

MEASURING INDIVIDUAL DIFFERENCES IN EMOTION REGULATION: THE EMOTION REGULATION PROFILE-REVISED (ERP-R)

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The main purpose of this study was to validate a new instrument aimed to assess emotion regulation: the Emotion Regulation Profile-Revised (ERP-R). Exploratory factor analyses yielded two theoretically meaningful factors: down-regulation of negative emotions and up-regulation of positive emotions. Internal reliability scores of the two factors were good. Findings showed evidence of convergent/discriminant validity, with ERP-R scores being independent of non verbal reasoning and verbal skills while positively related to emotional intelligence and to relevant personality dimensions. There was also preliminary evidence of criterion validity. ERP-R scores also demonstrated incremental validity to predict a number of criteria over and above emotional intelligence and emotional stability. Overall, the results show a clear 2 factors solution for the ERP-R and high correlations with convergent and divergent scales as well as good criterion and incremental validities.

Introduction

As more and more evidence suggests, emotions do not only colour people's lives, but are absolutely essential to their survival and adaptation (Cosmides & Tooby, 2000). For instance, emotions facilitate the detection of threatening stimuli (e.g., Öhman, Flykt, & Esteves, 2001), prepare the organism for specific behavioural responses (Frijda, 1986), enhance memory for significant events (Luminet & Curci, 2009; Phelps, 2006), increase the speed and accuracy of decision-making processes (see Bechara & Damasio, 2005), and guide social interactions (Keltner & Kring, 1998). Although emotions are very efficient systems, they are nevertheless very old devices. While emotions were fully adjusted to the life of our Pleistocene ancestors, they are not quite adapted to the life of modern humans (Gross, 2007; Mikolajczak, 2009). For instance, getting nervous and angry in traffic jams is totally useless. According to Gross and Thompson (2007), emotions become dysfunctional when

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they are of the wrong type, when they come at the wrong time, or when they occur at the wrong intensity level. In these cases, emotions must be regulated. The two most common circumstances in which people regulate their emotions are (1) when their emotions impede goal achievement and (2) when their emotions do not match with the group's emotional display rules. Emotional regulation (ER) refers to the processes through which individuals influence which emotions they have, when they have them, and how they experience or express these emotions (Gross, 1998). ER includes a wide range of automatic and controlled physiological, behavioural, and cognitive processes (Gross, 2001).

Though emotion regulation in everyday life predominantly involves the down-regulation of negative emotions, most individuals also attempt to regulate their positive emotions (Gross, Richards, & John, 2006). Positive emotions can be (1) down-regulated (e.g., when we try to decrease love for a colleague who is married), (2) maintained (e.g., when we engage in social sharing in order to prolong the effects of a positive event), and (3) up-regulated, such as when we try to enjoy a long planned vacation despite disappointing weather, food, and housing (Mikolajczak, 2009).

Despite the paucity of research on the topic, the ability to maintain and up-regulate positive emotions is of particular relevance for well-being and human flourishing (Tugade & Fredrickson, 2007). Indeed, positive emotions broaden the scopes of attention and cognition, thereby facilitating the building of personal resources and initiating upward spirals toward increasing emotional well-being (Fredrickson, 2001; Fredrickson & Branigan, 2005). Numerous studies show that positive affect engenders success across multiple life domains, including marriage, friendship, income, work performance, and health (for a review see Lyubomirsky, King, & Diener, 2005).

The ability to adequately regulate one's emotions (down-regulate negatives ones, up-regulate positive ones) is of great importance (Cicchetti, Ackerman, & Izard, 1995; Thompson, 1991). Efficient ER is indeed crucial for mental health (e.g., Gross & Levenson, 1997; Watkins & Brown, 2002), physical health (e.g., Suls & Wan, 1993; Suls, Wan, & Costa, 1995), social relationships (e.g., Lopes, Salovey, Côté, & Beers, 2005) and work performance (e.g., Leroy & Grégoire, 2007; Quoidbach & Hansenne, 2009), to name the most significant outcomes. Notwithstanding the importance of ER, individuals highly differ in their ability to regulate their emotions. People who cannot manage their emotions are at risk for mental disorders (e.g., depression, generalised anxiety disorder), physical illnesses (e.g., psychosomatic diseases such as migraines or cardiovascular diseases), or social relationships problems.

The above-mentioned literature leads to three major points: (1) emotion regulation has a major impact on the most important domains of life, (2) there

has been an increasing interest in ER research, with the number of studies growing exponentially each year (see Gross, 2007), and (3) there is a lack of instruments measuring regulation of positive emotions and *individual differences in ER*. The need to be able to measure individual differences in this field could be interesting for both research and clinical fields. For instance, from a clinical point of view, it is important to know which ER strategy is employed by an individual to establish his/her ER profile. The development of the Emotion Regulation Profile-Revised (ERP-R) is based on these three elements. The ERP-R is a revision and an extension of a previous unpublished version called Emotional Regulation Profile-Questionnaire (ERP-R; Quoidbach, Nelis, Mikolajczak, & Hansenne, 2007) that did not include the regulation of positive emotions.

The ERP-R (see Appendix) is a vignette-based measure developed in French. It comprises 15 scenarii describing different types of emotion-eliciting situations. Each scenario features a specific emotion (e.g., anger, sadness, fear, jealousy, shame, guilt, joy, contentment, awe, gratitude, pride) and is followed by eight possible reactions: four considered as adaptive in the literature and four viewed as maladaptive (see below for a detailed presentation of the strategies). Respondents are required to select, for each scenario, the strategy(ies) that best describe their most likely reactions in the situation.

Compared with existing ER instruments, the ERP-R presents several advantages. First, most ER measures provide a very general idea of an individual's level of ER competence (they provide a global ER score) but fail to indicate which strategies people use to achieve those scores. This problem is well represented in Emotional Intelligence tests or ER-related dimensions of personality tests (i.e., neuroticism). Those tests comprise ER as a core dimension but they provide only a very general idea of one's ER competence. This may be sufficient in selection settings but might not be detailed enough in clinical settings where therapists are often interested in determining which strategies people use to (mis)regulate their emotions. The ERP-R, on the other hand, provides a detailed emotion regulation profile of the individual. Namely, the ERP-R not only provides information about how a person regulates his/her emotions, but it also highlights the regulation strategies used. Second, the items of most existing ER measures are very general ("*I am usually able to regulate my emotions*"), and are therefore difficult to answer for some people who have to aggregate their emotion regulation abilities across a wide range of situations. This is the reason why the ERP-R is a vignette-based instrument. Third, contrary to the two existing ER vignette-based measures (i.e., Freudenthaler & Neubauer's Emotion Management Abilities test, 2007; Mayer, Salovey & Caruso's Emotional Intelligence Test, 2002) in which the functional-dysfunctional nature of the strategies are based on consensus, the functional-dysfunctional nature of the ERP-R strategies is deter-

mined according to the empirical evidence available in the literature. In the consensus scoring method, the correct answer is the answer that has been most frequently chosen. If among four responses, 70% of individuals choose the response “a”, any respondent who chooses “a” will be credited by 0.70 point. If the respondent selects an answer that has been chosen by only 45% of people, s/he will be credited by 0.45 point. This method of scoring is highly problematic when it is applied to complex problems for which, by definition, only a small number of individuals can give the correct answer. Tests based on consensus scoring can thus hardly discriminate between “ER geniuses” and “ER dummies”. Moreover, research has shown that popular beliefs cannot be relied upon to identify effective strategies (see Loewenstein, 2007). Accordingly, strategies presented in the ERP-R have been chosen on an empirical basis. Functional strategies were deemed as such because they were repeatedly found to be associated with a decrease of physiological activation in experimental studies and/or with positive indicators of mental/somatic health in clinical studies. Dysfunctional strategies were deemed as such because they were repeatedly found to be associated with an increase of physiological activation in experimental studies and/or with negative indicators of mental/somatic health in clinical studies. Finally, most ER instruments target only the down-regulation of negative emotions except the MSCEIT (the Mayer-Salovey-Caruso Emotional Intelligence Test; Mayer et al., 2002) and the EMA (the Emotion Management Abilities; Freudenthaler & Neubauer, 2007). This is surprising as there are four forms of ER: down-regulation of negative emotions, down-regulation of positive emotions, up-regulation of negative emotions, and up-regulation of positive emotions (Gross, 2007). As shown by Gross et al. (2006) the first and the last forms are by far the most frequent ones. Among these, the down-regulation of negative emotions is the most common. The second most frequent form of emotional regulation relates to the maintenance or increase of positive emotions. Given that both the down-regulation of negative emotions and the maintenance or up-regulation of positive emotions predict adaptation, ER measures should at least comprise these two dimensions. Thus, ERP-R evaluates these two forms of regulation.

Nine scenarii evaluate the down-regulation of negative emotions and six measure the up-regulation of positive emotions. We have created two scenarii for the three primary and basic negative emotions (anger, sadness, and fear) and one for the secondary emotions (shame, guilt, and jealousy). The positive scenarii feature six main positive emotions: joy, excitement, pride, gratitude, contentment, and awe. For each scenario, eight reactions are proposed: four adaptive and four maladaptive.

For the negative scenarii, eight distinct regulation strategies are proposed. Those strategies were selected based on literature review on emotion regulation from 1995 to 2008. The examination of these different strategies leads us

to aggregate similar ones, resulting in eight broad categories of emotion regulation strategies (four functional, four dysfunctional). The functional strategies are situation modification, attention reorientation, positive reappraisal, and emotion expression. The dysfunctional strategies are learned helplessness, substance abuse, rumination, and acting out. These strategies are detailed hereafter. Even if some of these strategies could be considered as symptoms of various mental disorders (e.g., mental rumination), the core characteristic is the ability to use them in an acute emotional context to improve (or not) well-being. The idea is not to solve a chronic problem. Functional strategies when used in difficult circumstances can help to get back on one's feet and thus are beneficial in maintaining mental health, physical health, quality of social relationships and job performance. By contrast, dysfunctional strategies are those which in difficult situations create a negative spiral and can damage mental health, physical health, quality of social relationships and job performance. None of the dysfunctional strategies represent a disorder in itself, even if they may all lead to such disorders in the long run. For instance, repeated rumination can lead to depression, alcohol abuse can lead to alcoholism, repeated acting out can lead to antisocial behaviour disorder, etc. The reason we selected these strategies rather than other ones is that they are highly predictive of important outcomes in terms of mental health, physical health, and social functioning. Note that these strategies are mediators between the "difficult circumstances" and the outcomes, not outcomes in themselves. For example, repeated rumination associated with other depressive symptoms can lead to depression, but using rumination as an ER strategy to cope with a current situation cannot lead to depression. A person who ruminates but that also uses functional strategies or benefits from a good social support will not necessarily fall into depression. Rumination is therefore an element of vulnerability, but not the pathology in itself.

Situation modification encompasses the strategies aimed at modifying the situation so as to change its emotional load (Folkman & Lazarus, 1980; Gross, 1998; Gross & John, 2003). There are two kinds of such strategies: direct methods, which involve taking some practical actions that influence the situation directly (e.g., fixing the broken car; rehearsing one's talk), and indirect methods in which the intervention of a third person is required (e.g., asking a colleague for some help as a means of finishing a report by the deadline, or asking a stranger to put out his cigarette in order to avoid second-hand smoke; see Mikolajczak, 2009). Taking steps in order to modify an emotion-eliciting situation is associated with increased well-being (Billings & Moos, 1981) and better health outcomes (see Penley, Tomaka, & Wiebe, 2002 for a meta-analysis). Moreover, this strategy has been associated with better work performance, both in academic (Struthers, Perry, & Menec, 2000) and organisational (Lee, Ashford, & Jamieson, 1993) settings.

Attention reorientation involves altering how we feel by modifying our attentional focus (Gross, 1998; Nolen-Hoeksema & Morrow, 1993). Attention reorientation may be internal (e.g., thinking about a happy memory, imagining the upcoming holidays) or external (engaging in some pleasurable activity such as listening to music, surfing the web, etc.) (Mikolajczak, 2009). Attention reorientation has been found efficient to decrease negative emotions in emotional situations (e.g., Nolen-Hoeksema & Morrow, 1993; Trask & Sigmon, 1999).

