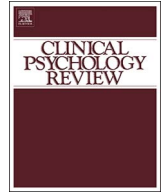




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Review

Emotion regulation as a transdiagnostic treatment construct across anxiety, depression, substance, eating and borderline personality disorders: A systematic review



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H I G H L I G H T S

- Deficits in emotion regulation have been implicated across a range of psychological disorders
- This is the first study to examine the transdiagnostic role of emotion regulation in the psychological treatment literature.
- Emotion dysregulation significantly decreased following effective treatment for a broad range of psychopathology
- Results contribute to the growing body of evidence supporting emotion regulation as a transdiagnostic construct

A R T I C L E I N F O

Keywords:

Emotion regulation
Emotion dysregulation
Transdiagnostic
Psychopathology
Treatment

A B S T R A C T

A large body of research has implicated difficulties in emotion regulation as central to the development and maintenance of psychopathology. Emotion regulation has therefore been proposed as a transdiagnostic construct or an underlying mechanism in psychopathology. The transdiagnostic role of emotion regulation has yet to be systematically examined within the psychological treatment outcome literature. It can be proposed that if emotion regulation is indeed a transdiagnostic construct central to the maintenance of psychopathology, then changes in emotion regulation difficulties will occur after effective treatment and this will occur for different disorders. We conducted a systematic review, identifying 67 studies that measured changes in both emotion regulation and symptoms of psychopathology following a psychological intervention for anxiety, depression, substance use, eating pathology or borderline personality disorder. Results demonstrated that regardless of the intervention or disorder, both maladaptive emotion regulation strategy use and overall emotion dysregulation were found to significantly decrease following treatment in all but two studies. Parallel decreases were also found in symptoms of anxiety, depression, substance use, eating pathology and borderline personality disorder. These results contribute to the growing body of evidence supporting the conceptualization of emotion regulation as a transdiagnostic construct. The present study discusses the important implications of these findings for the development of unified treatments that target emotion regulation for individuals who present with multiple disorders.

1. Introduction

In the past decade, converging fields of research have argued that difficulties in emotion regulation (ER) are central to the development and maintenance of psychopathology (Aldao, 2012; Aldao & Dixon-Gordon, 2014; Aldao, Nolen-Hoeksema, & Schweizer, 2010;

Berking & Wupperman, 2012; Carpenter & Trull, 2013; Gratz, Weiss, & Tull, 2015; Kring & Sloan, 2010; Lavender et al., 2015; Mennin, Holaway, Fresco, Moore, & Heimberg, 2007). The use of strategies (e.g., rumination, suppression and avoidance) to regulate emotion has been found to relate to a broad range of mental disorders, and has been directly implicated in anxiety, depression, substance use, and

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eating disorders (see Aldao et al., 2010 for a meta-analytic review) and borderline personality disorder (BPD; Carpenter & Trull, 2013). These findings build a compelling argument that ER may be an important transdiagnostic construct, constituting a core underlying dimension common across disorders.

Approaching psychopathology from a transdiagnostic framework aids the conceptual understanding of the complex patterns of comorbidity across mental disorders (Barlow, Allen, & Choate, 2004; Harvey, Watkins, Mansell, & Shafran, 2004; McHugh, Murray, & Barlow, 2009). This framework may therefore inform unified treatment approaches that address comorbid disorders simultaneously, and consequently improve treatment efficiency and implementation fidelity (Hogue & Dauber, 2013; Mills & Marel, 2013). However, while there is considerable support for ER's association with various forms of psychopathology, and initial support for its role as a putative transdiagnostic factor, there are gaps in the literature. The widespread use of cross-sectional designs in these ER studies does not address whether deficits in ER have developed as a consequence of a mental disorders. In the absence of prospective research studies addressing putative causal pathways, this body of literature may lead to premature conclusions regarding the clinical relevance of the construct of ER (Berking & Wupperman, 2012). Alternative methods of understanding the role of ER in psychopathology are needed.

It can be proposed that if ER is indeed a transdiagnostic construct central to the maintenance of psychopathology, then difficulties in ER would decrease after effective treatment and this would be observable across different forms of psychopathology. The systematic review presented here pursues this important line of enquiry in order to contribute to the understanding of ER's transdiagnostic utility and clinical relevance. Given the complexity of ER, this paper will first examine the conceptual limitations of this construct before reviewing two extant frameworks used to examine ER in relation to psychopathology. We then draw upon these two frameworks to systematically examine whether there are changes in ER following treatment in a range of psychological disorders, and whether these changes are related to reductions in symptoms of psychopathology.

