When “Good” Beliefs Go Bad: The Upsides And Downsides of Believing Emotions Are Controllable

by

Angela M. Smith

A thesis submitted in conformity with the requirements for the degree of Master of Arts
Department of Psychology
University of Toronto

© Copyright by Angela M. Smith 2019
When “Good” Beliefs Go Bad: The Upsides and Downsides of Believing Emotions are Controllable.

Angela M. Smith

Master of Arts

Department of Psychology
University of Toronto

2019

Abstract

Beliefs we hold about whether emotions are controllable influence how we approach our own emotions – but what about how we approach others’ emotions? I propose that believing someone’s emotions are controllable shapes how we treat them, but the exact nature of this treatment is subject to two competing hypotheses: promoting either more positive responses or more negative responses towards that person’s distress. The present investigation tested these hypotheses in two studies (Ns = 308 and 314) measuring participants’ behavioral intentions towards a person struggling with emotional distress. Across both studies, individuals who believed this person’s emotions were relatively controllable were less positive and more negative towards them. Believing this person’s emotions were relatively controllable also predicted stronger attempts to have her control her emotions using interpersonal emotion regulation strategies likely to backfire. These results suggest beliefs about emotion controllability may powerfully shape our interpersonal interactions, carrying crucial interpersonal downsides.
Acknowledgments

I would like to thank my advisor Brett Ford for her extensive knowledge, unwavering support, and guidance that I needed to complete my master’s thesis.

I would also like to thank Rebecca Neel and Jason Plaks for their advice, insight, and contribution as members of my defense committee.

Finally, I would like to thank JG and SW for their support and guidance; DO for his mentorship; LR and NS for their years of friendship and enduring belief in me; and MF for recognizing my potential and being there for me as I achieve it.
Table of Contents

Acknowledgments ........................................................................................................ iii
Table of Contents ........................................................................................................ iv
List of Tables ................................................................................................................. vii
List of Appendices ......................................................................................................... vii
Chapter 1 Introduction ................................................................................................. 1

1 Previous Research ..................................................................................................... 2
   1.1 The upsides of believing emotions are controllable ............................................. 2
   1.2 The Downsides of Believing Emotions are Controllable ..................................... 5
   1.3 Current Investigation .......................................................................................... 7
      1.3.1 Power analyses ............................................................................................ 9
      1.3.2 Ethics approvals ......................................................................................... 9

Chapter 2 Study 1: Examining the Link Between Emotion Control Beliefs and Behaviors Toward a Distressed Other ................................................................. 10

2 Study 1 Method ......................................................................................................... 10
   2.1 Participants .......................................................................................................... 10
   2.2 Measures ............................................................................................................. 10
      2.2.1 Beliefs about the Controllability of Emotions ............................................ 10
      2.2.2 Negative Responses to a Distressed Person ............................................. 11
      2.2.3 Positive Responses to a Distressed Person ............................................. 12
      2.2.4 Extrinsic Emotion Regulation ................................................................. 13
   2.3 Procedure ............................................................................................................ 13
   2.4 Study 1 Results .................................................................................................. 14
      2.4.1 Analytic Approach ....................................................................................... 14
      2.4.2 Negative Responses to a Distressed Person ............................................. 15
      2.4.3 Positive Responses to a Distressed Person ............................................. 15
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.4 Extrinsic Emotion Regulation</td>
<td>16</td>
</tr>
<tr>
<td>2.5 Study 1 Discussion</td>
<td>16</td>
</tr>
<tr>
<td>Chapter 3 Study 2: Replication and Extension of Study 1</td>
<td>18</td>
</tr>
<tr>
<td>3 Study 2 Method</td>
<td>19</td>
</tr>
<tr>
<td>3.1 Participants</td>
<td>19</td>
</tr>
<tr>
<td>3.2 Measures</td>
<td>19</td>
</tr>
<tr>
<td>3.2.1 Beliefs about the Controllability of Emotions</td>
<td>19</td>
</tr>
<tr>
<td>3.2.2 Negative Responses to a Distressed Person</td>
<td>19</td>
</tr>
<tr>
<td>3.2.3 Positive Responses to a Distressed Person</td>
<td>20</td>
</tr>
<tr>
<td>3.2.4 Extrinsic Emotion Regulation</td>
<td>20</td>
</tr>
<tr>
<td>3.2.5 Intrinsic Emotion Regulation</td>
<td>21</td>
</tr>
<tr>
<td>3.3 Procedure</td>
<td>21</td>
</tr>
<tr>
<td>3.4 Study 2 Results</td>
<td>22</td>
</tr>
<tr>
<td>3.4.1 Analytic Approach</td>
<td>22</td>
</tr>
<tr>
<td>3.4.2 Negative Responses to a Distressed Person</td>
<td>22</td>
</tr>
<tr>
<td>3.4.3 Positive Responses to a Distressed Person</td>
<td>23</td>
</tr>
<tr>
<td>3.4.4 Extrinsic Emotion Regulation</td>
<td>23</td>
</tr>
<tr>
<td>3.4.5 Intrinsic Emotion Regulation</td>
<td>24</td>
</tr>
<tr>
<td>3.5 Study 2 Discussion</td>
<td>25</td>
</tr>
<tr>
<td>Chapter 4 General Discussion</td>
<td>26</td>
</tr>
<tr>
<td>4 General Discussion</td>
<td>27</td>
</tr>
<tr>
<td>4.1 Negative and Positive Responses to a Distressed Person</td>
<td>27</td>
</tr>
<tr>
<td>4.2 Extrinsic and Intrinsic Emotion Regulation</td>
<td>28</td>
</tr>
<tr>
<td>4.3 Implications for Mental Health and Treatment</td>
<td>28</td>
</tr>
<tr>
<td>4.4 Limitations and Future Directions</td>
<td>29</td>
</tr>
<tr>
<td>4.5 Concluding Comment</td>
<td>30</td>
</tr>
</tbody>
</table>
References ...................................................................................................................................... 31
Tables ........................................................................................................................................ 37
Appendices .................................................................................................................................. 41
List of Tables

Table 1. Descriptive statistics for all primary study variables in Study 1 and 2 ..........................37

Table 2. Pearson correlations between primary variables in Study 1 .................................38

Table 3. Regression analyses of beliefs about one's emotion control and beliefs about a distressed person's emotion control as simultaneous predictors of three domains of responding to a distressed person across both Study 1 and Study 2 .........................................................39

Table 4. Pearson correlations for primary variables in Study 2 ............................................40

List of Appendices

Appendix 1. Variables and the individual items used to create each composite .....................41

Appendix 2. Information sheet on clinical depression ..........................................................44
Chapter 1

Introduction

Now is the age of the growth mindset. Both empirical and pop psychology have fully embraced the idea that it is crucial to believe we can control and change qualities like our intelligence, personality, and morality (Blackwell, Trzesniewski, & Dweck, 2007; Chiu, Dweck, Tong, & Fu, 1997; Yeager, Trzesniewski, & Dweck, 2012). The benefits appear to be clear: if we believe something is controllable (vs. uncontrollable), we put more useful effort into trying to improve it and achieve better outcomes as a result (Dweck, Chiu, & Hong, 1995). One domain in which beliefs about controllability may be especially important are emotions, given that emotions are universal in daily life and thus provide many opportunities for beliefs to play a role in daily functioning (Ford & Gross, 2018, 2019). Indeed, research has consistently demonstrated that people fare better when they believe they can control their emotions (De Castella & Byrne, 2015; De Castella et al., 2013; Schroder, Dawood, Yalch, Brent Donnellan, & Moser, 2015; Tamir, John, Srivastava, & Gross, 2007) laying the groundwork for large-scale interventions that train people to believe they can control their emotions: companies are providing this training to employees (Lloyd, 2019) and schools are even providing this training to students (Smith et al., 2018), in addition to the long history of therapists providing such interventions (Beck, 1976, 1991).

Despite the vast apparent benefits of believing emotions are controllable, I propose that two crucial, inter-related gaps in the empirical literature have limited our understanding of how these beliefs operate in daily life and may have hidden the possible downsides of such beliefs. First, people's beliefs do not solely affect themselves – our beliefs should also affect how we respond to others, and yet the interpersonal outcomes of emotion beliefs have rarely been considered. Second, people not only hold beliefs about themselves – we hold beliefs about the people with whom we interact, and these understudied beliefs should uniquely shape our treatment of those people. The present research begins to address these gaps by examining how people's beliefs about emotion shape their responses to a distressed other. Moreover, this research considers the unique role played by the beliefs people hold about others’ emotions, separately from the beliefs they hold about their own emotions. By providing a preliminary test of the interpersonal outcomes of beliefs about others’ emotions, the present investigation extends research on
emotion beliefs into the social realm. This extension is crucial because beliefs about emotion controllability may have starkly different consequences in the social realm compared to the personal realm, where much of the research has focused thus far.

When facing a distressed person, how would you respond if you believe their emotions are relatively controllable? The prior literature provides evidence for two plausible, competing hypotheses. On the one hand, if people’s beliefs about others are similar to beliefs they have about themselves (e.g., both are derived from the same general underlying belief or people extend beliefs about the self to other people; Dweck et al., 1995; Mullen et al., 1985; Robbins & Krueger, 2005), this belief should promote more positive responses towards that person's distress (e.g., engagement and support). However, if believing someone else’s emotions are relatively controllable functions similarly to evaluative social judgments (because, for example, we hold others particularly responsible for their actions and are more likely to blame and criticize them when they fail; Ottati, Bodenhausen, & Newman, 2005) then this belief could promote more negative responses towards that person's distress (e.g., avoidance or criticism). By extending this research into the social realm and testing these competing hypotheses, the present investigation reveals whether there are important caveats to the benefits of believing emotions are controllable.