Positive reappraisal involves changing the way we think about the situation (e.g., searching for the silver lining) so as to decrease its emotional impact (Gross, 2001). In the short term, the use of positive reappraisal decreases the subjective intensity of negative emotion (e.g., Gross, 1998). In the long-term, the use of this strategy has been associated with positive outcomes in terms of affective (e.g., Carver, Scheier, & Weintraub, 1989) and social functioning (Gross & John, 2003). Reappraisal has also been found to predict better academic performance (Leroy & Grégoire, 2007).

Emotion expression involves sharing one's emotions with others (Rimé, 2007). Note that the reason why sharing one's emotions is beneficial is not attributable to any catharsis effect (i.e., getting it off one's chest) – as it has long been thought – but to several indirect effects such as the construction or reinforcement of social bonds, the transference of affection and warmth, the expression of esteem, the assistance received in situation modification, and the aid in cognitive reappraisal and in attention reorientation (see Rimé, 2007 for a review). Emotion expression has been associated with improved adjustment in terms of both psychological and physical health (Berry & Pennebaker, 1993; Stanton, Danoff-Burg, Cameron, Bishop, Collins, Kirk et al., 2000).

Learned helplessness involves a passive behaviour accompanied by a feeling of powerlessness. Individuals believe that they are unable to do anything in order to deal with the negative event and consequently do not take any steps to modify it. This strategy is positively related to depression (e.g., Abramson, Seligman, & Teasdale, 1978; Mikulincer, Glaubman, Ben-Artzi, & Grossman, 1991).

Rumination refers to focusing on the feelings and thoughts associated with negative events (Garnefski, Kraaij, & Spinhoven, 2001). Rumination increases the duration and intensity of negative emotions (Bushman, 2002; Morrow & Nolen-Hoeksema, 1990) and predicts the onset, number, and duration of depressive episodes over a 2.5 years follow-up of initially non-depressed individuals (Robinson & Alloy, 2003). Rumination has also been found to impair task performance (Watkins & Brown, 2002).

Substance abuse involves abusing alcohol, anxiolytics, or drugs (e.g., marijuana) in order to avoid or escape an adverse event or its emotional con-

sequences. This technique will suppress negative thoughts and emotions temporarily. In addition, this strategy has an impact on the physiological aspect by allowing the body to relax. Although moderate alcohol consumption can have health benefits (for a review, see Baum-Baicker, 1985), alcohol used as a regulation strategy (and thus abused) is associated with poor outcomes in terms of mental and physical health (e.g., Single, Rehm, Robson, & Van Truong, 2000). Anxiolytics can affect alertness, judgment, motor skills, and other cognitive abilities (Aronoff, Erdil, & Hartenbaum, 2005). Marijuana enhances well-being in the short term but at the cost of a drop in cognitive and motor efficiency (see Hall & Solowij, 1998 for a review).

Acting out constitutes an attempt to reduce the emotion by giving way to the action tendency dictated by the emotion: aggression in the case of anger, withdrawal in the case of shame, etc. This strategy is deleterious when it comes to emotion regulation. For instance, physical or verbal aggression leads to exaggerated cardiovascular reactivity in response to provocative stressors (Suls & Wan, 1993), and increases the possibility of developing coronary-heart disease (see Miller, Smith, Turner, Guijaro, & Hallet, 1996 for a meta-analysis).

Regarding positive scenarii, we reviewed the positive emotion regulation literature between 1995 and 2008. This investigation yields different regulation strategies that we aggregated – similarly to negative ones – into eight broad categories: four adaptive (i.e., behavioural display of positive emotions, mindfully savouring the moment, capitalisation, and positive mental time travel) and four maladaptive (i.e., inhibition of emotion expression, fault finding, inattention, and external attribution/nostalgia).

Behavioural display refers to fully expressing one's positive emotions with non verbal behaviours. Evidence for the efficiency of this strategy is provided by many studies showing that the facial expression of emotion may play a causal role in the subjective experience of emotion (Adelmann & Zajonc, 1989). For example, Strack, Martin, and Stepper (1988) found that subjects holding a pen in their mouth in ways that either inhibited or facilitated the muscles typically associated with smiling reported more intense pleasure under facilitating conditions than under inhibiting conditions. Similarly, a pilot trial showed that inhibiting the expression of facial frowning (commonly associated with depression) through Botox injections diminished depressive symptoms (Finzi & Wasserman, 2006).

Savouring the present moment consists in deliberately directing awareness and attention to one's present pleasant experiences (Bryant, 1989). It has been associated with subjective well-being at all ages (Meehan, Durlak, & Bryant, 1993). The ability to savour is positively correlated with optimism, internal locus of control, self-control behaviours, life satisfaction, and self-esteem as well as negatively correlated with hopelessness and depression

(Bryant, 2003). Moreover, mindfulness meditative practices, which emphasise directing awareness to the present moment, are associated with numerous positive outcomes such as enhanced subjective quality of life (Shapiro, Astin, Bishop, & Cordova, 2005; Surawy, Roberts, & Silver, 2005), lowered stress (Kabat-Zinn, Massion, Kristeller, Peterson, Fletcher, Pbert et al., 1992; Shapiro, Schwartz, & Bonner, 1998), and improved health (for review see Grossman, Niemann, Schmidt, & Walach, 2004).

Capitalising refers to communicating and celebrating positive events with other people (Langston, 1994). Studies have shown that capitalising is associated with increased daily positive affect and well-being, above and beyond the impact of the positive event itself and other daily events (Gable, Reis, Impett, & Asher, 2004; Langston, 1994). Moreover, the wider the net of sharing, the greater the benefits reaped (Gable, et al., 2004). Finally, the expression of positive emotions has also been related to health. Labott, Ahleman, Wolever, and Martin (1990) found that when participants watched a happy video their immune system showed increased activity, but only when they had been instructed to express their emotions.

Positive Mental Time Travel refers to engaging in vivid positive reminiscence or anticipation of positive events (see e.g., Quoidbach, Hansenne, & Mottet, 2008; Suddendorf & Corballis, 2007). Indeed, both correlational and experimental studies have showed that the frequency of positive reminiscing predicts happiness and well-being (Bryant, Smart, & King, 2005; Havighurst & Glasser, 1972; Lyubomirsky, Sousa, & Dickerhoof, 2006). On the other hand, imagining future positive events has also be found to be related to numerous positive outcomes such as subjective well-being and social network size (MacLeod & Conway, 2005), and reduced depressive symptoms (e.g., MacLeod & Salaminiou, 2001). In a recent study, Quoidbach, Wood, and Hansenne (2009) reported that participants who engaged in positive anticipation of future personal events daily for two weeks using vivid cognitive imagery reported a significant increase in happiness over 15 days.

Unfortunately, individuals also engage in maladaptive up-regulation strategies (Feldman, Joormann, & Johnson, 2008; Wood, Heimpel, & Michela, 2003). Based on the above mentioned literature as well as qualitative interviews, the ERP-R distinguishes four maladaptive strategies, which to a large extent are the opposite of the positive ones.

Inhibition of emotion expression refers to the tendency to suppress one's positive emotions for diverse reasons such as shyness, modesty, or fear. Gross and Levenson (1997) showed that the expressive suppression of positive emotions bears physiological costs and leads to a decrease in subjective positive experience (while the suppression of negative emotions also bears costs but does not lead to a decrease in the corresponding subjective negative experience). Gross and John (2003) further showed that the tendency to suppress

negative and positive emotions alike leads to less trait positive affectivity and more trait negative affectivity, poorer social support, more depression, and lower life satisfaction and psychological well-being.

Inattention refers to the tendency to engage in activities and thoughts unrelated or detrimental to the ongoing positive event (e.g., worries, uncompleted tasks). Whether during a positive or a negative event, the tendency to worry consistently has the same deleterious effects: it increases anxious and depressive affect (Borkovec, Alcaine, & Behar, 2004), and is associated with increased cardiovascular, neuroendocrine and neurovisceral activity (Brosschot, Gerin, & Thayer, 2006).

Fault finding can also be opposed to a certain extent to savouring the present moment. This strategy relates to a maladaptive focus of attention towards what could have been better or to negative elements in positive situations. Aside from “pure” negative thinking, which is known to be an important characteristic in depression (e.g., Teasdale, 1983), the simple desire to maximise situations has been found to correlate negatively with happiness, optimism, self-esteem, and life satisfaction (Schwartz, Ward, Monterosso, Lyubomirsky, White, & Lehman, 2002).

Negative Mental Time travel encompasses negative reminiscence such as reflecting on the causes of a positive event with an emphasis on external attribution (e.g., “I got an A because the exam was really easy”) and negative anticipation of its future consequences (e.g., “These positive feelings won’t last”). This strategy has been associated with lower self-esteem, greater rumination, and greater depressive symptoms (Feldman et al., 2008). Moreover, external attributions of success have been extensively found to be associated with depression (see Sweeney, Anderson, & Bailey, 1986 for a meta-analysis).

Respondents are allowed to select as many reactions as they want as long as they accurately reflect their typical behaviour in the kind of situation described. This instruction is formulated to avoid a forced-choice between different strategies since individuals can usually use several strategies. Respondents are credited by 1 point per functional strategy selected and by -1 point per dysfunctional one. The ERP-R provides a total score and one score for each of the two factors (down-regulation of negative emotions and up-regulation of positive emotions) as well as specific scores representing the use of each regulation strategy.

Overview

The present study attempts to reduce the limitations of existing ER measures. The aim was the development and the validation of an ER measure that assesses the effectiveness of an individual’s typical behaviour in emotional

situations more directly than existing measures that tend to assess the individual's knowledge of how to behave, and not their actual emotional management ability *per se*. First and foremost, we will look at the internal consistency and factor structure of the ERP-R. Next, we will focus on the ERP-R discriminant and convergent validities with regard to indicators of cognitive ability (i.e., non verbal reasoning and verbal skills), trait emotional intelligence, the five-factor model of personality, and cognitive emotion regulation. The liability of ERP-R responses to social desirability will also be examined. Subsequently, we will assess the criterion validity of the ERP-R regarding state affectivity, mental and physical health, propensity to experience various discrete emotions, tendency to experience worry, social support, job satisfaction, and performance. Finally, the incremental validity of the ERP-R over and above emotional intelligence and the big five personality factors will be investigated.

Method

Participants and procedure

Four hundred eighty-one students (360 woman and 121 men) voluntarily completed questionnaires during a Psychology class. The mean age for the sample was 19.5 years ($SD = 2.36$ years). The whole sample completed the ERP-R along with one or several other measures (during the same or separate sessions). All participants live in Belgium. Participants were recruited to include only French native speakers. The present data came from six samples, and included students in their first two years of university. Participants completed the questionnaires on a paper and pencil form. Responses were anonymous as participants identified themselves with codes. To test if there is a relationship between the ERP-R and work, an additional sample of twenty managers (18 males and 2 females; mean age: 42.40 ± 8.37 years) completed the ERP-R and a measure of job performance. It was not possible for this sample to complete other measures given the length of the testing. The results below involve either one or several samples (depending on the relationships under investigation). The sample size for each measure is indicated in Table 3.

Measures

Emotion Regulation was appraised through the ERP-R described in the introduction (see Appendix).

Non verbal reasoning was evaluated by means of Raven's *Advanced Progressive Matrices* Test (Raven, 1976), which is one of the most robust meas-

ures of general cognitive ability (i.e., supra-ordinate factor “g”; Spearman, 1927). This test consists of 36 problem-series and is independent from language and formal schooling. Each problem consists of 9 figures (arranged as a square) with a missing piece. Below the problem are eight alternative pieces to complete the figure, only one of which is correct. Each set involves a different principle for obtaining the missing piece, and problems are roughly arranged in increasing order of difficulty.

Verbal skills were evaluated using the Mill Hill vocabulary test (Raven, 1943; French translation: Deltour, 1993). The subject must choose among six words which one is the synonym of a target. It comprises 32 target items. Items are arranged in increasing order of difficulty.

Trait emotional intelligence was measured through the French version of the Trait Emotional Intelligence Questionnaire (TEIQue; Petrides & Furnham, 2003; for the psychometric properties of the French adaptation, see Mikolajczak, Luminet, Leroy, & Roy, 2007). The TEIQue ($\alpha = .94$) consists of 153 items responded to on a 7-point scale (from “strongly agree” to “strongly disagree”). It provides scores for 15 subscales, four factors (*well-being*, *self-control*, *emotionality*, and *sociability*) and global trait EI. The 15 subscales of the TEIQue show good internal consistency with scale reliabilities ranging from .70 (self-esteem) to .91 (well-being).

