

ADJUSTING TO LOSS: HOW BELIEFS ABOUT THE HELPFULNESS OF OTHERS FOR
EMOTION REGULATION SHAPE GRIEF RESPONSES

By

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A Capstone Submitted to The Department of Psychology

In partial fulfillment of the Bachelors degree in

Psychology

THE UNIVERSITY OF ARIZONA

D E C E M B E R 2 0 2 0

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Abstract

Bereaved people experience a myriad of intense emotions while grieving; given this fact, it is essential that researchers understand the connection between social support and emotion regulation in this population. The present study (N = 156, 85.9% female) explored whether beliefs about the helpfulness of others for emotion regulation impacted psychological health outcomes in recent widows and widowers. Participants completed a two-week long daily diary, during which they reported their mental well-being, grief, and any emotion regulation strategies they received from both their network members and their deceased partner. Analyses found negative associations between beliefs about the helpfulness of others for interpersonal emotion regulation and depression and grief symptoms. The findings of this research have implications for the use of emotion suppression as a mediator in associations between emotion regulation beliefs and psychological outcomes.

Introduction

In recent years, emotion regulation (ER) research has broadened its scope to stretch across diverse subfields. However, very few studies have looked into the role of an individual's beliefs about emotions within the context of emotion regulation (Ford & Gross, 2018) — even fewer have theorized about the connection between interpersonal relationships and emotion control beliefs.

ER is interpreted as attempts to control which emotions we have, when they arise, how they are experienced, and the ways we express them in ourselves or others (McRae & Gross, 2020; Ford & Gross, 2018). Cognitive reappraisal and expressive suppression are two distinct emotion regulation mechanisms, which work to reinterpret a stimulus or actively inhibit outward emotion expression, respectively. (Butler, Willmund, Gleich, Zimmerman, Lindenberger, Gallinat, & Kühn, 2018; Ciuluvica, Fulcheri, & Amerio, 2019). Each of these mechanisms have been categorically linked to divergent outcomes in psychological well-being (Kelley, Glazer, Pornpattananankul, & Nusslock, 2019). Daily, bereaved people must suppress or enhance their emotional expression between environments and contexts (Gupta & Bonanno, 2011).

The literature suggests that emotion beliefs are associated with depression and anxiety (Kneeland, Goodman, & Dovidio, 2019). When people enlist the support of their social networks, they are more resilient and exhibit fewer depressive symptoms (Kail & Carr, 2019). The transition to widowhood is an unparalleled experience in the scope of bereavement because partners in intimate relationships act as a source of mutual social support (Bourassa, Knowles, Sbarra, & O'Connor, 2015). Thus, the notion that the perception of social support also acts as an emotional buffer is particularly imperative to explore in widows and widowers.

Using Expressive Suppression as a Mediator

People vary in the methods they utilize to regulate their emotions to cope through adversity. The most well-studied of these strategies are cognitive reappraisal and emotion suppression and expression. Cognitive reappraisal is the “reframing of an emotional stimulus to change its emotional impact” (Troy, Brunner, Shallcross, Friedman, & Jones, 2018). Those who engage in cognitive reappraisal have been found to experience increased life satisfaction and lower levels of depression (Kashdan, Barrios, Forsyth, & Steger, 2006).

Emotion expression is a regulatory strategy that most people use daily by adjusting their facial expression, posture, or tone of voice in accordance with some event that elicits an emotional response (Côté, Gyurak, & Levenson, 2010). Emotion expressivity is associated with better long-term health outcomes, better emotional recovery, and adaptive cognitive restructuring (Nyklíček, Temoshok, & Vingerhoets, 2004).

In contrast, emotion suppression is the inhibition of outward emotion expression (Ford & Mauss, 2015). Engaging in expressive suppression may contribute to increased risk for anxiety and depression symptomatology and adverse health (Moore, Zoellner, Mollenholt, 2008; Nyklíček et al., 2004). Individuals who suppress their emotions experience greater social dysfunction, sympathetic nervous system activation, cardiovascular abnormalities, and negative emotion (Moore, et al., 2008; Côté et al., 2010; Nyklíček et al., 2004; Campbell-Sills, Barlow, Brown, & Hoffman, 2006). Previous studies on coping with loss have found that emotion suppression may be an adaptive behavior utilized by bereaved people as they navigate situations that pressure an inhibition of grief-related emotion (Gupta & Bonanno, 2011).

