



## Characteristics of emotion regulation in recovered depressed versus never depressed individuals

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### Abstract

There is evidence that depressed individuals show a more dysfunctional use of emotion regulation strategies than controls. Some authors have suggested that these deficits are not confined to the acute phase but are a risk factor for the development of recurrent depressive episodes. The study aimed to provide a preliminary test of this hypothesis by comparing 42 students with a history of depression to 42 matched controls using self-report questionnaires. In line with the hypotheses, past depression was related to higher levels of self-perceived emotion regulation difficulties, a more frequent use of dysfunctional emotion regulation strategies and a less frequent use of ‘putting things into perspective’ as a functional strategy. In exploratory analyses, the groups also differed in emotion acceptance and clarity. As a whole, the results provide preliminary support for the idea that depression vulnerability is related to deficits in emotion regulation.

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## 1. Introduction

A number of authors have suggested to conceptualize depressive episodes as consequences of maladaptive emotion regulation (Campbell-Sills & Barlow, 2006; Gross & Muñoz, 1995; Kring & Werner, 2004). According to this view, the symptoms of depression are seen as consequences of individuals' failure to modulate their emotions in an adaptive way. A review of evidence supporting this view is complicated by the fact that emotion regulation is a broad concept that has been defined in different ways (see Gross & Thompson, 2007; Kring & Werner, 2004). It therefore appears necessary to specify which aspects of emotion regulation are in the focus of interest when investigating its role in depression. The current study will focus on *deliberate strategies* used in order to regulate emotions and *self-reported emotion regulation difficulties*.

There is evidence that currently depressed individuals differ from controls regarding their use of emotion regulation strategies. Specifically, they report a more frequent use of strategies that have been found to be related to dysfunctional outcomes (e.g., emotion suppression, rumination and catastrophizing) and a less frequent use of functional strategies (e.g., reappraisal, self-disclosure) (Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Garnefski & Kraaij, 2006; Gross & John, 2003; Rude & McCarthy, 2003). In addition to using a higher amount of dysfunctional strategies, currently depressed individuals were also found to report less understanding and clarity of their emotions (Rude & McCarthy, 2003), to be less acceptant of negative feelings (Campbell-Sills et al., 2006; Hayes et al., 2004) and to express a lower expectancy to be able to adaptively regulate negative emotions than a control group (Catanzaro & Mearns, 1990). These findings may suggest that the excessive use of dysfunctional strategies reported by depressed individuals might be related to broader deficits in emotion functioning.

Some authors have argued that these emotion regulation deficits are not only a concomitant of acute depression but also a more enduring risk factor for the development of repeated episodes (Gross & Muñoz, 1995; Kring & Werner, 2004; Rude & McCarthy, 2003). Given the importance of cognitive factors in depression vulnerability, it is specifically assumed that increased levels of maladaptive cognitive strategies (e.g., rumination and catastrophizing) and difficulties using adaptive cognitive strategies aimed at regulating one's emotions (e.g., reappraisal) should play a key role (Garnefski & Kraaij, 2006). In a non-depressed state, these abnormalities might not interfere with everyday life as increases in negative mood are only moderate. However, when the mood deterioration is more pronounced, e.g., in response to stressful life events, the maladaptive strategies may lead to the maintenance of negative mood and contribute to the development of a depressive episode. Despite potential implications for theory and intervention, only few studies have directly tested this hypothesis. Rumination has repeatedly been found to predict the development and maintenance of depression (Nolen-Hoeksema, 2004). In addition, there is preliminary evidence that past depression is related to broader abnormalities in emotional functioning such as reduced emotional clarity (Rude & McCarthy, 2003) and low expectancies for one's own ability to regulate negative emotions (Kassel, Bornovalova, & Mehta, 2007).

This study aimed to directly test the hypothesis that depression vulnerability is related to dysfunctional patterns of emotion regulation strategies and high levels of self-reported emotion regulation difficulties. In addition, exploratory analyses tested the role of emotion understanding and acceptance in depression vulnerability. Currently non-depressed individuals who had experienced at least one past major depressive episode were compared to matched controls using self-report

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