1 Previous Research

1.1 The upsides of believing emotions are controllable

Consistent with a traditional lay theories approach (Dweck et al., 1995), this original line of research began by examining the belief that an emotion is a controllable thing (e.g., “People can control their emotions if they want to.”; Tamir et al., 2007). Believing that, in general, emotions are controllable is associated with numerous upsides (e.g. higher levels of well-being, lower levels of depression adaptive emotion regulation strategies; De Castella et al., 2013; Kneeland, Nolen-Hoeksema, Dovidio, & Gruber, 2016a; Romero, Master, Paunesku, Dweck, & Gross, 2014; Schroder et al., 2015). Research has begun to examine the belief that one’s specific emotions are controllable (“I can control my emotions.”; De Castella & Byrne, 2015) for several reasons: (1) they are theoretically more proximal to the behaviors people engage in; (2) general beliefs are highly correlated with self-specific beliefs ($r = .73$; De Castella et al., 2013), suggesting that people's general beliefs couple highly with their self-specific beliefs; and (3) the
links between general beliefs and downstream positive outcomes are fully accounted for by self-specific beliefs (De Castella et al., 2013; Tamir et al., 2007).

If beliefs about other people have similar outcomes as beliefs about the self, we would expect that believing another person can control their emotions should promote primarily positive and beneficial interpersonal outcomes. There are at least two plausible reasons this might be the case: (1) both self and other-specific beliefs may be reflections of an underlying generalized belief centered around controlling emotions, and if they are rooted in the same belief they should have the same pattern of primarily positive and beneficial outcomes as the general belief that emotions are controllable; or (2) there is a long history of social psychological research suggesting that people generally believe that others think and feel in ways similar to their own (e.g., false consensus, social projection; Mullen et al., 1985; Robbins & Krueger, 2005).

The current literature portrays an overall very favourable picture of believing emotions are controllable (De Castella & Byrne, 2015; De Castella et al., 2013; Ford, Lwi, Gentzler, Hankin, & Mauss, 2018; Schroder et al., 2015.; Tamir et al., 2007). The basis for this research is a broader theoretical framework that believing a given attribute is controllable engenders a sense of self-efficacy in the face of challenges and is more likely to promote an adaptive response to that challenge (Bandura, 2001; Caprara et al., 2008). When this broader framework is applied to emotions, believing one's emotions are controllable should engender a sense of self-efficacy in the face of emotional challenges and promote an adaptive response to that distress (Kneeland, Dovidio, Joormann, & Clark, 2016). Support for this theory comes from a broad base of empirical research: In general, people who believe their emotions are relatively controllable tend to respond to their distress in relatively adaptive ways (e.g., greater emotional engagement and use of effective emotion regulation; De Castella et al., 2013; Kappes & Schikowski, 2013; Tamir et al., 2007).

One core adaptive response that is associated with believing that one's own emotions are controllable is that individuals are more likely to engage with and approach their emotions – and less likely to avoid them – even when those emotions are distressing. One study examined the approach or avoidance of emotions by showing participants a distressing film clip, abruptly stopping right before the conclusion, and then giving participants a choice to watch the entire clip a second time to reveal the ending or watch a different, non-distressing film clip. Individuals
believing that emotions are controllable were more likely to watch the entire distressing clip a second time, thereby taking action to approach the distressing emotions (Kappes & Schikowski, 2013). A recent study that manipulated beliefs about the controllability of emotions demonstrated the causal implications of these beliefs: Participants who were led to believe that their own emotions were controllable were more likely to approach distressing stimuli and were more likely to seek professional help with their mental health than the participants who were led to believe their emotions were not controllable (De Castella, Platow, Tamir, & Gross, 2018).

Believing that one's own emotions are controllable also promotes the use of emotion regulation strategies that involve effectively engaging with emotions, like cognitive reappraisal. Cognitive reappraisal is a strategy that hinges on engaging with emotional distress because it involves reframing or reinterpreting the meaning of an emotional event to change its emotional impact (Sheppes & Gross, 2012; Sheppes et al., 2012). Reappraisal is widely regarded to be a particularly useful way of managing emotions (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Ford & Gross, 2018, 2019; Gross & John, 2003; John & Gross, 2004). Consistent with the theory that believing emotions are controllable would promote greater engagement, empirical research has consistently demonstrated that individuals who believe their emotions are controllable were more likely to use reappraisal. For example, people who believe that emotions are relatively controllable (vs. uncontrollable) were more likely to report habitually using reappraisal to manage their emotions among college students (De Castella et al., 2013; Tamir et al., 2007) and youths (Ford, Lwi, et al., 2018). Community members who believe that emotions are relatively controllable were also more likely to use reappraisal in daily life, as reported in daily diaries (Ford, Lam, John, & Mauss, 2018). Causal manipulation of these beliefs finds that individuals informed of the controllability of emotions (vs. a control condition) spontaneously used more cognitive reappraisal during an anxiety-provoking speech task (Kneeland, Nolen-Hoeksema, Dovidio, & Gruber, 2016b) and during the recall of an adverse personal event (Kneeland, Nolen-Hoeksema, et al., 2016a).

Taken together, multiple lines of research indicate that believing one's emotions are controllable promotes a more adaptive profile of responses to one's distress. These adaptive responses, in turn, carry important downstream implications. For example, believing emotions are relatively controllable predicted the use of reappraisal 1.5 years in the future, which in turn accounted for greater future psychological health (Ford, Lwi, et al., 2018). Indeed, believing one’s emotions
are controllable has been linked with greater health in many studies (Caprara & Steca, 2005; De Castella et al., 2013).

Much of the available research demonstrating the positive outcomes of believing emotions are controllable has considered beliefs about the self (Catanzaro & Mearns, 1990; Romero et al., 2014) and outcomes related to the self (i.e., how one responds to one’s own emotions; De Castella et al., 2017; Ford, Lwi, et al., 2018). This work has rarely investigated beliefs about particular other people or outcomes related to interpersonal contexts, but it is possible to extrapolate from this work that the beneficial patterns observed for self-specific beliefs on self-specific outcomes would also extend to the interpersonal realm. Specifically, because research suggests that people generally believe that others think and feel in ways similar to their own (e.g., false consensus, social projection; Mullen et al., 1985; Robbins & Krueger, 2005); or because both self and other-specific beliefs may be rooted in the same underlying belief, it is plausible to hypothesize that other-specific beliefs should have the same pattern of primarily positive and beneficial outcomes as self-specific beliefs.

1.2 The Downsides of Believing Emotions are Controllable

Although some lines of work indicate that people’s beliefs about other people may be similar to beliefs they have about themselves, separate literatures suggest the opposite pattern: we do not necessarily extend our beliefs to others, and instead, we hold others particularly responsible for their actions and are more likely to blame and criticize them when they fail. Based on existing literature assessing beliefs about other people, believing someone else's emotions are relatively controllable may function similarly to evaluative social judgments, where individuals judge others more harshly than the self and hold others more responsible for their actions (A. Martin, 2010; Ottati et al., 2005; Pronin, 2008; Stein & Nemeroff, 1995). This research would suggest that believing someone’s emotions are relatively controllable promotes more negative and disadvantageous responses to another person's distress. The small number of studies that have examined the interpersonal outcomes of these beliefs have begun to find evidence for their drawbacks: People who believe that others' emotions are relatively controllable tend to respond to others’ emotions in relatively maladaptive ways (e.g., judging and criticizing).
The first case for this line of reasoning comes from work investigating the impact that beliefs about the general controllability of attributes or traits have on interpersonal judgments. Research on general beliefs in relationships finds that individuals who believe attributes are generally controllable are more likely to blame a romantic partner for failing to change a problematic behavior due to their partner's "lack of effort" (Kammrath & Peetz, 2012). A series of studies causally manipulated beliefs about the controllability of various traits such as empathy, finding that, when compared to individuals told that traits are not controllable, individuals informed of the controllability of a trait were more likely to harshly judge an imagined other who is displaying a trait-related failure, such as lacking empathy (Ryazanov & Christenfeld, 2018).

A few studies provide evidence that more directly taps into beliefs about emotions and behavior towards other people experiencing emotions. Work from the field of developmental psychology has demonstrated that a parent's beliefs about the controllability of their child's emotions predicted a parent's behavior towards their child. Specifically, parents who believe their child has greater control over their emotions behaved more negatively towards their child when the child expressed negative emotions (e.g., punishment, minimization; Halberstadt et al., 2013). Recent research focused on beliefs about the controllability of a specific emotion, happiness. This study found that individuals who believe happiness is a controllable emotion displayed less empathy and more blame towards a stranger who is experiencing emotional distress (Tullett & Plaks, 2016).

