



An examination of the incremental contribution of emotion regulation difficulties to health anxiety beyond specific emotion regulation strategies



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ABSTRACT

Given the potential transdiagnostic importance of emotion dysregulation, as well as a lack of research examining emotion dysregulation in relation to health anxiety, the present study sought to examine associations among specific emotion regulation strategies (cognitive reappraisal and expressive suppression), emotion regulation difficulties, and health anxiety in a physically healthy sample of adults ($N = 482$). As hypothesized, results of a series of hierarchical multiple regression analyses showed that emotion regulation difficulties provided a significant incremental contribution, beyond the specific emotion regulation strategies, in predicting each of the three health anxiety variables. Among the six dimensions of emotion regulation difficulties, the dimension representing perceived access to effective emotion regulation strategies was the only emotion regulation difficulty dimension that predicted all three health anxiety variables beyond the effects of the specific emotion regulation strategies. Results indicate that emotion regulation difficulties, and particularly one's subjective appraisal of his/her ability to effectively regulate emotions, may be of importance to health anxiety. Clinical implications are discussed.

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1. Introduction

The field of emotion regulation continues to flourish, as studies consistently find robust associations between emotion dysregulation and maladaptive psychological outcomes. For example, emotion dysregulation has been implicated in posttraumatic stress symptomatology (Bardeen, Kumpula, & Orcutt, 2013; Ehring & Quack, 2010), anxiety disorders (Cisler, Olatunji, Feldner, & Forsyth, 2010), alcohol dependence (Berking et al., 2011), depression (Tull, Stipleman, Salters-Pedneault, & Gratz, 2009), borderline personality disorder (Gratz, Rosenthal, Tull, Lejuez, & Gunderson, 2006), and a host of other maladaptive outcomes (see Aldao, Nolen-Hoeksema, & Schweizer, 2010 for a review). Although there is a wealth of research showing associations between emotion dysregulation and maladaptive psychological outcomes, to date, there is lack of consensus regarding what exactly is meant by the term “emotion

regulation;” a number of theoretical models and measures purport to capture this polysemous construct.

Among the various accounts of emotion regulation, two conceptual models have garnered the bulk of empirical focus (Gratz & Roemer, 2004; Gross, 1998). Gratz and Roemer (2004) provided one of the most comprehensive conceptualizations of emotion regulation to date, proposing that effective emotion regulation involves identification and understanding of emotions, acceptance of emotions, perceived access to effective emotion regulation strategies, and the ability to continue to pursue goal-directed behavior and inhibit impulsive behaviors when experiencing negative emotions. Based on this model, Gratz and Roemer (2004) developed the Difficulties in Emotion Regulation Scale (DERS), which is made up of the six dimensions of emotion regulation difficulties mentioned above. The DERS was intended to measure Gratz and Roemer's (2004) conceptualization of emotion dysregulation in its entirety; and thus, may be described as a global measure of emotion regulation difficulties. The focus of the DERS on emotion regulation difficulties in all of the domains of emotion regulation proposed by Gratz and Roemer (2004) is important because, as noted by Gratz and Roemer (2004), it is not uncommon for measures of emotion regulation to focus on specific emotion regulation strategies as they relate to maladaptive outcomes. However, this

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practice suggests that specific strategies are either adaptive or maladaptive independent of context, rather than suggesting that almost all strategies can be adaptive depending on their flexible use within a given context (e.g., Bonanno, Papa, Lalande, Westphal, & Coifman, 2004; Cheng, 2001). For this reason, Gratz and Roemer (2004) included items on the DERS that assess for the subjective appraisal of one's ability to effectively regulate emotions (as represented by the Limited Access to Emotion Regulation Strategies subscale); thus accounting for the context-dependent nature of adaptive emotion regulation strategy use.

A second conceptual model of emotion regulation which has received considerable attention in the extant literature is Gross's (1998) process model of emotion regulation. As defined by Gross, "emotion regulation refers to the process by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (p. 275; emphasis in original). Gross's process model asserts that there are five points in the emotion generative process at which emotions can be regulated. These points, or stages, include situation selection, situation modification, attentional deployment, cognitive change, and response modulation (Gross & Thompson, 2007). These stages are further categorized as being either antecedent- (the first four stages) or response-focused (the final stage). Antecedent-focused strategies occur before emotion response tendencies are fully activated and response-focused strategies occur after response tendencies are already underway (i.e., behavior has already been altered by the emotional experience; Gross & Thompson, 2007).

Although several specific emotion regulation strategies have been examined in the extant literature, in the context of Gross's (1998) model, the cognitive change strategy of cognitive reappraisal and the response modulation strategy of expressive suppression have received an overwhelming amount of attention as they relate to maladaptive psychological outcomes (see Aldao et al., 2010). In fact, Gross and John (2003) developed the Emotion Regulation Questionnaire (ERQ) to allow for the assessment of these two specific emotion regulation strategies. Cognitive reappraisal occurs relatively early in the emotion generative processes and refers to efforts to change the interpretation of an emotion-eliciting event in order to alter its emotional impact. In contrast, expressive suppression occurs relatively late in the emotion generative process and refers to inhibiting emotion-expressive behavior (John & Gross, 2004). Although Gross and Thompson (2007) explicitly note that they make no assumptions about whether specific strategies are adaptive or maladaptive, cognitive reappraisal has typically been identified as an adaptive emotion regulation strategy and expressive suppression as a maladaptive emotion regulation strategy (see John & Gross, 2004).

