

Emotion Regulation Goals:
An Individual Difference Perspective

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Abstract

Goals are widely understood to be central to the initiation, maintenance, and cessation of emotion regulation (ER). Recent studies have shown that there are profound individual differences in the types of ER goals people pursue and the extent to which they pursue them. Here we highlight the importance of taking an individual difference approach to studying ER goals. First, we use the extended process model of ER to provide conceptual clarity on what ER goals are and describe the crucial role of goals in each stage of ER. We then identify five promising directions for future research using an individual difference approach to ER goals.

Keywords: goals; motives; emotion regulation; emotion regulation goals; extended process model; individual differences; personality

Emotion Regulation Goals:

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Emotion regulation (ER) has been defined as the activation of a goal to influence the emotion-generative process (Gross, Sheppes, & Urry, 2011; Mauss & Tamir, 2014). Given the centrality of goals to ER, researchers have become increasingly interested in understanding what ER goals are (Tamir, 2016) and how they operate (e.g., Mauss, Tamir, Anderson, & Savino, 2011; Tamir, Halperin, Porat, Bigman, & Hasson, 2019). It has become clear that there are striking differences in which ER goals people pursue (Gross, Richards, & John, 2006) and the extent to which they pursue them (e.g., Eldesouky & English, 2018a; English, Lee, Gross, & John, 2017; Kalokerinos, Tamir, & Kuppens, 2017).

The objective of this paper is to highlight the importance of taking an individual difference approach to studying ER goals. We first draw on one theoretical framework of ER, the extended process model (Gross, 2015), to present ER as a goal-driven process and describe the basic processes underlying ER goals. Given that ER goals have been defined in numerous ways in the literature, we take this opportunity to try to enhance conceptual clarity regarding what ER goals are. We then highlight the utility of taking an individual difference approach to ER goals by proposing five future directions for advancing our understanding of ER goals.

Emotion Regulation Goals:

A Process Model Perspective

Our perspective on the role of goals in ER derives from the extended process model (Gross, 2015). This model begins with the core idea of a valuation system that helps people determine what is good or bad for them (Scherer, 1984). When people experience a situation in their internal or external world (W), they form a perception (P) of that situation and evaluate (V)

whether that perception is good or bad (that is, whether it is aligned or misaligned with their desired state of the world). Their evaluation may then give rise to action impulses (A) that serve to decrease the discrepancy between their perceived state of the world and their desired state of the world. These action impulses may include overt action as well as mental changes (e.g., appraisal). As an example, consider a situation (W) in which your date is late to dinner. You have the perception (P) that your date is flakey, and evaluate (V) the difference between your perception (having a flakey date) and how you want the world to be (having a committed date). This negative evaluation can lead you to feel action impulses (A) associated with anger (e.g., furrowed eyebrows, increased blood pressure).

These valuation systems not only instantiate emotion, but also make ER possible. This is because whereas a first-order valuation system takes the world as input, generating an emotion, a second-order valuation system can take the first-order valuation system as input, generating action impulses that target the first-order valuation system. Figure 1 illustrates the relationship between first-order valuation system and the second-valuation system. The input to the second-order valuation system can either be one's own emotions (i.e., intrinsic ER) or another person's emotions (i.e., extrinsic ER; Gross, 2014; Lopez-Perez, Howells, & Gummerum, 2017; Netzer, Kleef, & Tamir, 2015; Zaki & Williams, 2013). ER occurs once an emotion (W) is perceived (P), a person evaluates whether to regulate (V), and there is a resulting action impulse (A) to regulate. These processes can occur consciously or unconsciously.

Whether intrinsic or extrinsic, ER is a process that unfolds over time, and it is useful to distinguish among three stages of the ER process: identification, selection, and implementation. At each of these stages there is a goal, or desired end-state reflecting how people want to see the world (Austin & Vancouver, 1996; Carver & Scheier, 1998; see Figure 1), that is relevant to ER.

The first stage is *identification*, in which the goal to regulate is activated. Once the goal to regulate is activated, it triggers the second stage of ER, *selection*, which activates the goal to use a strategy. The goal to use a strategy then initiates the third stage of ER, *implementation*, which activates the goal to use a specific tactic. As people go through these stages, they engage in a higher-level process called *monitoring*, where they monitor their goal progress and decide whether to maintain, switch, or stop their regulatory efforts.

