



Cognitive emotion regulation and psychopathology across cultures: A comparison between six European countries



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ABSTRACT

Use of cognitive emotion regulation strategies in response to stressful life events varies by country, though research has been limited to comparisons between American and Asian cultures. This study aimed to compare six European countries to investigate cross-cultural differences in the use of cognitive strategies and test if the relationship between specific strategies and psychopathology varies across countries. Data arrays were collected from the Netherlands, Hungary, Spain, Italy, Portugal and Germany ($N = 1553$) and cross-cultural measures of cognitive emotion regulation using the Cognitive Emotion Regulation Questionnaire (CERQ) were included. Measures of depression and anxiety were also included. Results showed significant differences on all the subscales of the CERQ. Most notably, there were differences on strategies that have been linked to symptoms of psychopathology; overall northern European countries (Germany and Netherlands) made less use of strategies such as rumination, catastrophizing, and other-blame, when compared to southern and eastern European countries (Spain, Italy, Portugal, and Hungary). The direction of the relationships between specific strategies and symptoms of psychopathology was consistent across countries. Although there were cross-cultural differences in the use of cognitive strategies, the consistent relationship between strategies and psychopathology across countries supports the idea of a trans-cultural approach to treat psychopathology.

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1. Introduction

Cognitive emotion regulation can be viewed as the cognitive way of handling emotionally arousing information (Thompson, 1994) and refers to the cognitive part of coping (Garnefski, Kraaij, & Spinhoven, 2001). Research shows that there are cross-cultural differences in cognitive emotion regulation, however, studies have been limited to compare cultural extremes such as European American and East Asian cultures — as a result, much less is known about the differences in emotion regulation between different European countries (De Leersnyder, Boiger, & Mesquita, 2013; Matsumoto, Yoo, & Fontaine, 2008; Wong, 2009). The present study examined the differences between six European countries so as to better understand if, and how, less extreme cultural

differences might contribute to variations in cognitive emotion regulation. Furthermore, the study aimed to examine whether the relationship between specific cognitive strategies and symptoms of psychopathology is consistent across countries.

Nine conceptually distinct cognitive emotion regulation strategies can be distinguished: self-blame, other-blame, rumination, catastrophizing, putting into perspective, positive refocusing, positive reappraisal, acceptance, and planning (e.g. Garnefski et al., 2001). Self-blame includes thoughts that relate to blaming yourself for a traumatic or stressful event. Other-blame is the process of blaming others for what happened to yourself. Acceptance includes thoughts of coming to terms with an experience or resigning yourself to what has happened. Refocus on planning means that one is thinking about practical steps involved in coping with a negative event. Positive reappraisal means that one is trying to see a negative event in terms of personal growth. Putting into perspective means that you are marginalizing the seriousness of the event. Catastrophizing includes thoughts that overemphasize the terror of an experience (Garnefski & Kraaij, 2006a; Garnefski et al., 2001).

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A number of studies have shown that there is a strong relationship between the use of certain cognitive strategies and psychopathology (Ehring, Fischer, Schnulle, Bøsterling, & Tuschen-Caffier, 2008; Ehring, Tuschen-Caffier, Schnulle, Fischer, & Gross, 2010; Garnefski & Kraaij, 2006b; Garnefski et al., 2001; Garnefski, Teerds, Kraaij, Legerstee, & van den Kommer, 2004; Garnefski et al., 2002; Joormann & Gotlib, 2010). Other strategies such as positive reappraisal have been shown to be protective against psychopathology (Gross, 1998; John & Gross, 2004; Ochsner, Bunge, Gross, & Gabrieli, 2002). In general, there is evidence that cognitive strategies are promising targets for treating symptoms of psychopathology (Berking & Lukas, 2015), however to date there have not been any studies examining whether the relationship between specific cognitive strategies and psychopathology is consistent across countries. It is warranted to study cross-cultural differences in order to determine whether treatment recommendations could be universal, or whether they need to be adapted to specific cultural needs.

Most studies on cross-cultural differences in emotion regulation have focused on comparisons between European American and East Asian cultures (Matsumoto, Yoo, & Fontaine, 2008; Matsumoto, Yoo, & Nakagawa, 2008; Wong, 2009), while research comparing Western cultures has been more limited (Haga, Kraft, & Corby, 2009). One study that examined the differences in emotion regulation found that collectivist cultures tended to have higher scores on suppression when compared to individualistic cultures (Matsumoto, Yoo, & Fontaine, 2008). It also found a relationship between emotion regulation and country-level indices of both positive and negative adjustments (Matsumoto, Yoo, & Fontaine, 2008). More recently, local students from Hong Kong were compared with exchange students from North America (Wong, 2009). American students made more use of positive reappraisal and acceptance, whereas students from Hong Kong made more use of strategies such as self-blame, other-blame, and catastrophizing. One study explored cross-cultural differences in the use of cognitive reappraisal and expressive suppression in a sample of 489 students from universities in Norway, Australia, and the United States (Haga et al., 2009). Differences were found in the use of both strategies across gender, age and culture. Moreover, cognitive reappraisal was predictive of levels of positive well-being outcomes, while the use of expressive suppression led to increased levels of negative well-being outcomes across countries. In conclusion, there seems to be clear evidence that people from different cultures vary in the extent to which they use specific cognitive emotion regulation strategies. At the same time the results suggest a stable pattern of relationship between specific strategies and symptoms of psychopathology. Thus far, there have been no studies comparing systematic differences in cognitive emotion regulation in comparable samples across different European countries.

