



## Expressive inhibition following interpersonal trauma: An analysis of reported function



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### ARTICLE INFO

#### Article history:

Received 15 July 2013

Received in revised form

16 November 2013

Accepted 30 November 2013

#### Keywords:

Trauma

PTSD

Intimate partner violence

Emotion regulation

Expressive emotion

Expressive inhibition

### ABSTRACT

Existing research indicates veterans with posttraumatic stress disorder (PTSD) may deliberately inhibit the expression of emotion. However, the degree to which inhibition generalizes to other trauma populations and the specific reasons survivors with PTSD inhibit expression remains unclear. The present study looked to evaluate expressive inhibition among survivors of intimate partner violence ( $N=74$ ), to determine reasons for inhibition in this population, and to examine whether any justifications for inhibition are unique to individuals with PTSD. The frequency and intensity of inhibition scores were similar to those noted in previous research although no differences were observed across women with and without PTSD. Self-reported justifications for inhibition indicated five general themes: Concern for others, Mistrust/fear of exploitation, Perception of others as indifferent/uncaring, Control/Experiential avoidance, and Situation-specific inhibition. Only mistrust/exploitation motives were uniquely associated with PTSD. Whereas expressive inhibition may be elevated within help-seeking samples, individuals who develop PTSD appear to hold unique reasons for restricting emotional expression.

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### 1. Introduction

Existing research suggests that trauma survivors who experience psychological distress may deliberately inhibit the behavioral expression of emotion (Hassija, Luterek, Naragon-Gainey, Moore, & Simpson, 2012; Litz, Orsillo, Kaloupek, & Weathers, 2000; Marx & Sloan, 2002; Roemer, Litz, Orsillo, & Wagner, 2001). Expressive inhibition is associated with a range of undesirable outcomes in the general population including attenuation of positive emotion, greater experience of negative emotion, impaired self-esteem, poor interpersonal functioning, and lower overall well-being (Gross & John, 2003; Srivastava, Tamir, McGonigal, John, & Gross, 2009).<sup>1</sup> The willful inhibition of expression is further believed to contribute to affective deficits characteristic of posttraumatic stress disorder

(PTSD; Roemer et al., 2001; Wagner, Roemer, Orsillo, & Litz, 2003). However, the evaluation of expressive inhibition in non-military populations remains limited, and no study to date has examined the intended function of this behavior as it relates to trauma. The objectives of the current study were to evaluate the extent of expressive inhibition among survivors of intimate partner violence (IPV), to explore the intended purpose of this behavior, and to isolate elements of expressive inhibition that may be unique to PTSD.

Difficulties in emotion regulation have long been conceptualized as a core feature of PTSD (Foa, Zinbarg, & Rothbaum, 1992; Van der Kolk, Greenberg, Boyd, & Krystal, 1985). Whereas specific mechanisms underlying these deficits remain unclear, some models propose that volitional, top-down regulatory processes could function to inhibit the expression and/or experience of subjective emotion following exposure to serious trauma (Litz, 1992; Litz & Gray, 2002). Roemer et al. (2001) offer perhaps the most direct evidence for the intentional down-regulation of emotional expression among individuals with PTSD. In this study, veterans with PTSD were compared with war zone-exposed veterans recruited for the absence of Axis-I psychopathology (Litz et al., 2000; Roemer et al., 2001). Participants completed a pair of items assessing the frequency (“Are there times when you deliberately choose not to show your feelings or let others know you are reacting?”) and intensity (“At times when you felt emotional, how much did you hold back or not

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<sup>1</sup> Expressive inhibition, as used in this research, refers to the deliberate inhibition of expressed emotion and is synonymous with strategic withholding (Roemer et al., 2001) and expressive suppression (Gross, 1998). The term expressive inhibition was chosen given the explicit focus on the conscious and willful regulation of expressive behavior.

show your emotional reactions?”) of expressive inhibition. Participants also were asked to indicate whether they were more likely to inhibit the expression of positive emotions, negative emotions, or both positive and negative emotions equally. Results indicated more frequent and intense inhibition among veterans with PTSD relative to well-adjusted veterans reporting no psychiatric symptoms. Group differences persisted when controlling for scores on the Beck Anxiety and Depression inventories (Beck, Epstein, Brown, & Steer, 1988; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Veterans with PTSD in this sample also were more likely to endorse inhibition of all emotional expression – both positive and negative – relative to veterans with no diagnosable disorder.

Evidence of deliberate expressive inhibition in the Roemer et al. (2001) study suggests a possible role of volitional regulatory processes in the presentation of post-trauma symptoms. Experimental research evaluating affective processes within trauma-exposed samples provides additional evidence for the potential impact of intentional expressive regulation (Litz et al., 2000; Moore & Zoellner, 2012; Orsillo, Batten, Plumb, Luterek, & Roessner, 2004; Wagner et al., 2003). Despite these developments, a number of important questions remain. First, to what extent does expressive inhibition generalize across trauma populations? Roemer et al. (2001) provide evidence for expressive inhibition among male combat veterans, but further research is needed to determine the extent to which this behavior occurs in non-military samples. Existing reviews provide some evidence for a normative attenuation of expression among males relative to females over the course of development (Brody, 1985; Chaplin & Aldao, 2013). The shared influence of military training among participants in the Roemer et al. (2001) study may further limit generalization of effects to civilian trauma populations. Previous studies have identified incongruities between subjective and expressed emotion among female survivors of sexual assault (Orsillo et al., 2004; Wagner et al., 2003), but no research to date has explicitly determined whether civilian PTSD is associated with the deliberate inhibition of expression.

