years ( $SD= 5.85$ ), while wives average age was 28.22 years ( $SD=4.75$ ). All participants held a bachelor's degree.

	Range	Mean	SD
Marriage Length	1 year and under	3.78	1.91
Dating Length	3 years and under	13.96	35.73
Husbands age	18-55	30.03	5.85
Wives age	18-55	28.22	4.75

Annual joint income was also recorded, ranging from less than \$10,000 to \$100,000 and over. Annual joint income of less than \$10,000 was 4.5%, 1% of couple's annual income was between \$10,001 and \$20,000, 14% of couple's annual income was between \$20,001 and \$40,000, 13% of couple's annual income was between \$40,001 and \$60,000, 25% of couple's annual income was between \$60,001 and \$80,000, 22.5% of couple's annual income was between \$80,000 and \$100,000, and 20% of couple's annual income was \$100,000 and above.



The spouses identified race and ethnicity themselves as follows: Caucasian/non-Hispanic was 48% and 51%, African American was 41% and 39%, Biracial was 3% and 1%, Asian American was 8% and 4%, and Hispanic was 0% and 5%. All couples were heterosexual.



## Measures

For this study, we will be conducting research upon secondary data. The original study used a battery that included 11 measures SIRS, CTS-S, and more. Another secondary study pulled from the original study, *Newlyweds' Perceptions of Partner Conflict Behaviors and Change in Intimate Safety Over Time* used 1 measure, the Intimacy Safety Questionnaire (ISQ) from the original study as well (Lamotte et al. 2016). From Lamotte and colleagues, we gathered the same demographics of the participants. For this study, we focused on 2 measures, the Inventory of Depression and Anxiety (IDAS), which consisted of 44 items, and The Schedule for Nonadaptive and Adaptive Personality (SNAP), which consisted of 375 true-false items. IDAS assesses depression and anxiety symptoms in each individual spouse. IDAS was developed by David Watson in 2007, the final version containing 64 items. 44 out of the 64 items were used in the original study's questionnaire. IDAS contains 10 scales pertaining to depression and anxiety, but for this particular study we have chosen to only use 4 measurements out of the 10; general

depression, panic, social anxiety, and traumatic intrusions (Watson et al. 2007). IDAS was presented in the form of a questionnaire, in the word scoring. Example questions included, “I felt depressed”, “I felt self-conscious knowing that others were watching me”, and “I found myself worrying all the time”. Participants were asked to rate recent feelings about themselves on a 1-5 scale, 1 = Not at all, 2 = A little bit, 3 = Moderately, 4 = Quite a bit, and 5 = Extremely. Before the IDAS scale, self-report questionnaires were often criticized for a multitude of reasons. Traditional measures were hindered by different factors, one being Discriminant Validity. Discriminant Validity will often demonstrate associations between self-report depression measures with the indicators of anxiety (Watson et al. 2007). Classic self-report questionnaires were also censured due to the content base. For one, the self-report questionnaires are often criticized because they do not contain content relating to depression itself. Second, the questionnaire is not listed to include all 9 symptoms of depression as listed in the Diagnostic Manual of Mental Disorders (DSM-V). Third, there is also argument that previous instruments contained a multitude of items for certain symptoms but, only a mere few for others. Watson sought out to change the current self-report measures and change them to construct them to analyze the distinctions of depression and anxiety. IDAS demonstrated short-term retest reliability, as well as evidence relating to sensitivity of change (Watson et al. 2007). SNAP was created to assess traits for personality disorders. SNAP consists of 375 true-false items that measure 12 trait dimensions. In the original study, 71 out of the 375 questions were used. For the current study, 2 out of the 71 questions were used. The 2 measurements from SNAP used in the current study was 1) “I’ve done a lot of things for which I could have been or was arrested” and 2) “I have stolen thing from time to time”. Before SNAP, past categorical systems such as the model used in the DSM, had several flaws associated with personality assessment. One significant problem was that the high rate of comorbidity related to the personality disorders listed in the DSM. A number of studies demonstrated that a patient was more likely to be diagnosed with more than one personality disorder, which in turn led to many questions such as, “What does it mean to have more than one personality disorder?”, and “Is an individual actually suffering from said disorder, or simply suffering from traits of the disorder?”. Another dilemma with categorical systems before SNAP was heterogeneity. Heterogeneity limited the diagnostics of personality disorder assessment, and even led to prejudice from clinicians. The original categorical systems also made the line between abnormal and normal personalities blurred. According to the DSM, a number of symptoms must be applied to an individual in order for them to be correctly diagnosed with a personality disorder. But, this method hinders the actual cause of diagnosis for a patient. Instead, distinctions between whether an individual actually has a personality disorder because they did not suffer from the exact number of symptoms required by the categorical system has blurred the diagnosis of personality disorders for a number of patients. SNAP was created to diminish these past problems in the diagnoses of patients.

