Estimating individual subjective values of emotion regulation strategies

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Abstract 19

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Individuals have a repertoire of emotion regulation (ER) strategies at their disposal, which
   they can use more or less flexibly. In ER flexibility research, strategies that facilitate goal
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   achievement are considered adaptive and therefore are subjectively valuable. Individuals
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   are motivated to reduce their emotional arousal effectively and to avoid cognitive effort.
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   Perceived costs of ER strategies in the form of effort, however, are highly subjective.
   Subjective values (SVs) should therefore represent a trade-off between effectiveness and
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   subjectively required cognitive effort. However, SVs of ER strategies have not been
   determined so far. We present a new paradigm for quantifying individual SVs of ER
   strategies by offering monetary values for ER strategies in an iterative process. N=120
   participants first conducted an ER paradigm with the strategies distraction, distancing,
   and suppression. Afterwards, individual SVs were determined using the new CAD
   paradigm. SVs significantly predicted later choice for an ER strategy
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   (\chi^2(4, n = 119) = 115.40, p < .001, BF_{10} = 1.62 \times 10^{21}). Further, SVs were associated with
   Corrugator activity (t(5,618.96) = 2.09, p = .037, f^2 < 0.001), subjective effort
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   (t(5,618.96) = -13.98, p < .001, f^2 = 0.035), and self-reported utility (t(5,618.96) = 29.49,
   p < .001, f^2 = 0.155). SVs were further associated with self-control (t(97.97) = 2.04,
   p = .044, f^2 = 0.002), but not with flexible ER. With our paradigm, we were able to
   determine subjective values. The trait character of the values will be discussed.
37
         Keywords: emotion regulation, regulatory effort, effort discounting, registered report,
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- 38 emotion regulation choice, emotion regulation flexibility, electromyography 39
- Word count: about 9000 40

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1. Introduction

The ability to modify emotional experiences, expressions, and physiological reactions¹ 44 to regulate emotions is an important cognitive skill. It is therefore not surprising that 45 emotion regulation (ER) has substantial implications for well-being and adaptive 46 functioning². Different strategies can be used to regulate emotions, namely situation 47 selection, situation modification, attentional deployment, cognitive change, and response modification¹, and, following the taxonomy of Powers and LaBar³, individuals can implement ER strategies by means of different tactics. So called antecedent-focused strategies, e.g., attentional deployment and cognitive change, take effect early in the emotion generation process¹. In contrast, response modification takes place late in the process and is therefore conceptualized as a response-focused strategy¹. This postulated temporal sequence of ER strategies influences their effectiveness. Albeit it is meta-analytically proven that all mentioned strategies reduce subjective emotional experience, distraction as a tactic of attentional deployment and (expressive) suppression as a tactic of response modulation showed only small to medium effect sizes (distraction: $d_{+}=0.27$; suppression: $d_{+}=0.27$). In contrast, distancing as tactic of cognitive change showed the highest effectiveness with an effect size of $d_{+} = 0.45^{4}$. 59

Psychophysiological measures provide further important information on the
effectiveness of emotion regulation strategies (for an overview, see Zaehringer et al.⁵).
Compared to cardiovascular, electrodermal, and pupillometric autonomic responses, facial
electromyography has been reported consistently across studies to be influenced by emotion
regulation with even medium effect sizes. For example, studies have shown that reappraisal
of negative emotion is associated with reduced activity of the corrugator supercilii

(associated with anger, sadness, and fear) with $d_{-} = 0.32^{5}$. In addition, the levator labii superioris (associated with disgust) has also been associated with reduced activity during reappraisal⁶. Similar effects have been reported for suppression⁶, distancing⁷, and distraction⁸. Importantly, results on electromyographic measures seem to be more consistent compared to other autonomic measures, likely because they are specific to emotional valence and its changes.

Similarly to the differences in short term effectiveness, these tactics from three 72 different strategies are also related to different medium and long-term consequences. In particular, strategies that do not change the emotional content of the situation, for instance by taking a neutral perspective (i.e., distraction and suppression) are presumed to 75 be disadvantageous in the longer term. Thus, the self-reported habitual use of suppression is associated with more negative affect and lower general well-being⁹. In addition, a 77 number of ER strategies, e.g., rumination and suppression, have been associated with mental disorders (for meta-analytic review, see Aldao et al. 10), which led to the postulation of adaptive (such as reappraisal, acceptance) and maladaptive (such as suppression, rumination) ER strategies. For example, it was shown that maladaptive ER strategies (rumination and suppression) mediate the effect between neuroticism and depressive symptoms 11 . 83

The postulation of adaptive and maladaptive ER strategies has been challenged by
the concepts of ER repertoire and ER flexibility. Within this framework, maladaptive refers
to inflexible ER strategy use or use of strategies that are hindering goal achievement¹².

Adaptive flexible ER requires a large repertoire of ER strategies¹². The term "repertoire"
can be defined as the ability to utilize a wide range of regulatory strategies in divergent
contextual demands and opportunities¹³. A growing number of studies report findings
about the repertoire of emotion regulation strategies and its relationship to
psychopathology^{14–16}. Additionally, greater ER flexibility is related to reduced negative
affect and therefore beneficial in daily life¹⁷.

How do people choose strategies from their repertoire? Similarly to the 93 expectancy-value model of emotion regulation it could be assumed, that people also assign a value to an ER strategy reflecting the usefulness of this strategy for goal achieving. 95 Evidence from other psychological domains (e.g., intertemporal choice¹⁹) shows that subjective values (SVs) are attributed to the choice options on the basis of which the 97 decision is made. Research on ER choice has identified numerous factors that influence the choice of ER strategies, which can be seen as indirect evidence for factors influencing SVs²⁰. For example, a study found that the intensity of a stimulus or situation plays a role in the 100 choice²¹. Higher intensity of the (negative) stimulus lead to a choice of rather disengaging 101 tactics of attentional deployment, like distraction^{20,21}. ER choice was further influenced by, 102 among others, extrinsic motivation (e.g., monetary incentives), motivational determinants 103 (i.e., hedonic regulatory goals), and effort^{20,22}. Nonetheless, there are only few studies to 104 date that examined the required effort of several strategies in more detail and compared 105 them with each other. Furthermore, the research on ER choice lacks information regarding the strategies that were not chosen in each case. It is unclear whether people had clear 107 preferences or whether the choice options were similarly attractive. 108

We assume that people choose the strategy that has the highest value for them at the 109 moment. The value is determined against the background of goal achievement in the 110 specific situation: A strategy is highly valued if it facilitates goal achievement¹². One 111 certainly central goal is the regulation of negative affect. The effectiveness of ER strategies 112 should therefore influence the respective SV. A second, intrinsic, and less obvious goal is 113 the avoidance of effort²³. When given the choice, most individuals prefer tasks that are less effortful²⁴. Cognitive effort avoidance has been reported in many contexts, for example in 115 affective context²⁵, the context of decision making²⁶, and executive functions²⁷, and is 116 associated with Need for Cognition (NFC)²⁸, a stable measure of the individual pursuit and 117 enjoyment of cognitive effort^{29,30}. In the area of emotion regulation, too, there are initial 118 indications that people show a tendency towards effort avoidance. Across two studies, we

could show in previous work that the choice for an ER strategy is mainly influenced by the effort required to implement a given strategy²². In our studies, participants used the 121 strategies distancing and suppression while inspecting emotional pictures. Afterwards, they 122 choose which strategy they wanted to use again. Participants tended to re-apply the 123 strategy that was subjectively less effortful, even though it was subjectively not the most 124 effective one - in this case: suppression. Moreover, the majority of participants stated 125 afterwards the main reason for their choice was effort. We assume therefore that, although 126 individuals trade off both factors - effectiveness and effort - against each other, effort 127 should be the more important predictor for SVs of ER strategies. In addition, perceived 128 utility should have an impact on SVs. A strategy that is less effortful and can objectively 129 regulate arousal (i.e., is effective), but is not subjectively perceived as useful, should have a 130 low SV. SVs of ER Strategies could therefore be helpful to describe the ER repertoire¹² more comprehensively. Depending on the flexibility of a person, different patterns of SVs could be conceivable: A person with high flexibility would show relatively high SVs for a number of strategies. This would mean that all strategies are a good option for goal 134 achievement. A second person with less flexibility, however, would show high SVs only for 135 one strategy or low SVs for all of the strategies. This in turn would mean that there is only 136 a limited amount of strategies in the repertoire to choose from. Subsequently, the ability to 137 choose an appropriate strategy for a specific situation is also limited. 138

So far we have not seen any attempt in ER choice research to determine individual

SVs of ER strategies. However, this would be useful to describe interindividual differences

in the preference of ER strategies and the ER repertoire more comprehensively. To

investigate this question, the individual SVs of each strategy available for selection would

have to be determined. Promising approaches can be found in studies on difficulty levels of

effortful cognitive tasks.