Personality was appraised through the “Description in Five Dimensions” system (D5D, Rolland & Mogenet, 2001), which is a widely used French personality inventory based on the Five Factor Model (FFM; Costa & McCrae, 1992a). This questionnaire assesses the big five dimensions of emotional stability, introversion, openness, conscientiousness, and agreeableness through 55 adjectives (e.g., nervous, reserved, cultivated, compassionate, tidy) rated along a 6-point scale (-3 = does not describe me at all, +3 = describes me perfectly). The D5D factors show good internal consistency with scale reliabilities ranging from .71 (Openness to Experience) to .84 (Conscientiousness).

Cognitive emotion regulation was assessed using the Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski et al., 2001; French validation by Jermann, Van der Linden, d’Acremont, & Zermatten, 2006). The CERQ contains 36 items rated on a 5-point Likert scale (from “almost never” to “almost always”) and measures regulation of negative emotions only. The scale assesses the use of nine coping strategies: acceptance, refocus on planning, positive refocus, positive reappraisal, putting the problem into perspective (these five strategies form an “adaptive cognitive regulation” factor), self-blame, others-blame, rumination and catastrophisation (these four strategies form a “maladaptive cognitive regulation” factor). Internal reliability scores for the subscales range from .68 to .87 (Jermann et al., 2006).

Social desirability, which refers to a tendency to present oneself in an overly positive manner, was evaluated using the Marlowe-Crowne Social

Desirability Scale (Crowne & Marlowe, 1960; French translation: Blais & Lachance, 1992). It consists of 30 items rated on a dichotomous scale (true/false). The reliability of the scale is moderately good ($\alpha = .67$; Mikolajczak et al., 2007).

Positive and negative state affectivity were assessed through the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988; French translation: Gaudreau, 2000). The PANAS is currently the most widely used measure of affectivity. It consists of 20 adjectives rated along 5-point scales, of which 10 assess positive affectivity (PA) and 10 assess negative affectivity (NA). It should be noted that the focus here was on state (current) rather than trait (general) affectivity. Cronbach's coefficients of internal consistency of the positive affect ($\alpha = .90$) and negative affect ($\alpha = .80$) are high (Gaudreau, Sanchez, & Blondin, 2006).

Mental health was evaluated via the Brief Symptom Inventory (BSI, Derogatis & Melisaratos, 1983; French adaptation by Dreyfus & Guelfi, unpublished). The BSI is a 53-items version of Symptom Checklist-90 (SCL-90-R; Derogatis, 1975, 1977). This measure encompasses nine dimensions: anxiety, depression, somatisation, obsessive-compulsive disorder, phobias, hostility, interpersonal sensitivity, paranoia, and psychotic symptoms. Respondents indicate on a 5-point scale ranging from 0 (not at all) to 4 (extremely) how much they experienced each symptom over the past seven days. The reliability of the BSI is excellent ($\alpha = .86$).

Physical health was assessed through the Physical Inventory of Limbic Languidness (PILL; Pennebaker, 1982), which is a list of 54 physical symptoms and bodily sensations. Participants are required to rate items on a 5-point scale (*never or nearly never / 3 or 4 times a year / about every month / about every week / more than once a week*). The global "somatic complaints" score is highly reliable ($\alpha = .90$; Mikolajczak, Luminet, & Menil, 2006).

The tendency for excessive and uncontrollable worry was assessed via the Penn State Worry Questionnaire (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990; French version: Gosselin, Dugas, Ladouceur, & Freeston, 2001). The PSWQ is a commonly used trait measure of anxiety intended to assess a person's overall tendency to experience worry. The PSWQ is a 16-item self-report scale. The items are scored using a 5-point Likert scale, anchored by "not at all typical" (for me) and "very typical" (for me). The French translation shows very good internal consistency ($\alpha = .92$) and excellent convergent validity with other measures of worry and anxiety (Gosselin et al., 2001).

Relationship quality was evaluated via a measure created for the purpose of the present study, and inspired by the Network of Relationships Inventory (NRI; Furman & Buhrmester, 1992). Our measure appraises relationship quality through five dimensions: nurturance (5 items, e.g., "to what extent do you help X for things that s/he cannot do by her/himself"), intimacy (4 items,

e.g., “to what extent do you share secrets and feelings with *X*”), conflict (4 items, e.g., “to what extent do you argue with *X* when you disagree with him/her”), self-respect in the relationship (3 items, e.g., “to what extent do you feel respected in the relationship with *X*”) and respect of others in the relationship (4 items, e.g., “to what extent do you accept that *X* may have opinions, habits, and projects different from yours”). Thus, there were 20 items in total, which had to be answered six times, concerning participants’ partner, best friend, friend, most important sibling, father, and mother, respectively. All items were rated on a 5-point Likert scale (1 = little or none to 5 = the most). The alpha of the global relationship quality score was .74 in the present study.

The propensity to experience various discrete emotions was assessed via the Quoidbach’s Emotional Style Test (QuEST; Mikolajczak, Nelis, Hansenne, & Quoidbach, 2008). The QuEST comprises 47 items responded to on a 5-point scale (1: absolutely false to 5: absolutely true) which measure the propensity to experience seven discrete emotions: joy ($\alpha = .75$), anger ($\alpha = .84$), sadness ($\alpha = .83$), fear ($\alpha = .67$), envy ($\alpha = .76$), shame ($\alpha = .76$) and disgust ($\alpha = .65$). The factorial structure of the questionnaire is excellent and so is the convergent/discriminant/predictive validity (Mikolajczak et al., 2008).

Happiness was assessed using the Subjective Happiness Scale (Lyubomirsky & Lepper, 1999). The measure is composed of 4 items scored on a 7-point Likert-type scale (from 1 = less happy to 7 = more happy). The internal consistency in our sample was good with a Cronbach’s alpha (α) of .85.

Job performance was assessed via a measure created for the purpose of the present study and inspired by the Leadership Architect (Lombardo & Eichinger, 2000). This measure is a self-evaluation of managerial competencies. It consists of 14 items rated on 10-point Likert-type scales ranging from 1 (not competent at all) to 10 (fully competent). These items evaluate different managerial skills such as autonomy, motivation, and team spirit. Two additional items assess overall performance (“in general, how competent are you in your work?” and “overall, how competent are you to achieve what is expected from you?”). The alpha of the global score was .87.

Results

Factor structure

Three hundred and twenty students completed the ERP-R for factorial structure validation. Participants’ scores on each item (scenario) were subjected to principal component analysis. The Scree plot and Kaiser’s eigenvalue extrac-

tion criteria suggested the presence of three factors (the eigenvalues were respectively: 4.652, 2.040, and 1.039). We applied Parallel Analysis (PA) to our data set, a method which is currently considered the most reliable procedure to determine the correct number of factors (see Zwick & Velicer, 1986 for a comparison of factor retention decision methods, and Hayton, Allen, & Scarpello, 2004 for methodological issues in PA). The eigenvalues and standard deviations generated from completely random data (and necessary to perform PA) were obtained through the “Marley Watkins Monte Carlo PCA for Parallel Analysis” program (Watkins, 2002) using the following parameters: 15 variables (scenarii), 320 participants, 1000 replications. We then compared our observed eigenvalues to the 95th percentile of the eigenvalues generated from these random data, in order to reject factors that are most certainly artificial (at $p < .05$). Results suggested to consider only 2 factors. A two-factor solution was found by using the PROMAX algorithm ($\kappa = 4$). The factor pattern matrix is presented in Table 1. An item is judged to belong to a factor if its loading on this specific factor was $> .40$. If two items were or above $.40$, we allocated it to the factor with the highest saturation. The two factors were composed according to our theoretical expectations, and were thus labelled accordingly: “down-regulation of negative emotions” and “up-regulation of positive emotions”. This solution accounted for 42% of the total variance and the strength of the intercorrelations between factors ($r = .49$) was fully in line with our theoretical assumptions.

Table 1
Factor Pattern Matrix for the ERP-R items (Promax Principal Axis Factoring
Four-Factor Solution) ($N = 320$)

Scenarii	Down-regulation of negative emotions	Up-regulation of positive emotions
Scenario 1	.40	.10
Scenario 2	.25	.61
Scenario 3	.40	.21
Scenario 4	.50	.20
Scenario 5	.18	.51
Scenario 6	.47	.20
Scenario 7	.36	.65
Scenario 8	.73	.40
Scenario 9	.40	.64
Scenario 10	.69	.30
Scenario 11	.53	.41
Scenario 12	.18	.57
Scenario 13	.59	.23
Scenario 14	.29	.73
Scenario 15	.54	.49

Note. Factor Pattern Matrix: Coefficients that should theoretically define each factor are in boldface.

Internal consistency

The reliability of the global ERP-R score was good ($\alpha = .84$). The two factors *down regulation of negative emotions* and *up-regulation of positive emotions* also showed satisfactory internal consistencies (Cronbach α s were .83 and .79, respectively).

ERP-R and gender

Males scored significantly higher on the factor “*down regulation of negative emotions*” and on the global ERP-R score than women (see Table 2).

Table 2
Means and standard deviations for sex

	N		Means and SDs			Minimum		Maximum	
	Males	Females	Males	Females		Males	Females	Males	Females
ERP-R total score	116	298	18.965 (10.75)	16.339 (11.09)	$t(412) = -2.182^*$	-17	-14	42	46
Regulation of negative emotions	116	298	9.509 (7.67)	5.760 (7.40)	$t(412) = -4.519^{***}$	-24	-14	25	26
Regulation of positive emotions	116	298	9.964 (5.26)	10.869 (5.98)	$t(412) = 1.410$	-5	-7	22	23

*** $p \leq 0.001$; ** $p \leq 0.01$; * $p \leq 0.05$.

Discriminant validity with respect to cognitive ability (IQ)

Discriminant validity refers to the degree to which scores on a test do not correlate with (are “independent of” or “orthogonal to”) variables they are not supposed to correlate with, given the nature of the construct.

Neither the global ERP-R score nor any of its factors correlated with non verbal reasoning and verbal skills (see Table 3).

Convergent validity

Convergent validity refers to the degree to which scores on a test correlate with scores on another test that is believed to measure a closely related construct (i.e., the two tests should end up ranking people in pretty much the same way).

ERP-R and trait emotional intelligence

As shown in Table 3, the ERP-R was significantly positively correlated with trait emotional intelligence (global score and factors). This association seemed mostly attributable to the factor *down-regulation of negative emotions*.

ERP-R and the Five-Factor Model of personality (FFM)

The ERP-R (global score and the two factors) was positively associated with emotional stability and agreeableness. There was no correlation with extraversion, conscientiousness and openness (Table 3).

ERP-R and the Cognitive Emotion Regulation Questionnaire (CERQ)

The global ERP-R score was positively associated with the use of adaptive cognitive emotion regulation strategies (Table 3). The down-regulation of negative emotions was positively associated with the use of adaptive cognitive strategies and negatively associated with the use of maladaptive ones.

Susceptibility to socially desirable responding

Although the factor “*up-regulation of positive emotions*” shared no variance with social desirability, the factor “*down-regulation of negative emotions*” was negatively correlated with social desirability. Yet, the global ERP-R was not significantly affected by socially desirable responding (see Table 3).

Criterion validity

Criterion validity refers to the ability of a test to predict some criterion it should theoretically be able to predict. Criterion-related validity can either be concurrent or predictive. Concurrent validity refers to the correlation between the predictor and criterion scores obtained approximately at the same time. Predictive validity refers to the degree to which scores on a test predict future behaviour on a criterion variable.

ERP-R and positive and negative state affectivity

As shown in Table 3, the ERP-R is a significant predictor of positive state affect as measured by the PANAS administrated six weeks after the ERP-R. Surprisingly, this effect was driven by the “*down-regulation of negative emotions*” factor and not the “*up-regulation of positive emotions*” factor. Neither the global ERP-R score nor any of its factors predicted negative *state* affect.

ERP-R and mental health

The ERP-R was highly associated with mental health (see Table 3). Eight of the nine dimensions of the BSI were negatively correlated with the ERP-R. The dimension of the BSI that is the most highly associated with emotion regulation is hostility. At the factor level, regulation of both negative and positive emotions was a significant predictor of mental health.