A small but growing area of research examining extrinsic emotion regulation indicates that it is distinct from intrinsic regulation and may result in diverging outcomes (Dixon-Gordon, Bernecker, & Christensen, 2015). For example, using reappraisal intrinsically (i.e., using reappraisal to manage one’s own emotions) tends to be effective and linked with better emotional outcomes (Webb, Miles, & Sheeran, 2012) but using reappraisal extrinsically (i.e., trying to get someone else to engage in reappraisal) is a fundamentally different process and its success hinges not only on one’s ability to effectively implement the extrinsic reappraisal, but also on the other individual’s receptiveness to that attempt. For example, recent findings demonstrate that individuals using reappraisal to regulate the emotions of a distressed friend extrinsically found that their attempts were, on average, received less positively by the friend they intended to help (Marigold, Holmes, Wood, & Cavallo, 2014). Prior literature suggests that beliefs about emotion control may lead to the widespread use of extrinsic emotion regulation, including not only
strategies like reappraisal, but also expressive suppression. Work on harsher judgments of partners and more rejecting responses from parents or romantic partners (Halberstadt et al., 2013; Kammrath & Peetz, 2012) suggests that people may try to help their social partners stifle their emotions in addition to reappraising their emotions.

Much of the available research has examined negative outcomes of general controllability beliefs such as specific traits or attributes (Kammrath & Peetz, 2012; Ryazanov & Christenfeld, 2018), though a few notable studies have extended this work into beliefs about the controllability of emotions (Halberstadt et al., 2013; Tullett & Plaks, 2016). While this work has not yet investigated differences in outcomes between beliefs about the controllability of emotions for self and others or the social implications of those beliefs, it is possible to extrapolate from this work, hypothesizing that negative patterns of response would also extend to the interpersonal realm. Specifically, because research suggests that people often hold others to a higher standard (i.e., mistakes viewed as failures) or use harsher evaluative social judgments (Martin, 2010; Ottati et al., 2005; Pronin, 2008; Stein & Nemeroff, 1995), it possible to predict that people's beliefs about other people are not comparable to the beliefs they hold about themselves, and they may respond to other people more negatively from how they respond to themselves.

1.3 Current Investigation

The goal of the present research is to investigate whether believing a distressed person’s emotions are relatively controllable (vs. uncontrollable) is associated with relatively positive (e.g., supportive) or negative (e.g., avoidant) responses towards that person’s distress. Extending this research into the social realm and testing these competing hypotheses is crucially essential, revealing whether there are critical caveats to the benefits of believing emotions are controllable. I conducted two studies to test these hypotheses.

First, to capture responses to a distressed other, I provided participants with an unambiguous example of someone in distress. I chose a salient example that would be familiar to most people: depression. Indeed, clinical depression already exists as a framework by which to investigate the relationship between beliefs about emotion controllability and behavior towards others, laying an essential foundation for the current investigation (Tullett & Plaks, 2016).
Second, to capture differences in beliefs about the controllability of emotions, I assessed participants’ belief about emotion controllability of another person in addition to their belief about the self (which tends to be the focus of prior work). By measuring beliefs about the emotion controllability of both the self and another person, I am able to extend this prior work in a few key ways: (a) I will be able to examine the association between beliefs about the self and about another person, assessing the extent of their empirical overlap; (b) I will be able to examine how both beliefs shape treatment of a distressed other, and whether these patterns are the same or whether they diverge; and (c) I will be able to examine the unique associations between beliefs about others and responses towards them by controlling for beliefs about the self. People’s beliefs about others could be a reflection of an underlying generalized belief centered around efficacy in controlling emotions; to know if I am capturing a unique construct centered on other people, it is crucial to control for the self-specific belief.

Third, to measure a wide range of responding, I provided participants with different facets of plausible positive and negative responses towards a distressed other. People can respond to another’s emotions in a variety of ways: you can have particular thoughts about that person (a cognitive reaction), you can have feelings towards that person (an emotional reaction), and you can do different things to or for that person (a behavioral reaction). Thus, to thoroughly assess participants’ negative responses to the distressed other, I measured the extent to which they blamed the other (cognitive), were annoyed with the other (emotional) and wanted to avoid the other (behavioral). To thoroughly test positive responses, I measured the extent to which they took the perspective of the other (cognitive), felt empathic concern for the other (emotional), and wanted to support the other (behavioral).

Fourth, to examine the association between beliefs about emotion controllability and emotion regulation, both studies measured extrinsic regulation – participants’ attempts to regulate the emotions of the distressed person. In Study 1, I focus on expressive suppression and cognitive reappraisal; in Study 2, I expanded my assessment to include additional measures of specific reappraisal techniques. In study 2, I also include measures of intrinsic emotion regulation: participants’ attempts to regulate their own emotions. By capturing both extrinsic and intrinsic emotion regulation, I am able to test the specificity of different beliefs in predicting relevant forms of emotion regulation; specifically, I am able to examine whether beliefs about another person predicts extrinsic emotion regulation more strongly than beliefs about the self and I am
able to examine whether beliefs about the self predict intrinsic reappraisal more strongly than beliefs about another person.

Study 1 took place in one session; A two-phase study design was adopted in Study 2, enabling beliefs about one's emotion control to be assessed in a separate session from beliefs about the emotion control of a distressed person. This temporal spacing reduces the risk that responding to items about one’s own emotions will unduly influence (i.e., prime) responses about another’s emotions.

1.3.1 Power analyses

Power analyses were conducted to assure sufficiently large sample sizes across both samples to detect correlations in the range of \( r = .17 - .21 \), based on effect sizes observed in prior research (e.g., Ford et al., 2018). To detect this effect size with 80% power required a sample size of 266 participants (G*Power 2). Both samples met this target sample size.

1.3.2 Ethics approvals

The Institutional Review Board at the University of Toronto approved all study procedures for Study 1 and 2 (protocol #00033962).
Chapter 2 Study 1: Examining the Link Between Emotion Control Beliefs and Behaviors Toward a Distressed Other

In this initial study, I examined emotion controllability beliefs about a distressed person, emotion controllability beliefs about the self, and measured subsequent behavior towards a distressed person.

2 Study 1 Method

2.1 Participants

Participants were recruited from Amazon’s Mechanical Turk. Participants were offered $1.00 in exchange for completing a short online survey, and participation was restricted to workers with a Human Intelligence Task (HIT) approval rate >95%. Three hundred sixty-one participants began the study. Of those, ~15% were excluded based on a priori exclusion criteria of failing any of the three attention checks. One participant had their data excluded from analysis for revoking the use of their information. The final sample (N = 308) was 46% female, 77% Caucasian, with ages ranging from 19 to 73 years old (M = 37.4, SD = 11.89).

2.2 Measures

2.2.1 Beliefs about the Controllability of Emotions

Participants reported the controllability of a distressed person’s emotions (other-specific beliefs) and the controllability of their own emotions (self-specific beliefs). See the Appendix for the wording of all individual items included in Study 1.

Other-specific beliefs. People’s belief about whether a distressed person can control their own emotions was assessed with modified items from the Implicit Beliefs about Emotions-Self questionnaire (DeCastella & Byrne, 2015) which includes four items rated on a 7-point scale (1 = strongly disagree, 7 = strongly agree). Two items are phrased in terms of greater control (e.g., "This person can learn to control their emotions.") and two items are phrased in terms of low control (e.g., “No matter how hard they try, this person can't really change the emotions that
they have.”). The two low-control items were reverse-scored according to convention to create a single emotion controllability score. See Table 1 for all descriptive statistics.

**Self-specific beliefs.** People’s belief about whether they can control their own emotions was assessed with the Implicit Beliefs about Emotions-Self questionnaire (DeCastella & Byrne, 2015) which includes four items rated on a 7-point scale (1=strongly disagree, 7=strongly agree). Two items are phrased in terms of greater control (e.g., "I can learn to control my emotions.”) and two items are phrased in terms of low control (e.g., “No matter how hard I try, I can't really change the emotions that I have.”). The two low-control items were reverse-scored according to convention to create a single emotion controllability score.

### 2.2.2 Negative Responses to a Distressed Person

I assessed three facets of negative responding, including a cognitive reaction, (blame), emotional reaction (annoyance), and behavioral reaction (avoidance).

**Blame.** The amount a participant blamed a distressed person was assessed using four items rated on a 7-point scale (1=strongly disagree, 7=strongly agree). One item (“This person is to blame for her negative feelings.”) was derived from a previously developed scale (Tullett & Plaks, 2016) and three additional items were developed to create a more reliable measure. The four items were averaged together to form a composite.

**Annoyance.** The amount a participant was annoyed with a distressed individual was assessed using two items (e.g., “I feel annoyed by her testimony.”) rated on a 7-point scale (1=strongly disagree, 7=strongly agree). The two items were averaged together to form a composite.

**Avoidance.** The amount a participant intended to avoid a distressed person was assessed using four items (e.g., “I would try to avoid talking with her.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The four items were averaged together to form a composite.

The three facets of negative responding are relatively highly correlated (i.e., blame and annoyance: \( r = .53 \); blame and avoidance: \( r = .51 \), annoyance and avoidance: \( r = .58 \)), suggesting that these are related constructs. As each scale represents a theoretically distinct facet of responding (cognitive, emotional, and behavioral), I do not collapse across them in analyses but will always discuss them together, as facets of the underlying construct of negative responding.
Confirmatory factor analysis provided additional justification for this approach, revealing that items assessing each of the three facets of negative responding loaded most strongly onto their own factor (and weakly onto the other factors).

2.2.3 Positive Responses to a Distressed Person

I assessed three facets of positive responding corresponding to a cognitive (perspective-taking), emotional (empathic concern), and behavioral reaction (support).