1.1. Conceptual challenges in defining emotion regulation

Emotion Regulation is a multidimensional construct that broadly refers to a heterogeneous set of processes involved in modifying emotional experiences. While the definition of ER has been debated and refined in the developmental psychology and BPD literature (Cole, Martin, & Dennis, 2004; Linehan, 1993), definitional and conceptual ambiguity remain a prominent concern in the field of clinical psychology (Berking & Wupperman, 2012). It has been argued that current definitions of ER are too broad, risk subsuming every process or behavior used to modify emotions, and compromise the empirical value of the construct. In spite of these criticisms, it is granted that the concept of ER has a broad heuristic value for research in the treatment of mental disorders (Berking & Wupperman, 2012). As such, we have chosen two prominent conceptualizations of ER to inform our review.

1.2. Framework one: emotion regulation as a set of strategies

One of the most influential conceptual frameworks is Gross' (1998a, 1998b) Process Model of ER. Within this model, ER is broadly defined as the set of strategies that individuals may use to increase, maintain or decrease their affective experience, including the feelings, behaviors or physiological responses that make up a given emotion (Gross, 1999). Empirically, this framework has been utilized to examine the relationship between specific ER strategies and symptoms of clinical disorders (Aldao, 2012; Aldao & Nolen-Hoeksema, 2010; D'Avanzato, Joormann, Siemer, & Gotlib, 2013; Nolen-Hoeksema & Harrell, 2002). For example, Aldao and colleagues examined six key ER strategies (see Table 1 for description), that have been conceptualized as either 'putatively

adaptive' or 'putatively maladaptive' (Aldao, 2012; Aldao & Nolen-Hoeksema, 2010, 2012b) based primarily on their relationship with the etiology and maintenance of clinical disorders (see review by Aldao et al., 2010). For simplicity, these strategies will be referred to as 'adaptive' and 'maladaptive' hereafter.

The strength of association between ER strategies and symptoms of psychopathology has also been found to differ within the literature. For example, in a large meta-analysis (Aldao et al., 2010) and a later prospective study (Aldao & Nolen-Hoeksema, 2012b), maladaptive ER strategies were found to be consistently more strongly associated with symptoms of four clinical phenotypes (depression, anxiety, eating disorders, and substance use disorders) than were adaptive ER strategies.

Arguably the strength of Gross' conceptual framework for understanding ER in psychopathology is that it allows for the identification of specific strategies that relate to psychopathology and can be targeted in treatments. However, an over reliance on cross-sectional data from non-clinical samples (i.e., university students; Berking et al., 2012, Levin et al., 2012, Mennin, McLaughlin, & Flanagan, 2009; Turk, Heimberg, Luterek, Mennin, & Fresco, 2005), in studies adopting this framework have limited the generalizability of these findings to clinical populations. Further, the few clinical studies in this literature have limited their investigation to internalizing disorders (i.e., depressive and anxiety related disorders; Ottenbreit, Dobson, & Quigley, 2014; D'Avanzato et al., 2013; Aldao et al., 2010), in spite of the central role that maladaptive ER is theorized to play in the pathogenesis of externalizing disorders such as BPD (Linehan, 1993) and substance use disorders (Kober, 2013; Siegel, 2015). The underrepresentation in research prevents firm conclusions from being drawn about the functionality of ER strategies in the externalizing disorders.

There also are a number of conceptual limitations of adopting the strategy-based framework of ER, resulting in much debate as to which strategies should be included under the heading of ER (see Berking & Wupperman, 2012 for a discussion). This is best highlighted by the construct of rumination, whose function is under-investigated (Smith & Alloy, 2009). While the current review adopts the definition of rumination as a misguided attempt to regulate emotions (Aldao et al., 2010; Lyubomirsky, Layous, Chancellor, & Nelson, 2015; Smith & Alloy, 2009), it has also been argued to function as an attempted problem solving strategy or as an attempt to disengage from unattainable goals (Berking & Wupperman, 2012). While the definitional ambiguity of some ER strategies is acknowledged, the maladaptive strategies (rumination, suppression and avoidance) examined in this review of the treatment literature were included from a pragmatic need to examine a broad range of ER constructs in order to meaningfully contribute to the debate regarding the clinical utility of ER as a transdiagnostic treatment target.

1.3. Framework two: emotion regulation as overall deficits in emotional functioning

An alternate conceptual framework frequently adopted in the examination of ER and psychopathology is represented in models of ER that examine broad deficits in emotional functioning and regulation (Berking, 2010; Bradley et al., 2011; Gratz & Roemer, 2004; Mennin et al., 2007; Mennin, Heimberg, Turk, & Fresco, 2002). One of the most cited as clinically relevant is that proposed by Gratz and Roemer (2004), who define ER as a multidimensional construct involving four aspects: (a) the awareness, understanding and acceptance of emotional experiences, (b) the ability to engage in goal directed behaviors and inhibit impulsive behaviors when experiencing negative emotions; (c) the flexible use of situationally appropriate strategies to modulate the intensity and/or duration of emotional responses; and (d) the willingness to experience negative emotions as part of pursuing meaningful activities in life. Within this model it is proposed that if an individual demonstrates deficits in any of these four domains, they experience emotion dysregulation. The Difficulties in Emotion Regulation Scale

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