ERP-R and somatic complaints

Emotion regulation was negatively correlated with somatic complaints (see Table 3).

ERP-R and the tendency to worry

As shown in Table 3, emotion regulation is a significant predictor of the tendency for less worry and less uncontrollable worry.

ERP-R and perceived social support

Emotion regulation showed significant relations with four of the five dimensions of social support, with the highest relationships showing up for conflict and nurturance and somewhat lower but still significant correlations with respect of others in the relationships and intimacy. The factor “*down-regulation of negative emotions*” was associated with dimensions of conflict, nurturance, and respect of others in the relationships. “*Up-regulation of positive emotions*” was only associated with nurturance and intimacy.

ERP-R and the propensity to experience various discrete emotions

As shown in Table 3, emotion regulation was positively related to the propensity to experience joy and negatively related to the propensity to experience sadness, envy, and shame. This association seemed mostly attributable to the factor “*down-emotion regulation of negative emotions*”, which was positively related to the propensity to experience joy and negatively related to experience sadness, fear, envy, and shame. The “*up-regulation of positive emotions*” was positively associated with joy and negatively associated with sadness.

ERP-R and happiness

Results in Table 3 show that the ERP-R total score and all subscores significantly correlate with subjective happiness.

ERP-R and job performance

Emotion regulation was positively related to performance (see Table 3). This association seemed entirely attributable to the factor “*down-regulation of negative emotions*”.

Table 3
Convergent, discriminant and criterion validity of the ERP-R

	N	Total ERP-R	Regulation of negative emotions	Regulation of positive emotions
Convergent/discriminant validity				
Cognitive ability				
Non-verbal reasoning	29	-.04	-.08	.02
Verbal skills	102	.03	-.03	.09
Trait IE	332	.48**	.57**	.18**
F1: Well-being	332	.52**	.53**	.30**
F2: Self-control	332	.40**	.54**	.07
F3: Emotionality	332	.25**	.23**	.17**
F4: Sociability	332	.29**	.39**	.07
Emotional stability	135	.43***	.41***	.30***
Introversion	135	-.03	-.01	-.03
Openness	135	.01	.04	-.06
Agreeableness	135	.26***	.23**	.21*
Conscientiousness	135	.09	.07	.06
Cognitive Emotion Regulation	46	.14	.11	.12
Cognitive Emotion Regulation factor 1	46	.34*	.38**	.17
Cognitive Emotion Regulation factor 2	46	-.16	-.24*	-.00
Social desirability	165	-.07	-.17*	.06
Criterion validity				
State positive affectivity	78	.25*	.23*	.18
State negative affectivity	78	-.20	-.18	-.13
Mental health	46	-.52**	-.45**	-.45**
Anxiety	46	-.40**	-.33*	-.35*
Depression	46	-.49**	-.36**	-.50**
Somatisation	46	-.22	-.20	-.19
Obsessive-compulsive disorder	46	-.42**	-.37**	-.36*
Phobias	46	-.39**	-.39**	-.29
Hostility	46	-.63**	-.52**	-.57**
Interpersonal sensitivity	46	-.42**	-.42**	-.31*
Paranoia	46	-.37**	-.39**	-.25
Psychotic symptoms	46	-.42**	-.32*	-.40**
Physical health	62	-.52**	-.45**	-.46**
Tendency for excessive and uncontrollable worry	62	-.55**	-.53**	-.44**
Relationship quality				
Nurturance	124	.27**	.21*	.26**
Intimacy	124	.18*	.16	.24**
Conflict	124	.28**	.34**	.09
Self-respect	124	.08	.06	.09
Respect of others	124	.23*	.21*	.17

Table 3 (Continued)
Convergent, discriminant and criterion validity of the ERP-R

	N	Total ERP-R	Regulation of negative emotions	Regulation of positive emotions
Propensity to experience various discrete emotions				
Joy	101	.32**	.29**	.24**
Anger	101	-.14	-.19	-.01
Sadness	101	-.51**	-.57**	-.25**
Fear	101	-.18	-.29**	.02
Envy	101	-.29**	-.34**	-.12
Shame	101	-.26**	-.33**	-.08
Disgust	101	-.10	-.19	.05
Happiness	67	.41**	.29*	.35**
Job performance	78	.28*	.28*	.19

Note. ** $p \leq 0.01$; * $p \leq 0.05$.

Incremental validity

The present study also sought to examine the incremental validity of the ERP-R. Incremental validity is defined as the degree to which a measure explains or predicts a phenomenon of interest, relative to other measures. We chose the tendency for excessive and uncontrollable worry, physical health and mental health as dependent variables, as these variables were also well predicted by emotional stability (first dimension of the FFM) and trait emotional intelligence. Scores on Trait EI, emotional stability, and the ERP-R served as predictors. It was hypothesised that the ERP-R would be a reliable predictor of all three criteria, in the presence of both trait EI and emotional stability. We tested the incremental validity of the ERP-R to predict tendency for excessive and uncontrollable worry over and above Trait EI and emotional stability using a hierarchical procedure (Cohen & Cohen, 1983). To determine whether the ERP-R scores are able to account for additional variance above and beyond scores from the TEIQue and the emotional stability, the TEIQue and the emotional stability were entered in Block 1 and scores from the ERP-R were entered in Block 2. The results are presented in Table 4. The ERP-R significantly predicted the tendency for excessive and uncontrollable worry over and above the TEIQue and the emotional stability.

In order to test whether the ERP-R was able to predict physical health beyond established constructs such as EI and personality, we analysed the incremental validity of the ERP-R over and above the TEIQue and the emotional stability factor of the D5D using a hierarchical procedure. TEIQue and emotional stability were entered as the first block and the ERP-R was entered in the second block. As depicted in Table 5, the ERP-R significantly predicted

physical health over and above the effects of the TEIQue and emotional stability. ERP-R also significantly predicted mental health over and above the TEIQue scores (Table 6).

Table 4

Hierarchical Regression Analyses testing the Incremental Validity of ERP-R over and above trait EI and emotional stability to predict tendency for excessive and uncontrollable worry (N = 62)

Criterion variable	Forced hierarchical order	Predictor variable	R	Adjusted R ²	F change	Beta ² ****
Tendency for excessive and uncontrollable worry	1	Trait EI and emotional stability	.592	.328	15.42	Trait EI: -.098 Emotional stability: -.561
	2	Emotion regulation	.677	.429	15.78***	-.373

Note. **** These values are the betas when all predictors are entered together in the model.

***p ≤ 0.001; **p ≤ 0.01; *p ≤ 0.05.

Table 5

Hierarchical Regression Analyses testing the Incremental Validity of ERP-R over and above trait EI and emotional stability to predict physical health (N = 62)

Criterion variable	Forced hierarchical order	Predictor variable	R	Adjusted R ²	F change	Beta ² ****
Somatic complaints	1	Trait EI and emotional stability	.356	.096	4.14*	Trait EI: -.109 Emotional stability: -.071
	2	Emotion regulation	.545	.260	7.88**	-.471

Note. **** These values are the betas when all predictors are entered together in the model.

***p ≤ 0.001; **p ≤ 0.01; *p ≤ 0.05.

Table 6

Hierarchical Regression Analyses testing the Incremental Validity of ERP-R over and above trait EI and emotional stability to predict physical health (N = 62)

Criterion variable	Forced hierarchical order	Predictor variable	R	Adjusted R ²	F change	Beta ² ****
Somatic complaints	1	Trait EI and emotional stability	.356	.096	4.14*	Trait EI: -.109 Emotional stability: -.071
	2	Emotion regulation	.545	.260	7.88**	-.471

Note. **** These values are the betas when all predictors are entered together in the model.

***p ≤ 0.001; **p ≤ 0.01; *p ≤ 0.05.

Discussion

Results lend strong preliminary support to the validity of the ERP-R. First and foremost, internal consistencies of the two factors and the total score were good. Second, factorial analyses yielded a two factors solution, confirming theoretical expectations about the dependence of negative and positive emotion regulation. Moreover, the ERP-R displayed evidence of convergent and discriminant validities with a large number of other variables. Firstly, the two ERP-R factors correlated in meaningful and theoretically congruent ways with trait emotional intelligence, emotion regulation, and the big five factors of personality.

Specifically, the ERP-R was significantly positively correlated with trait emotional intelligence (global score and factors). This association seemed mostly attributable to the factor *down-regulation of negative emotions*. The factor *up-regulation of positive emotions* was not significantly correlated with two factors of the TEIQue (self-control and sociability). The ERP-R scale regulation of negative emotions showed moderate correlations with the CERQ. This is not surprising because both questionnaires assess the same construct and several regulation strategies are similar in both tests. However, the ERP-R is different from the CERQ, especially regarding the presentation of the items. First, ERP-R is a vignette-based instrument whereas CERQ is a classical self-report questionnaire. Second, ERP-R assesses two forms of emotion regulation whereas CERQ targets only the down-regulation of negative emotions. Finally, eight regulation strategies were presented in the ERP-R, whereas nine were identified in the CERQ. However, the two questionnaires are similar in that they employ common regulation strategies such as acceptance, positive reappraisal, and rumination. Other strategies featuring in the CERQ are not included in the ERP-R, such as catastrophizing and blaming others. The ERP-R (global score and the two factors) was positively associated with emotional stability and agreeableness. There was no correlation with extraversion, conscientiousness, and openness. These results are consistent with previous findings showing that emotional disturbances in subjects are associated with higher neuroticism scores (Izard, Libero, Putman, & Haynes, 1993). They are also consistent with the idea that people characterised by higher agreeableness scores are more likely to express positive emotions because they experience positive relationships (Costa & McCrae, 1992b). Conversely, ERP-R scores were unrelated to non verbal reasoning, which is consistent with the theory that individual differences in typical behaviour in emotional situations are different from cognitive intelligence (Freudenthaler & Neubauer, 2005, 2007). Interestingly, ERP-R scores were found to be influenced by gender. The fact that men scored higher than women on down-regulation of negative emotions is consistent with the divergent socialisation

of emotion as a function of gender (e.g., “*Boys don’t cry*”; Mikolajczak, 2009) and also with the fact that women are generally more anxious than men (Leach, Christensen, Mackinnon, Windsor, & Butterworth, 2008; Mackinaw-Koons & Vasey, 2000). These gender differences should be taken into account for the establishment of norms and for the interpretation of scores, especially when women and men have to be compared (e.g., organisational or educational settings).

The prediction of “objective” life outcomes such as professional success or health status was beyond the scope of the present study. All criteria examined in the present study were self-reported. These are, however, not trivial criteria, especially given that emotional well-being is a major goal in life for most people. Furthermore, examining such criteria was essential to ensure construct validity. In this respect, the ERP-R predicted a substantial and meaningful part of variance of future positive state affectivity, mental and physical health, perceived quality and quantity of social support, propensity to experience various discrete emotions, self-reported performance, and happiness. These findings are consistent with theory in the emotion regulation field (see Gross, 2007). Although such evidence of predictive validity is a necessary condition for a test to be claimed useful, it is, however, not sufficient. To be deemed useful, the ERP-R should also demonstrate that (1) findings are not attributable to social desirability, and (2) that other tests/questionnaires are not sensible enough, at least not as efficient. With respect to the first condition, responses to the ERP-R are rather independent of social desirability except maybe for the regulation of negative emotions. The two factors are, however, not equally subject to desirable responding. The association between ERP-R and social desirability appears entirely attributable to the factor *down-regulation of negative emotions*. This might be explained by the fact that some strategies such as substance abuse have a strong negative social connotation. The second condition also seems to be met as the ERP-R predicts a tendency for excessive and uncontrollable worry and physical health over and above trait emotional intelligence and emotional stability, and predicts mental health over and above trait emotional intelligence. The foregoing points represent promising findings in favour of the validity and usefulness of the ERP-R.