Couples Co-regulate Emotions

Couples co-regulate each other's emotions through emotional and practical support receipt and provision (Belcher, Laurenceau, Graber, Cohen, Dasch, & Siegel 2011). Perceived social support between partners in an intimate relationship is associated with greater feelings of self-worth, physical relaxation, and use of cognitive reappraisal (Shrout, Herman, & Bolger, 2006; Williams, Morelli, Ong, & Zaki, 2018). Perceptions of social support have also been found to be associated with decreased levels of depressed mood, anxiety, and negative affect (Shrout et al., 2006; Williams et al., 2018). The daily support that couples provide one another also fosters feelings of shared connectedness, which has in turn been associated with more positive emotion and emotion expression (Belcher et al., 2011; Williams et al., 2018).

Interpersonal emotion regulation (IER) may be especially relevant in the context of widows and widowers because this co-regulation of emotions is now absent. IER is the way in which individuals utilize their social networks for support in achieving their emotional goals (Williams et al, 2018). Such solace can take the shape of venting, support-seeking, or group affiliation; all of which have been associated with healthier social-emotional behaviors, well-being, and engagement with appraisal regulatory strategies (Williams, et al., 2018). Additionally, Bisconti, Bergeman, & Boker (2006) found that social support acted as a predictor for emotional well-being during adjustment to spousal loss.

Beliefs About Emotions are Predictive of Health Outcomes

Beliefs about emotions vary, but they are ultimately rooted in the notion that emotions are either fixed or malleable. The extent to which one believes emotions are malleable or fixed acts as an indicator of their valuation and engagement with emotion regulation strategies (i.e. suppression or expression) (Ford & Gross, 2018; Tamir, John, Srivastava, Gross, 2007). Previous research suggests that individuals who believe that emotions are fixed are less likely to use cognitive reappraisal to regulate their emotions and experience greater negative affect, higher levels of depression, and less positive emotion (Preadtu, David, & Maffei, 2019; Kneeland, Nolen-Hoeksema, Dovidio, & Gruber, 2016). These outcomes have been associated with hypertension, heart disease, and vulnerability to early death in widows and widowers (Holm, Berland, & Servinsson, 2019).

Beliefs that emotions are malleable are associated with “the degree to which individuals with depression utilize cognitive reappraisal to regulate their emotions” and have been implicated in more positive emotions and social support (Kneeland et al., 2019; Cabello & Fernández-Berrocal, 2015). Compared to those who maintain that emotions are fixed, people who hold malleable beliefs experience lower levels of depression and greater success in overcoming adversity (King & dela Rosa, 2019).

One study found that people who utilize their network for their own emotion regulation reported more prosocial behavior, positive emotion, feelings of social connectedness, and inclinations to openly share their emotional experiences with others (Williams et al., 2018). These findings indicate that beliefs about the helpfulness of others may predict whether bereaved people seek out support from others in the form of interpersonal emotion regulation during the grieving period (Williams et al., 2018).

Current Study

The present study seeks to explore the impact of emotion beliefs on inner emotion regulation and answer two research questions: 1) are there associations between individuals' beliefs that others are helpful in regulating their own emotions and grief and depression outcomes; 2) are these associations mediated by individuals' use of emotion suppression? We hypothesize that: 1) people who believe others are helpful in regulating their own emotions will report better psychological health; 2) the association between beliefs that others are helpful in regulating one's emotions and grief and depression outcomes will be mediated by the use of emotion suppression.

Methods

Participants

Participants ($N = 156$) had an average age of 56 years ($M = 56.69$, $SD = 16.95$) and were mostly female (85.9%). Participants of this study lived across the United States and were recruited through newsletters distributed nationwide, obituaries, hospices, grief support groups, and Facebook advertisements. Participants were bereaved for approximately 2 years ($M = 25.7$ months, $SD = 17.59$).

Measures

Beliefs. Informed by the emotion control values scale (Mauss, Butler, Roberts, & Chu, 2010) and the Implicit Theories of Emotion Scale (Tamir et al., 2007), a novel measure was used

to evaluate beliefs about the helpfulness of others for IER (See Appendix A). Participants responded to 16 questions (on a 7-point scale (1 = strongly disagree, 7 = strongly agree) which assessed their emotion control beliefs and how helpful they find others to be for their own emotion regulation (such as, “People can’t really help another person manage his/her feelings”).

Expressive suppression. Emotion suppression was measured through the extent to which a participant engages in cognitive reappraisal and expressive suppression on a daily basis (i.e. “When I want to feel less negative emotion, I change what I am thinking about”). Participants responded to 10 questions on a 5-point scale (1 = strongly disagree, 5 = strongly agree) from the Emotion Regulation Questionnaire (ERQ) (Gross & John, 2003).

