



Cognitive emotion regulation, anxiety and depression in adults with autism spectrum disorder



A. Bruggink^{a,*}, S. Huisman^b, R. Vuijk^c, V. Kraaij^d, N. Garnefski^d

^a FortaGroep Rotterdam, The Netherlands

^b Leiden University Medical Center, The Netherlands

^c Sarr, Bavo-Europoort, Parnassia Groep, Rotterdam, The Netherlands

^d Department of Psychology, Division of Clinical and Health Psychology, Leiden University, The Netherlands

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ABSTRACT

Goal: To investigate the relationship between cognitive emotion regulation and anxiety and depression in adults with autism spectrum disorder (ASD).

Methods: One hundred and twenty-one adults with ASD were compared to neurotypical adults, matched on age and gender. Cognitive emotion regulation was measured with the Cognitive Emotion Regulation Questionnaire (CERQ). Anxiety and depression were measured using the Symptom Check List (SCL-90).

Results: The ASD group reported more use of the strategy “Other-blame” and less use of “Positive reappraisal” than the control group. A significant relationship was found between cognitive emotion regulation strategies and anxiety and depression in the ASD group. There were no differences found in the strength of the relationship between cognitive emotion regulation and anxiety and depression, except for the relationship between “Catastrophizing” and depression, which was more strongly related in neurotypical adults.

Conclusion: Adults with ASD do not use less cognitive emotion regulation strategies, but use more “Other-blame” and less “Positive reappraisal”. There was no difference between the ASD group and the neurotypical group regarding the strength of the relationship between the cognitive emotion regulation strategies and anxiety and depression. These results encourage the use of cognitive therapy for depression and anxiety in people with ASD.

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1. Introduction

1.1. Emotion regulation in people with ASD

It is commonly believed that individuals with ASD have difficulty processing their own and other people's emotions (Hill, Berthoz, & Frith, 2004; Samson, Huber, & Gross, 2012). In the past, cognitive theories describing key deficits in individuals with ASD, focused mainly on their impaired comprehension of other people's thoughts, beliefs, intentions and emotions (Frith & Happé, 1994; Frith & Frith, 2003). More recent studies propose that these key deficits in ASD may also lead to impairments in reading and labeling one's own emotions (Hill et al., 2004; Samson et al., 2012) and therefore relate to ineffective emotion regulation (Barrett, Gross, Christensen, & Benvenuto, 2001; Lambie & Marcel, 2002). Aldao, Nolen-

* Corresponding author at: Maasstadweg 96, 3079 DZ Rotterdam, The Netherlands. Fax: +31 10 7600174.

E-mail addresses: a.bruggink@fortagroep.nl, brugginkarjan@gmail.com (A. Bruggink).

Hoeksema and Schweizer (2010) describe that 'emotion regulation has been conceptualized as processes through which individuals modulate their emotions consciously and unconsciously to appropriately respond to environmental demands'. An assumption underlying this definition is that reading and labeling one's own emotions is a prerequisite for consciously modulating emotions (Barrett et al., 2001; Lambie & Marcel, 2002).

Core deficits in the theory of mind may explain ineffective emotion regulation in people with autism spectrum disorder (Samson et al., 2012). It has been proposed that difficulties in identifying, describing and communicating about emotions can pose a hindrance in effective emotion regulation (Mazefsky & White, 2014).

1.2. The role of emotion regulation in anxiety and depression

Various theories suggest that people having problems regulating their emotions in everyday life, experience more and more severe periods of stress, (Mennin, Holoway, Fresco, Moore, & Heimberg, 2007; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Furthermore, emotion regulation theories describe that anxiety and depression can be seen as a result of problems in emotion regulation (e.g. Aldao et al., 2010; Campbell-Sills & Barlow, 2007; Gross & Munoz, 1995; Mennin et al., 2007; Nolen-Hoeksema et al., 2008). Logically, emotion regulation deficits in people with ASD may be considered risk factors for additional psychopathology (Mazefsky & White, 2014).