**Perspective-taking.** The amount a participant adopted the point of view of a distressed person was assessed using the Perspective-Taking subscale of the Interpersonal Reactivity Index (e.g., “I feel sympathetic towards her.”; Davis, 1980; Tullett & Plaks, 2016) which includes three items rated on a 7-point scale (1=strongly disagree, 7=strongly agree). The items were averaged together to form a composite.

**Empathic concern.** The amount a participant had feelings of concern for a distressed person was assessed using ten items rated on a 7-point scale (1=strongly disagree, 7=strongly agree). The measure included six items derived from the Empathic Concern subscale of the Interpersonal Reactivity Index (e.g., “I feel sympathetic towards her.”) and four additional items (e.g., “I feel anxious for her.”). The ten items were averaged together to form a composite.

**Support.** The amount a participant intended to support a distressed person was assessed using six items (e.g., “I would reach out to her to offer support.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The six items were averaged together to form a composite.

The three facets of positive responding are relatively highly correlated (i.e., perspective-taking and empathic concern \( r = .68 \); perspective-taking and support \( r = .60 \); empathic concern and support \( r = .76 \)), suggesting that these are closely related. However, as each represents a theoretically distinct facet of responding (cognitive, emotional, and behavioral), I do not collapse across them in analyses and will always discuss them together, as facets of the underlying construct of positive responding. Confirmatory factor analysis provided additional justification for this approach, revealing that items assessing each of the three facets of positive responding loaded most strongly onto their own factor (and weakly onto the other factors).
2.2.4 Extrinsic Emotion Regulation

I assessed two extrinsic emotion regulation strategies: expressive suppression and cognitive reappraisal.

**Expressive suppression.** The amount a participant intended to help a distressed person suppress their emotions was assessed with the interpersonal version of the Emotion Regulation Questionnaire (modified from Gross & John, 2003) which includes three items (e.g., “I would try to find ways to help her mask her emotions from others.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The three items were averaged together to form a composite.

**Cognitive reappraisal.** The amount a participant intended to help a distressed person reappraise their emotions was assessed with the interpersonal version of the Emotion Regulation Questionnaire (modified from Gross & John, 2003) which includes three items (e.g., “I would try to help her feel less sad by changing the way she is thinking about her situation.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The three items were averaged together to form a composite.

2.3 Procedure

Participants responded to a HIT via Amazon's Mechanical Turk, obtained a link to complete the study hosted on the Qualtrics platform, and provided consent before beginning the study. Participants first completed an assessment of beliefs about the controllability of one’s own emotions and filler items not relevant to the present investigation (e.g., well-being). Participants then read an informational sheet about clinical depression describing core symptoms (e.g., “Persistent sad, anxious, or empty mood”) and causes (e.g., “Cognitive- People with negative thinking patterns and low self-esteem are more likely to develop clinical depression.”). Then, participants read a vignette depicting the internal experience of the distressed person:

"I feel disconnected from other people. I see how other people seem happy doing simple things, like spending time with friends or walking their dogs, and their emotions seem foreign to me. I usually only sleep a few hours a night, and I think this makes me less energetic, but I can't seem to sleep for longer. When I eat, it's almost as if everything tastes the same, and so I don't really eat much. Sometimes I think that things could be different, but other times I feel like there isn't much hope." -Anita.
After reading the informational sheet and vignette, participants responded to an initial attention check of two questions drawn from the informational sheet (e.g., “According to the depression information sheet that you read, which of the following is a core symptom of depression?”). Participants then completed measures assessing beliefs about the emotion control of the distressed person, negative and positive responses to the distressed person, and extrinsic emotion regulation efforts towards the distressed person. At the end of the study, participants were debriefed and asked to confirm that their responses could be used in the study. They were also informed of websites where additional information about depression and crisis support could be obtained.

2.4 Study 1 Results

2.4.1 Analytic Approach

Below, I describe the pattern of associations between believing a distressed person’s emotions are controllable and responses to that person across three response domains: negative responses, positive responses, and the use of extrinsic emotion regulation. Within each response domain, I report four sets of results. First, I report the results of Pearson’s correlations to test the zero-order associations between believing that a distressed person’s emotions are relatively controllable (vs. uncontrollable) and the cognitive, emotional, and behavioral facets of that domain (see Table 2 for all correlations). Second, I report the results of regression analyses that test the unique link between believing that a distressed person’s emotions are relatively controllable and responses to that person while controlling for beliefs about the controllability of one’s own emotions. These two beliefs are modestly correlated ($r = .38, p < .001$), suggesting that although these beliefs are distinct, they also share empirical overlap. Third, I report the results of Pearson’s correlations to test the zero-order associations between believing that one’s own emotions are relatively controllable (vs. uncontrollable) and the cognitive, emotional, and behavioral facets of that domain. Fourth, I summarize the results of the regression analyses that test the unique link between believing that one’s own emotions are relatively controllable and responses to a distressed person while controlling for beliefs about the controllability of a distressed person’s emotions. The same procedure is repeated for each of the three response domains.
2.4.2 Negative Responses to a Distressed Person

As summarized in Table 2, people who believe that a distressed person’s emotions are relatively controllable (vs. uncontrollable) displayed a more negative response towards that person across all facets of responding: they were more likely to blame the distressed person \( r = .49, p = .001 \), felt more annoyed by them \( r = .14, p = .013 \), and intended to avoid them more \( r = .16, p = .006 \). Importantly, all of these associations held in regression analyses that also controlled for the extent to which people believe that their own emotions are relatively controllable (see Table 3).

Conversely, people who believe that their own emotions are relatively controllable (vs. uncontrollable) displayed a less negative response towards the distressed person: while the association with blame was not significant \( r = .00, p = .891 \), they did feel less annoyed by them \( r = -.17, p = .004 \) and intended to avoid them less \( r = -.18, p = .001 \). In regression analyses that also controlled for the extent to which people believe that a distressed person’s emotions are relatively controllable, the association with lower levels of blame became significant, and the associations with annoyance and avoidance remained significant (see Table 3).

2.4.3 Positive Responses to a Distressed Person

As summarized in Table 2, people who believe that a distressed person’s emotions are relatively controllable (vs. uncontrollable) displayed a less positive response towards that person: they were less likely to take the distressed person’s perspective \( r = -.14, p = .011 \), felt less empathic concern towards the person \( r = -.14, p = .006 \), and intended to support them less \( r = -.16, p = .007 \). Importantly, all of these associations held in regression analyses that also controlled for the extent to which people believe that their own emotions are relatively controllable (see Table 3).

Conversely, there were no significant associations between believing that their own emotions are relatively controllable (vs. uncontrollable) and positive responses towards a distressed person. In regression analyses that also controlled for the extent to which people believe that their own emotions are relatively controllable, the previously weak association with supportive behavior strengthened and became significant (see Table 3).
2.4.4 Extrinsic Emotion Regulation

As summarized in Table 2, people who believe that a distressed person’s emotions are relatively controllable (vs. uncontrollable) were more likely to try to help the distressed person suppress (but not reappraise) their emotions \( (r = .14, p = .017) \). The association with expressive suppression also held in a regression analysis that also controlled for the extent to which people believe that their own emotions are relatively controllable (see Table 3). Conversely, people who believe that their own emotions are relatively controllable (vs. uncontrollable) were more likely help the distressed person reappraise (but not suppress) their emotions \( (r = .19, p = .001) \). The association with cognitive reappraisal held in a regression analysis that also controlled for the extent to which people believe that a distressed person’s emotions are relatively controllable (see Table 3).

2.5 Study 1 Discussion

Study 1 served as an initial investigation into two competing hypotheses: On one hand, believing a distressed person’s emotions are controllable could be similar to believing that one’s own emotions are relatively controllable (because, for example, both beliefs may be rooted in the same underlying belief), which would thereby be associated with more positive responses towards a distressed person. On the other hand, believing a distressed person’s emotions are relatively controllable could possibly function as an evaluative social judgment (because, for example, we hold others particularly responsible for their actions and are more likely to blame and criticize them when they fail) and thereby be associated with more negative responses towards a distressed person. These results provide preliminary evidence that beliefs about a distressed person’s emotions are similar to those about the self: participants believing the distressed person can control their emotions demonstrated more negative behavior and less positive behavior toward the distressed individual across all three facets of responding: cognitive, emotional, and behavioral. These people were also more likely to try to get the distressed person to suppress their emotional expressions – a form of regulation that is often costly when applied to the self and is likely perceived as rejecting when applied to other people.

Additionally, believing that one’s own emotions are controllable appears to predict a more adaptive profile of responding (less negative and more positive responses), perhaps because these individuals feel like they have more resources to cope with a distressed person.
Interestingly, these people were also more likely to try to get the distressed person to use reappraisal, which may appear to be adaptive but could indeed have drawbacks given that interpersonal regulation is fraught with difficulty, and certain people (especially those who are distressed) can find it entirely invalidating when someone tries to help them use reappraisal. (Marigold, Cavallo, Holmes, & Wood, 2014).
Chapter 3
Study 2: Replication and Extension of Study 1

Study 2 was designed to replicate and extend the findings from Study 1 demonstrating that believing a distressed person’s emotions are controllable was associated with a more negative pattern of responding to their distress. Although beliefs about one's emotion control and beliefs about another person's emotion control appear to be theoretically and empirically distinct, responding to items about one’s own emotion control beliefs may still influence one’s responses to items about another person’s emotion control. To address this concern, I adopted a two-phase study design to measure beliefs about one's emotion control in a separate session from beliefs about the emotion control of a distressed person. This temporal spacing reduces the risk that responding to items about one’s own emotions will unduly influence (e.g., prime) responses about another’s emotions.