Second, is the willful inhibition of expressive responding a unique feature of PTSD? Although the deliberate restriction of expressive behavior has been proposed to contribute to affective dysregulation in survivors of trauma (Litz & Gray, 2002; Roemer et al., 2001; Wagner et al., 2003), the unique relation of expressive inhibition with the attenuation of subjective experience – traditionally characterized as symptoms of emotional numbing (APA, 2000) – remains unclear. Furthermore, some evidence for the deliberate restriction of affective response has been noted within non-trauma samples. A study by Campbell-Sills, Barlow, Brown, and Hofmann (2006) found that participants with diagnosable mood and anxiety disorders reported greater emotional suppression in response to a distressing film stimulus than did non-clinical volunteers with no history of psychological difficulties. It is important to note, however, that “suppression”, as defined in this study, did not differentiate between the down-regulation of emotional experience (i.e., subjective domain) and the inhibition of expressive behavior (i.e., behavioral domain). Although the inhibition of subjective and expressive domains is not mutually exclusive, failure to differentiate the regulation of experiential versus behavioral responding complicates interpretation regarding the impact of inhibition on overall affective functioning. At present, it remains unclear whether expressive inhibition is specific to PTSD or a correlate of psychological distress more generally.

Third, what is the intended purpose of expressive inhibition following trauma exposure? Research provides evidence for the occurrence of expressive inhibition among individuals with PTSD, but no study to date has examined the intended purpose of this behavior as it relates to trauma. Campbell-Sills et al. (2006) present data suggesting that appraisal of negative emotion as “bad” or “unacceptable” may motivate nonspecific suppression

among individuals with heterogeneous mood and anxiety pathology. Campbell-Sills et al. is important in that it is one of the first studies to examine specific mechanisms underlying the intentional down-regulation of emotion; however, the omission of individuals presenting with a formal diagnosis of PTSD in this research questions the extent to which these data generalize to trauma. For example, it remains uncertain whether perceptions of negative emotions as “unacceptable” adequately account for the inhibition of positive expressive behavior noted by Roemer et al. (2001).

Finally, do justifications for inhibiting expression differ across trauma survivors with and without PTSD? Influential theories on the etiology and maintenance of PTSD propose shifts in fundamental beliefs about the self and the world occurring as a consequence of serious trauma (Ehlers & Clark, 2000; Foa, Steketee, & Rothbaum, 1989; Horowitz, 1986; Resick & Schnicke, 1992). Given these models, it is possible that trauma survivors who go on to develop PTSD evidence motives for inhibiting expression that are distinct from those who do not. Isolation of PTSD-specific justifications for inhibition – and assessment of how these differ from mood and anxiety symptoms more generally – could facilitate ongoing refinement of trauma-focused interventions.

The current study was developed to explore these issues among female survivors of IPV. This population is particularly well-suited for evaluating the generalization of effects in that it is distinct from veteran samples used in previous studies (e.g., Litz et al., 2000; Roemer et al., 2001). Additionally, existing research suggests that chronic interpersonal trauma, as is common in IPV, may elevate risk for maladaptive emotional regulation (Ehring & Quack, 2010). Specific aims of this study were (a) to evaluate the degree to which help-seeking survivors of IPV endorse the deliberate inhibition of expression, (b) to determine whether the frequency, intensity, and totality of expressive inhibition is elevated among IPV survivors meeting diagnostic criteria for PTSD versus those who do not, (c) to explore the intended function of expressive inhibition among women exposed to IPV, and (d) to determine whether specific reasons for inhibition are unique to individuals with PTSD. Based on preliminary data provided by Roemer et al. (2001), IPV survivors meeting diagnostic criteria for PTSD were expected to report more frequent and intense expressive inhibition relative to women without PTSD. Effects observed in this study would further suggest relations between PTSD status and continuous scores assessing the frequency of positive and negative inhibition. No strong hypotheses were developed with respect to the stated justifications for inhibition given the exploratory nature of these analyses.

## 2. Method

### 2.1. Participants

Data were collected through a university-based research clinic specializing in the assessment and treatment of mental health difficulties among women with a history of IPV. Participants were recruited through a variety of sources including advocacy centers, religious organizations, college campuses, local newspapers, and public service announcements. Women interested in services contacted the clinic via telephone and were scheduled for evaluation. Assessment included a series of semi-structured interviews detailing abuse history and other non-IPV trauma; current PTSD symptomatology; and comorbid mood, anxiety, and substance use pathology. Participants also completed a series of self-report measures which included scales assessing expressive inhibition. All procedures were approved by the local Institutional Review Board.

Eighty-three women completed items pertaining to the frequency of expressive inhibition. Of these, eight were excluded given IPV histories failing to meet DSM-IV Criterion A for PTSD (i.e., IPV not

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