Notably, one primary source of confusion in the ER literature is the definition of ER goals, which have ranged from the motivation for regulating (e.g., managing one's impression on others; Eldesouky & English, 2018a) to the act of regulating (Mauss, Cook, & Gross, 2007) or using specific tactics (e.g., McRae et al., 2012; Urry, 2009). Based on the extended process model (Gross, 2015), the *act* of regulating or using specific tactics are not in themselves ER goals because they are actions. However, the *motivation* to regulate or use specific tactics are ER goals. The reasons are because they are desired end-states and because they are activated during the ER process. This is important because the desire to pursue a particular ER goal does not mean that one will actually pursue it. Furthermore, according to the extended process model (Gross, 2015), different types of goals exist at different stages of ER. However, what connects the goals across different stages is that they operate as part of a larger goal hierarchy.

Specifically, the activation of a higher-level goal at one stage will activate a lower-level goal at the next stage. This top-down process is similar to other models of self-regulation (Fischbach & Ferguson, 2007; Gollwitzer & Moskowitz, 1996) where lower-level goals ultimately serve as means for achieving higher-level goals (Moors, 2013). Below we describe in more detail the basic processes underlying ER goals at each stage of the ER process.

Emotion Regulation Goals at the Identification Stage

During the identification stage, people first assess their current emotion state (P). People who believe emotions can be controlled (Ford & Gross, 2018) or are more aware of their emotions (Mankus, Boden, & Thompson, 2016) are especially likely to assess their current emotion state. Next, people evaluate (V) how their current emotion state differs from their desired emotion state. They may want to change specific emotions (e.g., sadness; Millgram, Joormann, Huppert, & Tamir, 2015) or components within that emotion (e.g., experience, expression; Greenaway & Kalokerinos, 2018). For instance, older adults often want to feel positively (Scheibe, English, Tsai, & Carstensen, 2013; Riediger, Schmiedek, Wagner, & Lindenberger, 2009) and neurotic individuals often want to feel negatively (Kämpfe & Mitte, 2009; Tamir, 2005; but see Augustine, Hemenover, Larsen, & Shulman (2010) and Eldesouky & English (2018a)). Furthermore, people may change their emotion state for hedonic reasons (e.g., wanting to feel happy because it is pleasant; Gross et al., 2006), or for instrumental reasons (e.g., wanting to feel happy to effectively collaborate with others; Tamir, 2016). If there is sufficient discrepancy between a person's current emotion state and desired emotion state, and if he or she judges that they can reduce this discrepancy, then he or she may act to bridge this gap by activating the goal to regulate (A). However, the decision to regulate depends on how people weigh the costs and benefits of regulating. For instance, Easterners are less likely to down-regulate negative emotions than Westerners (Miyamoto, Ma, & Petermann, 2014) because they believe negative emotions are beneficial (Grossmann, Ellsworth, & Hong, 2012; Spencer-Rodgers, Peng, & Wang, 2010).

Emotion Regulation Goals at the Selection Stage

In the selection stage, a person now considers their available emotion regulation strategy options (e.g., Gross, 1998; Niven, Totterdell, & Holman, 2009; Parkinson & Totterdell, 1984)

and features of the world that may affect their desired strategy choice (e.g., emotional intensity; Sheppes et al., 2014; cognitive resources; Gyurak et al., 2012) (P). People will vary in the extent to which they typically consider a wide range of ER strategies (Blanke et al., 2019; De France & Hollenstein, 2017; Eldesouky & English, 2018b) or specific ER strategies (e.g., Gross & John, 2003; Williams et al., 2018). After considering their strategy options, a person evaluates the utility of each strategy in light of his or her situation (V). For instance, East Asians often want to suppress their emotions to help maintain social harmony (e.g., Butler, Lee, & Gross, 2007; Soto, Perez, Kim, Lee, & Minnick, 2011), and older adults prefer strategies that are not cognitively taxing (e.g., distraction; Martins, Sheppes, Gross, & Mather, 2016), perhaps to reduce cognitive demands. After weighing the costs and benefits of different strategies, the goal to use a given strategy is activated (A). Perhaps unsurprisingly, people favor strategies they believe they are capable of using. For instance, in samples of healthy controls and patients with anxiety disorder, people who believed they were more capable of using suppression and reappraisal reported chronically using those strategies more often (Kivity & Huppert, 2018).