Before concluding, several limitations have to be acknowledged. First, most of the participants were students, which restricts range and generalisation, especially regarding “age”, for which results have to be interpreted with caution. Future research should be extended to other populations. For example, it would be interesting to validate the ERP-R with an adolescent sample. Emotion regulation is crucial in this period and deficits in this area could lead to psychopathological problems. In fact, this is a period where the higher vulnerability of women towards depression becomes observable. Emotion regu-

lation is important in adolescence because the physical and psychosocial transformations experienced during this period are accompanied by strong emotions (d'Acremont & Van der Linden, 2007; Larson & Lampman-Petratis, 1989) and several neural or cognitive systems that are supposed to control emotion are still maturing (d'Acremont & Van der Linden, 2007; Hooper, Luciana, Conklin, & Yarger, 2004). Also, many forms of psychopathology in adolescence are related to difficulties in emotion regulation. Future studies would also certainly benefit from considering objective criteria, such as behavioural (e.g., pro-social behaviours) or physiological (e.g., cortisol secretion) ones. The ERP-R has the advantage of informing about emotion regulation strategies that people use. However, in this study, we did not consider regulation strategies separately. We focused on the total score and on the two factors. In a future research, it will be interesting to consider regulation strategies separately and to examine the relations between specific strategy and various related variables like mental health and well-being. Also, we chose eight regulation strategies but it has to be acknowledged that other strategies (e.g., coping strategies) exist and have an influence on different outcome variables such as mental health.

Overall, the results show a clear two factor solution for the ERP-R and high correlations with convergent and divergent scales as well as good predictive and incremental validities. The present results provide encouraging evidence in support of the utilisation of the ERP-R. The value of the ERP-R is that it enables clinicians and researchers to assess a wide variety of regulation strategies with a single questionnaire, and the ERP-R evaluates the regulation of both negative and positive emotions. The ERP-R determines which strategies individuals preferentially use for negative and positive emotions. This information is particularly interesting in the clinical field where associations between these strategies and psychopathological manifestations can be explored and linked. Thus, the ERP-R gives a reliable and theoretically grounded assessment of typical emotional regulation ability and may, therefore, be useful for both researchers and practitioners.

References

- Abramson, L.Y., Seligman, M.E.P., & Teasdale, J. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87, 49-74.
- Adelmann, P.K., & Zajonc, R.B. (1989). Facial efference and the experience of emotion. *Annual Review of Psychology*, 40, 249-280.
- Aronoff, G.M., Erdil, M., & Hartenbaum, N.P. (2005). Medications, driving, and work. In J.B. Talmage & M. Melhorn (Eds.), *A Physician's Guide To Return To Work* (pp. 133-144). Chicago: American Medical Association.

- Baum-Baicker, C. (1985). The health benefits of moderate alcohol consumption: A review of the literature. *Drug and Alcohol Dependence*, 15, 207-227.
- Bechara, A., & Damasio, A.R. (2005). The somatic marker hypothesis; a neural theory of economic decision. *Games and Economic Behavior*, 52, 336-376.
- Berry, D.S., & Pennebaker, J.W. (1993). Nonverbal and verbal emotional expression and health. *Psychotherapy and Psychosomatics*, 59, 11-19.
- Billings, A.G., & Moos, R.H. (1981). The role of coping responses and social resources in attenuating the stress of life events. *Journal of Behavioral Medicine*, 4, 139-157.
- Blais, M.R., & Lachance, L. (1992). *Validation de la version française de la mesure de désirabilité sociale de Marlowe-Crowne* [French validation of the Marlowe-Crowne social desirability measure]. Unpublished manuscript, University of Quebec, Montreal, Quebec, Canada.
- Borkovec, T., Alcaine, O., & Behar, E. (2004). Avoidance theory of worry and generalized anxiety disorder. In R. Heimberg, C. Turk, & D. Mennin (Eds.), *Generalized anxiety disorder in research and practice* (pp. 77-108). New York: Guilford Press.
- Brosschot, J.F., Gerin, W., & Thayer, J.F. (2006). The perseverative cognition hypothesis: A review of worry, prolonged stress-related physiological activation, and health. *Journal of Psychosomatic Research*, 60, 113-124.
- Bryant, F.B. (1989). A four-factor model of perceived control: Avoiding, coping, obtaining, and savoring. *Journal of Personality*, 57, 773-797.
- Bryant, F.B. (2003). Savoring beliefs inventory (SBI): A scale for measuring beliefs about savouring. *Journal of Mental Health*, 12, 175-196.
- Bryant, F.B., Smart, C.M., & King, S.P. (2005). Using the past to enhance the present: Boosting happiness through positive reminiscence. *Journal of Happiness Studies*, 6, 227-260.
- Bushman, B.J. (2002). Does venting anger feed or extinguish the flame? Catharsis, rumination, distraction, anger, and aggressive responding. *Personality and Social Psychology Bulletin*, 28, 724.
- Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283.
- Cicchetti, D., Ackerman, B.P., & Izard, C.E. (1995). Emotions and emotion regulation in developmental psychopathology. *Development and Psychopathology*, 7, 1-10.
- Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences*. Hillsdale, NJ: Erlbaum.
- Cosmides, L., & Tooby, J. (2000). Evolutionary psychology and the emotions. In M. Lewis & J.M. Haviland-Jones (Eds.), *Handbook of emotions* (pp. 91-115). New York: Guilford Press.
- Costa, P.T., & McCrae, R.R. (1992a). *Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) professional manual*. Odessa, FL: Psychological Assessment Resources.
- Costa, P.T., & McCrae, R.R. (1992b). The five-factor model of personality and its relevance to personality disorders. *Journal of Personality Disorders*, 6, 343-359.

- Crowne, D.P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology*, 24, 349-354.
- d'Acremont, M., & Van der Linden, M. (2007). How is impulsivity related to depression in adolescence? Evidence from a French validation of the cognitive emotion regulation questionnaire. *Journal of adolescence*, 30, 271-282.
- Deltour, J.J. (1993). *Échelle de vocabulaire de Mill Hill de J.C. Raven. Adaptation française et normes européennes du Mill Hill et du Standard Progressive Matrices de Raven (PM38)* [Mill-Hill vocabulary scale of J.C. Raven. French adaptation and European norms]. Braine-le-Château, Belgium: Éditions L'application des techniques modernes.
- Derogatis, L.R. (1975). *Brief Symptom Inventory*. Baltimore, MD: Clinical Psychometric Research.
- Derogatis, L.R. (1977). *The SCL-R-90 manual I: Scoring, administration and procedures for the SCL-90*. Baltimore, MD: Clinical Psychometric Research.
- Derogatis, L.R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine*, 13, 595-605.
- Feldman, G., Joormann, J., & Johnson, S. (2008). Responses to positive affect: A self-report measure of rumination and dampening. *Cognitive Therapy and Research*, 32, 507-525.
- Finzi, E., & Wasserman, E. (2006). Treatment of depression with Botulinum Toxin A: A case series. *Dermatologic Surgery*, 32, 645-650.
- Folkman, S., & Lazarus, R.S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, 21, 219-239.
- Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56, 218-226.
- Fredrickson, B.L., & Branigan, C. (2005). Positive emotions broaden the scope of attention and thought-action repertoires. *Cognition & Emotion*, 19, 313-332.
- Freudenthaler, H.H., & Neubauer, A.C. (2005). Emotional intelligence. The convergent and discriminant validities of intra and interpersonal emotional abilities. *Personality and Individual Differences*, 39, 569-579.
- Freudenthaler, H.H., & Neubauer, A.C. (2007). Measuring emotional management abilities: Further evidence of the importance to distinguish between typical and maximum performance. *Personality and Individual Differences*, 42, 1561-1572.
- Frijda, N.H. (1986). *The emotions*. Cambridge: Cambridge University Press.
- Furman, W., & Buhrmester, D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development*, 63, 103-115.
- Gable, S.L., Reis, H.T., Impett, E.A., & Asher, E.R. (2004). What do you do when things go right? The intrapersonal and interpersonal benefits of sharing positive events. *Journal of Personality and Social Psychology*, 87, 228-245.
- Garnefski, N., Kraaij, V., & Spinhoven, P. (2001). Negative life events, cognitive emotion regulation and emotional problems. *Personality and Individual Differences*, 30, 1311-1327.
- Gaudreau, P. (2000). *Vers une version française du PANAS: analyses en composantes principales avant, pendant et après une compétition sportive* [Toward a French version of the PANAS: Principal component analysis before, during and after a

- sportive competition]. Paper presented to the International Conference of the French Society for Sport Psychology, Paris, France.
- Gaudreau, P., Sanchez, X., & Blondin, J.-P. (2006). Positive and negative affect in a performance-related setting: Testing the factorial validity of the PANAS across two samples of French-Canadian participants. *European Journal of Psychological Assessment*, 22, 240-249.
- Gosselin, P., Dugas, M.J., Ladouceur, R., & Freeston, M.H. (2001). Évaluation des inquiétudes: validation d'une traduction française du Penn State Worry Questionnaire. *L'Encéphale*, 27, 475-484.
- Gross, J.J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2, 271-299.
- Gross, J.J. (2001). Emotion regulation in adulthood: Timing is everything. *Current Directions in Psychological Science*, 10, 214-219.
- Gross, J.J. (2007). *Handbook of emotion regulation*. New York: The Guilford Press.
- Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85, 348-362.
- Gross, J.J., & Levenson, R.W. (1997). Hiding feelings: The acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology*, 106, 95-103.
- Gross, J.J., Richards, J.M., & John, O.P. (2006). Emotion regulation in everyday life. In D.K. Snyder, J.A. Simpson, & J.N. Hughes (Eds.), *Emotion regulation in couples and families: Pathways to dysfunction and health* (pp. 13-35). Washington DC: American Psychological Association.
- Gross, J.J., & Thompson, R.A. (2007). Emotion regulation: conceptual foundations. In J.J. Gross (Ed.), *Handbook of emotion regulation* (pp. 3-24). New York: Guilford Press.
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulnessbased stress reduction and health benefits. *Journal of Psychosomatic Research*, 57, 35-43.
- Hall, W., & Solowij, N. (1998). Adverse effects of cannabis. *The Lancet*, 352, 1611-1616.
- Havighurst, I.K., & Glasser, T.K. (1972). An exploratory study of reminiscence. *Journal of Gerontology*, 27, 245-253.
- Hayton, J.C., Allen, D.G., & Scarpello, V. (2004). Factor retention decisions in exploratory factor analysis: A tutorial on parallel analysis. *Organizational Research Methods*, 7, 191-205.
- Hooper, C.J., Luciana, M., Conklin, H.M., & Yarger, R.S. (2004). Adolescents' performance on the Iowa Gambling Task: Implications for the development of decision making and ventromedial prefrontal cortex. *Developmental Psychology*, 40, 1148-1158.
- Izard, C.E., Libero, D.Z., Putman, P., & Haynes, O.M. (1993). Stability of emotion experiences and their relations to traits of personality. *Journal of Personality and Social Psychology*, 64, 847-860.
- Jermann, F., Van der Linden, M., d'Acremont, M., & Zermatten, A. (2006). Cognitive Emotion Regulation Questionnaire (CERQ): Confirmatory factor analysis and

- psychometric properties of the French translation. *European Journal of Psychological Assessment*, 22, 126-131.
- Kabat-Zinn, J., Massion, A.O., Kristeller, J., Peterson, L.G., Fletcher, K.E., Pbert, L. et al. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 149, 936-943.
- Keltner, D., & Kring, A. (1998). Emotion, social function, and psychopathology. *Review of General Psychology*, 2, 320-342.
- Labott, S.M., Ahleman, S., Wolever, M.E., & Martin, R.B. (1990). The physiological and psychological effects of the expression and inhibition of emotion. *Behavioral Medicine*, 16, 182-189.
- Langston, C.A. (1994). Capitalizing on and coping with daily-life events: Expressive responses to positive events. *Journal of Personality and Social Psychology*, 67, 1112-1125.
- Larson, R., & Lampman-Petratis, C. (1989). Daily emotional states as reported by children and adolescents. *Child Development*, 60, 1250-1260.
- Leach, L.S., Christensen, H., Mackinnon, A.J., Windsor, T.D., & Butterworth P. (2008). Gender differences in depression and anxiety across the adult lifespan: The role of psychosocial mediators. *Social Psychiatry & Psychiatric Epidemiology*, 43, 983-998.
- Lee, C., Ashford, S.J., & Jamieson, L.F. (1993). The effects of type a behavior dimensions and optimism on coping strategy, health, and performance. *Journal of Organizational Behavior*, 14, 143-157.
- Leroy, V., & Grégoire, J. (2007). *Influence of individual differences on emotional regulation in learning situation, and consequences on academic performance*. Paper presented at the European Association for Research on Learning and Instruction, Budapest, Hungary.
- Loewenstein, G. (2007). Affective regulation and affective forecasting. In J.J. Gross (Ed.), *Handbook of emotion regulation* (pp. 180-203). New York: Guilford Press.
- Lombardo, M.M., & Eichinger, R.W. (2000). High potentials as high learners. *Human Resource Management*, 39, 321-330.
- Lopes, P.N., Salovey, P., Côté, S., & Beers, M. (2005). Emotion regulation abilities and the quality of social interaction. *Emotion*, 5, 113-118.
- Luminet, O., & Curci, A. (2009). *Flashbulb memories: New issues and new perspectives*. New York: Psychology Press.
- Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131, 803-855.
- Lyubomirsky, S., & Lepper, H.S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social indicators research*, 46, 137-155.
- Lyubomirsky, S., Sousa, L., & Dickerhoof, R. (2006). The costs and benefits of writing, talking, and thinking about life's triumphs and defeats. *Journal of Personality and Social Psychology*, 90, 692-708.
- Mackinaw-Koons, B., & Vasey, M.W. (2000). Considering sex differences in anxiety and its disorders across the life span: A construct-validation approach. *Applied and Preventive Psychology*, 9, 191-209.