After the initial screening process, couples who were interested in participating in the study were then screened over a phone interview. The criteria to participate in the study included couples were between the ages of 18-55, married for less than one year, currently in the first marriage, and could speak English. During the study, each spouse went into separate rooms to complete a questionnaire packet. In the original study, this packet included information inquiring the individual’s demographics, education completion, personal and joint income, relationship

history for the couple, marital satisfaction, communication, relationship commitment, intimacy, and more. Included in the 14 battery measures, was IDAS. (Lamotte et al. 2016). Participants were compensated \$80 for their participation in the study.

### Results

	Husbands		Wives		t (df)	p
	M	SD	M	SD		
General Depressive Symptoms	1.651	.47	1.734	.48	-1.4(112)	0.16
Social Anxiety	1.706	.17	1.709	.16	-.14 (113)	0.88
Traumatic Intrusions	1.426	.21	1.375	.17	2.1* (113)	0.04
Panic	1.414	.23	1.413	.25	.01 (113)	0.99

For the first analysis, our study looked at the anxiety and depressive symptoms between husbands and wives. Overall, we found that husbands and wives levels of general depressive symptoms, social anxiety, and panic were not comparable with each other. However, traumatic intrusions were significantly different. Defined, Traumatic Intrusions are unwanted traumatic thoughts and memories from past events”. Specifically, husbands endorsed higher levels of traumatic intrusions versus the wives, also the difference was minimal.

Next, we compared the criminal behavior for the husbands and the wives. Using the measures from SNAP, “I’ve done a lot of things for which I could have been or was arrested”, and “I have stolen things from time to time”. According to our research, 64% of husbands had not participated in any criminal behavior at all. 24% of husbands endorsed engagement in at least one criminal behavior, while 11% engaged in both measures. Our findings for the wives were significantly different. Overall, 93% of the wives had not engaged in any criminal behavior at all. 5.3% endorsed in one criminal behavior, while only 1.8% endorsed in both measures. Overall, there was a low level of criminal behavior in the sample given, however husbands engaged in criminal behavior, significantly more than wives.

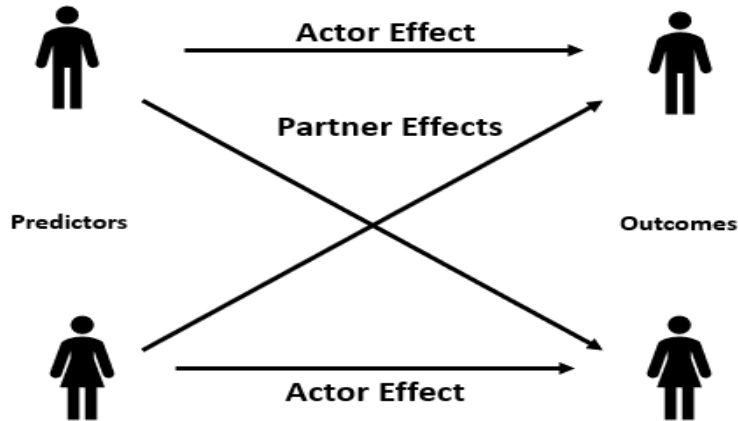
Instrument	Survey Scale Items	Scale Range
Inventory of Depression and Anxiety (IDAS) Sample Item: "I felt depressed"	44	1 - 5
Schedule for Adaptive and Nonadaptive Personality (SNAP) Sample Item: "I have stolen things from time to time"	2	True or False