Theoretically, believing that another person can control their emotions should translate into more attempts to help that person reappraise their emotions, yet I did not find evidence for this pattern in Study 1. One potential reason this pattern was not observed in Study 1 is due to the relatively abstract nature of the extrinsic reappraisal assessment, which does not specify how participants would use reappraisal, just that they would help the distressed person “by changing the way she is thinking about her situation.” When people use reappraisal in daily life, they implement a specific tactic (Gross, 2018), and they have many different tactics to choose from (McRae, Ciesielski, & Gross, 2012). Study 2 provided participants with specific tactics in a more fine-grained and concrete measurement of reappraisal (e.g., “I would tell her to try to find a silver lining in this tough time.”). In study 2, I also include measures of intrinsic emotion regulation – participants’ attempts to regulate their own emotions. By capturing both extrinsic and intrinsic emotion regulation, I am able to test the specificity of different beliefs in predicting relevant forms of emotion regulation; specifically, I am able to examine whether beliefs about another person predicts extrinsic emotion regulation more strongly than beliefs about the self and whether beliefs about the self predict intrinsic reappraisal more strongly than beliefs about another person.
3  Study 2 Method

3.1  Participants

Participants were recruited from Amazon’s Mechanical Turk, offered $2.00 ($0.75 for completion of phase 1; $1.25 for completion of phase 2) in exchange for completing a short online survey, and participation was restricted to workers with a Human Intelligence Task (HIT) approval rate >95%. Four hundred twenty-six participants began phase 1 of the study; of those, ~7.5% were excluded from further participation based on a priori exclusion criteria of failing either of the two attention checks. Three hundred ninety-five participants were invited to complete phase 2; after a 12.5% attrition rate, an additional 9% were excluded from the analysis based on a priori exclusion criteria of failing any of the three included attention checks. Our final sample (N = 314) was 42% female, 77% Caucasian, with ages ranging from 20 to 67 years old (M = 34.47, SD = 9.49).

3.2  Measures

Study 2 measures included scales assessing beliefs about emotions, positive and negative responses toward a distressed other, extrinsic emotion regulation, and intrinsic emotion regulation. See Table 1 for descriptives.

3.2.1  Beliefs about the Controllability of Emotions

Participants responded to the same measures assessing other-specific beliefs and self-specific as in Study 1.

3.2.2  Negative Responses to a Distressed Person

I assessed three facets of negative responding, including a cognitive reaction, (blame), emotional reaction (annoyance), and behavioral reaction (avoidance) using the same measures as Study 1.
3.2.3 Positive Responses to a Distressed Person

I assessed three facets of positive responding corresponding to a cognitive reaction (perspective-taking), emotional reaction (empathic concern), and behavioral reaction (support), using the same measures as Study 1.

3.2.4 Extrinsic Emotion Regulation

I assessed two extrinsic emotion regulation strategies: expressive suppression and cognitive reappraisal.

Expressive suppression. Participants responded to the same measure as in Study 1.

Cognitive reappraisal. Participants responded to the same measure as in Study 1 and four additional cognitive reappraisal techniques.

Positive perspective. The amount a participant intended to help a distressed person reappraise their emotions using positive perspective was assessed using three items (e.g., “I would tell her to look on the bright side.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The three items were averaged together to form a composite.

Meaning-making. The amount a participant intended to help a distressed person reappraise their emotions using meaning-making was assessed using three items (e.g., “I would tell her that what doesn’t kill us makes us stronger.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The three items were averaged together to form a composite.

Minimizing. The amount a participant intended to help a distressed person reappraise their emotions using minimizing was assessed using three items (e.g., “I would tell her that things could be worse.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The three items were averaged together to form a composite.

Temporal distancing. The amount a participant intended to help a distressed person reappraise their emotions using temporal distancing was assessed using three items (e.g., “I would tell her that her depression will pass.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The three items were averaged together to form a composite.
3.2.5 Intrinsic Emotion Regulation

I assessed two intrinsic emotion regulation strategies: expressive suppression and cognitive reappraisal.

**Expressive suppression.** The amount a participant tends to suppress their own emotions was assessed with the Emotion Regulation Questionnaire (Gross & John, 2003) which includes three items (e.g., “When I am feeling negative emotions, I make sure not to express them.”) rated on a 7-point scale (0 = not at all, 6 = a great deal). The three items were averaged together to form a composite.

**Cognitive reappraisal.** The amount a participant tends to reappraise their own emotion was assessed with a three-item version of the reappraisal subscale of the Emotion Regulation Questionnaire (e.g., “When I want to feel less negative emotion, I change the way I’m thinking about the situation.”; Gross & John, 2003) rated on a 7-point scale (0 = not at all, 6 = a great deal). The three items were averaged together to form a composite.

### 3.3 Procedure

Participants responded to a HIT via Amazon's Mechanical Turk, obtained a link to complete the study hosted on the Qualtrics platform, and provided consent prior to beginning the study. In phase 1, participants completed an assessment of beliefs about the controllability of one’s own emotions as well as their use of expressive suppression and cognitive reappraisal to intrinsically regulate their own emotions. At the end of the first phase, participants were debriefed online and reminded that a link to the second phase would be sent in 2-3 days.

A link to the second phase of the study was sent to eligible participants 48 hours after completion of phase 1. A distressed person and their internal experiences with depression were described using the same informational sheet and vignette as described in Study 1. Attention checks from Study 1 were also used. After the initial presentation of the informational sheet and vignette, participants responded to measures assessing empathic concern, perspective-taking, annoyance, and blame. The vignette was presented a second time, after which participants completed measures of beliefs about the controllability of a distressed person’s emotions, avoidance, support, and extrinsic emotion regulation. At the end of the study, participants were debriefed
and asked to confirm that their responses could be used in the study. They were also informed of websites where additional information about depression and crisis support could be obtained.

3.4 Study 2 Results

3.4.1 Analytic Approach

I followed the same analytic approach as in Study 1 across the four response domains: negative responses, positive responses, the use of extrinsic emotion regulation, and the use of intrinsic emotion regulation. Within each response domain, I report four sets of results. First, I report the results of Pearson’s correlations to test the zero-order associations between believing that a distressed person’s emotions are relatively controllable (vs. uncontrollable) and the cognitive, emotional, and behavioral facets of that domain (see Table 4 for all correlations). Second, I report the results of regression analyses that test the unique link between believing that a distressed person’s emotions are relatively controllable and responses to that person while controlling for beliefs about the controllability of one’s own emotions. These two beliefs are modestly correlated ($r = .23, p < .001$), suggesting that although these beliefs are distinct, they also share empirical overlap. Third, I report the results of Pearson’s correlations to test the zero-order associations between believing that one’s own emotions are relatively controllable (vs. uncontrollable) and the cognitive, emotional, and behavioral facets of that domain. Fourth, I summarize the results of the regression analyses that test the unique link between believing that one’s own emotions are relatively controllable and responses to a distressed person while controlling for beliefs about the controllability of a distressed person’s emotions. The same procedure is repeated for each of the four response domains.

3.4.2 Negative Responses to a Distressed Person

Replicating Study 1, people who believe that a distressed person’s emotions are relatively controllable (vs. uncontrollable) displayed a more negative response towards that person: they were more likely to blame the distressed person ($r = .50, p < .001$), felt more annoyed by them ($r = .14, p = .045$), and intended to avoid them more ($r = .15, p = .007$) (see Table 4). Importantly, all of these associations held in regression analyses that also controlled for the extent to which people believe that their own emotions are relatively controllable (see Table 3). Conversely, people who believe that their own emotions are relatively controllable (vs.
uncontrollable) displayed a less negative response towards the distressed person: while the association with blame was not significant \((r = .00, p = .891)\), they did feel less annoyed by them \((r = -.21, p < .001)\) and intended to avoid them less \((r = -.25, p < .001)\). In regression analyses that also controlled for the extent to which people believe that a distressed person’s emotions are relatively controllable, the association with lower levels of blame became significant, and the associations with annoyance and avoidance remained significant (see Table 3).

### 3.4.3 Positive Responses to a Distressed Person

Again replicating Study 1, people who believe that a distressed person’s emotions are relatively controllable (vs. uncontrollable) displayed a less positive response towards that person: they were marginally less likely to take the distressed person’s perspective \((r = -.11, p = .052)\), felt less empathic concern towards the person \((r = -.23, p < .001)\), and intended to support them less \((r = -.16, p = .005)\). All of these associations were significant in regression analyses that also controlled for the extent to which people believe that their own emotions are relatively controllable (see Table 3).

Conversely, people who believe that their own emotions are relatively controllable (vs. uncontrollable) displayed a more positive response towards the distressed person (see Table 4): while the association with perspective-taking was not significant \((r = .01, p = .080)\) they felt more empathic concern towards the person \((r = .14, p = .015)\) and intended to support them more \((r = .19, p = .001)\). In regression analyses that also controlled for the extent to which people believe that a distressed person’s emotions are relatively controllable, the association with higher levels of perspective-taking became significant, and the associations with empathic concern and support remained significant (see Table 3).

