



Review

Emotion regulation in social anxiety and depression: a systematic review of expressive suppression and cognitive reappraisal

M. Taylor Dryman, Richard G. Heimberg*

Temple University, Philadelphia, PA, United States

HIGHLIGHTS

- Social anxiety is characterized by an overreliance on expressive suppression.
- Social anxiety is also connected to ineffective use of cognitive reappraisal.
- Evidence is mixed regarding the role of expressive suppression in depression.
- Depression is strongly associated with an underutilization of cognitive reappraisal.
- Emotion regulation may play a role in co-occurring social anxiety and depression.

ARTICLE INFO

Keywords:

Social anxiety
Depression
Emotion regulation
Expressive suppression
Cognitive reappraisal

ABSTRACT

Social anxiety disorder (SAD) and major depressive disorder (MDD) are highly comorbid, and together they result in greater functional impairment and a poorer prognosis than either condition alone. Theoretical models implicate impairments in emotion regulation in the development and maintenance of internalizing disorders, yet there has been no systematic comparison of emotion regulation in social anxiety and depression. The current review presents an in-depth examination of the literature on two widely-studied emotion regulation strategies, expressive suppression (ES) and cognitive reappraisal (CR), in SAD and MDD. Our review indicated that SAD is broadly characterized by an overreliance on ES, which is associated with negative social and emotional consequences. SAD is also characterized by ineffective utilization of CR, which inhibits the potential positive emotional benefits of this adaptive emotion regulation strategy. In contrast, MDD is broadly characterized by an underutilization of CR, which may be particularly detrimental in stressful or uncontrollable situations. For both SAD and MDD, treatment intervention appears to address deficits in CR but not ES. After reviewing the literature, we propose multiple pathways by which impairments in ES and CR may increase risk for the co-occurrence of SAD and MDD. Clinical implications and future research directions are also discussed.

1. Introduction

Social anxiety disorder (SAD) is the fourth most common mental disorder, with an estimated lifetime prevalence of 12.1% (Kessler et al., 2005). SAD rarely occurs in isolation, exhibiting particularly high rates of comorbidity with major depressive disorder (MDD; Ruscio et al., 2008). Individuals with SAD are 3.5–4.5 times more likely to develop MDD than those without SAD (Beesdo et al., 2007; Ruscio et al., 2008; Stein et al., 2001), and large-scale studies indicate that the onset of SAD precedes the development of MDD in up to 70% of comorbid cases (Fava et al., 2000; Kessler, Stang, Wittchen, Stein, & Walters, 1999). Furthermore, co-occurring SAD and MDD results in greater functional

impairment, poorer prognosis (Kessler et al., 1999; Stein et al., 2001), greater risk for alcohol and substance dependence (Nelson et al., 2000), and higher rates of suicidality (Mineka, Watson, & Clark, 1998) than when SAD occurs alone. Thus, it is of substantial importance to understand the factors that contribute to the co-occurrence of SAD and MDD.

1.1. Emotion & emotion regulation

Multiple theoretical models assert that impairments in emotion processing and emotion regulation underlie the co-occurrence of anxiety and depression (e.g., Clark & Watson, 1991; Hofmann, Sawyer,

* Corresponding author at: Adult Anxiety Clinic of Temple, Department of Psychology, Temple University, 1701 North 13th Street, Philadelphia, PA 19122-6085, United States.

E-mail address: heimberg@temple.edu (R.G. Heimberg).

<https://doi.org/10.1016/j.cpr.2018.07.004>

Received 15 February 2018; Received in revised form 20 July 2018; Accepted 21 July 2018

Available online 23 July 2018

0272-7358/ © 2018 Elsevier Ltd. All rights reserved.

Fang, & Asnaani, 2012; Kashdan & Farmer, 2014). Clark and Watson's (1991) tripartite model originally proposed that “dysfunctionally high negative affect” (p. 331) represented a shared affective component of anxiety and depression that could account, in part, for their overlap. Brown, Chorpita, and Barlow (1998) extended the tripartite model to better incorporate the heterogeneity of the anxiety disorders, finding that in addition to high negative affect, both depression and social anxiety (but not other anxiety disorders) were characterized by low positive affect. Subsequent research has consistently identified an association between social anxiety and diminished experiences of positive emotion,¹ even after controlling for the influence of depression (Gilboa-Schechtman, Shachar, & Sahar, 2014; Hughes et al., 2006; Kashdan, 2007; Watson & Naragon-Gainey, 2010).

SAD and MDD also exhibit similar deficits in processing and responding to emotions. Both individuals with high social anxiety and those with high levels of depression endorse difficulty identifying, understanding, and tolerating their emotions, which may further contribute to their maladaptive patterns of emotional experience (Hofmann et al., 2012; Mennin, Holaway, Fresco, Moore, & Heimberg, 2007). These overlapping patterns of high negative affect and low positive affect, coupled with difficulties identifying and tolerating emotions, point to impairments in emotion regulation as potential common underlying mechanisms in the co-occurrence of SAD and MDD.