While not all of our variables had an association with one another, a number of variables did have a relationship. Wives Criminal Behavior is not associated with any of the internalizing behaviors. However, Wives General Depression is moderately associated with Traumatic Intrusions and Panic, (.382) and (.320). A weak and negative association between Wives Social Anxiety and Husbands Criminal Behavior. (-.197) was found. Wives Traumatic Intrusions was also found to be positively associated with Husbands General Depression. There was also a weak, negative association between Husbands Traumatic Intrusions and Criminal Behavior. (-.218). Husbands criminal behavior was found to be negatively associated with Husbands social anxiety. (-.274). There was also a weak, but positive association with Wives Depression and Husbands Criminal Behavior, (.248). Husbands General Depression was negatively associated with Husbands Social Anxiety, (-.202). And Husbands General Depression was positively associated Husbands Panic, (.393).

	Wives General Depression	Wives Social Anxiety	Wives Traumatic Intrusions	Wives Panic	Husbands Criminal Behavior	Husbands General Depression	Husbands Social Anxiety	Husbands Traumatic Intrusions	Husbands Panic
Wives Criminal Behavior	0.068	-.0111	0.037	0.053	0.047	0.057	0.053	-0.159	-0.002
Wives General Depression		-.0168	.382**	.320**	.248**	0.116	0.052	-0.133	-0.031
Wives Social Anxiety			-0.087	0.057	-.197*	0.003	0.020	0.107	0.127
Wives Traumatic Intrusions				0.120	-0.073	.199*	-0.031	0.049	0.119
Wives Panic					0.002	-0.029	-0.032	0.136	0.018
Husbands Criminal Behavior						0.043	-.274**	-.218*	0.028
Husbands General Depression							-.202*	0.177	.393**
Husbands Social Anxiety								-0.077	0.088
Husbands Traumatic Intrusions									-0.051

	Husbands	Wives		
	%	%	t(df)	P
0 Criminal Behavior	64%	93%	5.4 (113)	<.01
1 Criminal Behavior	24.6%	5.3%		
2 Criminal Behaviors	11.4%	1.8%		

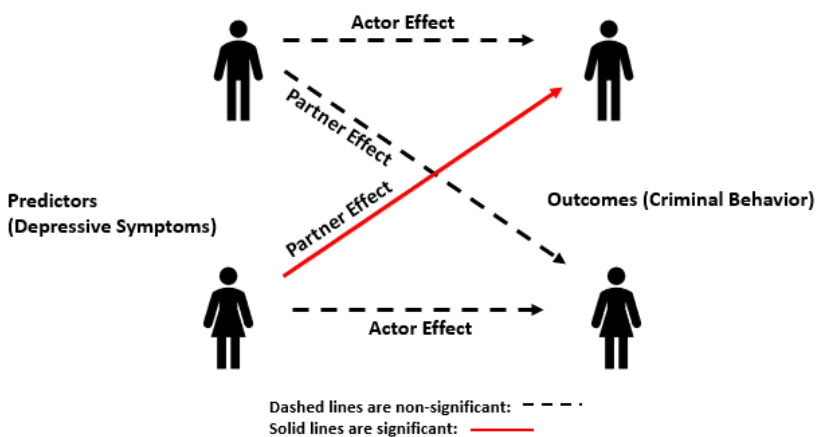
Using the Actor-Partner Interdependence Model (APIM), associations between husbands and wives internalizing symptoms and criminal behavior were examined. Actor-Partner Interdependence Modeling is used to account for the non-independence of data provided by couples. APIM estimates both actor and partner effects. An actor effect is the effect of one person's predictor on their own outcome, while a partner effect is when one partner predictor or outcome has an effect on the other partners predictor or outcome. The diagram below demonstrates s Actor-Partner Interdependence Model.



