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Cognitive emotion regulation in the prediction of depression, anxiety, stress, and anger

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Abstract

Cognitive coping processes have long been implicated in the experience and expression of emotion. Recently, a new instrument, the cognitive emotion regulation questionnaire (CERQ; [Garnefski, Kraaij, & Spinhoven, 2001](#)), was developed to measure nine different cognitive coping strategies people often use when faced with a negative event: self-blame, other blame, rumination, catastrophizing, acceptance, putting into perspective, positive refocus, refocus on planning, and positive reappraisal. Although there is substantial research exploring the relationships between these processes and depression, the research on other negative emotions is much sparser. This study addresses this limitation by exploring the relationships between the CERQ and depression, anxiety, stress, and anger. Results supported the convergent and discriminant validity of the CERQ and demonstrated that, independent of respondent gender, self-blame, rumination, catastrophizing, and positive reappraisal were among the most valuable predictors of negative emotions.

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0. Introduction

Coping has long been considered relevant to both the experience and treatment of emotional and physical distress (Lazarus, 1993; Lazarus & Folkman, 1984). Adaptive coping is associated with the implementation of effective health behaviors (Lee-Baggeley, DeLongis, Voorhoeave, & Greenglass, 2004) and has important implications for living with physical illness (Ridder & Schreurs, 2001). In addition, coping is inversely related to psychological distress (Bouchard, Guillemette, & Landry-Leger, 2004), and coping deficits are observed in a variety of mental disorders (e.g., Ball & Lee, 2000; Britton, 2004). In fact, certain coping styles appear to predict treatment-seeking (Avants, Warburton, & Margolin, 2000). Finally, it is not surprising that most empirically supported psychosocial treatments for emotional disorders emphasize the acquisition of coping skills or that clients' coping skills are associated with treatment outcome (Beutler, Moos, & Lane, 2003).

Lazarus and Folkman (1984) defined coping as the “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). Lazarus (1993) distinguished between problem-focused coping (i.e., attempting to minimize distress through modifying oneself or one's environment) and emotion focused coping (i.e., utilizing cognitive coping strategies to change the meaning of stressful events and lessen subsequent emotional distress). Both forms of coping are adaptive, and the most beneficial approach appears to depend on the nature of the stressful situation (Folkman & Moskowitz, 2004; Ridder & Schreurs, 2001). Moreover, it is clear that emotional responses to stressful events can be regulated via the use of cognitive coping strategies (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984; Ridder & Schreurs, 2001).

Instruments to assess both forms of coping (e.g., Coping Inventory for Stressful Situations, Ways of Coping Questionnaire, COPE, etc.) have focused on the behavioral (e.g., turning to religion, alcohol-drug use, etc.) and cognitive aspects (e.g., acceptance, positive reinterpretation, etc.) of coping. A relatively new scale, the Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski et al., 2001), was developed to assess cognitive coping associated with emotion regulation. The CERQ stands out from previous instruments in its inclusion of a broader set of cognitive coping processes. Specifically, the CERQ measures nine cognitive coping processes: (1) self-blame; (2) blaming others; (3) acceptance; (4) refocus on planning (i.e., addressing the steps necessary to handle the situation); (5) positive refocusing (i.e., focusing on positive experiences); (6) rumination; (7) positive reappraisal (i.e., giving the event some sort of positive significance); (8) putting into perspective (i.e., downgrading the importance of the event); and (9) catastrophizing. The authors characterize self-blame, blaming others, rumination, and catastrophizing as maladaptive coping styles. Acceptance, refocus on planning, positive refocusing, positive reappraisal, and putting into perspective are described as adaptive coping styles (Garnefski et al., 2001).

As the CERQ was designed to measure the cognitive processes involved in affect regulation, validation studies should focus on the relationships between the subscales and the experience of different emotions (Folkman & Moskowitz, 2004). Most of the CERQ research to date has focused on depression (e.g., Garnefski, Boon, & Kraaij, 2003; Garnefski et al., 2002; Garnefski et al., 2001; Garnefski, Teerds, Kraaij, Legerstee, & Van Den Kommer, 2004). Despite some variation across studies, self-blame, rumination, and catastrophizing are consistently associated with depressive symptoms. In addition, positive reappraisal appears to be inversely related to depres-

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