- MacLeod, A.K., & Conway, C. (2005). Well-being and the anticipation of future positive experiences: The role of income, social networks, and planning ability. *Cognition & emotion*, 19, 357-373.
- MacLeod, A.K., & Salaminou, E. (2001). Reduced positive future-thinking in depression: Cognitive and affective factors. *Cognition & emotion*, 15, 99-107.
- Mayer, J.D., Salovey, P., & Caruso, D.R. (2002). *Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), Version 2.0*. Toronto, Canada: MHS Publishers.
- Meehan, M., Durlak, J., & Bryant, F.B. (1993). The relationship of social support to positive life events and subjective mental health in adolescents. *Journal of Community Psychology*, 21, 49-55.
- Meyer, T.J., Miller, M.L., Metzger, R.L., & Borkovec, T.D. (1990). Development and validation of the Penn State Worry Questionnaire. *Behavior Research and Therapy*, 28, 487-495.
- Mikolajczak, M. (2009). La régulation des émotions négatives. In M. Mikolajczak, J. Quoidbach, I. Kotsou, & D. Nelis (Eds.), *Les compétences émotionnelles* (pp. 153-191). Paris: Dunod.
- Mikolajczak, M., Luminet, O., Leroy, C., & Roy, E. (2007). Psychometric properties of the trait emotional intelligence questionnaire: Factor structure, reliability, construct, and incremental validity in a French-speaking population. *Journal of Personality Assessment*, 88, 338-353.
- Mikolajczak, M., Luminet, O., & Menil, C. (2006). Predicting resistance to stress: Incremental validity of emotional intelligence over and above alexithymia and optimism. *Psicothema*, 18, 79-88.
- Mikolajczak, M., Nelis, D., Hansenne, M., & Quoidbach, J. (2008). If you can regulate sadness, you can probably regulate shame: Associations between trait emotional intelligence, emotion regulation and coping efficiency across discrete emotions. *Personality and Individual Differences*, 44, 1356-1368.
- Mikulincer, M., Glaubman, H., Ben-Artzi, E., & Grossman, S. (1991). The cognitive specificity of learned helplessness and depression deficits: The role of self-focused cognitions. *Anxiety Research*, 3, 273-290.
- Miller, T.Q., Smith, T.W., Turner, C.W., Guijaro, M.L., & Hallet, A.J. (1996). A meta-analytic review of research on hostility and physical health. *Psychological Bulletin*, 119, 322-348.
- Morrow, J., & Nolen-Hoeksema, S. (1990). Effects of responses to depression on the remediation of depressive affect. *Journal of Personality and Social Psychology*, 58, 519-527.
- Nolen-Hoeksema, S., & Morrow, J. (1993). Effects of rumination and distraction on naturally occurring depressed mood. *Cognition and Emotion*, 7, 561-570.
- Öhman, A., Flykt, A., & Esteves, F. (2001). Emotion drives attention: Detecting the snake in the grass. *Journal of Experimental Psychology: General*, 130, 466-478.
- Penley, J.A., Tomaka, J., & Wiebe, J.S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine*, 25, 551-603.
- Pennebaker, J.W. (1982). *The psychology of physical symptoms*. New York: Springer-Verlag.

- Petrides, K.V., & Furnham, A. (2003). Trait emotional intelligence: Behavioural validation in two studies of emotion recognition and reactivity to mood induction. *European Journal of Personality*, 17, 39-57.
- Phelps, E. (2006). Emotion and cognition: Insights from studies of the human amygdala. *Annual Review of Psychology*, 57, 27-53.
- Quoidbach, J., & Hansenne, M. (2009). The impact of trait emotional intelligence on nursing team performance and cohesiveness. *Journal of Professional Nursing*, 25, 23-29.
- Quoidbach, J., Hansenne, M., & Mottet, C. (2008). Personality and mental time travel: A differential approach to autooetic consciousness. *Consciousness and Cognition*, 17, 1082-1092.
- Quoidbach, J., Nelis, D., Mikolajczak, M., & Hansenne, M. (2007). *Development and validation of a typical performance Emotional Regulation Profile (ERP-Q)*. Paper presented at the annual meeting of the Belgian Association for Psychological Science, Louvain-la-Neuve, Belgium.
- Quoidbach, J., Wood, A., & Hansenne, M. (2009). Back to the future: The effect of daily practice of mental time travel into the future on happiness and anxiety. *Journal of Positive Psychology*, 4, 349-355.
- Raven, J.C. (1943). *The Mill Hill Vocabulary Scale*. London: H. K. Lewis.
- Raven, J.C. (1976). *Advanced Progressive Matrices Set II*. Oxford, England: Oxford Psychologist Press.
- Rimé, B. (2007). Interpersonal emotion regulation. In J.J. Gross (Ed.), *Handbook of emotion regulation* (pp. 466-485). New York: Guilford Press.
- Robinson, M.S., & Alloy, L.B. (2003). Negative cognitive styles and stress-reactive rumination interact to predict depression: A prospective study. *Cognitive Therapy and Research*, 27, 275-291.
- Rolland, J.-P., & Mogenet, J.-L. (2001). *Manuel du système D5D* [Manual of the D5D system] (2nd ed.). Paris: ECPA.
- Schwartz, B., Ward, A., Monterosso, J., Lyubomirsky, S., White, K., & Lehman, D.R. (2002). Maximizing versus satisficing: Happiness is a matter of choice. *Journal of Personality and Social Psychology*, 83, 1178-1197.
- Shapiro, S.L., Astin, J.A., Bishop, S.R., & Cordova, M. (2005). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, 12, 164-176.
- Shapiro, S.L., Schwartz, G.E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine*, 21, 581-599.
- Single, E., Rehm, J., Robson, L., & Van Truong, M. (2000). The relative risks and etiologic fractions of different causes of death and disease attributable to alcohol, tobacco and illicit drug use in Canada. *Canadian Medical Association Journal*, 162, 1669-1675.
- Spearman, C. (1927). *The abilities of man: Their nature and measurement*. New York: Macmillan.
- Stanton, A.L., Danoff-Burg, S., Cameron, C.L., Bishop, M., Collins, C.A., Kirk, S.B., Sworowski, L.A., & Twillman, R. (2000). Emotionally expressive coping pre-

- dicts psychological and physical adjustment to breast cancer. *Journal of Consulting and Clinical Psychology*, 68, 875-882.
- Strack, F., Martin, L.L., & Stepper, S. (1988). Inhibiting and facilitating conditions of the human smile: A nonobtrusive test of the facial feedback hypothesis. *Journal of Personality and Social Psychology*, 54, 768-777.
- Struthers, C.W., Perry, R.P., & Menec, V.H. (2000). An examination of the relationship among academic stress, coping, motivation, and performance in college. *Research in Higher Education*, 41, 581-592.
- Suddendorf, T., & Corballis, M.C. (2007). The evolution of foresight: What is mental time travel and is it unique to humans? *Behavioral and Brain Sciences*, 30, 299-313.
- Suls, J., & Wan, C.K. (1993). The relationship between trait hostility and cardiovascular reactivity: A quantitative review and analysis. *Psychophysiology*, 30, 615-626.
- Suls, J., Wan, C.K., & Costa, P. (1995). Relationship between trait anger and resting blood pressure: A meta-analysis. *Health Psychology*, 14, 444-456.
- Surawy, C., Roberts, J., & Silver, A. (2005). The effect of mindfulness training on mood and measures of fatigue, activity, and quality of life in patients with chronic fatigue syndrome on a hospital waiting list: A series of exploratory studies. *Behavioral and Cognitive Psychotherapy*, 33, 103-109.
- Sweeney, P.D., Anderson, K., & Bailey, S. (1986). Attributional style in depression: A meta-analytic review. *Journal of Personality and Social Psychology*, 50, 974-991.
- Teasdale, J.D. (1983). Negative thinking in depression: Cause, effect, or reciprocal relationship? *Advances in Behaviour Research and Therapy*, 5, 3-25.
- Thompson, R.A. (1991). Emotional regulation and emotional development. *Educational Psychology Review*, 3, 269-307.
- Trask, P.C., & Sigmon, S.T. (1999). Ruminating and distracting: The effects of sequential tasks on depressed mood. *Cognitive Therapy and Research*, 23, 231-246.
- Tugade, M., & Fredrickson, B. (2007). Regulation of positive emotions: Emotion regulation strategies that promote resilience. *Journal of Happiness Studies*, 8, 311-333.
- Watkins, M.W. (2002). Monte Carlo PCA for Parallel Analysis [Computer software]. Retrieved January 24, 2006, from <http://www.personal.psu.edu/mww10/Watkins3.html>
- Watkins, E., & Brown, R.G. (2002). Rumination and executive function in depression: an experimental study. *British Medical Journal*, 72, 400.
- Watson, D., Clark, L.A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect-the Panas Scales. *Journal of Personality and Social Psychology*, 54, 1063-1070.
- Wood, J.V., Heimpel, S.A., & Michela, J.L. (2003). Savoring versus dampening: Self-esteem differences in regulating positive affect. *Journal of Personality and Social Psychology*, 85, 566-580.
- Zwick, W.R., & Velicer, W.F. (1986). Comparison of five rules for determining the number of components to retain. *Psychological Bulletin*, 99, 432-442.

Appendix

French version of the ERP-R

1. **Cela fait plus de 30 minutes que vous cherchez une place de parking en ville. Lorsque vous repérez enfin un emplacement libre, un automobiliste vous double et vous vole la place sous votre nez. Cela vous met clairement en colère!**

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous ne dites pas un mot mais vous fulminez intérieurement (rumination).
- b. Vous vous dites que finalement, ce n'est pas si grave. Vous essayez de trouver du positif dans la situation. Exemple: vous trouverez peut-être une place de parking plus près du lieu où vous devez vous rendre (positive reappraisal).
- c. Vous exprimez votre mécontentement par de nombreux coups de klaxon. (acting out)
- d. Dans ce genre de situation, rien de tel qu'un petit verre, un petit joint ou toutes autres substances relaxantes pour vous calmer (substance abuse).
- e. Vous essayez d'oublier cet incident en allumant votre autoradio ou en pensant à des choses positives pour vous changer les idées (attention reorientation).
- f. Vous avez toujours eu des difficultés à vous affirmer et vous ne voyez pas ce que vous pourriez faire. Vous vous sentez découragé(e) (learned helplessness).
- g. Vous ouvrez votre fenêtre et vous faites poliment remarquer à l'automobiliste que son comportement n'est pas très correct. S'il ne vous rend pas la place, vous partez sans faire d'histoire. Le jeu n'en vaut pas la chandelle! (emotion expression).
- h. Vous décidez d'arrêter de vous énerver pour une place de parking et vous rentrez dans le premier parking payant (situation modification).