The four measures analyzed for the Actor-Partner Interdependence Model were Depressive Symptoms, Social Anxiety, Traumatic Intrusions, and Panic.

**Depressive Symptoms.** In the first model, depressive symptoms, spouses' criminal behavior was regressed on gender, husbands' and wives' depressive symptoms, and the interaction of gender with husbands' and wives' depressive symptoms. Due to the low sample of wives' criminal behavior, there is not a significant association for this variable with any internalizing behavior. Our research found that while there was not a significant correlation of Actor Effect for Depressive symptoms, there was a significant correlation for Partner Effect in relation to Depressive symptoms. Wives Depressive Symptoms are positively, linked to Husbands Criminal Behavior. Wives tend to be more depressed when their partners engage in criminal behavior.

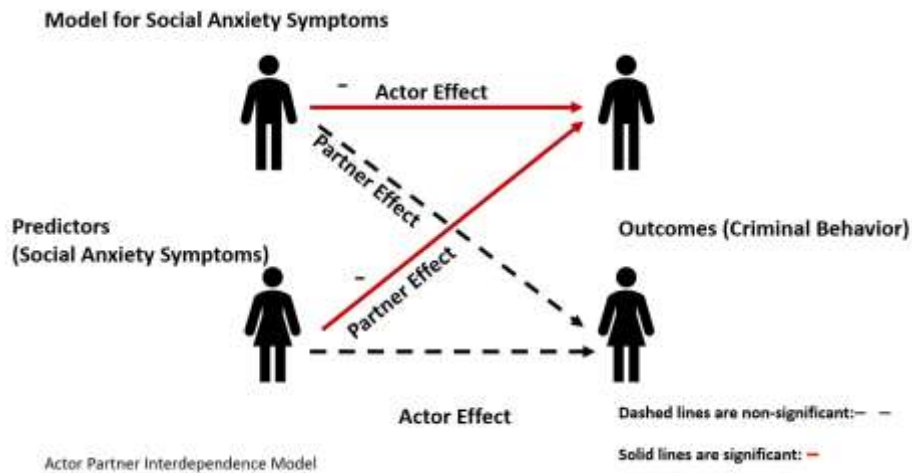
**Model for Depressive Symptoms**





	Actor Effects				Partner Effects			
	<i>b</i>	<i>SE</i>	95% CI		<i>b</i>	<i>SE</i>	95% CI	
			LL	UL			LL	UL
<b>Gender</b>								
<b>General Depressive Symptoms</b>	.07	.17	-.27	.40				
<b>Gender X Depressive Symptoms</b>	.01	.07	-0.12	.14	.18**	.07	.04	.31
<b>Gender X Depressive Symptoms</b>	.01	.08	-.14	.16	-.16*	.08	-.31	-.01