Grief. Participants self-reported their grief symptoms over the previous month on a 5-point scale (1 = almost never, 5 = always) in response to 18 questions drawn from the inventory of complicated grief (ICG-R) (Prigerson & Jacobs, 2001). The questions measured daily experiences of yearning for the deceased, emotional pain, emotional numbness, avoidance of reminders of the deceased, feelings of meaninglessness, bitterness, and loneliness, and preoccupation with the deceased.

Depression. Participants reported their depressive symptoms over the previous week on a 4-point scale (1 = less than one day, 4 = five to seven days) in response to 10 questions selected from the Center for Epidemiologic Studies Depression Scale Revised (CESD-R) (Eaton, Smith, Ybarra, Muntaner, & Tien, 2004). The selected questions measured concentration, agitation, dysphoria, sleep, anhedonia, and suicidal ideation.

Procedures

This study was approved by the University of Arizona Institutional Review Board. Participation in the study was voluntary and limited to individuals over the age of 18 who had lost a spouse or significant other up to 5 years prior and were able to access the internet daily. Prior to beginning any study procedures, every participant gave written informed consent. Participants were first given a phone screening to assess eligibility based upon age, the experience of the death of a romantic partner or spouse, time since loss, and internet access. Upon verification of eligibility, participants gave informed consent and completed a baseline survey. Once completed, participants were given a practice daily diary and detailed instruction. Participants were emailed daily diary surveys, to be completed in Qualtrics Survey Software, for fourteen consecutive days. Once participants completed their fourteen entries, they were tasked with completing a follow-up survey. Participants were monetarily compensated upon completing all study procedures.

Analyses

Using the data collected from the baseline measures, multiple regression analyses were used to test both hypotheses. In these analyses, the predictor variable was beliefs about how helpful others are for emotion regulation, the outcome was grief or depression, and the mediating variable was the use of emotion suppression. Using the statistical analysis program R, zero-order correlations were computed between ERQ, emotion beliefs, ICG-R, and CESD-R scores (See Table 1). Afterwards, two mediation analyses were run to assess emotion suppression as a mediator between beliefs about how helpful others are for IER and depression/grief outcomes (See Figures 1 and 2).

Results

Research Question 1: Associations between beliefs that others are helpful in regulating emotions and psychological health outcomes

Zero-order correlations indicated that there are inverse associations between beliefs that others are helpful for emotion regulation and depression ($r = -0.16$, $CI = [-0.36, 0.05]$). These inverse associations were also confirmed when analyzing grief outcomes ($r = -0.23$, $CI = [-0.42, -0.03]$). Unsurprisingly, there were strong positive linear associations between grief and depression ($r = 0.52$, $CI = [0.35, 0.66]$). A zero-order correlation between beliefs about the helpfulness of others and emotion suppression was also computed. It was found that beliefs and suppression were inversely related ($r = -0.22$, $CI = [-0.41, -0.01]$). It is worth noting that we only found weak positive associations between suppression and grief ($r = 0.13$, $CI = [-0.08, 0.34]$), as well as suppression and depression ($r = 0.15$, $CI = [-0.07, 0.35]$). While these associations between suppression and both psychological health outcomes we tested are not statistically significant, they may not be entirely inconsequential. The upper bounds of the 95% confidence intervals suggest suppression can impact grief and depressive symptoms.

Research Question 2: Associations are mediated by use of emotion suppression

Associations between beliefs about the helpfulness of others and depression ($b = -0.32$, $p < 0.05$) and grief ($b = -1.14$, $p < 0.001$) were partially mediated by the use of emotion suppression (see Figure 1). The standardized regression coefficient between beliefs and

suppression was statistically significant ($b = -0.53, p < 0.001$). The standardized regression coefficient between suppression and grief were also statistically significant ($b = -0.42, p < 0.05$). The associations between suppression and depression were more significant than those of grief ($b = -0.40, p < 0.01$). The significance of these indirect effects was tested using nonparametric bootstrapping procedures. Unstandardized indirect effects were computed for each of 500 bootstrapped samples. Additionally, the 95% adjusted confidence intervals were computed by determining each indirect effect at the 2.5th and 97.5th percentiles. The indirect effect was -0.08 (CI = [-0.19, 0.01]) and -0.10 (CI = [-0.33, 0.08]) for depression and grief, respectively. These analyses indicate that both indirect effects were nonsignificant ($p > 0.05$).