### 3.4.4 Extrinsic Emotion Regulation

As summarized in Table 4, people who believe that a distressed person’s emotions are relatively controllable (vs. uncontrollable) were more likely to try to help the distressed person suppress their emotions \((r = .27, p < .001)\) and to try to help the distressed person reappraise their emotions in general \((r = .25, p < .001)\). These associations held in a regression analysis that also controlled for the extent to which people believe that their own emotions are relatively controllable (see Table 3). People who believe that a distressed person’s emotions are relatively
controllable (vs. uncontrollable) were also more likely to use various specific cognitive reappraisal techniques: they were more likely to try to have the distressed person adopt a positive perspective on their distress ($r = .42, p < .001$), make meaning of their distress ($r = .36, p < .001$), minimize their distress ($r = .32, p < .001$), and temporally distance themselves from their distress ($r = .39, p < .001$). Importantly, all of these associations held in regression analyses that also controlled for the extent to which people believe that their own emotions are relatively controllable (see Table 3).

People who believe that their own emotions are relatively controllable (vs. uncontrollable) were not more or less likely to try to help the distressed person suppress their emotions, but they were more likely to help a distressed person reappraise their emotions ($r = .22, p < .001$). This association held in a regression analysis that also controlled for the extent to which people believe that the emotions of a distressed person are relatively controllable (see Table 3). People who believe that their own emotions are relatively controllable (vs. uncontrollable) were also more likely to use specific extrinsic cognitive reappraisal techniques, although the pattern was weaker: they were more likely to try to have the distressed person adopt a positive perspective on their distress ($r = .17, p = .002$), to help them make meaning of their distress ($r = .19, p = .001$), and to help them temporally distance themselves from their distress ($r = .21, p < .001$), but no significant association was found for minimizing. The associations for temporal distancing and meaning-making, but not positive perspective-taking, held in a regression analysis that also controlled for the extent to which people believe that the emotions of a distressed person are relatively controllable (see Table 3).

Although the pattern for reappraisal is somewhat similar for the two beliefs measures (i.e., both beliefs are associated with greater extrinsic reappraisal tactic use), the correlations between beliefs about one’s own emotions and each of the reappraisal tactics are significantly weaker than the correlations between beliefs about a distressed person’s emotions and each of the reappraisal tactics: Steiger’s $z$ for positive perspective = 3.84, $p < .001$, for meaning-making = 2.41, $p = .008$, for minimizing = 4.56, $p < .001$, and temporal distancing = 2.59, $p = .005$.

### 3.4.5 Intrinsic Emotion Regulation

As summarized in Table 4, people who believe that a distressed person’s emotions are relatively controllable (vs. uncontrollable) were not more or less likely to suppress their own emotions, but
they were more likely to use reappraisal to manage their own emotions \( (r = .21, p < .001) \). People who believe that their own emotions are relatively controllable were less likely to suppress their own emotions \( (r = -.16, p = .006) \) and more likely to reappraise their own emotions \( (r = .41, p < .001) \). This pattern of associations remained the same in the regression analyses.

Again, although the pattern for reappraisal is similar for the two beliefs measures (i.e., both beliefs are associated with significantly higher intrinsic reappraisal tactic use), the correlation between beliefs about one's own emotions and intrinsic reappraisal is significantly stronger than the correlation between beliefs about a distressed person’s emotions and intrinsic reappraisal: 
Steiger’s \( z = 3.08, p = .002 \).

### 3.5 Study 2 Discussion

Study 2 served to replicate and extend the initial findings from Study 1. Once again, participants who believe that a distressed person can control their emotions demonstrated more negative behavior and less positive behavior toward them across all three facets of responding: cognitive, emotional, and behavioral. These individuals were also more likely to try to help the distressed person to suppress their emotions and reappraise them using a variety of specific techniques: positive perspective, meaning-making, minimizing, and temporal distancing. Individuals who believe that a distressed person's emotions are controllable were more likely to reappraise (but not suppress) their own emotions. A subsequent Steiger’s \( Z \) comparison test supported the expectation that beliefs about another person would predict the emotion regulation one tries to do for another person more strongly than the beliefs they have about themselves.

Participants believing they can control their own emotions were again more likely to use an adaptive profile of responding (less negative and more positive responses), and as in Study 1, were more likely to try to help the distressed person reappraise their emotions. These participants were also less likely to suppress and more likely to reappraise their own emotions. A subsequent Steiger’s \( Z \) comparison test supported the expectation that the beliefs one has about themselves would predict their emotion regulation more strongly than the beliefs they have about another person.
Chapter 4
General Discussion

Society has embraced the idea that it is crucial to believe we can control and change qualities about ourselves. And in several key ways, this enthusiasm is well-founded: Believing that qualities, such as emotions, are controllable predicts several positive personal outcomes. Since emotions are universal in daily life, many opportunities arise daily for beliefs about emotions to play a role in both personal and interpersonal outcomes. However, most existing research and interventions focus on the impact believing that emotions are controllable has in personal contexts, effectively neglecting the role these beliefs may play in interpersonal interactions. People also hold beliefs about others as well as themselves, yet investigation of beliefs about others is rare. These two crucial, inter-related gaps in the empirical literature have limited our understanding of how these beliefs operate in daily life and may have hidden the possible downsides of such beliefs.

The current investigation focused on beliefs about a distressed person’s ability to control their emotions. The prior literature provides evidence for two plausible, competing hypotheses. On the one hand, if believing someone else’s emotions are controllable is similar to beliefs they have about themselves (because, for example, both derive from the same general underlying belief), then this belief could promote more positive responses towards a distressed person. However, if believing someone else's emotions are relatively controllable functions similarly to evaluative social judgments (because, for example, we hold others particularly responsible for their actions and are more likely to blame and criticize them when they fail) then this belief could promote more negative responses towards that person's distress. Across two studies, a similar pattern emerged: individuals who believe that a distressed person’s emotions were relatively controllable displayed more negative responses (i.e., greater blame, annoyance, and avoidance) and less positive responses (i.e., perspective-taking, empathic concern, and support) towards that person. These results were strikingly different from the pattern for individuals who believe that their own emotions are relatively controllable who displayed less negative responses and more positive responses towards the distressed person. These findings address the two gaps in the empirical literature by showing (1) that beliefs about controllability have interpersonal drawbacks and (2) beliefs about other people are distinct and different from beliefs about the self. Taking these
findings together, it appears that believing others can control their emotions can be interpersonally damaging.

Additionally, believing that people's emotions are relatively controllable – either the distressed person or the self – predicted greater use of extrinsic reappraisal. However, links between other-beliefs and extrinsic reappraisal tactics were significantly stronger than the links between self-beliefs and extrinsic reappraisal tactics. Extrinsic emotion regulation using these strategies may be perceived in a more negative light, given both the regulation (e.g., “I would tell her that things could be worse.”) and responses (e.g., “This person is to blame for her negative feelings.”) endorsed. These results suggest that our beliefs about other people’s emotions have significant implications for the way we respond to others, particularly in times of distress.

4 General Discussion

4.1 Negative and Positive Responses to a Distressed Person

The belief that emotions are controllable is often viewed to be a panacea for many of society's woes, yet that may not be the entire story. Believing that emotions are controllable appears related to entirely different, and negative, outcomes for other people than for the self. Believing that one’s own emotions are controllable reflects a sense of self-efficacy in emotional contexts: their own emotions are controllable, and in turn, they can regulate their experience and expression of emotions when distressed. In the social realm, believing someone else can control their emotions does not imbue the other person with any additional self-efficacy or ability to manage internal distress. These beliefs seem to demonstrate a tendency to blame another person for not being able to manage their distress based solely on their idea of what they would do when distressed, as opposed to taking a more informed and empathetic response to someone's distress.

While it is reasonable to assume that a belief in emotion controllability is not a “one size fits all” solution, my findings demonstrate that believing one can control one’s own emotions is still ‘good’ (e.g., responding more positively towards a distressed individual). Interventions aimed at teaching people to believe they can control their emotions may still be well-founded. However, across both studies, beliefs about the self are moderately correlated with beliefs about others ($r = .38; r = .23$), and it is likely that by training the belief in the self, interventions may also be training the belief in others (a belief which may be interpersonally counterproductive). These are
essential caveats that researchers and practitioners should grapple with before implementing interventions.

4.2 Extrinsic and Intrinsic Emotion Regulation

Cognitive reappraisal is often viewed to be a positive and adaptive way of regulating one's own emotions. However, interpersonal cognitive reappraisal is fraught. Beliefs about the controllability of emotions (about the self, and in general) have been linked with greater intrinsic use of cognitive reappraisal (De Castella et al., 2013; Ford et al., 2018; Tamir et al. 2007), a finding which I replicated in Study 2. Increased use of reappraisal is widely considered to be advantageous, and indeed, greater reappraisal use is considered a mechanism underlyng why believing that emotions are controllable tends to link with greater mental health (Ford et al., 2018). However, intrinsic reappraisal is not the same as extrinsic reappraisal. Research seems to point to reappraisal as not being an effective form of extrinsic emotion regulation (Marigold, Cavallo, Holmes, & Wood, 2014), and this investigation lends support to that theory. Believing a distressed person can control their emotions led to more endorsement of items such as "I would tell her to look on the bright side” and “I would tell her what doesn’t kill us makes us stronger." Items such as these may be intrinsically useful, but they are less likely to be received in a positive way when used to regulate a distressed person's emotions extrinsically.