2. **Vous venez de terminer une tâche importante mais particulièrement ennuyeuse que vous n'arrêtez pas de reporter (repeindre, grand nettoyage de printemps, bonne action,...). Vous vous sentez satisfait(e) de votre travail et soulagé(e). En un mot, vous êtes content(e).**

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous n'arrivez pas à vous détendre complètement. Assez rapidement, des préoccupations et/ou des choses encore à faire vous occupent l'esprit. (inattention).
- b. Vous racontez ou montrez à vos proches ce que vous avez accompli aujourd'hui. (capitalising).
- c. Vous poussez un soupir de soulagement et vous vous octroyez un moment de détente. (behavioural display).
- d. Vous êtes content mais vous ne pouvez pas vous empêcher de relever les quelques détails négatifs de votre travail (ex. temps passé à la tâche, petites imperfections, finitions,...) (fault finding).
- e. Vous savourez l'instant présent. Vous contemplez votre travail et vous avez des pensées comme "Voilà une bonne chose de faite!" (savouring the present moment).
- f. Vous pensez que c'est un miracle d'être arrivé(e) au bout de ce travail. C'est rare quand vous arrivez à finir une tâche qui vous ennuie et vous pensez que ça ne se reproduira pas de sitôt. (negative mental time travel).
- g. Vous repensez aux heures de travail passées sur cette tâche. Grâce à votre patience et à votre persévérance vous avez atteint votre objectif. Comme quoi, les efforts sont toujours récompensés! (positive mental time travel).
- h. Vous ne vous laissez pas le temps de souffler et vous entreprenez directement une autre tâche. (inhibition of emotion expression).

3. **Un(e) ami(e) proche vous a demandé de lui rendre un service extrêmement important. Il s'agissait de déposer différents documents chez son futur employeur pendant son séjour à l'étranger. A son retour, il/elle vous téléphone en rage. L'employeur n'a jamais reçu les documents et votre ami(e) n'a donc pas été embauché(e). L'engagement que vous aviez pris vous était complètement sorti de la tête! Votre ami(e) vous en veut terriblement et vous vous sentez extrêmement coupable.**

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous éprouvez le besoin de parler à vos proches de ce qui s'est passé et de la culpabilité que vous ressentez (emotion expression).
- b. Vous vous confondez en excuses et vous vous démenez pour lui trouver un autre emploi. Dans les semaines qui suivent vous faites l'impossible pour réparer votre faute impardonnable: multiples invitations au restaurant, cadeaux divers, attentions,... (acting out).

- c. Vous comprenez qu'il/elle soit fâché(e). Vous vous dites que l'erreur est humaine et qu'il/elle aurait peut-être aussi oublié. Toutefois, à l'avenir, vous serez plus prudent (positive reappraisal).
- d. Afin de ne pas vous laisser ronger par la culpabilité, vous vous engagez dans une activité qui vous procure du plaisir (attention reorientation).
- e. Vous n'arrêtez pas d'y penser et vous vous en voulez terriblement (rumination).
- f. Vous lui demandez comment il est possible de vous racheter et vous lui proposez de l'aider à rechercher un nouvel emploi (situation modification).
- g. Vous vous dites que vous ne valez pas grand-chose comme ami(e) car vous n'êtes même pas capable de rendre un service. Vous ne voyez pas comment vous pourriez vous rattraper et cela vous déprime (learned helplessness).
- h. Pour soulager votre culpabilité, vous vous laissez aller à consommer des produits relaxants (ex. alcool, marijuana, médicaments,...) (substance abuse).

4. Vous venez de rompre avec votre petit(e) ami(e) alors qu'il était question d'emménager une semaine avant votre rupture. Il/elle a décidé de mettre fin à votre relation. Ceci vous rend très triste.

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous subissez la rupture, abattu(e). De toute façon, vous vous dites que vous n'avez pas de chance en amour, vous ne voyez pas ce que vous pourriez y changer! (learned helplessness).
- b. Vous prenez du temps pour prendre soin de vous ou pour faire des choses qui vous sont agréables (attention reorientation).
- c. Vous essayez de vous sentir mieux en abusant de diverses substances (ex. nourriture, alcool, marijuana, médicaments) (substance abuse).
- d. Vous vous confiez à un proche; vous avez besoin de parler à quelqu'un de ce que vous éprouvez (emotion expression).
- e. Vous essayez de vous reprendre en main (ex. inscription à un club de sport, site de rencontres, sorties,...). Vous établissez vos priorités afin que le prochain soit le bon (situation modification).
- f. Vous regardez de vieilles photos en écoutant des chansons tristes (rumination).
- g. Vous essayez de voir le côté positif des choses. Cette rupture, quoique difficile, est l'occasion de prendre un nouveau départ, de faire des choses que vous n'aviez plus le temps de faire et, éventuellement,

de rencontrer quelqu'un qui vous correspondra mieux (positive reappraisal).

- h. Malgré la décision sans appel de votre ex petit(e) ami(e), vous essayez de le/la reconquérir par tous les moyens (acting out).

5. Vous avez participé au dernier tirage de la loterie nationale car il y avait une grosse cagnotte en jeu. Vous êtes chez des amis et vous leur demandez de regarder les résultats du tirage à la TV même si vous n'y croyez pas trop. L'excitation commence à vous envahir car vous remarquez, avec stupéfaction, que 4 des numéros que vous avez joués sont sortis! Vous avez gagné environ 1 000€.

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous sautez de joie, vous exprimez votre excitation en répétant toute la soirée que vous êtes un(e) petit(e) veinard(e) (behavioural display).
- b. Dans les jours qui suivent, vous pensez à ce que vous allez pouvoir faire avec cet argent. Vous vous imaginez passer 10 jours au soleil pendant les prochaines vacances, découvrir un restaurant étoilé, vous offrir une thalasso,... (positive mental time travel).
- c. Vous n'arrivez pas à profiter pleinement du moment parce que d'autres choses vous occupent l'esprit (ex. problème avec un proche, ambiance au travail,...) (inattention).
- d. Vous partagez cette joie avec vos amis, vous leur montrez le bulletin et vous téléphonez à vos proches pour leurs annoncer la nouvelle (capitalising).
- e. Vous essayez de ne pas exprimer votre émotion et gardez cela pour vous car "ça ne fait pas bien de s'emballer chez des gens". De plus, vous n'avez pas envie que vos amis vous jalouent (inhibition of emotion expression).
- f. Vous vous sentez heureux(se) et profitez du moment présent autour d'un bon verre de champagne (par exemple). Ce n'est pas tous les jours que l'on a l'occasion d'encaisser presque 1 mois de salaire sans rien faire! (savouring the present moment).
- g. Vous vous dites que 1000 €, ce n'est pas trop mal. Néanmoins, vous ne pouvez vous empêcher de penser que vous êtes passé(e) à 2 doigts de gagner le gros lot! Il se peut aussi que vous vous disiez que cet argent ne résoudra pas vos tracas et/ou que vous vous sentiez obligé d'offrir à vos amis une belle sortie, ce qui vous empêcherait de profiter de la totalité du gain (fault finding).

- h. Vous pensez que c'est trop beau pour être vrai... La roue tourne et la chance, ça ne dure jamais. Vous anticipez déjà les éventuels ennuis à venir (negative mental time travel).

6. **Vous êtes venu(e) avec votre petit(e) ami(e) à une soirée où sont réunies de nombreuses personnes. Durant la soirée, alors que vous vous étiez un peu éloigné(e) de votre partenaire, vous l'apercevez en train de converser avec quelqu'un. Chacun des deux semble très intéressé par ce que dit l'autre. Ils se regardent intensément et rient ensemble à plusieurs reprises. Vous voyez votre partenaire animé(e) et plein(e) d'entrain alors qu'il/elle était venu(e) à cette soirée en traînant les pieds. À la vue de ce spectacle, vous commencez sérieusement à sentir la jalousie monter en vous!**

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous les surveillez du coin de l'œil. Vous ruminez mais n'en laissez rien paraître (rumination).
- b. Plutôt que de vous énerver, vous décidez de vous changer les idées et de passer une bonne soirée (ex. vous discutez avec des gens, vous dansez,...) (attention reorientation).
- c. Vous exprimez votre jalousie à votre partenaire sans vous énerver. Vous lui dites que vous n'appréciez pas qu'il/elle s'amuse autant avec une personne du sexe opposé (emotion expression).
- d. Vous vous sentez envahi(e) par une bouffée de colère et, dès que vous en avez l'occasion, vous vous fâchez avec votre partenaire (acting out).
- e. Pour oublier ce que vous venez de voir et pour vous calmer, vous allez au bar et vous passez votre soirée à boire (substance abuse).
- f. Vous envisagez les différentes solutions afin de faire face à cette difficulté. Vous planifiez la stratégie que vous allez adopter afin que cette situation ne se reproduise plus dans le futur (situation modification).
- g. Vous vous sentez triste et abandonné(e). Vous pensez qu'un jour il/elle finira par trouver une personne plus intéressante ou plus désirable que vous. Que peut-on y faire... (learned helplessness).
- h. Malgré la jalousie, vous vous dites qu'il est important que votre partenaire s'amuse, d'autant plus qu'il/elle ne fait rien de mal. En le/la laissant tranquille, il/elle sera de bonne humeur en rentrant à la maison! (positive reappraisal).

7. Vous passez un week-end en amoureux. Le cadre est idyllique. Votre partenaire est radieux (se) et vous vous sentez particulièrement heureux (se).

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Malgré un week-end très agréable, vous ne pouvez pas vous empêcher de “tiquer” sur les quelques détails négatifs qui empêchent votre séjour d’être parfait (fault finding).
- b. Vous essayez de savourer pleinement ce moment en mettant tout le reste de côté (savouring the moment present).
- c. Le week-end est parfait. C’est trop beau pour être vrai. Vous craignez un retour de flammes (negative mental time travel).
- d. Vous riez, blaguez, étreignez votre partenaire,... Bref, vous vous laissez aller et vous extériorisez pleinement votre joie (behavioural display).
- e. Une fois seul(e), vous repensez aux bons moments passés ensemble et/ou aux raisons qui font que votre relation est si précieuse (positive mental time travel).
- f. Vous passez un bon moment mais pour différents motifs (ex. peur du ridicule, ce n’est pas votre style, culpabilité,...) vous essayez de ne pas vous “emballer”, voire de contenir votre joie (inhibition of emotion expression).
- g. Dans les jours qui suivent, vous partagez ce bon moment avec vos proches (ou journal intime) (capitalising).
- h. Le week-end est parfait. Cependant, vous n’arrivez pas à laisser totalement de côté vos préoccupations du moment (ex. travail, famille,...) (inattention).

8. Vous devez présenter un exposé oral devant de nombreuses personnes. Vous avez déjà réalisé cet exercice précédemment et cela ne s’est pas très bien passé. Vous avez reçu beaucoup de critiques sur votre présentation. L’idée de refaire un exposé en public, dans quelques jours, vous terrorise.

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous essayez de vous distraire en faisant une activité qui vous est agréable. Vous avez préparé votre exposé et vous verrez bien le jour venu comment cela se passera (attention reorientation).

- b. Vous n'arrêtez pas d'y penser, vous vous focalisez sur ce qui pourrait mal se passer et vous stressez jusqu'au jour de la présentation (rumination).
- c. Vous faites part de vos craintes à votre entourage et recherchez leur soutien et/ou leurs conseils (emotion expression).
- d. Vous établissez un plan d'action afin de mettre toutes les chances de réussite de votre côté. Vous définissez le problème et vous envisagez les différentes solutions qui permettraient de vous sentir plus sûr(e) de vous (répétition, relaxation, renseignements sur les moyens d'améliorer votre présentation) (situation modification).
- e. Vous vous dites que vous n'y arriverez jamais et vous vous sentez nul(le) (learned helplessness).
- f. Les jours précédant l'exposé, vous consommez des produits relaxants (ex. alcool, marijuana, médicaments,...) pour diminuer votre anxiété (substance abuse).
- g. Vous essayez de voir le côté positif de la situation: c'est un bon exercice pour vous et, même si les choses se passaient mal, ce ne serait pas la fin du monde! (positive reappraisal).
- h. Depuis l'annonce de la date de l'exposé, vous êtes envahi(e) par le stress. Ce dernier vous paralyse et vous empêche de travailler sur votre présentation. Si c'est possible, vous trouvez une "excellente raison" qui vous empêche de présenter cet exposé (acting out).

9. Lors de votre dernier jour de vacances dans un pays étranger, vous faites une balade avec des amis. Après quelques heures de marche, vous découvrez une cascade tout à fait par hasard. L'endroit est magnifique et sauvage. L'eau, la verdure en abondance, le coucher de soleil, les sons,... Vous êtes totalement émerveillé(e) par la beauté du paysage.