Individual SVs of effortful cognitive tasks have been quantified using the Cognitive Effort Discounting Paradigm (COG-ED)²⁹.

In the original study by Westbrook et al.²⁹, cognitive load was varied using the 147 n-back task, a working memory task that requires fast and accurate responses to 148 sequentially presented stimuli. Participants had to decide in an iterative procedure whether 149 they wanted to repeat a higher n-back level for a larger, fixed monetary reward, or a lower 150 level for a smaller, varying reward, with the implicit assumption that the objectively 151 easiest n-back level has the highest SV. In the present study, we want to use this paradigm 152 to determine SVs of ER strategies. In doing so, we need to make an important change: We 153 have to adapt the assumption that the easiest n-back level has the highest SV. As we have 154 shown in previous studies, there are large inter-individual differences in the preference and 155 perceived subjective effort of ER strategies²². Moreover, there is nothing like an objectively 156 easiest ER strategy. It could be assumed, that the antecedent-focused strategies, 157 i.e. attentional deployment and cognitive change, require less effort, because according to Gross¹ these strategies apply when the emotional reaction has not fully developed, yet. In 159 contrast, suppression would need ongoing effort, because it takes effect late in the emotion 160 generating process and does not alter the emotion itself. A similar assumption has been 161 made by Mesmer-Magnus et al.³¹, who state that Surface Acting (the equivalent to 162 expressive suppression in emotional labor research) is supposed to continuously require 163 high levels of energy (hence effort). Deep Acting (which refers to reappraisal), in turn, only 164 initially needs the use of energy. This would be in conflict with findings in our previous 165 studies, that showed that many people choose expressive suppression because they 166 evaluated it as less effortful, hence easy²². Others define emotion regulation on a continuum 167 from explicit, conscious, and effortful to implicit, unconscious, automatic and effortless³². 168 This would mean, that all explicit strategies that have been proposed by the process model 169 of emotion regulation are similarly effortful¹. Similarly, the flexibility approach of emotion 170 regulation also states, that there is no "best" strategy³³. An emotion regulation attempt is 171 adaptive, when the intended, individual goal is reached. Those attempts could also consist 172 of sequences of regulatory efforts using different strategies, which might be effective and 173

effortless only in this specific context. Therefore, we have to add an additional step, which precedes the other steps and where the ER option with the higher subjective value is 175 determined. In this step, the same monetary value (i.e., $1 \in$) is assigned to both options. 176 The assumption is that participants now choose the option that has the higher SV for 177 them. In the next step we return to the original paradigm. The higher monetary value (i.e., 178 $2 \in$) is assigned to the option that was not chosen in the first step and therefore is assumed 179 to have the lower SV. In the following steps, the lower value is changed in every iteration 180 according to Westbrook et al.²⁹ until the indifference point is reached. This procedure will 181 be repeated until all strategies have been compared. The SV of each strategy is calculated 182 as the mean of this strategy's SV from all comparisons. In case a participant has a clear 183 preference for one strategy, the SV of this strategy will be 1. But our paradigm can also 184 account for the case that a person does not have a clear preference. Then no SV will be 1, 185 but still, the SVs of all strategies can be interpreted as absolute values and in relation to the other strategy's SVs (see Figure 1). In a separate study, we will test our adapted paradigm together with a n-back task and explore whether this paradigm can describe 188 individuals that do not prefer the easiest n-back option (see Zerna, Scheffel et al.³⁴). 180

[INSERT FIGURE 1 HERE]

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The aim of the present study is to evaluate whether this paradigm is suitable for 191 determining SVs of ER strategies. As a manipulation check, we first want to investigate 192 whether the valence of the pictures is affecting subjective and physiological responding, 193 resulting in lower subjective arousal ratings after and lower EMG activity during neutral 194 compared to negative pictures. Second, we want to check whether the ER strategies distraction, distancing, and suppression effectively reduce subjective arousal and physiological responding compared to the active viewing condition. Third, we want to see 197 whether the strategies subjectively require more cognitive effort than the active viewing 198 condition, and whether participants re-apply the for them least effortful strategy. 199 Furthermore, we want to investigate whether subjective effort, arousal ratings, subjective 200



Figure 1. Exemplary visualization of two response patterns. In the top half, the person has a clear preference for one of the three strategies. In the lower half, they have no clear preference and therefore show an inconsistent response pattern. This pattern can be represented by our paradigm. Figure available at https://osf.io/vnj8x/, under a CC-BY4.0 license.

utility, and EMG activity predict individual subjective values of ER strategies. And lastly,
we want to check whether the SV of a strategy is associated with its likelihood of being
chosen again, and whether SVs reflect participants' self-reported ER flexibility. All
hypotheses are detailed in the design table. Exploratorily, we want to investigate whether
individual SVs are related to personality traits and how individual SVs of ER strategies
relate to SVs of other tasks with different demand levels, namely n-back.

207 **2.** Method

We report how we determined our sample size, all data exclusions (if any), all manipulations, and all measures in the study³⁵. The paradigm was written and presented using $PsychoPy^{36}$. We used R with R $Studio^{37,38}$ with the main packages $afex^{39}$ and

BayesFactor⁴⁰ for all analyses. The R Markdown file used to analyze the data and write
this document, as well as the raw data and the materials are freely available at
https://github.com/ChScheffel/CAD. A complete list of all measures assessed in the study
can be found at OSF (https://osf.io/vnj8x/) and GitHub
(https://github.com/ChScheffel/CAD).

2.1 Ethics information

The study protocol complies with all relevant ethical regulations and was approved
by the ethics committee of the Technische Universität Dresden (reference number
EK50012022). Prior to testing, written informed consent was obtained. Participants
received 24€ in total or course credit for participation.

221 2.2 Pilot data

The newly developed ER paradigm was tested in a pilot study with N=16222 participants (9 female; age: $M = 24.1 \pm SD = 3.6$). Regarding self-reported arousal, 223 results showed significant higher subjective arousal for active viewing of negative compared 224 to neutral pictures. However, ER strategies did not lead to a reduction of subjective 225 arousal compared to active viewing of negative pictures. Regarding physiological responses, ER strategies were associated with reduced facial muscle activity of the *corrugator* and levator compared to active viewing of negative pictures. In accordance with our previous study²², we found that the use of ER strategies compared to active viewing was associated with increased subjective effort. All results are detailed in the OSF repository 230 (https://osf.io/vnj8x/).231

2.3 Design

Young healthy participants (aged 18 to 30 years) were recruited using the software 233 $ORSEE^{41}$ at the Technische Universität Dresden. Participants were excluded from participation if they do not fluently speak German, had current or a history of psychological disorders or neurological trauma, or reported to take medication. 236 Participants were invited to complete an online survey containing different questionnaires 237 to assess broad and narrow personality traits and measures of well-being. The study 238 consisted of two lab sessions, which took place in a shielded cabin with constant lighting. 239 Before each session, participants received information about the respective experimental 240 procedure and provided informed consent. In the first session participants filled out a 241 demographic questionnaire and completed an n-back task with the levels one to four. Then, 242 they completed an effort discounting (ED) procedure regarding the n-back levels on screen, 243 followed by a random repetition of one n-back level³⁴. The second session took place 244 exactly one week after session one. Participants provided informed consent and received 245 written instructions on the ER paradigm and ER strategies that they should apply. A brief 246 training ensured that all participants were able to implement the ER strategies. Next, 247 electrodes to measure facial EMG were attached and the ER task was conducted, followed 248 by an ED procedure regarding the ER strategies. After that, participants chose one ER 249 strategy to repeat one more time. Study data were collected and managed using REDCap electronic data capture tools hosted at Technische Universität Dresden^{42,43}. 251

252 **2.3.1 Psychometric measures.** The online survey contained a number of questionnaires. In the focus of the current project was the Flexible Emotion Regulation Scale (FlexER)⁴⁴.