Emotion Regulation Goals at the Implementation Stage

The implementation stage is similar to the selection stage in many ways. However, rather than wanting to select a strategy, people now want to select a tactic, or specific version of a strategy (e.g., Ochsner et al., 2004). For example, a person might have the goal to use cognitive reappraisal, a strategy which refers to reframing the meaning of a situation (Gross, 1998). He or she might implement cognitive reappraisal by putting a positive spin on things (Urry, 2009) or by distancing him or herself from a situation (McRae et al., 2012). During implementation, a person will consider different ER tactics and relevant features of the world (P), and evaluate the advantages and disadvantages of using different tactics based on their situation (V). For example,

people who often want to feel less negatively may prefer to see a situation as getting better, rather than staying the same, given that this tactic is more effective for reducing negative affect (Urry, 2009). The decision to implement a specific tactic (A) might be influenced by preferences for different tactics. For example, older adults prefer positive reappraisal tactics (i.e., viewing an emotional event positively) over neutral reappraisal tactics (i.e., viewing an emotional event objectively), perhaps because they are less cognitively demanding (Shiota & Levenson, 2009).

Monitoring Emotion Regulation Goals

The identification, selection, and implementation stages of ER bridge the gap between a perceived emotion state and a desired emotion state. After a tactic has been implemented, there will be a new perceptual input to the second-level valuation system: the updated emotion. Monitoring involves attending to each of these stages and determining whether to continue engaging in a given ER goal. For example, if there is still a discrepancy between one's current emotion state and desired emotion state, then one might maintain the goal to regulate. At the same time, one might decide to change their goal at a given ER stage if it is not being reached. Alternatively, they might stop all together if multiple regulatory efforts have failed. People vary in their persistence to pursue their goals (Elliot & Fryer, 2008; Fishbach & Dhar, 2005), which can impact the extent to which they monitor their regulatory efforts (Bonanno & Burton, 2013; Carver & Scheier, 2012). For example, more conscientious individuals are more likely to persist when their regulatory efforts fail (Southward, Altenburger, Moss, Cregg, & Cheavens, 2018).

An Individual Difference Approach to ER Goals

In the first half of this paper, we used the extended process model (Gross, 2015) to show that goals are central to all stages of ER. Recent studies indicate that individual difference factors (e.g., personality; Eldesouky & English, 2018a) are important for predicting ER goals across

various stages. Furthermore, studies have also shown that people differ in the extent to which they typically pursue various ER goals (e.g., English et al., 2017; Kalokerinos et al., 2017). In the second half of this paper, we call for the increased application an individual difference approach to the study of ER goals. This approach involves considering individual difference factors (e.g., personality) when examining ER goals, as well as assessing individual differences in ER goals (e.g., chronic pursuit). We describe five directions for future research: (1) antecedents of ER goals, (2) consequences of ER goals, (3) ER goal stability, (4) changing ER goals, and (5) studying ER goals.

Antecedents of Emotion Regulation Goals

One important direction for future research is to evaluate individual difference antecedents of ER goals. One example of an individual difference factor is personality traits. However, other individual difference factors could be important for predicting ER goals, such as early life experiences. The attachment style one forms with one's caregiver can influence the ER goals one pursues later in life. For example, individuals with high attachment anxiety view their coping resources as insufficient (e.g., Ein-Dor, Mikulincer, & Shaver, 2011; Karreman & Vingerhoets, 2012). As a result, these individuals might consider only a few strategies at the selection stage. Meanwhile, caregivers can also directly influence people's ER goals. Children often learn about ER from their caregivers (Eisenberg, Cumberland, & Spinrad, 1998), such as whether emotions are controllable (Ford et al., 2018) and which strategies one should use to regulate his or her emotions (Bariola, Hughes, & Gullone, 2012; Gunzenhauser, Fasche, Friedlmeier, & von Suchodoletz, 2014). Therefore, early life experiences can influence the strategies people consider wanting to use, and whether they will regulate their emotions at all.

Consequences of Emotion Regulation Goals

A second important direction for future research is to evaluate the short-term and long-term consequences of ER goals. As one might expect, chronically pursuing certain types of ER goals might be adaptive, while chronically pursuing other types of ER goals might be maladaptive. For instance, studies suggest that at the identification stage, chronically wanting to feel happy can actually make one feel less happy in the long-term (Gruber, Mauss, & Tamir, 2011; Mauss et al., 2011). However, the consequences of ER goals might still depend on the context. For example, psychologically healthier people want to experience emotions when they are most useful (Kim, Ford, Mauss, & Tamir, 2015). Therefore, it may be most adaptive in the long-term for people to regularly pursue a broad range of ER goals within each ER stage.