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Le paysage est idyllique, dommage que vous ayez mal aux pieds, qu'il fasse un peu frisquet ou encore qu'il y ait des moustiques,... Les petits désagréments de ce genre vous empêchent d'apprécier pleinement la situation (fault finding).
- b. Vous exprimez votre émerveillement à votre manière (ex. vous vous extasiez, vous criez, vous versez une larme, vous sautez dans la cascade,...) (behavioural display).
- c. Le spectacle est magnifique mais vous contenez vos émotions: vous préférez faire preuve de réserve en public (inhibition of emotion expression).

- d. Dans les jours qui suivent, vous prenez plaisir à vous remémorer la beauté des lieux et/ou à voir et revoir les photos (positive mental time travel).
- e. Vous partagez cette émotion avec les personnes qui vous accompagnent. Dans les jours qui suivent, vous recommandez cet endroit à votre entourage (capitalising).
- f. Le spectacle est gâché par la pensée que c'est votre dernier jour de vacances et qu'un tel moment ne se reproduira pas de sitôt (negative mental time travel).
- g. Vous laissez tous vos sens s'imprégner de l'endroit afin de savourer pleinement cet instant (savouring the present moment).
- h. L'endroit est superbe mais vous n'oubliez pas de réfléchir à l'itinéraire du retour, au repas du soir et/ou au travail qui recommence demain (inattention).

10. Vous devez présenter un projet important pour lequel vous avez beaucoup travaillé. Le jour J est arrivé. Le matin, on vous annonce que votre présentation est reportée et que c'est votre rival(e), qui présente son projet. Cette nouvelle vous met particulièrement en colère.

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous vous rendez immédiatement dans le bureau de votre collègue pour exprimer votre colère et en ressortez très énervé(e) (acting out).
- b. Vous vous lancez délibérément dans une activité sans rapport avec la situation, le temps de laisser retomber votre colère. Ainsi, vous ne réagissez pas à chaud (attention reorientation).
- c. Vous envisagez la situation comme un problème à résoudre. Vous établissez un plan d'action afin de faire reconnaître votre travail et/ou d'empêcher que cela ne se reproduise (situation modification).
- d. Vous ne dites rien, vous avez parfois du mal à vous affirmer dans ce genre de situations. Cela provoque en vous une profonde lassitude (learned helplessness).
- e. Vous ruminez: comment votre collègue est-il/elle capable d'être aussi arriviste et malveillant à votre égard? Sans passer à l'action, vous imaginez mille et une façons de lui rendre la monnaie de sa pièce (rumination).
- f. Vous dédramatisez la situation et/ou essayez d'en retirer les enseignements. La prochaine fois, ce sera vous! (positive reappraisal).

- g. Lorsque vous rentrez chez vous, vous consommez diverses substances (alcool, marijuana, médicaments,...) afin de vous détresser (substance abuse).
- h. Vous demandez des explications à votre collègue. Vous lui faites part poliment mais fermement de votre mécontentement, puis vous lui laissez le temps de vous donner son point de vue (emotion expression).

11. Suite à une restructuration dans votre entreprise, vous êtes muté(e) dans un nouveau département à 10 km de votre ancien lieu de travail. Cela vous rend triste car vous aviez, au fil du temps, noué des relations intimes avec vos collègues dont certains étaient même devenu des ami(e)s.

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Votre tristesse se transforme en ressentiment à l'égard de votre entreprise, voire de vos anciens collègues plus chanceux. Votre mauvaise humeur transparaît clairement (acting out).
- b. Il vous faut du temps pour oublier votre ancienne situation. Vous y pensez souvent (rumination).
- c. Vous vous efforcez de regarder directement le côté positif des choses (ex. nouvelles rencontres, nouvelles perspectives de carrière,...) (positive reappraisal).
- d. Vous essayez de trouver du réconfort en buvant, en fumant, en prenant des médicaments, voire des drogues (substance abuse).
- e. Vous faites part de votre tristesse à votre entourage et recherchez du réconfort auprès de vos amis (emotion expression).
- f. Vous essayez de trouver une solution au problème. S'il est impossible de récupérer votre ancien emploi, vous posez des actes concrets (ex. conversations, invitations à souper,...) pour améliorer votre nouvelle situation professionnelle (situation modification).
- g. Vous essayez immédiatement de reprendre des activités agréables, celles qui vous procurent des petits moments de bonheur (attention reorientation).
- h. Sur tous les travailleurs de votre équipe, il a encore fallu que cela tombe sur vous. Vous vous sentez découragé(e) et ne trouvez pas l'énergie pour réagir (learned helplessness).

12. Après des mois de travail acharné, vous venez enfin de décrocher le diplôme ou la promotion de vos rêves. Ce n'était pas facile et vous avez beaucoup de mérite d'être arrivé(e) jusque là. Vous êtes très

fier/fière. Des proches se sont réunis pour organiser une petite fête en votre honneur.

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Pendant la fête, vous ne pouvez pas vous empêcher de penser à d'autres choses (ex. appréhension liée à votre nouveau statut, soucis personnels,...) (inattention).
- b. Dans les jours qui suivent, vous repensez régulièrement à votre réussite: efforts et qualités dont il vous a fallu faire preuve, fierté de certains proches, perspectives d'avenir,... (positive mental time travel).
- c. Alors que tout le monde vous félicite, vous pensez que vous n'avez peut-être pas tant de mérite que cela. C'était sûrement un coup de chance et cela ne risque pas de se reproduire (negative mental time travel).
- d. Vous êtes fier/fière de vous et vous vous laissez aller à le montrer (ex. cris/pleurs de joie, gestes de victoire,...) (behavioural display).
- e. Malgré le plaisir de la réussite, une partie de vous ne peut pas s'empêcher de penser que vous auriez pu faire mieux (fault finding).
- f. C'est votre moment de gloire et vous en profitez pleinement. Vous avez travaillé dur et vous méritez bien tous ces éloges (savouring the present moment).
- g. Vous êtes fier/fière de vous mais pour différentes raisons (ex. peur du ridicule, modestie, réserve,...) vous vous empêchez d'exprimer votre fierté et de fêter pleinement votre succès (inhibition of emotion expression).
- h. Dans les jours qui suivent, vous annoncez la bonne nouvelle et partagez votre succès avec votre entourage (capitalising).

13. **Aujourd'hui, vous participez à une matinée de présentation de résultats dans votre entreprise. Vous êtes plusieurs collègues à défiler les uns après les autres, debout sur une estrade à côté de l'écran de projection. Vous détestez ce genre de situation. Vous trouvez que tous vos collègues sont meilleurs, plus intéressants, plus à l'aise. Après votre présentation, vous retournez vous asseoir dans le public, juste derrière deux collègues qui n'ont pas dû s'apercevoir de votre présence. L'un d'eux murmure à l'autre: "Heureusement qu'Éric fait ça bien, ça rattrape la présentation précédente (c'est-à-dire la vôtre)". L'autre a opiné en souriant. Vous vous sentez rougir de honte.**

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Pour ne plus avoir à vivre un tel moment, vous établissez un plan d'action à suivre pour la prochaine présentation. Vous planifiez les étapes pour arriver à un bon exposé (contenu de la présentation, attitude, posture,...) (situation modification).
- b. Vous partez sans rien dire. Vous vous sentez "nul(le)". Malheureusement, vous ne pouvez rien changer à la situation, les présentations ce n'est pas votre truc (learned helplessness).
- c. Vous restez là, derrière eux, sans dire un mot. Vous ruminez sur ce que vous venez d'entendre. D'un côté, vous pensez qu'ils ont raison. De l'autre, vous leur en voulez terriblement. La scène repasse en boucle dans votre tête, vous vous demandez comment remettre ces collègues à leur place, comment retrouver votre honneur,... (rumination).
- d. Vous vous confiez à un proche et vous lui expliquez à quel point vous avez honte de vous être ridiculisé(e) devant tous vos collègues (emotion expression).
- e. Dans les jours qui suivent, vous essayez d'éviter de croiser vos collègues (acting out).
- f. Afin de vous débarrasser de ce sentiment de honte, vous vous laissez aller à consommer des produits relaxants (alcool, marijuana, médicaments,...) (substance abuse).
- g. Après ce moment assez désagréable, vous avez envie de vous changer les idées et vous vous engagez dans une activité agréable (attention reorientation).
- h. C'est vrai que cette présentation n'a pas été une totale réussite. Néanmoins, vous essayez de voir le côté positif des choses. C'était pour vous un nouvel exercice, vous avez appris quelque chose et vous vous améliorerez pour la prochaine fois (positive reappraisal).

14. Un(e) ami(e) vient de gagner un somptueux voyage pour deux personnes sur une île paradisiaque. Il/elle vous annonce qu'il/elle aimerait que vous l'accompagniez. Vous aviez justement besoin de vacances et vous lui en êtes donc extrêmement reconnaissant(e).

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Même si cette annonce vous fait plaisir, vos préoccupations du moment (ex. soucis personnels ou professionnels, stress,...) vous empêchent de profiter de l'instant présent (inattention).

- b. Vous vous laissez aller à lui montrer votre reconnaissance et votre affection (ex. remerciements, embrassades, invitation au restaurant,...) (behavioural display).
- c. Avant même le départ, vous appréhendez déjà le dur retour à la réalité. Ces huit jours seront si vite passés et ce type de vacances ne se reproduira certainement pas de sitôt (negative mental time travel).
- d. Vous savourez pleinement ce cadeau (savouring the present moment).
- e. Vous êtes très reconnaissant(e) envers votre ami(e). Cependant, dans les jours qui suivent, vous ne pouvez éviter de penser à certains éléments négatifs qui vous empêchent d'être pleinement satisfait(e) (ex. ce n'est pas la destination que vous auriez choisie, les dates du voyage nécessitent de modifier fortement votre agenda, vous devrez lui rendre la pareille,...) (fault finding).
- f. Vous pensez à la chance que vous avez d'avoir un tel/telle ami(e) et vous réalisez que ce geste contribue à renforcer votre amitié et/ou vous pensez déjà à toutes les choses agréables que vous allez pouvoir faire durant ce voyage (positive mental time travel).
- g. Vous parlez autour de vous du voyage et vous faites l'éloge de la générosité de votre ami(e) (capitalising).
- h. Vous avez envie de lui exprimer pleinement votre reconnaissance mais différentes raisons (ex. gêne, peur du ridicule, timidité,...) vous empêchent d'être démonstratif(ve) (inhibition of emotion expression).

15. Suite à des résultats d'examens médicaux, votre médecin vous apprend que vous devez subir une intervention chirurgicale. Votre santé n'est pas directement en danger mais, si vous ne faites rien, la situation pourrait se dégrader d'ici quelque temps. Même si votre médecin est confiant quant au déroulement de l'opération, celle-ci est assez lourde et cela vous fait très peur.

*Parmi les propositions suivantes, veuillez **entourer la ou les réaction(s)** qui reflète(nt) le plus votre manière de réagir dans ce genre de situation.*

- a. Vous ressentez le besoin de parler de cette opération avec des proches ou avec des personnes qui ont déjà vécu ce genre d'intervention (emotion expression).
- b. Vous annulez l'intervention. Vous préférez ne pas vous faire opérer pour le moment; vous avez vécu comme cela pendant des années alors pourquoi intervenir maintenant? (acting out).

- c. Cette annonce d'intervention chirurgicale vous déprime, en plus de vous faire peur. Vous avez l'impression que le sort s'acharne sur vous sans que vous ne puissiez rien y changer (learned helplessness).
- d. Vous essayez de mettre les choses en perspective en vous disant que de nombreuses personnes se font opérer tous les jours et que le risque que l'opération se passe mal est vraiment infime. Par contre, les bénéfices pour votre santé sont importants (positive reappraisal).
- e. Vous pensez très souvent à l'opération et vous imaginez tout ce qui pourrait mal se passer (rumination).
- f. Vous essayez de ne plus y penser jusqu'au jour de l'opération. Dès que la peur revient, vous tâchez de vous changer les idées en vous lançant dans des activités distrayantes (attention reorientation).
- g. Vous consommez des produits relaxants (ex. alcool, médicaments, stupéfiants,...) afin de réduire votre stress et votre peur (substance abuse).
- h. Vous considérez le problème et vous envisagez les différentes solutions. L'opération est la meilleure solution. Vous établissez les étapes à suivre avant et après l'opération afin que tout se déroule pour le mieux (situation modification).

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