It assesses flexible use of ER strategies with items such as "If I want to feel less negative emotions, I have several strategies to achieve this.", which we define as ER flexibility. The items were rated on a 4-point scale ranging from "strongly agree" to ** strongly disagree.

Further psychological constructs were assessed but had no clear hypotheses in the 259 present work and are therefore investigated only exploratory: General psychological 260 well-being was assessed using the German version of the WHO-5 scale^{45,46}. To measure 261 resilience, the German version 10-item-form of the Connor-Davidson resilience Scale 262 (CD-RISC)⁴⁷⁻⁴⁹ was used. Habitual use of ER will was assessed using the German version 263 of the Emotion Regulation Questionnaire (ERQ)^{9,50}. Implicit theories of willpower in 264 emotion control was assessed using the implicit theories questionnaire from Bernecker and 265 Job⁵¹. To assess Need for Cognition, the German version short form of the Need for 266 Cognition Scale^{28,52} was used. To assess self-control⁵³, sum scores of the German versions 267 of the following questionnaires were used: the Self-Regulation Scale (SRS)⁵⁴, the Brief 268 Self-Control Scale $(BSCS)^{55,56}$, and the Barratt Impulsiveness Scale $(BIS-11)^{57,58}$. 269 Attentional control were assessed using the Attentional Control Scale (ACS)⁵⁹. For more detailed information on psychometric properties of the questionnaires, please see the supplementary material. 272

2.3.2 Emotion regulation paradigm. The ER paradigm consisted of three parts
that will be described in the following.

Part one: ER task. Part one was a standard ER task in a block design (see Figure 2), 275 similar to paradigms previously used by our group²². Participants were told to actively 276 view neutral and negative pictures (see 2.3.3) or to regulate all upcoming emotions by 277 means of distraction, distancing, and expressive suppression, respectively. Every 278 participant first had the condition "active viewing-neutral" that served as a baseline condition. During this block, 20 neutral pictures were presented. Participants were asked to "actively view all pictures and permit all emotions that may arise." In the second block, participants actively viewed negative pictures. During the third, fourth, and fifth block, 282 participants saw negative pictures and were asked to regulate their emotions using 283 distraction, distancing, and suppression. In order to achieve distraction, participants were 284

asked to think of a geometric object or an everyday activity, like brushing their teeth. 285 During distancing, participants were asked to "take the position of a non-involved observer, 286 thinking about the picture in a neutral way." Participants were told not to re-interpret the 287 situation or attaching a different meaning to the situation. During suppression. 288 participants were told to "suppress their emotional facial expression." They should imagine 280 being observed by a third person that should not be able to tell by looking at the facial 290 expression whether the person is looking at an emotional picture. Participants were 291 instructed not to suppress their thoughts or change their facial expression to the 292 opposite²². All participants received written instruction and completed a training session. 293 After the training session, participants were asked about their applied ER strategies to 294 avoid misapplication. The order of the three regulation blocks (distraction, distancing, and 295 suppression) were randomized between participants. Each of the blocks consisted of 20 trials showing neutral (Block 1) and negative (Blocks 2, 3, 4, 5) pictures. Each trial began with a fixation cross that lasted 3 to 5 seconds (random uniform distributed). It was followed by neutral or negative pictures for a total of 6 seconds. After each block, participants retrospectively rated their subjective emotional arousal ("not at all aroused" 300 to "very highly aroused"), their subjective effort ("not very exhausting" to "very 301 exhausting"), and - after the regulation blocks - the utility of the respective strategy ("not 302 useful at all" to "very useful") on a continuous scale using a slider on screen. 303

Part two: ER effort discounting. In the second part, ER effort discounting took

place. The procedure of the discounting will follow the COG-ED paradigm by Westbrook

et al.²⁹ with a major change. We used the following adaption that allowed the computation

of SVs for different strategies without presuming that all individuals would inherently

evaluate the same strategy as the easiest one: For each possible pairing (distraction

vs. distancing, distraction vs. suppression, and distancing vs. suppression), each of the two

strategies were presented with a monetary reward. Because there is no strategy that is

objectively more difficult, we added initial comparisons asking the participants to choose

between "1€ for strategy A or 1€ for strategy B". They decided by clicking the on-screen button of the respective option. Each of the three strategy pairs were presented three times 313 in total, in a randomized order and randomly assigned which strategy appeared on the left 314 or right side of the screen. For each pair, the strategy that was chosen at least two out of 315 three times was assigned the flexible starting value of $1 \in$, the other strategy was assigned 316 the fixed value of 2€. After this, comparisons between strategies followed the original 317 COG-ED paradigm²⁹. Each pairing was presented six consecutive times, and with each 318 decision the reward of the strategy with the starting value of 1€ was either lowered (if this 319 strategy was chosen) or raised (if the strategy with the fixed 2€ reward was chosen). The 320 adjustment started at 0.50€ and each was half the adjustment of the previous step, 321 rounded to two digits after the decimal point. If a participant always chose the strategy 322 with the fixed 2€ reward, the other strategy's last value on display was 1.97€, if they always choose the lower strategy, its last value was $0.03 \in$. The sixth adjustment of $0.02 \in$ was done during data analysis, based on the participants' decision in the last display of the pairing. Participants were instructed to decide as realistically as possible by imagining that 326 the monetary reward was actually available for choice. 327

Part three: ER choice. After the discounting part, participants chose which one of
the three ER strategies (distraction, distancing or suppression) they wanted to re-apply.

Importantly, there was no further instruction on what basis they should make their
decision. Participants should make their decision freely, according to criteria they consider
important for themselves. However, participants were asked to state the reasons for the
decision afterwards in RedCap using a free text field. As soon as they have decided, they
saw the respective instruction and the block with another 20 negative pictures started.

[INSERT FIGURE 2 HERE]

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2.3.3 Stimuli. Pictures that were used in the paradigm were selected from the Emotional Picture Set (EmoPicS)⁶⁰ and the International Affective Picture System (IAPS)⁶¹. The 20 neutral pictures (Valence (V): $M \pm SD = 4.81 \pm 0.51$; Arousal (A): M



Figure 2. Block design of the paradigm. Every participant starts with two "active viewing" blocks continuing neutral (Block 1) and negative (Block 2) pictures. Order of the regulation blocks (Blocks 3, 4, and 5) was randomized between participants. After, the discounting procedure took place. All three regulation strategies were compared pairwise. Before the last block, participants could decide which regulation strategy they wanted to reapply. Subjective arousal and effort ratings were assessed after each block using a slider on screen with a continuous scale. Figure available at https://osf.io/vnj8x/, under a CC-BY4.0 license.

 $\pm SD = 3 \pm 0.65$) depicted content related to the categories persons, objects, and scenes. 339 Further, 100 negative pictures, featuring categories animals, body, disaster, disgust, injury, 340 suffering, violence, and weapons, were used. An evolutionary algorithm⁶² was used to 341 cluster these pictures into five sets with comparable valence and arousal values (set one: V: 342 $M \pm SD = 2.84 \pm 0.57$, A: $M \pm SD = 5.62 \pm 0.34$; set two: V: $M \pm SD = 2.64 \pm 0.46$, A: 343 $M \pm SD = 5.58 \pm 0.35$; set three: V: $M \pm SD = 2.82 \pm 0.62$, A: $M \pm SD = 5.60 \pm 0.39$; 344 set four: V: $M \pm SD = 2.65 \pm 0.75$, A: $M \pm SD = 5.61 \pm 0.41$; set five: V: $M \pm SD =$ 345 2.74 ± 0.70 , A: $M \pm SD = 5.63 \pm 0.37$). A complete list of all pictures and their classification into sets can be found in supplementary material table S1. The five sets of 347 negative pictures were assigned randomly to the blocks.