Discussion

The present study's aims were to identify associations between beliefs about whether others are helpful for emotion regulation and test emotion suppression as a mediator between these associations. Previous research suggested that emotion beliefs act as indicators for engagement in regulatory strategies and subsequent psychological health outcomes.

The results of the study revealed associations between beliefs about the helpfulness of others for one's own emotion regulation and psychological health outcomes (grief, depression) were inversely associated. These findings indicate that when one believes that others are helpful or regulating their emotions they experience lower levels of grief and depression. While these associations were not fully mediated by emotion suppression, we did find evidence that they were at least partially. Together, these findings are consistent with the notion that beliefs about

emotions are reflective of one's valuation of emotion regulation strategies (such as cognitive reappraisal or expression) and influence psychological well-being.

The present study was not exempt from the caveats typically associated with self-report studies; thus, our findings should be interpreted in the context of these limitations. Since questions were presented on a Likert scale, participants may have been inclined to give exaggerated answers on either side of the spectrum or consistently identify with neutral responses. Additionally, the fact that participants were self-selected may have also presented some biases. That is, our results may be disproportionately composed of individuals who are highly emotionally intelligent.

Implications

The present study indicates that beliefs about the helpfulness of others for emotion regulation may act as a protective buffer during the transitional period of widowhood, in which a person has lost an important source of social support. Here, we found that believing that others is helpful for regulating one's own emotion influences two outcomes. First, these beliefs impact psychological health. When an individual believes that others can help them manage their emotions, they experience lower levels of grief and depression. The opposite is true when one *does not* believe others are helpful in emotion regulation. Second, when such beliefs are held, these individuals are less likely to engage in expressive suppression. These differences in emotional valuations are indicative of psychological well-being in widows and widowers.

Future Directions

Our findings highlight important directions for future research. The partial mediation we found indicates that there are extraneous variables that may play into the mediation we explored here. This presents some theoretically interesting opportunities to investigate going forward. Previous studies have suggested that beliefs about emotions, and how much they can be controlled, influence daily emotional experiences (Kneeland et al., 2019). Mental health service utilization may also exert some influence on both the relationship between beliefs about whether others are helpful for emotion regulation and suppression, as well as that between emotion suppression and psychological well-being. People experiencing grief are less likely to perceive that they may need professional help during such a transition (Breen & O'Connor, 2011). Tamir et al. also indicates that individuals who believe emotions are outside of their control may be less inclined to use mental health services (2007). These facts mark service utilization as an area of grief research that may benefit from being explored within the frameworks presented here. Finally, resilience may also be worthwhile to examine in the context of these mediations, as it has been found to be a fascinating predictor of adjustment to loss (Bonnano, Wortman, Nesse, 2004).

Conclusions

In summary, participants who believed that others are helpful for emotion regulation experienced lower levels of depression and grief. This relationship was partially mediated by level of engagement in emotion suppression as a regulatory strategy. This study highlights the role that emotion beliefs and the openness to help from others for regulating emotion play in the psychological health of widowed populations. Understanding how bereaved individuals navigate

the transitional period of widowhood, and why some fare better psychologically than others, is imperative to gaining clarity on an emotional experience as complex as grief.

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Figures

Figure 1. Mediation model for beliefs that others are helpful for ER, emotion suppression, and depression outcomes