4.3 Implications for Mental Health and Treatment

The relationship between believing a distressed person’s emotions are controllable and more negative responses towards a distressed person provides initial support for the role that beliefs about emotion control play in the stigmatization and treatment of mental health. At the individual level, people who believe that a distressed person’s emotions are controllable appear to be annoyed by that person, blaming them for their distress and wanting to avoid them for the same reason. There appear to be steep interpersonal downsides as people lose empathy for these distressed individuals and are less likely to want to be around them.

This pattern of negative responding towards distressed people also seems to reflect how we, as a society, tend to treat and create systems to deal with people who experience a great deal of emotional distress. The judicial system is one example of where it is critical to understand the social implications of believing a distressed person’s emotions are controllable. Discussing the
mental health of a defendant may make salient a jury or judge’s beliefs about the emotional control of the defendant, which could lead to increased convictions and harsher punishments. News, and media in general, is another system impacted by these beliefs. For example, the belief that another person's emotions are controllable may negatively influence the tone and content of reporting in situations where the mental health of an individual is relevant (Chen & Lawrie, 2017). Wide dissemination of negative reporting about mental health may lead to perpetuating a cycle of blame and avoidance towards people experiencing emotional distress.

Unfortunately, distressed individuals may face the implications of these beliefs, even when seeking help. Mental healthcare providers, such as therapists or councilors, also hold beliefs about the controllability of emotions-- and, as the current investigation found, believing emotions are relatively controllable appears to promote the greater use of extrinsic reappraisal. Extrinsic reappraisal may be an effective emotion regulation strategy when used by a trained and skilled clinician, but the potential challenge of ensuring positive outcomes result from the use of extrinsic reappraisal challenges make this a risky choice for both patients and providers. The broader implications of believing that another person's emotions are controllable, paired with potential negative impacts on mental health and treatment at both the interpersonal and the societal level remain essential caveats to that researchers and practitioners should continue to investigate.

4.4 Limitations and Future Directions

This paper focuses on assessing an individual's beliefs about emotion controllability, and as such, these beliefs were assessed using individual difference measures. The theoretical model that beliefs influence behavior towards others is reasonable based upon prior literature showing that experimentally manipulated beliefs causally predict behavior (De Castella et al., 2017; Kneeland, Nolen-Hoeksema, Dovidio, & Gruber, 2016a; Kneeland, Nolen-Hoeksema, Dovidio, & Gruber, 2016b). Future longitudinal work is needed to expand on this causal direction and investigate whether believing emotions are controllable (self and others) predict worse interpersonal outcomes (Ford et al., 2018; Tamir et al., 2007). The link between beliefs about emotion and behaviors are likely in a complex, bidirectional relationship and additional work exploring and testing this bidirectional link is needed.
This preliminary investigation focused on people's self-reported reactions to a distressed person. However, it is important to consider dyadic, dynamic exchanges to understand better the outcomes these beliefs bring into the social realm. It is crucial to extend this work to measure in vivo behavioral responses to real-time interactions with a distressed person. This type of paradigm also allows researchers to assess how the distressed person reacts in these interactions. Understanding how distressed others perceive these patterns of response is crucial for creating informed, effective methods of providing social support.

As this paper focuses on responses to a distressed person, I used an unambiguous and salient example of distress that would be familiar to most people: depression. However, the question remains: is the relationship between believing a distressed person’s emotions are controllable and more negative responding towards the distressed person is specific to the context of depression; or would this relationship extend to other types of intense emotion, such as high-activation positive emotion. Bipolar disorder (i.e., “manic depression”; E. Martin, 2007) is characterized not only by depression but also by abnormally elevated mood (Ellison, Mason, & Scior, 2013). The subjective experience of negative and positive emotions by individuals with these disorders is often characterized to be uncontrollable (Kang & Gruber, 2013). However, as I demonstrated in the present research, individuals can and do believe that a depressed person can control their emotions, and this belief is related to more negative patterns of response. Future research is needed to see if that belief in emotion controllability extends to experiences of elevated positive emotion and whether that belief predicts more positive or negative patterns of response.

4.5 Concluding Comment

Now is the age of the growth mindset, and for good reason: the belief that one’s own emotions are controllable is related to positive personal outcomes; However, it is essential not to forget that sometimes there can be too much of a good thing: the same belief that emotions are controllable is related to negative outcomes when applied to the social realm. The present studies provide important caveats for a thriving industry aimed at increasing controllability beliefs across the domains of education, industry, and mental health therapy and serve as a reminder that sometimes even "good" beliefs can go bad.
References


De Castella, K., & Byrne, D. (2015). My intelligence may be more malleable than yours: the


Schroder, H. S., Dawood, S., Yalch, M. M., Brent Donnellan, • M, & Moser, J. S. (n.d.). The Role of Implicit Theories in Mental Health Symptoms, Emotion Regulation, and Hypothetical Treatment Choices in College Students. https://doi.org/10.1007/s10608-014-9652-6


# Tables

## Table 1. Descriptive statistics for all primary study variables in Study 1 and 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Study 1 (N = 308)</th>
<th>Study 2 (N = 314)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
<td>M</td>
</tr>
<tr>
<td>Beliefs about Emotion Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other-specific</td>
<td>1-7</td>
<td>3.73</td>
</tr>
<tr>
<td>Self-specific</td>
<td>1-7</td>
<td>5.21</td>
</tr>
<tr>
<td>Negative Responses to A Distressed Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive facet: Blame</td>
<td>1-7</td>
<td>1.18</td>
</tr>
<tr>
<td>Emotional facet: Annoyance</td>
<td>1-7</td>
<td>0.56</td>
</tr>
<tr>
<td>Behavioural facet: Avoidance</td>
<td>0-6</td>
<td>1.03</td>
</tr>
<tr>
<td>Positive Responses to A Distressed Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive facet: Perspective Taking</td>
<td>1-7</td>
<td>4.34</td>
</tr>
<tr>
<td>Emotional facet: Empathic Concern</td>
<td>1-7</td>
<td>4.29</td>
</tr>
<tr>
<td>Behavioural facet: Support</td>
<td>0-6</td>
<td>4.33</td>
</tr>
<tr>
<td>Extrinsic Emotion Regulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive Suppression</td>
<td>0-6</td>
<td>1.66</td>
</tr>
<tr>
<td>Cognitive Reappraisal</td>
<td>0-6</td>
<td>3.66</td>
</tr>
</tbody>
</table>
Table 2. Pearson correlations between primary variables in Study 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beliefs about Emotion Control</th>
<th>Negative Responses to Another Person</th>
<th>Positive Responses to Another Person</th>
<th>Extrinsic Emotion Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Beliefs about Emotion Control</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1. Other-specific</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Self-specific</td>
<td></td>
<td>.38*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Responses to A Distressed Person</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Cognitive facet: Blame</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Emotional facet: Annoyance</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Behavioural facet: Avoidance</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Positive Responses to A Distressed Person</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Cognitive facet: Perspective Taking</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Emotional facet: Empathic Concern</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Behavioural facet: Support</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Extrinsic Emotion Regulation</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Expressive Suppression</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Cognitive Reappraisal</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

* p < .05
Table 3. Regression analyses of beliefs about one's emotion control and beliefs about a distressed person's emotion control as simultaneous predictors of three domains of responding to a distressed person across both Study 1 and Study 2.

