

Relevance of Functional Emotion Regulation Processes for Sustaining Mental Health After History of Early Psychological Trauma

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Abstract

It is well evidenced that exposure to early psychological trauma in childhood or adolescence represents a substantial risk factor for an adult psychopathological development. In particular, so called type II trauma events, i.e. repeated or chronic interpersonal traumatic experiences like emotional, physical, sexual abuse, and physical, emotional neglect are associated with the development of a wide range of mental disorders.

Keywords: Psychological trauma; Childhood; Emotion; Mental health; Sexual abuse

Commentary

Later in life (e.g. posttraumatic stress disorder, borderline personality disorder (BPD), substance use disorders as well as affective and anxiety disorders) [1-3]. However, emotion regulation processes seem to play an important role in the way individuals respond to and regulate themselves in the face of aversive or challenging events [4]. The ability to modulate the intensity and/or duration of emotional states in different contexts constitutes the main focus of our research group [5]. Hence, for a deeper understanding of the impact of early psychological trauma on later mental health, we investigate emotion regulation processes. In general, processes of emotion regulation can be understood as a transdiagnostic factor in the development of psychopathology and therefore can help to explain dysfunction across diagnostic categories [6]. In particular, processes of emotion dysregulation are associated with psychopathology (e.g. use of maladaptive emotion regulation strategies like rumination or distraction is associated with greater extent of psychopathology) [7-9]. In turn, functional emotion regulation processes (e.g. the use of adaptive emotion regulation strategies like acceptance or reappraisal) are associated with mental health, even in individuals after history of early psychological trauma [10]. More specifically, we found that functional emotion regulation processes are relevant for a resilient development in mentally healthy individuals either with or without experiences of child maltreatment. Hence, emotion regulation processes might have a relevant function in the relation between early psychological trauma and later development of psychopathology.

Indeed, findings of our research group indicate that emotion dysregulation serves as a mediator for the association between early psychological trauma and later development of general psychopathology and especially of substance use disorder [11,12].

In addition, to extend the understanding of developmental pathways for psychopathology after early psychological trauma, we also conduct longitudinal daily process studies with multiple daily measurement points in participants' natural environment (ecological momentary assessment, EMA). Testing the drinking to cope

hypothesis, we investigated effects of quality and intensity (high vs. low) of trauma-associated negative emotions (shame vs. sadness) on daily emotion regulation processes in early traumatized individuals with and without psychopathology. We found that the experience of intense shame is associated with substance use not only in early traumatized patients with diverse forms of psychopathology but also in mentally healthy individuals after history of early psychological trauma [13]. Hence, specific contextual factors as quality and intensity of negative emotions have an effect on choice of emotion regulation strategies after early psychological trauma. More specifically, in an experimental study we investigated the choice effect of emotion regulation strategies by testing the preference to select between distraction and reappraisal when facing stimuli with different emotional intensities (high vs. low) and contents (borderline-specific vs. unspecific negative) in patients with BPD, major depression, and healthy controls (HC).

Within-group analyses revealed a positive correlation between symptom severity and the preference for distraction under high-intensity borderline-specific stimuli in patients with BPD [14]. Consequently, contextual factors as intensity of specific negative emotions have an effect on emotion regulation processes and the choice of emotion regulation strategies.

From our research experience, so far, we want to draw the following implications for future research in the field of psycho-traumatology. First, longitudinal studies of parts of the life span are needed to investigate our proposed developmental pathway and to examine causality. Second, future studies should incorporate longitudinal intensive methods like EMA that enables extensive ecological validity of the assessment of daily emotion regulation processes.

With this method, it is possible to investigate contextual factors of emotion regulation processes with the aim to provide detailed information about flexibility of use of emotion regulation strategies, variability of emotional reactions, and effectiveness of the emotion regulation process.

In conclusion, findings of our research provide a solid evidence for the relevance of emotion regulation processes in the association between early psychological trauma and later psychopathological development. Investigating emotion regulation processes needs further

attention and bears the potential to converge on implications for conceptualizing primary and secondary prevention of psychopathology after experiencing early psychological trauma. After history of early psychological trauma, sustaining mental health and therefore preventing development of psychopathology might succeed through focusing on functional emotion regulation processes.

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