2.3.4 Facial electromyography. Bipolar facial electromyography (EMG) were 349 measured for corrugator supercilii and levator labii as indices of affective valence⁶³, similar 350 to previous work by our group⁷. Two passive surface Ag/AgCl electrodes (8 mm inner 351 diameter, 10 mm distance between electrodes) were placed over each left muscle according 352 to the guidelines of Fridlund and Cacioppo⁶⁴. The ground electrode was placed over the 353 left Mastoid. Before electrode placement, the skin was abraded with Every abrasive paste, 354 cleaned with alcohol, and filled with Lectron III electrolyte gel. Raw signals were amplified 355 by a BrainAmp amplifier (Brain Products Inc., Gilching, Germany). Impedance level were 356 kept below 10 $k\Omega$. Data were sampled at 1000 Hz, filtered, rectified and integrated. A 20 Hz high pass (order 8), a 300 Hz low pass (order 8), and a 50 Hz notch filter was applied to both signals. Corrugator and levator EMG was analyzed during the 6 s of picture 359 presentation. EMG data were baseline-corrected using a time window of 2 s prior to 360 stimulus onset⁶³. Last, the sampling rate was changed to 100 Hz, and EMG data were 361 averaged for each condition and each participant. 362

33 2.4 Sampling plan

Sample size calculation was done using $G^*Power^{65,66}$. In a meta-analysis of 364 Zaehringer and colleagues⁵, effect sizes of ER on peripheral-physiological measures were 365 reported: To find an effect of d = -0.32 of ER on corrugator muscle activity with $\alpha = .05$ 366 and $\beta = .95$, data of at least N = 85 have to be analyzed. Power analyses of all other 367 hypotheses yielded smaller sample sizes. However, if participants withdraw from study participation, technical failures occur, or experimenter considers the participant for not 369 suitable for study participation (e.g., because the participant does not follow instructions 370 or shows great fatigue), respective data will also be excluded from further analyses. 371 Therefore, we aimed to collect data of N=120 participants, about 50 more data sets, than necessary. Detailed information on power calculation for each hypothesis can be found in 373 the design table.

375 2.5 Analysis plan

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Data collection and analysis were not performed blind to the conditions of the 376 experiments. Data of whole participants were excluded from analysis if participants withdraw their consent or they stated that they did not follow experimental instructions. 378 EMG data of subjects were excluded from analysis if errors occurred during recording. No 379 further data exclusions were planned. The level of significance was set to $\alpha = .05$. For 380 hypotheses H1-4, repeated measures analysis of variance (rmANOVA) were conducted and 381 estimated marginal means were computed using the afex package³⁹. 382 Greenhouse-Geisser-corrected degrees of freedom and associated p-values were reported 383 when the assumption of sphericity was violated. If the within-subjects factor of interest 384 was significant, pairwise contrasts were calculated using Bonferroni adjustment for multiple 385 testing. Proportion of explained variance η_p^2 was reported as a measure of effect size. 386

Effect of valence on arousal and facial EMG. To examine the impact of valence of

emotional pictures on subjective arousal ratings (H1a), a rmANOVA with the factor
valence (neutral and negative) for the strategy active viewing was conducted. To examine
the impact of valence on physiological responding (H1b and H1c), a rmANOVA with the
factor valence (neutral and negative) for the strategy active viewing was conducted for
EMG corrugator and levator activity.

effects of emotion regulation on arousal, facial EMG, and effort. To investigate the
effects of the three ER strategies on subjective arousal (H2a), another rmANOVA with the
factor strategy (active viewing - negative, distraction, distancing, and suppression) for
subjective arousal ratings was conducted. To examine the effects of the three ER strategies
on physiological responding (H3a and H3b), another rmANOVA with the factor strategy
(active viewing - negative, distraction, distancing, and suppression) for EMG corrugator
and levator activity was conducted. To examine the effect of ER strategies on subjective
effort (H4a), a rmANOVA with the factor strategy (active viewing - negative, distraction,
distancing, and suppression) for subjective effort ratings was conducted.

Subjective values of emotion regulation strategies. For each ER strategy, SVs were 402 calculated as follows: first, the value 0.02€ was added to or subtracted from the last 403 monetary value of the flexible strategy, depending on the participant's last choice. Second, 404 to obtain the SV of the fixed strategy (the minimum relative reward required for 405 participants to choose the flexible over the fixed strategy), the last value of the flexible 406 strategy was divided by 2€. Therefore, the SVs of the flexible strategies were 1, because 407 they were chosen in the initial comparison of each pairing in which the same value was offered for both strategies, so they were the preferred strategy of each pairing. The SVs of the fixed strategies lay between 0 and 1, with lower values indicating that the participant would need a much higher monetary incentive to choose this strategy over the other one in 411 the pairing. The final SV per strategy for each participant was computed by averaging the 412 SVs of each strategy across pairings.

To explore the association between subjective effort (H5a), subjective arousal (H5b), 414 subjective utility (H5c), and physiological responding (H5d,e) on SVs, a multilevel model 415 (MLM) was specified using the *lmerTest* package⁶⁷. First, ER strategies were recoded and 416 centered for each subject according to their individual SVs: The strategy with the highest 417 SV will be coded as -1, the strategy with the second highest SV 0, and the strategy with 418 the lowest SV will be coded as 1. Restricted maximum likelihood (REML) was applied to 419 fit the model. A random slopes model of SVs including subjective effort (effort ratings), 420 subjective arousal (arousal ratings), utility (utility ratings), and physiological responses 421 (corrugator and levator activity) as level-1-predictors was specified. 422

 $SV \sim strategy + effort rating + arousal rating + utility rating + corrugator activity + levator activity + (strategy|subject)$

Level-1-predictors were centered within cluster⁶⁸. Residuals of the final model were inspected visually. Intraclass correlation coefficient (ICC), ρ , was reported for each model (null model, as well as full model). The presented MLM followed the conceptualization of Zerna, Scheffel, et al.³⁴

To investigate whether individual SVs predict ER choice (H7a), a $\chi 2$ test with predicted choice (highest SV of each participant) and actual choice was computed. Furthermore, an ordinal logistic regression with the dependent variable choice and independent variables SVs of each strategy was computed.

The association between flexible ER and SVs of ER strategies (H7b) was investigated with a linear regression using the individual *intercept* and *slope* of each participants' SVs to predict their FlexER score. To this end, for each participant, SVs were sorted by magnitude in descending order and entered as dependent variable in a linear model, with strategy (centered, i.e., -1, 0, 1) as independent variable. The resulting *intercept* informs about the extent to which an individual considers any or all of the ER strategies as useful

for regulation their emotion, while the *slope* informs about the flexibility in the use of
emotion regulation strategies. The individual intercepts and slopes were entered as
predictors in a regression model with the FlexER score as dependent variable. A positive
association with the predictor *intercept* would indicate that overall higher SVs attached to
ER strategies predicts higher scores on the FlexER scale. A positive association with the
predictor *slope* would indicate that less negative slopes, i.e., a smaller preference for a
given ER strategy, would be associated with a higher score of the FlexER scale.

The influence of personality traits on SVs were investigated exploratorily. Therefore, the MLM specified above was extended by the level-2-predictors NFC and self-control.

For each result of the analyses, both p-values and Bayes factors BF10, calculated using the BayesFactor package⁴⁰, were reported. Bayes factors were calculated using the default prior widths of the functions anovaBF, lmBF and regressionBF.

449 Data availability

450

The data of this study can be downloaded from osf.io/vnj8x/.

451 Code availability

The paradigm code, the R script for analysis, and the R Markdown file used to compile this document are available at osf.io/vnj8x/.

454 Protocol registration

The Stage 1 Registered Report protocol has been approved and is available at osf.io/d6sc9/.

457 3. Results

3.1 Participants and descriptive statistics

Data collection took place between 16th of August 2022 and the 3rd of February 459 2023. A total of N=151 participants completed the online survey and were invited to 460 participate in the two lab sessions. Of these, N = 124 participated in the first laboratory 461 session³⁴ and N=121 completed the second laboratory session. Of these, n=1 person had to be excluded from analyses because they did not follow the instructions. The final 463 sample consisted of N=120 participants (100 female; age: $M\pm SD=22.5\pm 3.0$ years old), which is 1.4 times more than what the highest sample size calculation required. 465 Please note that sample size for individual calculations may be smaller due to failure of 466 EMG recording (n = 1) and failure to record utility ratings (n = 18). 467

468 3.2. Confirmatory analyses

460

Manipulation checks.