<table>
<thead>
<tr>
<th>Outcome variables:</th>
<th>Other-specific beliefs about emotion controllability (controlling for self-specific beliefs)</th>
<th>Self-specific beliefs about emotion controllability (controlling for other-specific beliefs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Study 1</td>
<td>Study 2</td>
</tr>
<tr>
<td>Negative Responses to A Distressed Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive facet: Blame</td>
<td>$\beta = .56, p &lt; .001$</td>
<td>$\beta = .53, p &lt; .001$</td>
</tr>
<tr>
<td>Emotional facet: Annoyance</td>
<td>$\beta = .24, p &lt; .001$</td>
<td>$\beta = .17, p = .003$</td>
</tr>
<tr>
<td>Behavioural facet: Avoidance</td>
<td>$\beta = .27, p &lt; .001$</td>
<td>$\beta = .22, p &lt; .001$</td>
</tr>
<tr>
<td>Positive Responses to A Distressed Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive facet: Perspective Taking</td>
<td>$\beta = -.15, p = .017$</td>
<td>$\beta = -.14, p = .016$</td>
</tr>
<tr>
<td>Emotional facet: Empathic Concern</td>
<td>$\beta = -.19, p = .002$</td>
<td>$\beta = -.27, p &lt; .001$</td>
</tr>
<tr>
<td>Behavioural facet: Support</td>
<td>$\beta = -.22, p &lt; .001$</td>
<td>$\beta = -.21, p &lt; .001$</td>
</tr>
<tr>
<td>Extrinsic Emotion Regulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive Suppression</td>
<td>$\beta = .16, p = .008$</td>
<td>$\beta = .29, p &lt; .001$</td>
</tr>
<tr>
<td>Cognitive Reappraisal</td>
<td>$\beta = .04, p = .486$</td>
<td>$\beta = .21, p &lt; .001$</td>
</tr>
<tr>
<td>Positive Perspective</td>
<td>$\beta = .40, p &lt; .001$</td>
<td>$\beta = .32, p &lt; .001$</td>
</tr>
<tr>
<td>Meaning Making</td>
<td>$\beta = .33, p &lt; .001$</td>
<td>$\beta = .35, p &lt; .001$</td>
</tr>
<tr>
<td>Minimizing</td>
<td>$\beta = .35, p &lt; .001$</td>
<td>$\beta = .35, p &lt; .001$</td>
</tr>
<tr>
<td>Temporal Distancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrinsic Emotion Regulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive Suppression</td>
<td>$\beta = .06, p = .298$</td>
<td>$\beta = .12, p = .003$</td>
</tr>
<tr>
<td>Cognitive Reappraisal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 4. Pearson correlations for primary variables in Study 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beliefs about Emotion Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Other-specific</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Self-specific</td>
<td>-.23*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Negative Responses to A Distressed Person</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cognitive facet:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blame</td>
<td>.50*</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Emotional facet:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annoyance</td>
<td>.11*</td>
<td>-.21*</td>
<td>.44*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Behavioral facet:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance</td>
<td>.15**</td>
<td>-.25*</td>
<td>.50*</td>
<td>.57*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positive Responses to A Distressed Person</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cognitive facet:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perspective Taking</td>
<td>-.11</td>
<td>.01</td>
<td>-.31*</td>
<td>-.30*</td>
<td>-.41*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Emotional facet:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathic Concern</td>
<td>-.23*</td>
<td>.14*</td>
<td>-.36*</td>
<td>-.21*</td>
<td>-.38*</td>
<td>.56*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Behavioral facet:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>-.16*</td>
<td>.19*</td>
<td>-.37*</td>
<td>-.27*</td>
<td>-.54*</td>
<td>.53*</td>
<td>.71*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extrinsic Emotion Regulation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Expressive Suppression</td>
<td>.27*</td>
<td>-.04</td>
<td>.31*</td>
<td>.39*</td>
<td>.36*</td>
<td>-.16*</td>
<td>-.04</td>
<td>-.07</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Cognitive Reappraisal</td>
<td>.25*</td>
<td>.22*</td>
<td>.04</td>
<td>-.03</td>
<td>-.20**</td>
<td>.25*</td>
<td>.37*</td>
<td>.49*</td>
<td>.29*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Positive Perspective</td>
<td>.42*</td>
<td>.17*</td>
<td>.34*</td>
<td>.22*</td>
<td>.11*</td>
<td>.07</td>
<td>.12*</td>
<td>.16*</td>
<td>.52*</td>
<td>.59*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Meaning Making</td>
<td>.35*</td>
<td>.19*</td>
<td>.26*</td>
<td>.14*</td>
<td>.00</td>
<td>.11</td>
<td>.22*</td>
<td>.30*</td>
<td>.45*</td>
<td>.66*</td>
<td>.79*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Minimizing</td>
<td>.31*</td>
<td>.00</td>
<td>.46*</td>
<td>.40*</td>
<td>.36*</td>
<td>-.10</td>
<td>-.07</td>
<td>-.07</td>
<td>.51*</td>
<td>.33*</td>
<td>.70*</td>
<td>.56*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Temporal Distancing</td>
<td>.38*</td>
<td>.21*</td>
<td>.31*</td>
<td>.17*</td>
<td>.07</td>
<td>.10</td>
<td>.16*</td>
<td>.23*</td>
<td>.41*</td>
<td>.60*</td>
<td>.73*</td>
<td>.74*</td>
<td>.56*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intrinsic Emotion Regulation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Expressive Suppression</td>
<td>.02</td>
<td>-.16*</td>
<td>.13*</td>
<td>.10</td>
<td>.19*</td>
<td>-.08</td>
<td>-.13*</td>
<td>-.21*</td>
<td>.23*</td>
<td>-.07</td>
<td>.02</td>
<td>.05</td>
<td>.09</td>
<td>.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Cognitive Reappraisal</td>
<td>.21*</td>
<td>.41*</td>
<td>-.01</td>
<td>-.19*</td>
<td>-.22*</td>
<td>.28*</td>
<td>.26*</td>
<td>.26*</td>
<td>.03</td>
<td>.43*</td>
<td>.28*</td>
<td>.31*</td>
<td>.02</td>
<td>.27*</td>
<td>-.04</td>
<td></td>
</tr>
</tbody>
</table>

Note. * p < .05
Appendices

Appendix A. Variables and the individual items used to create each composite

<table>
<thead>
<tr>
<th>Variable</th>
<th>Included Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other-specific</td>
<td>No matter how hard I try, I can't really change the emotions that I have. The truth is, I have very little control over my emotions. If I want to, I can change the emotions that I have. I can learn to control my emotions.</td>
</tr>
<tr>
<td>2. Self-specific</td>
<td>No matter how hard she tries, this person can’t really change the emotions that she has. The truth is, this person has very little control over her emotions. If she wants to, she could change the emotions that she has. This person can learn to control her emotions.</td>
</tr>
</tbody>
</table>

Negative Responding to A Distressed Person

3. Cognitive facet: Blame
   This person is to blame for her negative feelings.
   This person should just get over it.
   If this person thought more positively, she would not be depressed.
   This person is responsible for her current condition.

4. Emotional facet: Annoyance
   I feel annoyed by her testimony.
   I feel irritated with her testimony.

5. Behavioral facet: Avoidance
   I would try to avoid talking with her.
   I would try to avoid working on projects with her.
   I would not want to be around her if she was feeling emotional.
   If we were at the same social event, I would try to avoid interacting with her.

Positive Responding to A Distressed Person

6. Cognitive facet: Perspective Taking
   I am able to put myself in this person's situation.
   I can imagine what this person is thinking.
   When reading this testimonial, I tried to imagine how I would feel if I were in that situation.

7. Emotional facet: Empathic Concern
   I feel moved by her testimony.
   I feel compassionate towards her.
   I feel warm towards her.
   I feel sympathetic towards her.
   I feel soft-hearted towards her.
   I feel tender towards her.
   I feel worried about her.
   I feel anxious for her.
   I feel pity towards her.
I feel sorry for her.

8. Behavioral facet: Support
   I would reach out to her to offer support.
   I would listen to her talk about her feelings.
   I would let her know that I'd be there for her if she needs something.
   I would invite her to a social event.
   I would offer to spend time with her.
   I would ask her if there is any way I can help her.

9. Expressive Suppression
   I would try to find ways to help her mask her emotions from others.
   I would try to act in ways that help her keep her emotions to herself.
   I would try to discourage her from talking about her problems.

Extrinsic Emotion Regulation
10. Cognitive Reappraisal
    I would try to help her think about her life in a way that calms her down.
    I would try to help her feel less sad by changing the way she is thinking about her situation.
    I would try to make her feel better by suggesting alternative ways to think about the situation she is in.

11. Positive Perspective
    I would tell her that she should think more positively.
    I would tell her to try to find a silver lining in this tough time.
    I would tell her to look on the bright side.

12. Meaning Making
    I would tell her that she will come out of this experience even stronger than she was before.
    I would tell her that these experiences will help her grow to be a better person.
    I would tell her that what doesn’t kill us makes us stronger.

13. Minimizing
    I would tell her that things could be worse.
    I would tell her that other people have it worse.
    I would tell her that things aren’t as bad as they seem.

14. Temporal Distancing
    I would tell her that her depression will pass.
    I would tell her that her depression won’t last forever.
    I would tell her that when she looks back on this tough time from the future, it will be just a blip.

Intrinsic Emotion Regulation
15. Expressive Suppression
    I control my emotions by not expressing them.
    When I am feeling positive emotions, I am careful not to express them.
    I keep my emotions to myself.
When I am feeling negative emotions, I make sure not to express them.

16. Cognitive Reappraisal

When I want to feel more positive emotion (such as joy or amusement), I change what I’m thinking about.

When I want to feel less negative emotion (such as sadness or anger), I change what I’m thinking about.

When I want to feel more positive emotion, I change the way I’m thinking about the situation.

When I want to feel less negative emotion, I change the way I’m thinking about the situation.
Appendix B. Information sheet on clinical depression

Clinical depression is one of the most common mental illnesses, affecting more than 19 million Americans each year. Depression causes people to lose pleasure from daily life, can complicate other medical conditions, and can even be serious enough to lead to suicide.

Symptoms of clinical depression include:

· Persistent sad, anxious, or empty mood
· Sleeping too much or too little, middle of the night or early morning waking
· Reduced appetite and weight loss or increased appetite and weight gain
· Loss of pleasure and interest in activities once enjoyed
· Restlessness, irritability
· Persistent physical symptoms that do not respond to treatment (such as chronic pain or digestive disorders)
· Difficulty concentrating, remembering, or making decisions
· Fatigue or loss of energy
· Feeling guilty, hopeless, or worthless
· Thoughts of suicide or death

Causes of clinical depression:

**Biological**- People with depression typically have too little or too much of certain brain chemicals, called "neurotransmitters." Unhealthy levels of these brain chemicals may cause or contribute to clinical depression

**Cognitive**- People with negative thinking patterns and low self-esteem are more likely to develop clinical depression

**Co-occurrence**– Clinical depression is more likely to occur along with certain illnesses such as heart disease, cancer, Parkinson’s disease, diabetes, Alzheimer’s disease, and hormonal disorders.

**Genetic**– A family history of clinical depression increases the risk for developing the illness

**Situational**– Difficult life events, including divorce, financial problems, or the death of a loved one can contribute to clinical depression.