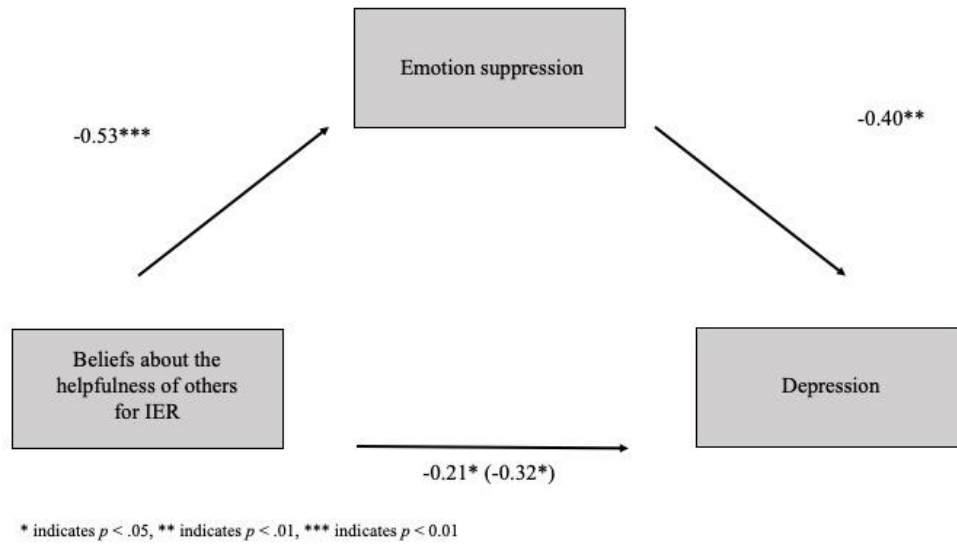
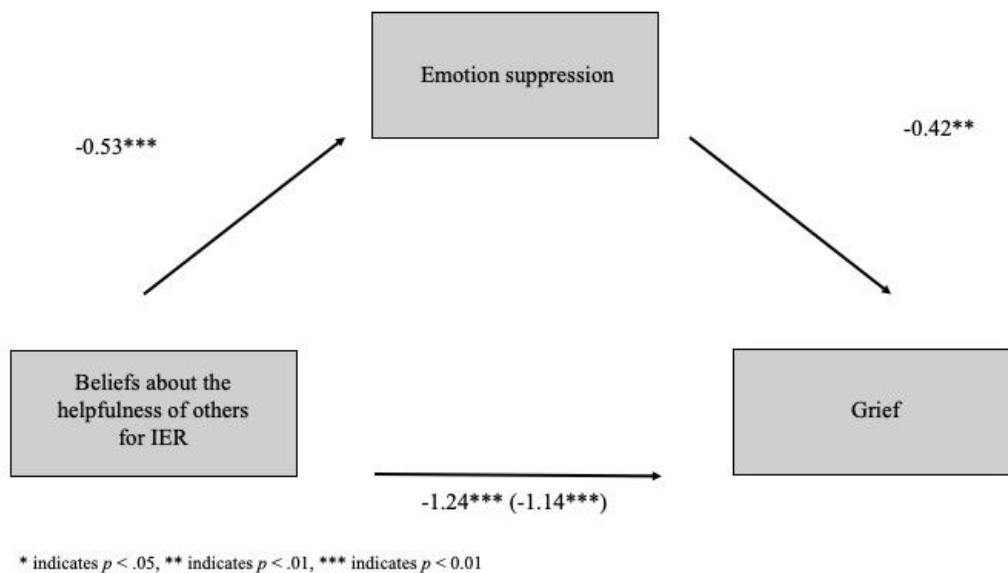


Figure 2. Mediation model for beliefs that others are helpful for ER, emotion suppression, and grief outcomes



Tables

Table 1. Zero-order correlations for study variables

Variable	1	2	3	4
1. Beliefs	1.00	-0.22*	-0.23*	-0.16
		[-0.41, -0.01]	[-0.42, -0.03]	[-0.36, 0.05]
2. Suppression	-0.22**	1.00	0.13	0.15
	[-0.41, -0.01]		[-0.08, 0.34]	[-0.07, 0.35]
3. Grief	-0.23	0.13	1.00	0.52
	[-0.42, -0.01]	[-0.08, 0.34]		[0.35, 0.66]
4. Depression	-0.16*	0.15	0.52	1.00
	[-0.36, 0.05]	[-0.07, 0.35]	[0.35, 0.66]	

Note. Values in square brackets indicate the 95% confidence interval for each correlation. * indicates $p < .05$, ** indicates $p < .01$.

Appendix A: Beliefs Measure

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
People should not express their emotions openly.							
It is wrong for people to always display how they feel.							
It is better for							

<p>people to let out pent up emotions.</p>							
<p>People should show their emotions when overcome with strong feelings.</p>							
<p>People in general should control their emotions more.</p>							
<p>I think it is appropriate to express emotions, no matter whether positive or negative.</p>							
<p>No matter how hard they try, people can't really change the</p>							

emotions that they have.							
The truth is, people have very little control over their emotions.							
If they want to, people can change the emotions that they have.							
Everyone can learn to control their emotions.							
It is difficult for me to control my feelings.							
If needed, I know how to change my mood to match the occasion, e.g. make							

myself feel happy or sad.							
I know how others can help me manage my feelings.							
People (e.g. friends, family) can't really help another person manage his/her feelings.							
Overall, people can help only very little when it comes to alleviating someone else's negative feelings.							
Other people can help change a person's							

feelings.							
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