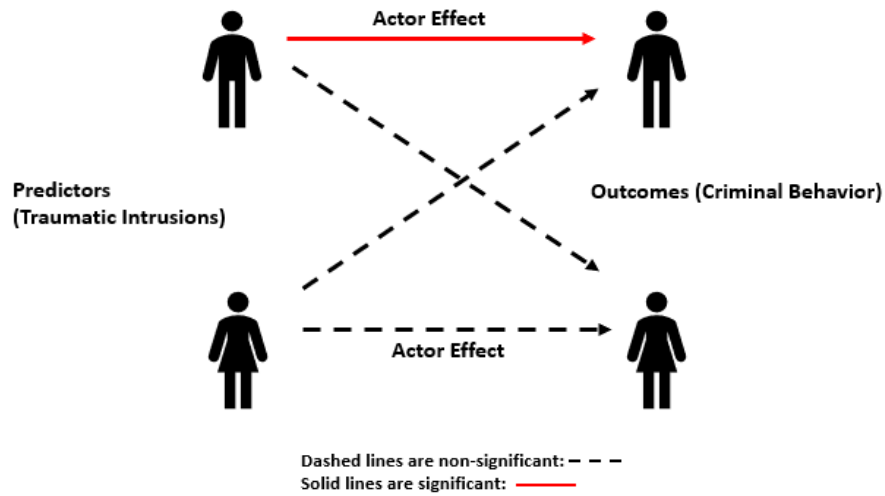
**Social Anxiety.** In the second model spouses' criminal behavior was regressed on gender, husbands' and wives' social anxiety, and the interaction of gender with husbands' and wives' social anxiety. Again, there is no significance between wives and criminal behavior. However, a clear Actor and Partner effect were found. For this data, we found an association between either partner's social anxiety and men's lower criminal behavior. When either men or women have higher symptoms of social anxiety, husbands are less likely to engage in criminal behavior. Wives social anxiety was negatively associated with husband's criminal behavior. Wives tend to have lower social anxiety, when husbands engage in criminal behavior.



	Actor Effects				Partner Effects			
	<i>b</i>	<i>SE</i>	95% CI		<i>b</i>	<i>SE</i>	95% CI	
			LL	UL			LL	UL
<b>Gender</b>								
<b>Social Anxiety Symptoms</b>	-1.8	.50	-2.7	-.76				
<b>Gender X Anxiety Symptoms</b>	-.57	.19	-.93	-.19	-.41	.19	-.79	-.03
<b>Gender X Anxiety Symptoms</b>	.44	.21	.03	.86	.47*	.21	.04	.89

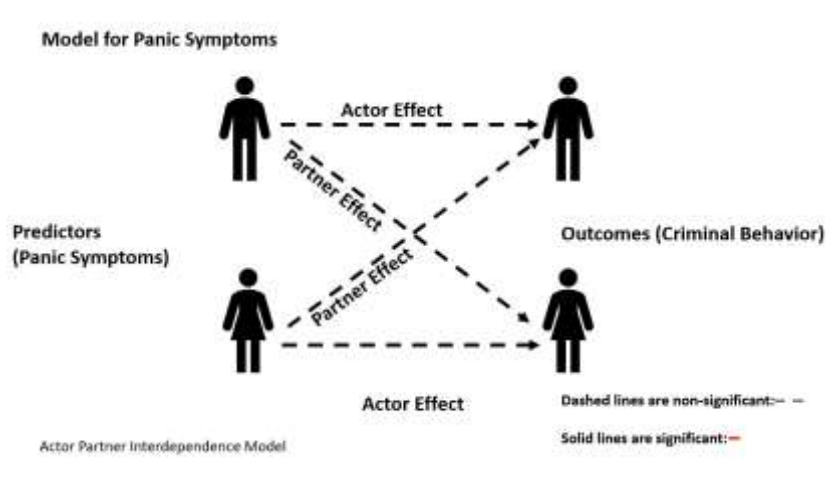
**Traumatic Intrusions.** Traumatic Intrusions are “unwanted traumatic thoughts and memories from past events” (APA, 2018). In the third model spouses’ criminal behavior was regressed on gender, husbands’ and wives’ traumatic intrusions, and the interaction of gender with husbands’ and wives’ traumatic intrusions., Traumatic Intrusions showed a significant correlation husbands According to our research, wives’ traumatic intrusions were negatively associated with criminal behavior. Husbands who had higher levels of Traumatic Intrusions were less likely to engage criminal behavior. Higher levels of Traumatic Intrusions were associated with lower levels of criminal behavior. There is an association between traumatic intrusion symptoms and other internalizing disorders for husbands and wives.