Emotion Regulation Goal Stability

A third important direction for future research is to gain a better understanding of ER goal stability across situations and over time. Daily ER studies have helped enhance our understanding of stability in ER goals across situations. For instance, they have shown that the reasons why people regulate their emotions (Eldesouky & English, 2018a; English et al., 2017), can fluctuate across situations. However, it could be useful to also examine how systematic these fluctuations are (i.e., ER flexibility; Aldao, Sheppes, & Gross, 2015). While people have a typical profile of ER goals, some individuals might often shift their ER goals across situations, while others might only pursue certain ER goals in select situations. In other words, some people might behave more in accordance with their typical ER goal profile than others, regardless of the situation.

In addition to further examining ER goal stability across situations, it will also be critical to examine ER stability over time. The literature on personality development typically investigates two forms of stability: mean-level change, the normative change people experience

as they grow older, and rank-order consistency, how individuals rank relative to one another (Roberts, Walton, & Viechtbauer, 2006). Both forms of stability are important for understanding how ER goals change across the lifespan. For instance, most people might increase in their desire to feel positively as they grow older (e.g., Schiebe et al., 2013), reflecting a mean-level change. However, Person A might always be higher in their desire to feel positively than Person B, reflecting rank-order consistency.

Changing Emotion Regulation Goals

A fourth important direction for future research is better understanding the malleability of ER goals. Thus far, most interventions target the strategies people typically use (e.g., Cehaijć-Clancy, Goldenberg, Gross, & Halperin, 2016; Gratz, Weiss, & Tull, 2015). However, recent studies suggest that interventions could also be useful for targeting ER goals. Relative to healthy controls, patients with MDD (Major Depressive Disorder) prefer to feel negative emotions (e.g., sadness; Millgram et al., 2015) and are less likely to down-regulate them (Millgram, Joormann, Huppert, Lampert, & Tamir, 2018); but see Thompson, Kircanski, and Gotlib (2016). These studies indirectly suggest that chronically wanting to feel negative emotions may put individuals at greater risk for MDD. Therefore, one potential area of intervention may be to target the likelihood that people will regulate a negative emotion when they experience it.

Importantly, studies on ER goal stability can also help inform our understanding of how to effectively change ER goals. Some ER goals are less stable across situations and individuals than others. This has important implications for how easy or difficult it may be to change certain ER goals via interventions. For example, given that social goals are less stable across situations than hedonic goals (Eldesouky & English, 2018a), it may be easier to change the social reasons why people regulate, rather than the hedonic reasons. As another example, an ER goal with low

rank-order consistency over time may indicate that it is less stable across individuals and thus, easier to change via interventions.

Studying Emotion Regulation Goals

A fifth important direction for future research is to expand the measures and study designs used to examine individual differences in ER goals. While manipulating ER goals in experiments can help us understand basic processes (e.g., Tamir et al., 2019), they limit our understanding of how people naturally regulate their emotions. When assessing people's spontaneous ER goals, researchers typically use global self-reports and daily self-reports (e.g., Brans, Koval, Verduyn, Lim, & Kuppens, 2013; Kalokerinos et al., 2017). However, researchers could expand on self-report measures by collecting informant-reports (e.g., ratings from friends, romantic partners), potentially providing a more reliable assessment of individual differences (Vazire, 2006). However, we recognize that internal characteristics such as goals may be challenging for informants to accurately report on (Vazire, 2010). Thus, it may be easier for informants to report on more observable ER goals (e.g., the desire to use certain ER strategies), rather than less observable ER goals (e.g., desired emotion states). It will also be important to use diverse study designs to better understand how ER goals operate. Longitudinal designs are critical for answering key questions about ER goals, such as how stable they are. In addition, experimental designs will be useful for isolating antecedents and consequences of ER goals. For example, Southward et al. (2018) tested whether the Big Five personality traits predicts the range of ER strategies people want to use during a performance task.

Conclusion

Goals are fundamental to the entire ER process, affecting each stage of ER. In this paper, first we used the extended process model to organize ER goals. In particular, we proposed that

different types of goals are pursued at each stage of ER, but that these goals are still part of a larger goal hierarchy, activating subsequent stages of ER. We also described the basic processes that occur at each ER goal stage. Next, we argued for the importance of taking an individual difference approach to studying ER goals, given systematic individual differences in ER goals and the role of individual difference factors in predicting ER goals. In doing so, we identified five important directions for future research.

