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Emotion Regulation Difficulties in Trauma Survivors: The Role of Trauma Type and PTSD Symptom Severity

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Two different hypotheses regarding the relationship between emotion regulation and PTSD are described in the literature. First, it has been suggested that emotion regulation difficulties are part of the complex sequelae of early-onset chronic interpersonal trauma and less common following late-onset or single-event traumas. Second, PTSD in general has been suggested to be related to emotion regulation difficulties. Bringing these two lines of research together, the current study aimed to investigate the role of trauma type and PTSD symptom severity on emotion regulation difficulties in a large sample of trauma survivors (*N*=616). In line with the hypotheses, PTSD symptom severity was significantly associated with all variables assessing emotion regulation difficulties. In addition, survivors of early-onset chronic interpersonal trauma showed higher scores on these measures than survivors of single-event and/or late-onset traumas. However, when controlling for PTSD symptom severity, the group differences only remained significant for 2 out of 9 variables. The most robust findings were found for the variable "lack of clarity of emotions." Implications for future research, theoretical models of trauma-related disorders, and their treatment will be discussed.

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Although posttraumatic stress disorder (PTSD) is mostly regarded as a reliable, valid, and clinically useful diagnostic category (Nemeroff et al., 2006), some aspects of the diagnosis nevertheless remain controversial (e.g., McHugh & Treisman, 2007; McNally, 2004). Most importantly, a number of authors have argued that it is too much focused on the sequelae of single-event traumas, but does not adequately capture the more complex problems experienced by adult survivors of childhood interpersonal trauma, especially if the traumatic events have occurred repeatedly or chronically (Briere & Spinazzola, 2005; Cloitre, Miranda, Stovall-McClough, & Han, 2005; Herman, 1992a, 1992b; van der Kolk, 2005; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). A number of additional trauma-related diagnoses for this specific subgroup have therefore been suggested, including complex PTSD (Herman, 1992b), disorder of extreme stress not otherwise specified (DESNOS; van der Kolk et al., 2005), and, more recently, developmental trauma disorder (van der Kolk, 2005). Other authors have described groups of symptoms that are thought to be typical sequelae of early-onset interpersonal trauma without suggesting a separate diagnostic category (Briere, Kaltman, & Green, 2008; Briere & Spinazzola, 2005; Cloitre et al., 2005). Although the different conceptualizations of complex trauma sequelae show considerable differences, they also agree on a number of key symptoms, including emotion regulation difficulties.

The suggestion that exposure to chronic interpersonal trauma early in life should lead to emotion regulation difficulties is based on findings from developmental psychology. Research has shown

that adaptive emotion regulation is learned in interaction with primary caregivers (Calkins & Hill, 2007; Cole, Michel, & Teti, 1994). On the one hand, caregivers' own emotion regulation behavior serves as a model for the developing child as to how to deal with emotional states. In addition, caregivers guide the child in understanding and labeling his/her own emotions and ultimately regulating them in a way to achieve his/her goals. In addition, there is evidence that compromised attachment is associated with emotion regulation deficits (Cloitre, Stovall-McClough, Zorbas, & Charuvastra, 2008), which supports the idea that the interpersonal context is important for the development of emotion regulation. On a theoretical level, it is therefore conceivable that the experience of chronic interpersonal trauma in early developmental stages should disrupt the development of adaptive emotion regulation, especially when the perpetrator is one of the key caregivers (Cloitre et al., 2005, 2008; Ford, 2009; van der Kolk et al., 1996); however, to our knowledge no prospective studies testing this hypothesis have been conducted to date. On the basis of the theoretical assumptions regarding the effects of trauma on the development of emotion regulation, a number of authors suggest that emotion regulation difficulties are one of the complex symptoms that specifically develop after early-onset chronic interpersonal trauma (e.g., Cloitre et al., 2005; van der Kolk et al., 2005). The suggestion that survivors of early-onset interpersonal trauma typically show pronounced emotion regulation difficulties also forms the rationale for treatment approaches specifically developed for this group that include strategies to build up emotion regulation skills (Cloitre, Koenen, Cohen, & Han, 2002; Wolfsdorf & Zlotnick, 2001).

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). The current study is based on Gratz and Roemer's (2004) integrative conceptualization, which suggests four key dimensions of emotion regulation: (a) awareness and understanding of one's emotions, (b) acceptance of negative emotions, (c) the ability to successfully engage in goal-directed behavior and control impulsive behavior when experiencing negative emotions, and (d) the ability to use situationally appropriate emotion regulation strategies. On the basis of this conceptualization, Gratz and Roemer developed the Difficulties in Emotion Regulation Scale (DERS). Results of factor analyses support a six-factor solution for the DERS, whereby the first and third dimension suggested by the authors are represented by two factors each (Dimension 1: Lack of Emotional Awareness and Lack of Emotional Clarity; Dimension 3: Difficulties Engaging in Goal-Directed Behavior and Impulse Control Difficulties).

Evidence for the idea that survivors of early-onset interpersonal trauma suffer from alterations in emotion regulation comes from three groups of studies. First, survivors of early-onset interpersonal trauma were found to report higher levels of alexithymia than nontraumatized controls (Cloitre, Scarvalone, & Difede, 1997; McLean, Toner, Jackson, Desrocher, & Stuckless, 2006; Zlotnick et al., 1996). Alexithymia is defined as difficulty with identifying and labeling one's own emotional state and corresponds to the first dimension of Gratz and Roemer's (2004) conceptualization. Second, a number of studies have investigated acceptance of negative emotions. When compared to nontraumatized controls, survivors of early-onset interpersonal trauma were found to report more difficulties tolerating and regulating negative emotions (Briere & Rickards, 2007), higher levels of fear of emotions (Tull, Jakupcak, McFadden, & Roemer, 2007), and higher experiential avoidance, defined as an unwillingness to experience negative thoughts and feelings and high efforts to escape from them (Batten, Follette, & Aban, 2001; Marx & Sloan, 2002). Furthermore, studies conducted as part of the *DSM-IV* field trial showed that a majority of survivors of early-onset interpersonal trauma reported difficulties appropriately regulating their emotions (e.g., fear, anger) or impulses (e.g., self-destructive behavior, sexual involvement; Pelcovitz et al., 1997; van der Kolk et al., 1996). Finally, a recent study found self-reported emotion regulation problems to be strongly associated with functional impairment beyond PTSD symptom severity in treatment-seeking women who had experienced early-onset interpersonal trauma (Cloitre et al., 2005).

Taken together, earlier findings support the view that psychological problems following early-onset interpersonal trauma include emotion regulation difficulties. However, to our knowledge, no prospective studies have been conducted to date investigating the suggested temporal precedence of traumatic events leading to emotion regulation difficulties. In addition, it is less clear whether these difficulties are indeed *specific* for survivors of this type of events or whether they are also present in individuals with PTSD who have experienced traumas later in life and/or only once. In line with the latter view, it is interesting to note that the *DSM-IV* diagnosis of PTSD includes symptoms that

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