Effect of valence on arousal and facial EMG. To explore whether negative 470 pictures evoke emotional arousal and physiological responding, we conducted separate 471 rmANOVAs for the active viewing condition with predictors subjective arousal, corrugator 472 and levator activity. Descriptive values of each predictor for each condition can be found in 473 Table 1. We found a significant main effect of valence for subjective arousal 474 $(F(1,119) = 399.95, p < .001, \hat{\eta}_G^2 = .589, 90\% \text{ CI } [.498, .659], BF_{10} = 2.76 \times 10^{48}),$ corrugator activity (F(1,117) = 27.73, p < .001, $\hat{\eta}_G^2 = .111$, 90% CI [.037, .206], ${
m BF}_{10}=8.05 imes 10^{18}), \ {
m and} \ levator \ {
m activity} \ (F(1,117)=8.87, \ p=.004, \ \hat{\eta}_G^2=.039, \ 90\% \ {
m CI}$ [.002, .111], $BF_{10} = 251.32$). Post-hoc contrasts indicated that negative pictures 478 successfully increased emotional arousal and physiological responding (please see Tables S.4 470 to @ref(tab:SupplEffectLevView and Figures S.1 to S.3 in the [supplement]). 480

Effect of emotion regulation on arousal and facial EMG. To investigate 481 whether ER strategies reduce emotional arousal and physiological responding, we 482 conducted separate rmANOVAs comparing the four instructed strategies (active viewing, 483 distraction, distancing, suppression) with respect to subjective arousal, corrugator and 484 levator activity. We found a significant effect of strategy for subjective arousal 485 $(F(2.71, 322.55) = 7.39, p < .001, \hat{\eta}_G^2 = .015, 90\% \text{ CI } [.000, .036], \text{ BF}_{10} = 157.74),$ 486 corrugator activity $(F(1.76, 206.02) = 13.70, p < .001, \hat{\eta}_G^2 = .056, 90\%$ CI [.019, .094], 487 $BF_{10} = 1.96 \times 10^{10}$), and levator activity $(F(1.54, 180.41) = 19.95, p < .001, \hat{\eta}_G^2 = .089,$ 488 90% CI [.043, .134], BF $_{10}=7.82\times10^{18}$), indicating that regulation strategies reduced 489 subjective arousal and physiological responding. For detailed information on post-hoc 490 contrasts, please see Tables S.7 to S.9 and Figures S.4 to S.6 in the supplementary material. 491

[INSERT TABLE 1 HERE]

Table 1 $M \pm SD$ of subjective arousal, subjetive effort, subjective utility, Corrugator activity, and Levator activity for each condition.

	Subjective Arousal	Subjective Effort	Subjective Utility	Corrugator activity (in mV)	Levator activity (in mV)
$View_{neu}$	26.6 ± 39.1	18.1 ± 27.4		0.04 ± 6.99	0.09 ± 1.84
$View_{neg}$	187.8 ± 87.3	49.4 ± 62.3		1.03 ± 7.21	0.58 ± 3.2
Distraction	158.1 ± 92.5	208.5 ± 96.1	216.6 ± 93.2	0 ± 7.67	-0.05 ± 1.16
Distancing	164 ± 87.2	189.8 ± 92.3	214.8 ± 78.6	0.25 ± 1.92	0.01 ± 1
Suppression	168.6 ± 95.8	158.3 ± 99.5	229.3 ± 95	0.07 ± 3.78	-0.03 ± 0.92

Effect of emotion regulation of effort. To investigate whether ER strategies 493 require cognitive effort, we conducted an rmANOVA comparing the subjective effort 494 ratings of four strategies (active viewing, distraction, distancing, suppression). We found a 495 significant effect of strategy $(F(2.92, 347.65) = 128.47, p < .001, \hat{\eta}_G^2 = .327, 90\%$ CI 496 [.261, .384], BF₁₀ = 1.77×10^{53} ; see Figure 3). Post-hoc contrasts showed significantly 497 higher subjective effort for distraction $(t(357) = -17.92, p_{\text{Tukey}(4)} < .001,$ 498 $BF_{10} = 3.61 \times 10^{30}$), distancing $(t(357) = -15.82, p_{Tukey(4)} < .001, BF_{10} = 1.60 \times 10^{28})$, and 490 suppression $(t(357) = -12.26, p_{\text{Tukey}(4)} < .001, BF_{10} = 1.27 \times 10^{19})$ compared to active 500 viewing. Moreover, we found significantly lower effort during suppression compared with 501 distraction $(t(357) = 5.66, p_{\text{Tukey}(4)} < .001, BF_{10} = 1.61 \times 10^6)$ and distancing 502 $(t(357) = 3.55, p_{\text{Tukey}(4)} = .002, BF_{10} = 29.19).$ 503

[INSERT FIGURE 3 HERE]

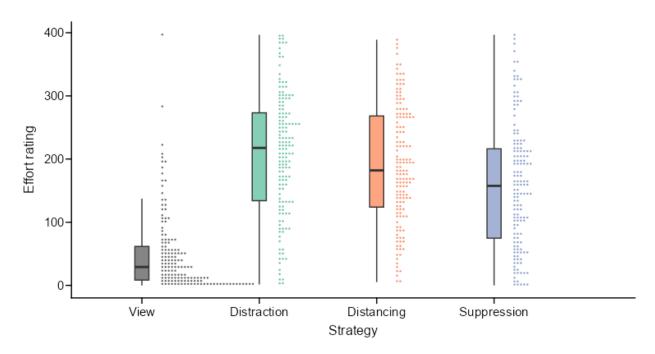


Figure 3. Subjective effort ratings vizalized as boxplots. Dots represent individual effort ratings placed in 150 quantiles. Figure available at https://osf.io/vnj8x/, under a CC-BY-4.0 license.

decision, which resembled previous findings of our group²². 45.40% of the participants
stated that they chose the strategy that was easiest for them to implement. 24.40% stated
they chose the strategy that was most effective and 11.80% stated their chosen strategy
was the easiest and most effective. A more detailed list of all reasons can be found online
on OSF (https://osf.io/vnj8x/).

Subjective values of ER strategies and their predictors. Individual SVs could be determined for 120 participants for all three ER strategies. SVs ranged between 0.005 and 1.00. n = 119 had one SV of 1.0, indicating a clear preference for one ER strategy. Absolute preferences for ER strategies were relatively equally distributed. Highest SV for distraction was reported by n = 41, for distancing by n = 36, and for suppression by n = 43.

To investigate, which variables can predict individual SVs of ER strategies, a multilevel model approach was chosen. The ICC of the null model was ICC = 0.19, indicating that the level-2 predictor subject accounted for 19.10% of total variance. The preregistered model showed a correlation of r = 0.95 between the random effects subjects and recoded strategy (BF10 of the variable strategy: BF₁₀ = ∞). Our model explained 90.4% of variance and thus we assumed our model was overfitted due to including recoded strategy as the random slope. We therefore set a new model without the recoded strategy as the random slope factor to estimate the influence of predictors on SVs more precisely. The second model followed the specification:

 $SV \sim \text{effort rating} + \text{arousal rating} + \text{utility rating} + corrugator \text{ activity}$ + levator activity + (1|subject)

The second model explained 41.5% of variance. All results of the second model are in Table 2.

[INSERT TABLE 2 HERE]

Parameter	Beta	SE	p-value	f^2	Random Effects (SD)
Intercept	8.03×10^{-1}	0.012	<.001		0.114
Effort	-6.85×10^{-4}	0.000	<.001	0.035	
Arousal	-7.84×10^{-5}	0.000	0.317	0.000	
Utility	1.42×10^{-3}	0.000	<.001	0.155	
Corrugator activity	7.45×10^{-3}	0.004	0.037	0.001	
Levator activity	5.32×10^{-3}	0.003	0.070	0.001	

Table 2
Results of multilevel model predicting subjective values of ER strategies.

The predictors effort rating ($\hat{\beta} = -0.001, 95\% \text{ CI } [-0.001, -0.001],$ 529 t(5,618.96) = -13.98, p < .001, utility rating ($\hat{\beta} = 0.001, 95\%$ CI [0.001, 0.002], 530 $t(5,618.96) = 29.49, p < .001), and corrugator activity (<math>\hat{\beta} = 0.007, 95\% \text{ CI } [0.000, 0.014],$ 531 t(5,618.96) = 2.09, p = .037) showed a significant association with SVs. Beta values were 532 relatively small, so the respective effect size f^2 was calculated as the explained variance. 533 The predictor utility rating showed the greatest effect size of all predictors ($f^2 = 0.155$), 534 indicating that utility rating explained 15.5% of variance in SVs. Effort rating showed an 535 effect size of $f^2 = 0.035$. The effect sizes of all other predictors were negligibly small 536 $(f^2 < 0.01).$ 537

Associations between subjective values and flexible ER. To investigate the ecological validity of the calculated subjective values of ER strategies, we tested whether SVs were associated with the actual choice of participants in the last experimental block. Therefore, a χ^2 test with predicted choice (i.e., the strategy with the highest SV of each participant) and actual choice was computed. There was a significant association between predicted choice and actual choice ($\chi^2(4, n = 119) = 115.40, p < .001, BF_{10} = 1.62 \times 10^{21}$; see Figure 4).