Theoretical models implicate emotion regulation in the development and maintenance of mood and anxiety disorders (e.g., Heimberg, Brozovich, & Rapee, 2014; Hofmann et al., 2012). Emotion regulation encompasses a multi-faceted, heterogeneous, and complex set of processes by which an individual influences his or her own emotional experience and emotional expression. By far the most prominent theoretical model of emotion regulation in the psychological literature is Gross' (1998) process model of emotion regulation. According to the process model, emotion generation occurs through a temporal sequence of steps, beginning with a psychologically-relevant *situation*. The individual focuses on the situation (*attention*) and then interprets the situation (*appraisal*) according to personally-relevant goals and biases. In reaction to the appraisal, an emotional *response* is generated by the individual, which subsequently modifies the situation and restarts the emotion-generating process from the beginning. This situation-attention-appraisal-response sequence represents the process through which emotion is generated and within which emotion regulation occurs.

The process model outlines five “families” of emotion regulation strategies that occur at various points throughout the emotion generation sequence: situation selection, situation modification, attentional deployment, cognitive change, and response modulation (Gross, 1998; Gross, 2014). *Situation selection* reflects an effort to regulate emotions by choosing to enter or avoid potential emotion-generating situations. Once an individual chooses to enter a situation, four additional strategies can be utilized. *Situation modification* reflects an effort to regulate emotion by purposefully changing the external environment to alter its emotional influence. *Attentional deployment* reflects an effort to regulate emotions by carefully directing attention (e.g., concentrating or distracting) within an emotion-generating situation. *Cognitive change* reflects an effort to regulate emotion by changing one's subjective appraisal of the emotion, the emotion-generating situation, or feelings of self-efficacy in the situation. Finally, *response modulation* reflects an effort to regulate emotion by influencing one's physiological response or behavioral actions in an emotion-generating situation. Importantly, these emotion regulation strategies are not inherently adaptive or maladaptive, but their utility depends on the contexts in and effectiveness with which they are employed (Gross, 2014).

Gross' process model of emotion regulation provides a useful

theoretical framework within which to examine the role of emotion dysregulation in psychopathology. Impairments in emotion regulation have been suggested as key components of internalizing disorders (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Campbell-Sills, Ellard, & Barlow, 2014; Cisler, Olatunji, Feldner, & Forsyth, 2010; Gross & Jazaieri, 2014; Hofmann et al., 2012; Joormann & Siemer, 2014) and causal mechanisms in both SAD (Goldin et al., 2014a; Wirtz, Hofmann, Riper, & Berking, 2014) and MDD (Berking, Wirtz, Svaldi, & Hofmann, 2014). Thus, emotion dysregulation may be a salient risk factor for the co-occurrence of SAD and MDD.

Gross and Jazaieri (2014) have called for psychology to move beyond generalities about problematic emotional processing and make “more specific statements about the precise nature of these problematic emotional responses” (p. 389). However, there has been no systematic comparison of emotion regulation in social anxiety and depression. In the present review, we focus on two widely studied emotion regulation strategies: expressive suppression (ES) and cognitive reappraisal (CR). Using Gross' process model as a theoretical backdrop, we aim to provide depth and specificity to our knowledge of emotion regulation disturbances as potential mechanisms of comorbidity through a systematic review of ES and CR in SAD and MDD.

1.2. Expressive suppression

ES refers to the suppression of outward emotional expression, such as “putting a smile on” when anxious or keeping a “poker face” when pleased (Gross, 2014). ES falls within the *response modulation* category of the process model of emotion regulation. It is considered to be a *response-focused strategy*, because it is typically used to regulate emotion after the emotion has already been generated (i.e., late in the emotion-generative process; Gross, 2014). ES is intended to regulate the outward, or behavioral, emotional response but may do little to regulate the internal emotional response. Paradoxically, using ES to manage negative emotions, such as sadness or anxiety, has been shown to heighten the felt intensity of negative emotion, whereas using ES to manage positive emotions, such as happiness, has been shown to dampen the experience of positive emotion (Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Gross, 2014; Gross & John, 2003; Kalokerinos, Greenaway, & Denson, 2014). ES is also associated with feelings of inauthenticity, perhaps because hiding outward emotion creates incongruence between an individual's internal emotional state and outward emotional expression (Gross & John, 2003). Furthermore, ES has long-term negative effects on life satisfaction, self-esteem, and wellbeing (Brewer, Zahniser, & Conley, 2016; Gross & John, 2003; Haga, Kraft, & Corby, 2009; Hu et al., 2014; Moore, Zoellner, & Mollenholt, 2008).

Using ES to regulate emotions also has social consequences. More frequent ES is associated with less sharing of both negative and positive emotions and greater discomfort with close relationships (Gross & John, 2003). Individuals who used ES more frequently reported receiving less social and emotional support from their peers, and their peers reported feeling less close to them (Gross & John, 2003). Similarly, unfamiliar conversation partners of people using ES reported feeling less rapport with their partner, less liking for their partner, and less desire for a future interaction compared to the conversation partners of people not using ES (Butler et al., 2003). The cognitive consequences of ES have also been shown to impact information processing in social interactions, such that more frequent ES is associated with poorer memory for social information (Richards & Gross, 2000) and greater distraction during conversations (Butler et al., 2003). Given that ES is associated with negative consequences in emotional experience, social functioning, and overall wellbeing, it is generally thought to be a maladaptive emotion regulation strategy.

¹ Note that some distinctions may exist among the facets of positive emotion in social anxiety and mood disorders (Naragon-Gainey, Watson, & Markon, 2009; Watson & Naragon-Gainey, 2010).

Download English Version:

<https://daneshyari.com/en/article/7263308>

Download Persian Version:

<https://daneshyari.com/article/7263308>

[Daneshyari.com](https://daneshyari.com)