Emotion regulation theories have described specific individual emotion-regulation strategies as risk- or protective strategies against psychopathology (e.g. Gross, 1998; Gross & John, 2003; English & John, 2013). Maladaptive emotion regulation strategies have frequently been related to depression and anxiety disorders, and have formed the basis of influential research on the cognitive model of depression (Beck, 1976; Clark, 1988; Beck, 2011).

In a meta-analytic review Aldao et al. (2010) examined the relationship between specific emotion-regulation strategies and psychopathology. Maladaptive emotion regulation strategies that related positively to psychopathology were rumination, avoidance, and suppression. Problem-solving and reappraisal appeared to be negatively associated with psychopathology. Surprisingly, in this review, it appeared that acceptance was not significantly associated with psychopathology (Aldao et al., 2010). However, acceptance is widely viewed as an important emotion-regulation strategy and is increasingly used as a therapeutic tool in the so-called third generation therapies (Hofmann & Asmundson, 2008). The outcomes of the meta-analytic review of Aldao et al. (2010) correspond with previous studies on cognitive emotion regulation. Cognitive emotion regulation refers to thoughts that are used to master negative emotions, for example "putting things into perspective" or "positive refocusing". Several studies show a relationship between specific cognitive emotion regulation strategies and depression and anxiety disorders in neurotypical adults. Cognitive emotion regulation strategies which have been found to relate to symptoms of anxiety and depression in different studies are "Rumination" (e.g. Martin & Dahlen, 2005; Garnefski & Kraaij, 2006), "Catastrophizing" (e.g. Martin & Dahlen, 2005; Garnefski & Kraaij, 2006) and "Self-blame" (e.g. Martin & Dahlen, 2005; Garnefski & Kraaij, 2006). Cognitive emotion regulation strategies which have been found to relate to less anxiety and depression are "Positive reappraisal" (e.g. Martin & Dahlen, 2005; Garnefski & Kraaij, 2006) and "Positive refocusing" (e.g. Schroevers, Kraaij, & Garnefski, 2008; Garnefski & Kraaij, 2012).

1.3. Anxiety and depression in people with ASD

Both clinical practice and epidemiological research confirm that psychological co morbidity is very common in ASD (e.g. Mannion & Leader 2013; Lai, Lombardo, & Baron-Cohen, 2014). The prevalence of anxiety disorders and mood disorders has been found to be significantly higher in highly functioning people with autism or Asperger syndrome than in neurotypical adults (e.g. Lecavalier, 2006). For anxiety disorders the prevalence rates in highly functioning people with autism or Asperger syndrome have been reported between 50 and 56% (Lugnegard, Hallerback, & Gillberg, 2011; Hofvander et al., 2009). Prevalence rates of anxiety disorders in the general population have been reported much lower, between 3 and 12% (Bijl, Ravelli, & van Zessen, 1998; Jacobi et al., 2004). For mood disorders the prevalence rates in highly functioning people with autism or Asperger syndrome have been reported between 53 and 70% (Lugnegard et al., 2011; Hofvander et al., 2009). Again, prevalence rates of mood disorders in the general population have been reported much lower, between 5 and 17% (Bijl et al., 1998; Jacobi et al., 2004).

1.4. Treatment of anxiety and depression in adults with ASD

An evidence based and first choice treatment for anxiety disorders and mood disorders in the general population is cognitive behavioral therapy (CBT) (Clark, 2011). Cognitive behavioral therapy, focusing on learning adaptive emotion regulation strategies, has good results in treating anxiety and depression in neurotypical people (Clark, 2011). Research on the effectiveness of cognitive behavioral therapy for people with ASD is scarce, but has been summarized in a recent review. The authors exposed the first body of evidence 'that CBT interventions may have utility in treating co-morbid mental health symptoms in adults with ASD' (Spain, Sin, Chalder, Murphy, & Happé, 2015). This review described the results of six studies, among which two RCT's. One RCT aimed to treat co-morbid OCD symptoms using CBT interventions (Russell et al., 2013). The other focused at reduction of low mood and rumination by means of a group-based mindfulness intervention (Spek, van Ham, & Nyklicek, 2013). Findings revealed that many study participants reported to have benefited from the CBT interventions, as noted by a reduction in symptom severity. More specifically, a proportion of participants included in the

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