[INSERT FIGURE 4 HERE]

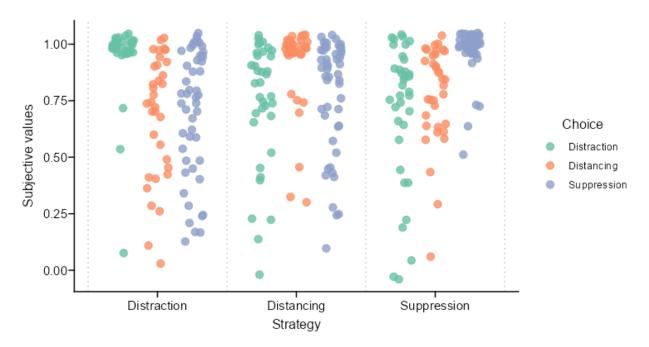


Figure 4. Individual subjective values per ER strategy, grouped by choice in last experimental block. Each dot indicates SV of one participant, the colours indicate their choice in last experimental block. The scatter has a horizontal jitter of 0.40 and a vertical jitter of 0.05. N = 120. Figure available at https://osf.io/vnj8x/, under a CC-BY-4.0 license.

We then conducted an ordinal regression with the dependent variable "choice" and 546 the individual SVs of all three strategies as independent variables. Overall model fit was 547 fair with $R^2 = 0.27$. The SV of the strategy distraction contributed significantly to the 548 model (b = -6.29, 95% CI [-10.81, -3.02], z = -3.21, p = .001, BF10 = 2.00). The 549 estimated odds ratio indicated a higher chance of choosing strategy distraction, when the 550 SV of that strategy is higher. Additionally, the predictor SV of the strategy suppression 551 contributed significantly to the model (b = 2.70, 95% CI [0.83, 4.84], z = 2.67, p = .008, 552 BF10 = 1.99). The estimated odds ratio indicated that a participant is more likely to later 553 choose suppression, when the SV of the strategy suppression is higher. 554

Last, we investigated whether SVs are associated with ER flexibility. We conducted a logistic regression to inspect whether participants' individual *slopes* and *intercepts* of ordered SVs could predict their ER flexibility score. We found neither a significant association between *slopes* of SVs and FlexER score (b = -0.36, 95% CI [-1.28, 0.56],

 $t(117) = -0.77, p = .444, BF_{10} = 0.72), nor between intercepts and FlexER score$ $<math>(b = 1.32, 95\% \text{ CI } [-1.38, 4.02], t(117) = 0.97, p = .336, BF_{10} = 0.85).$ However, model fit was relatively low $(R^2 = .03, F(2, 117) = 1.93, p = .150).$

562 3.3. Exploratory analyses

Because associations between self-control, the investment trait Need for Cognition
(NFC) and both, effort discounting and demand avoidance have been reported^{29,34,69}, we
wanted to investigate the influence of self-control and NFC on individual SVs of ER
strategies. The starting point for this was the adapted MLM, which we have reported
before. Only predictors that had previously shown a significant association with SVs were
included in the model together with level-2 predictors self-control and NFC. The third
model followed the specification:

 $SV \sim \text{effort rating} + \text{utility rating} + corrugator \text{ activity}$ +self-control + NFC + (1|subject)

As expected, the predictors effort rating $(\hat{\beta} = -0.001, 95\% \text{ CI } [-0.001, -0.001],$ t(5,620.93) = -14.26, p < .001) showed a negative association with SVs, while utility rating $(\hat{\beta} = 0.001, 95\% \text{ CI } [0.001, 0.002], t(5,620.93) = 33.28, p < .001),$ and Corrugator activity $(\hat{\beta} = 0.008, 95\% \text{ CI } [0.001, 0.015], t(5,620.93) = 2.12, p = .034)$ showed a significant positive association with SVs. In addition, a positive association was also found between self-control and SVs $(\hat{\beta} = 0.024, 95\% \text{ CI } [0.001, 0.048], t(97.97) = 2.04, p = .044)$. However, the effect size of self-control was negligibly small $(f^2 = 0.002)$. Detailed information can be found in the supplementary material.

578 Discussion

The present Registered Report was designed to assess whether our new Cognitive and 579 Affective Discounting (CAD) paradigm is suitable for determining individual subjective 580 values of the ER strategies distraction, distancing, and suppression. We adapted 581 Westbrook et al.'s²⁹ Cognitive Effort Discounting paradigm in a way that allows SVs to be 582 determined for tasks without objective difficulty order. The new paradigm was tested on an n-back task³⁴ and a classic ER paradigm. The latter was goal of the present study and 584 completed by N=120 participants. As expected, the use of ER strategies was associated 585 with reduced subjective and physiological arousal. This finding is in line with previous 586 meta-analytic findings indicating the effectiveness of ER strategies, both on subjective as 587 well as physiological levels^{4,5}. Furthermore, we found higher levels of subjective cognitive 588 effort for all ER strategies compared to active viewing. This allows us to replicate previous 589 findings from our research group and show that strategy use is associated with cognitive 590 effort²². Both measures also showed high variability between individuals. Taken together, 591 this means that the ER strategies had the intended effect on the participants: Individuals 592 were able to effectively reduce subjective and physiological responding at the expense of 593 cognitive effort. We believe that there was a good basis on which individual SVs of ER 594 strategies could be determined. Overall, there was evidence to support hypotheses H1 to 595 H5. It was nevertheless surprising that the strategy suppression showed on average and 596 descriptively the lowest corrugator activity, the lowest effort ratings and the highest utility 597 ratings. In the case of the EEG measurement, this could be due to the fact that the result 598 of the implementation of the instructions ("Maintain a neutral facial expression") is measured directly. This also indicates why the required effort is the lowest. The direct instruction to implement the strategy reduces the complexity of the generation process. By comparison, distancing increases the complexity, for example, because it requires a 602 distanced reappraisal of the stimulus. Ultimately, these two aspects are expressed in terms 603 of greater utility: The implementation of the instructions requires comparatively less effort.

In addition, one receives relatively direct feedback from one's own facial muscle activity as
to how well the strategy suppression has been implemented. In the case of the strategies
distraction and distancing, a more detailed evaluation of internal states must take place in
order to assess the utility of the strategies.

Almost all participants showed an absolute preference for a particular strategy, 609 indicated by an SV of 1. We also found a wide range of SVs (between 0.005 and 1.00), 610 suggesting that individuals have varying degrees of strategy preference. There was a significant relationship between SVs and strategy choice. Overly frequent, persons chose 612 the strategy for which the highest subjective value had been determined before, supporting hypothesis H7. We also found associations between individual SVs and various predictors. Subjective effort, utility, and *corrugator* muscle activity significantly predicted individual 615 SVs. Contrary to our hypothesis H6, utility was the best predictor for individual SVs, 616 explaining 15.5% of variance in SVs. However, individual SVs did not show associations 617 with self-reported ER flexibility, we therefore found no evidence for hypothesis H7. In a 618 subsequent exploratory analyses, we found associations between individual SVs and 619 self-control. This is consistant with the literature, which has already reported correlations 620 between self-control and demand avoidance⁶⁹. However, we did not find an association 621 between NFC and SVs. This is in contrast to the literature, which has reported 622 correlations between NFC, effort discounting and demand avoidance^{29,34}. However, these 623 were all cognitive tasks. The role of NFC in affective tasks is not yet known. 624