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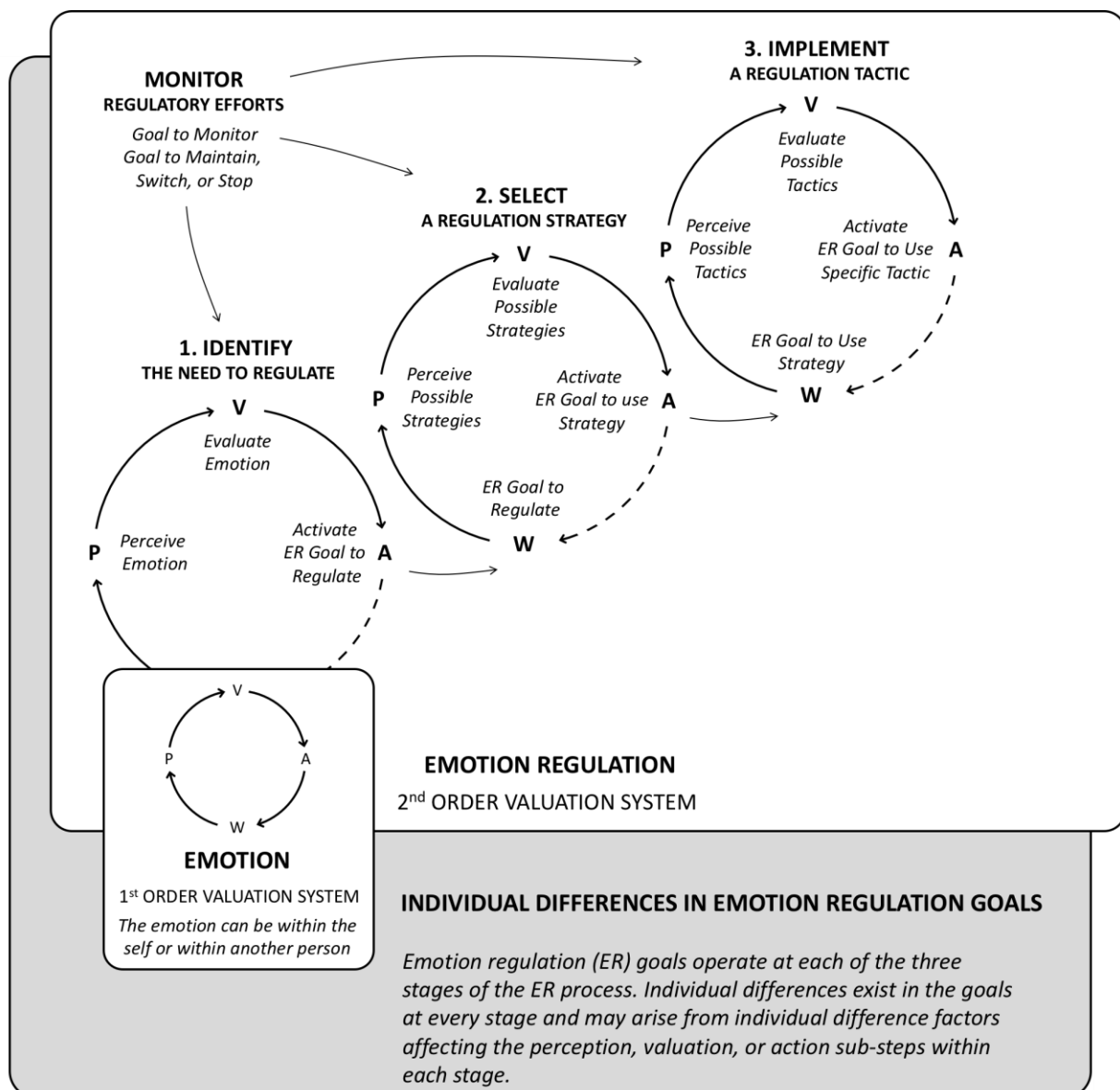


Figure 1. This figure illustrates the extended process model of emotion regulation. Emotion (a 1st order valuation system) gives rise to emotion regulation (ER; a 2nd order valuation system). ER entails three stages: identification, selection, and implementation. Distinct goals operate at each of these stages and are constantly monitored. [Figure adapted from Ford, B. Q. & Gross, J. J. (2018). Emotion regulation: Why beliefs matter. *Canadian Psychology*, 59, 1-15, and modified to highlight individual differences in ER goals.]