Negative life events, cognitive emotion regulation and emotional problems

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Abstract

A new questionnaire, named the Cognitive Emotion Regulation Questionnaire, has been constructed, measuring nine cognitive coping strategies people tend to use after having experienced negative life events. A test–retest design was used to study the psychometric properties and relationships with measures of depression and anxiety among 547 high school youngsters. Principal component analyses supported the allocation of items to subscales, while alphas of most subscales exceeded 0.80. Cognitive coping strategies were found to play an important role in the relationship between the experience of negative life events and the reporting of symptoms of depression and anxiety. The results suggest that cognitive coping strategies may be a valuable context of prevention and intervention © 2001 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Emotion regulation is assumed to be an important factor in determining well being and/or successful functioning (Cicchetti, Ackerman & Izard, 1995; Thompson, 1991). The general concept of emotion regulation can be understood as “all the extrinsic and intrinsic processes responsible for monitoring, evaluating and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (Thompson, 1994, p. 27). According to this definition, the concept of emotion regulation is a very broad conceptual rubric encompassing many regulatory processes, such as the regulation of emotions by oneself versus the regulation of emotions by others and the regulation of the emotion itself versus the regulation of its underlying
features (Thompson & Calkins, 1996). Emotion regulation, therefore, can refer to a wide range of biological, social, behavioral as well as conscious and unconscious cognitive processes. For example, in a physiological way, emotions are self-regulated by a rapid pulse, increased breathing rate (or shortness of breath), perspiration or other concomitants of emotional arousal. In a social way, emotions are regulated by seeking access to one’s interpersonal and material support resources, while in a behavioral way emotions are regulated through a variety of behavioral (coping) responses. Shouting, screaming, crying or withdrawing are examples of behaviors displayed to manage the emotions arisen in response to a stressor. Finally, emotions can also be managed by a range of unconscious cognitive processes, such as selective attention processes, memory distortions, denial, or projection or by more conscious cognitive (coping) processes, such as blaming oneself, blaming others, ruminating or catastrophizing.

Although the concept is very useful as a theoretical description or explanation of the emotion system, the total process of emotion regulation is too complex and too broad to enable us to empirically focus on all aspects, mechanisms and processes at once. In this article we will restrict ourselves to the self-regulatory, conscious, cognitive components of emotion regulation. Although not many studies have explicitly been addressed to this aspect of emotion regulation, conscious cognitive components of emotion regulation have generated some interest in the form of research activities focused on coping strategies. Remarkably, however, cross-referencing between studies on emotion regulation and studies on coping, is scarce.

1.1. Coping as an aspect of emotion regulation

The general definition of coping is given by Monat and Lazarus (1991) as: “an individual’s efforts to master demands (conditions of harm, threat or challenge) that are appraised (or perceived) as exceeding or taxing his or her resources” (p. 5). In our opinion, according to this definition, all coping efforts by an individual come under the broad definition of emotion regulation. In general, two major functions of coping are distinguished: problem-focused coping and emotion-focused coping. Whereas problem-focused coping strategies refer to attempts to act on the stressor, emotion-focused coping refers to attempts to manage the emotions associated with the stressor (Compas, Orosan & Grant, 1993). Generally speaking, acting directly on the stressor by problem-focused coping is considered a more effective coping strategy than emotion-focused coping. Nevertheless, it is also acknowledged that under certain conditions, e.g. a situation in which nothing useful can be done to change it, problem-focused coping strategies may fail or even be counterproductive. In such situations emotion-focused coping efforts would be a better strategy (Lazarus, 1993).

Although most stressors may elicit both types of coping, problem-focused coping tends to predominate when people feel that something constructive can be done, whereas emotion-focused coping tends to predominate when people feel nothing can be done about the stressor (Carver, Scheier & Weintraub, 1989).

Even though the operationalization of coping by the distinction between problem-focused and emotion-focused coping strategies is widely accepted and most coping measures are based on it, this approach gives rise to a number of conceptual problems:

1. Data analyses on most coping measures show that far more factors can be distinguished than just the two (Parker & Endler, 1992). Often largely differing in character, these ‘sub’
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