Ecological validity of subjective values of ER strategies

625

Our aim was to calculate individual subjective values in order to develop a better understanding of ER strategy selection. Most individuals show large variability in strategy choice, both within-strategy and between-strategy^{17,70,71}. Greater variability may even be adaptive^{12,17}. In addition, a variety of factors that influence strategy choice in specific situations have been examined^{20–22,72–74}, including situation intensity and effort. However,

these factors have often been studied in isolation from each other. Rarely have their 631 combined effects been investigated⁷³. Furthermore, the usual paradigms used in ER choice 632 research (e.g., Sheppes et al.²¹) can only estimate how a factor tends to drive the choice in 633 one direction or the other. They cannot determine the internal subjective value individuals 634 attribute to the choice options. We are confident that we have achieved this with the 635 present paradigm. On the one hand, we were able to show which factors have an influence 636 on the values, and on the other hand, we were able to show the actual practical relevance 637 of the values. As a predictor of ER effectiveness, corrugator activity showed a significant 638 association with SVs, but not levator activity or subjective arousal. With regard to the 639 EMG measures, this could be because all the pictures we used were negative, i.e. elicited 640 corrugator activity, but only a small proportion of the pictures were perceived as disgusting and thus elicited relatively specific levator activity. However, corrugator activity did not differ significantly between ER strategies, but was still associated with SVs. One possible reason for this could be that muscle activity provides direct feedback on the effectiveness of the current strategy, much more direct than, for example, the subjective arousal rating at the end of each experimental block. Furthermore, the finding that effort is 646 associated with SVs confirms previous research by our group showing that individuals strive to minimise effort when choosing ER strategies²². Finally, the subjective utility 648 ratings showed the greatest explanation for the variance in the SVs. This relationship is 649 highly plausible as it involves individuals assessing the utility of the strategy as a means of 650 achieving external and internal regulatory goals. This is likely to overlap with subjective 651 values - some literature argues that utility and subjective values are the same thing⁷⁵. 652 However, this is contradicted by our data, as subjective utility could only explain 15.5% of 653 the variance in SVs.

The highest SVs of the individuals were associated with the choice made by the participants in the last experimental block. So far, it has been difficult to transfer such findings from the laboratory to everyday life⁷². This may be because in laboratory studies

the choice options are often predetermined by the experimental $design^{20-22}$. Therefore, 658 attempts have been made to investigate ER choice and influencing factors in everyday life 659 in previous studies. Even there, however, certain strategies were often prescribed (for 660 example studies, see English et al. 76, Millgram et al. 77, Wilms et al. 72), although covering a 661 large part of the process of emotion generation². Of course, the calculation of SVs in our 662 new CAD paradigm is similarly tied to the strategies with which the strategy of interest is 663 compared. To allow all strategies in the ER repertoire to be recorded for each individual, a 664 study might use ecological momentary assessment 12,78. This would also capture strategies 665 that are rarely used or even considered maladaptive, such as alcohol consumption or 666 rumination⁷⁹.

In order to gain a more comprehensive picture of ER, dynamic or cyclic processes 668 have to be considered. The extended process model of emotion regulation³³ postulates 669 three sequential stages, namely identification, selection, and implementation, to achieve a 670 given goal in a situation. If the regulatory goal is not achieved, the ER strategy can be 671 maintained, switched or stopped³³. Importantly, the information about the success of 672 implementing an ER strategy influences the choice of ER strategies in future situations, 673 because the regulation context is changed through contextual feedback^{33,80–82}. This means 674 that studies on ER Choice should consider not only situational factors, but also contextual 675 factors⁸¹. For example, in a classic ER choice paradigm²¹, Murphy and Young⁸¹ showed 676 that strategy choice was significantly influenced by strategy choice and negative affect in 677 the previous trial. This provides empirical evidence that experience gained during use of 678 ER strategies influences future choice of ER strategies. Our newly developed paradigm also makes an important contribution here. The information and experiences that participants gain while using the strategies in the experimental task might be implicitly incorporated into the subsequent calculation of subjective values. That is, the participants first apply all 682 the strategies and then make the monetary decisions while expecting that they should 683 repeat the strategies again. This raises the question of how stable these individual SVs are. 684

Trait character of SVs

Knowing whether SVs of ER strategies show a trait character would allow to further 686 evaluate the relevance of the calculated SVs. However, whether the calculated values 687 represent a stable value within the individual cannot be concluded from the present study 688 alone. To establish the trait nature of a measure, one could for instance resort to latent state trait modeling⁸³, as recently employed by our group in a related context³⁰. The individual SVs calculated in our CAD paradigm were assessed in the laboratory in a single 691 situation. By definition, this represents a state. As noted above, personal regulatory goals, 692 situational factors, and contextual demands influence the choice for or against ER 693 strategies²¹. We belief that these goals, factors, and demands also influence individual SVs 694 of ER strategies. Our data presented in this study support this idea. However, this also 695 implies that SVs should differ according to situational factors (e.g., stimulus intensity). 696 The ER goals that individuals pursue in a given situation must also be taken into account. 697 In our laboratory setting, participants mainly pursue prohedonic goals, but certainly not 698 social goals⁸⁵. Wilms and colleagues⁷² pointed out that ER goals, as well as situational 690 factors, should be treated as states, because both vary greatly from event to event and 700 situation to situation. In a different situation, for example outside the laboratory, where an 701 individual is primarily pursuing a social goal, a different strategy might appear more 702 helpful and thus have a higher SV. It should also be noted that the calculation of 703 individual SVs in our CAD paradigm always refers to the alternative strategies that were 704 available to the individuals (see also Limitations). Therefore, SVs may vary when different 705 reference strategies are used. It is conceivable that subjective values are likely to be highly correlated in situations with similar demands and goals. They would thus reflect habits or 707 habitual use of ER strategies, which has already been attempted to capture by means of questionnaires⁹. Of course, it is also possible that such habits influence the internal 709 formation of these subjective values. However, our data are not suitable for answering this 710 question. In the future, SVs should therefore be collected in several similar situations. 711

Subsequently, the association of the values with each other could be assessed, as well as correlations with relevant external criteria, such as well-being⁹.

714 Limitations

A number of limitations must be taken into account when considering our findings. 715 First, it should be noted that a block design was used. This might have resulted in 716 habituation effects of EMG activity within the block. However, block designs are common in ER research⁸⁶ and have been used in previous studies⁸⁷. Secondly, it should be mentioned that subjective arousal, effort, and utility ratings were made retrospectively at 719 the end of each block. It is known that affect labeling can attenuate emotional 720 experience^{88,89}. Therefore, we decided not to conduct ratings after each image. 721 Furthermore, we were able to confirm that the implementation of ER strategies was 722 successful at both subjective and physiological levels. Still, these features of our research 723 design may have led to slightly lower associations between SVs and predictors. 724

Third, a major limitation is that participants had to use three prescribed ER 725 strategies. It may be that some of the participants were not used to any of these strategies 726 in everyday life. So it could be that none of the strategies has a really high subjective value 727 for the person. However, the strategies selected for attentional deployment, cognitive 728 change, and response modulation have been shown meta-analytically to be most effective⁴. 729 In this context, the individual SVs of each person must be interpreted with caution. They 730 depend on the specific context: The stimuli presented and the strategies compared. For 731 example, SVs for an ER strategy might be higher or lower when different stimuli or 732 stimulus valences and different comparison strategies are used, because the calculation of 733 SVs is inseparable form the other SVs.

Fourth, the highest value during the discounting paradigm was set to 2 € as fixed value. Participants were asked to imagine that this was the amount of money they would

receive if they repeated this strategy. Thus, 2 € could be quite low as an incentive to
repeat an whole experimental block of emotion regulation. However, we chose this amount
because, firstly, we have followed the original paradigm of Westbrook²⁹. Secondly, it has
been shown that, at least in the case of cognitive effort discounting, a lower incentive might
even increase participants' sensitivity to effort differences⁹⁰. In the future, however, it
should be investigated how the level of incentives affects subjective values.