There is conceptual and empirical evidence to suggest that Gratz and Roemer's (2004) DERS and Gross and John's (2003) ERQ assess distinct facets of emotion regulation. For example, Gratz and Roemer (2004) described the "DERS as a measure of difficulties in emotion regulation" (p. 52), with the DERS assessing such difficulties along the six dimensions outlined above. Gross and John (2003) described the ERQ as assessing emotion regulation strategies, noting that "both reappraisal and suppression are strategies that allow individuals to modify their emotions" (p. 352; emphasis added). These differing descriptions of the measures by the scale developers are notable, as Gratz and Roemer (2004) developed the DERS, in large part, to extend the assessment of emotion dysregulation beyond assessing for specific emotion regulation strategies. More precisely, and as noted above, Gratz and Roemer (2004) asserted that subjective appraisal of one's ability to effectively regulate emotions is particularly important when considering the role emotion dysregulation in psychopathology. Although Gratz and Roemer (2004) suggest that the six dimensions of emotion regulation difficulties assessed by the DERS may affect emotional responding and

experience, none of the six dimensions constitute strategies in and of themselves (e.g., DERS Strategies assesses one's perception of their ability to regulate their emotions, DERS-Clarity assesses one's ability to understand and identify their emotions).

Coupled with these conceptual differences across the two measures, the magnitude of intercorrelations among the scales of the DERS and ERQ further support the above noted position that the two measures assess distinct facets of emotion dysregulation. For example, Ehring and Quack (2010) found that the cognitive reappraisal (r s ranging from $-.25$ to $-.50$) and expressive suppression (r s ranging from $.28$ to $.46$) scales of the ERQ shared small to moderate correlations with the scales of the DERS. The conceptual and empirical distinctiveness of the DERS and ERQ strongly support the position that these two measures assess unique aspects of emotion dysregulation. Following from the descriptions used by the respective scale developers, we refer to the DERS as assessing the construct of *emotion regulation difficulties* and the ERQ as assessing the construct of *emotion regulation strategies* for the remainder of this manuscript.

As described, evidence to date suggests the transdiagnostic importance of emotion dysregulation, especially in relation to anxiety pathology (Cisler et al., 2010). Despite its potential transdiagnostic status, we know of only two studies to examine emotion dysregulation, as operationalized using one of the major conceptualizations of emotion dysregulation outlined above, in the context of health anxiety (Fergus & Valentiner, 2010; Gørgen, Hiller, & Witthöft, 2014). Health anxiety has been defined as "the wide range of worry that people can have about their health" (Asmundson & Taylor, 2005, p. 5). It has been suggested that health anxiety results from misinterpretations of body sensations (e.g., rapid heartbeat) and/or symptoms (e.g., sore throat) as a sign of a medical problem (Abramowitz & Braddock, 2008; Taylor & Asmundson, 2004). Taxometric studies support conceptualizing health anxiety as a dimensional construct, such that individuals differ quantitatively rather than qualitatively in their health anxiety (Ferguson, 2009; Longley et al., 2010). Given evidence in support of the dimensionality of health anxiety it is important for researchers to use the full range of available scores when assessing health anxiety. This methodological approach maximizes statistical power and minimizes information loss.

Both Fergus and Valentiner (2010) and Gørgen et al. (2014) asserted that emotion dysregulation is important to health anxiety. For example, Fergus and Valentiner (2010) noted that emotion dysregulation might lead individuals to incorrectly ascribe body sensations and/or symptoms as a medical condition when under stressful conditions as a result of an inability to identify and understand their emotional experience. Gørgen et al. (2014) similarly noted that emotion dysregulation may result in an inability to adequately terminate negative emotional states, thereby leading to elevated emotional arousal and ultimately health anxiety due to the misinterpretation of the meaning of their emotional arousal. In the context of Gross's (1998) conceptualization of emotion dysregulation, both groups of researchers found that expressive suppression was generally more relevant to health anxiety than was cognitive reappraisal.

Although these are promising findings linking emotion dysregulation to health anxiety, the studies completed by Fergus and Valentiner (2010) and Gørgen et al. (2014) both had a key limitation in that they only assessed for the use of specific emotion regulation strategies in the form of cognitive reappraisal and expressive suppression. As explained by Gratz and Roemer (2004), context and flexibility of use may be particularly important in determining the degree to which the use of specific emotion regulation strategies results in maladaptive psychological outcomes. For example, the suppression of emotion may be extremely adaptive when playing poker, but rigidly applied across contexts, may result in a number

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