**Model for Traumatic Intrusions**



	Actor Effects				Partner Effects			
	<i>b</i>	<i>SE</i>	95% CI		<i>b</i>	<i>SE</i>	95% CI	
			LL	UL			LL	UL
<b>Gender</b>	-.75	.37	-1.5	-.02				
<b>Traumatic Intrusions Symptoms</b>	-.36	.16	-.67	-.05	-.13	.18	-.49	.24
<b>Gender X Traumatic Intrusions Symptoms</b>	.41	.18	.05	.77	-.01	.20	-.40	.39

**Panic.** In the fourth model spouses' criminal behavior was regressed on gender, husbands' and wives' Panic, and the interaction of gender with husbands' and wives' Panic. There were not any significant correlations to Panic.



	Actor Effects				Partner Effects			
	b	SE	95% CI		b	SE	95% CI	
			LL	UL			LL	UL
<b>Gender</b>	.08	.29	-.67	.51				
<b>Panic Symptoms</b>	.04	.14	-.24	.32	.00	.13	-.26	.26
<b>Gender X Panic Symptoms</b>	-.08	.15	-.38	.23	-.00	.15	-.29	.29

## Discussion

The current study examined if there was an association between internalizing symptoms and criminal behavior in married couples. Two hypotheses were conceived, the first hypothesis being that symptoms of anxiety and depression are associated with individual's higher engagement in criminal behavior. The second hypothesis was that married individual's whose partners have higher symptoms of anxiety and depression will be more likely to engage in criminal behavior.

Past research has indicated that anxiety and depression have a relationship with criminal behavior; individuals who were more depressed or had higher levels of anxiety were more likely to engage in criminal behavior (Bardone et al., 1996; Lalayants and Prince, 2014). But unlike past research, our study found that individuals who had higher levels of social anxiety were less likely to engage in criminal behavior. Therefore, the first hypothesis that anxiety and depression were associated with more engagement in criminal behavior was actually quite the opposite of the original prediction. While a majority of past research was conducted upon adolescents,

incarcerated individuals, or clinically diagnosed participants, our study focused on husbands and wives. Our question is: What makes our sample differ from past research?

The second hypothesis was that when one individual in a married relationship engages in criminal behavior, the other partner will be more likely to have higher symptoms of anxiety and depression. One aspect of our research supported this hypothesis. There was an association between wives' general depression disorders and husband's criminal behavior, therefore wives tend to be more depressed when their partners engage in criminal behavior. There is minimal research done on this aspect, further research may need to be conducted to understand this relationship.

Overall, very few wives (7%) had engaged in any criminal behavior. Due to this very low percentage, there was not enough of the criminal behavior variable to predict anything. But this differed dramatically for husbands. Specifically, husbands experience of social anxiety and traumatic intrusions were associated with less criminal behavior.

Limitations of the study mostly regarded the sample size. All of the couples were heterosexual. Due to sample consisting of community members, the sample did not include individuals in correction facilities, and were not clinically diagnosed with anxiety, general depression, traumatic intrusions, or panic.

Strengths of the study included diversity, a couple sample, and adults. The sample consisted mostly of African-Americans. The research was also conducted on couples, instead of individuals. The sample also consisted of adults, a rarity in the study of anxiety and general depression in relation to criminal behavior.

Based on our findings, newlywed couples may consider: Addressing depression in one partner as a relationship problem, not as an isolated individuals' problem. Clinical psychologists and therapists, those who provide relationship education may consider incorporating tools to effectively help anxiety and depressive symptoms within the framework of the relationship

For future research: researchers should consider examining how wives are associated with criminal behavior and analyze the discrepancies between different results regarding social anxiety. Though there were clear factors as to what influences criminal behavior in husbands, factors that influence wives criminal behavior are still in question. Overall, this area of research may benefit future understandings of criminal behavior in relation to internalizing symptoms in married couples.

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