In the past 6 years, the CERQ has been translated into Spanish, French, German, Portuguese, Hungarian and Italian and studies in peer-reviewed journals have been published (Spanish; Domínguez-Sánchez, Lasa-Aristu, Amor, & Holgado-Tello, 2011; French; Jeremann, Van der Linden, d'Acremont, & Zermatten, 2006; German; Loch, Hiller, & Witthöft, 2011; Portuguese; Martins, Freire, & Ferreira-Santos, *in press*; Romanian; Per & Miclea, 2011). The current study aimed to collect the data arrays of European studies that used the CERQ and to compare them with regard to cognitive emotion regulation and any relationships to depression and anxiety. Young adult samples were included because many of the studies across Europe were conducted amongst this age group. The research questions were "To what extent do European countries differ in the use of specific cognitive strategies?" and "To what extent are the relationships between specific strategies and symptoms of psychopathology consistent across countries?". Samples from the following countries were included: the Netherlands, Hungary, Spain, Italy, Portugal and Germany. All data sets included the CERQ and measures of depression and/or anxiety.

Our hypotheses were as follows: (1) there are differences in the use of cognitive strategies across countries — this hypothesis was

explorative in nature; (2) the relationships between specific cognitive strategies and symptoms of depression and anxiety are consistent across countries. More specifically, we predicted for depression that (2a) the cognitive strategies catastrophizing, self-blame, rumination and other-blame would be associated with higher depression scores, whereas (2b) positive reappraisal would be associated with decreased levels of depression scores. For anxiety we predicted that (2c) the strategies catastrophizing, self-blame and rumination would be associated with higher anxiety scores, whereas (2d) positive reappraisal would be associated with decreased levels of anxiety. Hypotheses 2a–2d were based on previous research indicating a stable pattern of associations between specific cognitive strategies and symptoms of psychopathology (i.e. depression and anxiety) (Garnefski et al., 2001).

2. Method

2.1. Procedures

An electronic database (Web of Science) was searched for references of the original CERQ paper by Garnefski et al. (2001) and studies conducted in Europe were filtered out. Studies from eight countries were identified (i.e. the Netherlands, Hungary, Spain, Italy, Portugal, Germany, Switzerland, and Romania) and authors were contacted and invited to collaborate on this project. All countries except Romania responded to the invitation. The authors were then asked to apply the eligibility criteria before submitting their existing data arrays for secondary analysis. The submitted data arrays included participants between the ages 18 and 40 who had a secondary school degree or higher. This also included individuals who were currently studying at the university or higher vocational education, as well as those who had already completed a university or higher vocational education degree. Switzerland had to be excluded because their data did not provide sufficient information about the degree of education. Six countries contributed to the final pool of studies: the Netherlands, Hungary, Spain, Italy, Portugal and Germany.

2.2. Participants

Although data arrays from six independent studies contributed to this study, all samples were general population samples that were comparable in terms of age and educational backgrounds. This section provides a summary of the original samples per country before eligibility criteria were applied. The Dutch sample consisted of 317 undergraduate psychology students who completed a series of electronic questionnaires as part of their course requirements. The Hungarian sample consisted of 261 graduate and postgraduate students who completed a series of written questionnaires during various seminars and lectures. The Spanish sample consisted of 615 university students who responded to an email invitation to complete an online survey. The Italian sample consisted of 377 individuals from the general population who had responded to advertisements requesting potential volunteers for a psychological study. The Portuguese sample consisted of 397 university students who participated after lectures using pencil and paper questionnaires. The German sample consisted of 414 randomly selected individuals from the general population, who received the questionnaires via mail.

2.3. Materials

2.3.1. Cognitive emotion regulation

2.3.1.1. CERQ. The Cognitive Emotion Regulation Questionnaire measures cognitive emotion regulation strategies in response to stressful or traumatic life events (CERQ; Garnefski et al., 2001). It consists of 36 items, measuring 9 conceptually distinct cognitive strategies, each of which is measured by 4 items. The nine strategies are: self-blame,

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