3 Conclusion

In order to cope with changing emotional demands, individuals may flexibly select 744 and apply ER strategies from their repertoire^{12,13}. The strategy that is most suitable for coping with contextual demands and achieving regulatory goals is selected 12,85. The combination of influencing factors should be reflected in subjective values that are formed 747 for all alternatives and serve as a basis for decision-making. To date, such subjective values 748 have not been established for ER strategies. Our proposed CAD paradigm contributes to 749 research on ER Choice and ER Flexibility by allowing quantification of these values. This 750 further enables to investigate in more detail the factors influencing the internal generation 751 of these subjective values of ER strategies. It appears that the subjective value attributed 752 to a strategy is primarily determined by perceived usefulness and effort. Finally, further 753 research is needed to investigate the factors that influence subjective values and whether 754 these values represent habitual use of ER strategies by individuals. 755

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950

951

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Competing Interests

The authors declare no competing interests. # Design Table {#DesignTable}

Question	Hypothesis	Sampling plan (e.g. power analysis)	Analysis Plan	Interpretation given to different outcomes
1.) Do negative pictures (compared to neutral pictures) evoke subjective arousal and physiological responding? (Manipulation check)	1a) Subjective arousal (arousal rating) is lower after actively viewing neutral pictures compared to actively viewing negative pictures.	F tests - ANOVA: Repeated measures, within factors Analysis: A priori: Compute required sample size Input: Effect size $f = 1.59 \ (\eta_p^2 = 0.716)$ (Scheffel et al., 2021) α err prob = 0.05 Power $(1-\beta \text{ err prob}) = 0.95$ Number of groups = 1 Number of measurements = 2 Corr among rep measures = 0.5 Nonsphericity correction $\epsilon = 1$ $\frac{\text{Output}}{\text{Critical F}} = 10.1279645$ Numerator $\text{df} = 1.0$ Denominator $\text{df} = 3.0$ Total sample size = 4 Actual power = 0.9789865	Repeated measures ANOVA with two linear contrasts, comparing the subjective arousal ratings of two blocks (active viewing – neutral and active viewing – negative). ANOVA is calculated using aov_ez() function of the afex-package, estimated marginal means are calculated using emmeans() function from the emmeans-package: if the factor Block is significant, pairwise contrasts are calculated using pairs() with Bonferroni adjustment for multiple testing. Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	ANOVA yields $p < .05$ is interpreted as subjective arousal (arousal ratings) changing significantly with blocks. Values of arousal ratings are interpreted as equal between blocks if $p > .05$. Each contrast yielding $p < .05$ is interpreted as arousal ratings being different between those two blocks, magnitude and direction are inferred from the respective estimate. Values of arousal ratings are interpreted as equal between blocks if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
	1b) Physiological responding (EMG corrugator activity) is lower while actively viewing neutral pictures compared to actively viewing negative pictures.	F tests - ANOVA: Repeated measures, within factors Analysis: A priori: Compute required sample size Input: Effect size $f = 0.5573293 (\eta_p^2 = 0.237)$ (Pilot Study) α err prob = 0.05 Power $(1-\beta \text{ err prob}) = 0.95$ Number of groups = 1 Number of measurements = 2	Repeated measures ANOVA with two linear contrasts, comparing the EMG corrugator activity of two blocks (active viewing – neutral and active viewing - negative). ANOVA is calculated using aov_ez() function of the afexpackage, estimated marginal means are calculated using	ANOVA yields $p < .05$ is interpreted as physiological responding (EMG corrugator activity) changing significantly with blocks. Values of EMG corrugator activity are interpreted as equal between blocks if $p > .05$. Each contrast yielding $p < .05$ is interpreted as EMG corrugator activity being different between those two blocks, magnitude and direction are

	Corr among rep measures = 0.5	emmeans() function from the	inferred from the respective estimate.
	Nonsphericity correction $\varepsilon = 1$	emmeans-package: if the factor	Values of EMG corrugator activity are
		Block is significant, pairwise	interpreted as equal between blocks if <i>p</i>
	Output:	contrasts are calculated using	> .05.
	Noncentrality parameter $\lambda =$	pairs() with Bonferroni	The Bayes factor <i>BF10</i> is reported
	16.1520293	adjustment for multiple testing.	alongside every <i>p</i> -value to assess the
	Critical $F = 4.7472253$		strength of evidence.
	Numerator $df = 1.0$	Bayes factors are computed for	strength of evidence.
	Denominator $df = 12.0$	the ANOVA and each contrast	
	Total sample size $= 13$	using the BayesFactor-package.	
	Actual power = 0.9573615		
1c) Physiological	F tests - ANOVA: Repeated	Repeated measures ANOVA	ANOVA yields $p < .05$ is interpreted as
responding (EMG	measures, within factors	with two linear contrasts,	physiological responding (EMG levator
levator activity) is	Analysis: A priori: Compute	comparing the EMG levator	activity) changing significantly with
lower while actively	required sample size	activity of two blocks (active	blocks. Values of EMG <i>levator</i> activity
viewing neutral	<u>Input:</u>	viewing – neutral and active	are interpreted as equal between blocks
pictures compared to	Effect size $f = 0.4396788 (\eta_p^2 =$	viewing - negative).	if $p > .05$.
actively viewing	0.162) (Pilot Study)		Each contrast yielding $p < .05$ is
negative pictures.	$\alpha \text{ err prob} = 0.05$	ANOVA is calculated using	interpreted as EMG <i>levator</i> activity
	Power $(1-\beta \text{ err prob}) = 0.95$	aov_ez() function of the afex-	being different between those two
	Number of groups = 1	package, estimated marginal	blocks, magnitude and direction are
	Number of measurements $= 2$	means are calculated using	inferred from the respective estimate.
	Corr among rep measures = 0.5	emmeans() function from the	Values of EMG <i>levator</i> activity are
	Nonsphericity correction $\varepsilon = 1$	emmeans-package: if the factor	interpreted as equal between blocks if p
		Block is significant, pairwise	> .05.
	Output:	contrasts are calculated using	
	Noncentrality parameter $\lambda =$	pairs() with Bonferroni	The Bayes factor <i>BF10</i> is reported
	14.6921260	adjustment for multiple testing.	alongside every <i>p</i> -value to assess the
	Critical $F = 4.4138734$		strength of evidence.
	Numerator $df = 1.0$	Bayes factors are computed for	
	Denominator $df = 18.0$	the ANOVA and each contrast	
	Total sample size = 19	using the BayesFactor-package.	
	Actual power = 0.9517060		

2.) Do ER strategies reduce emotional arousal? (Manipulation check)	2a) Subjective arousal (arousal rating) is lower after using an emotion regulation strategy (distraction, distancing, suppression) compared to active viewing.	F tests - ANOVA: Repeated measures, within factors Analysis: A priori: Compute required sample size Input: Effect size $f = 0.50 \ (\eta_p^2 = 0.20)$ (Scheffel et al., 2021) α err prob = 0.05 Power $(1-\beta$ err prob) = 0.95 Number of groups = 1 Number of measurements = 4 Corr among rep measures = 0.5 Nonsphericity correction $\epsilon = 1$ Output: Noncentrality parameter $\lambda = 20.0$ Critical $F = 2.9603513$ Numerator $df = 3.0$ Denominator $df = 27.0$ Total sample size = 10 Actual power = 0.95210128	Repeated measures ANOVA comparing the subjective arousal ratings of four blocks (active viewing, distraction, distancing, suppression). ANOVA is calculated using aov_ez() function of the afex-package, estimated marginal means are calculated using emmeans() function from the emmeans-package: if the factor Block is significant, pairwise contrasts are calculated using pairs() with Bonferroni adjustment for multiple testing. Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	ANOVA yields $p < .05$ is interpreted as arousal ratings changing significantly with blocks. Values of arousal ratings are interpreted as equal between blocks if $p > .05$. Each contrast yielding $p < .05$ is interpreted as arousal ratings being different between those two blocks, magnitude and direction are inferred from the respective estimate. Values of arousal ratings are interpreted as equal between blocks if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
3.) Do ER strategies reduce physiological responding? (Manipulation check)	3a) Physiological responding (EMG corrugator activity) is lower after using an emotion regulation strategy (distraction, distancing, suppression) compared to active viewing.	F tests - ANOVA: Repeated measures, within factors Analysis: A priori: Compute required sample size Input: Effect size $f = 0.1605$ (Zaehringer et al., 2020) α err prob = 0.05 Power $(1-\beta$ err prob) = 0.95 Number of groups = 1 Number of measurements = 4 Corr among rep measures = 0.5 Nonsphericity correction $\epsilon = 1$	Repeated measures ANOVA comparing the <i>corrugator</i> muscle activity of four blocks (active viewing, distraction, distancing, suppression). ANOVA is calculated using aov_ez() function of the afex-package, estimated marginal means are calculated using emmeans() function from the emmeans-package: if the factor Block is significant, pairwise contrasts are calculated using	ANOVA yields $p < .05$ is interpreted as corrugator muscle activity changing significantly with blocks. Values of corrugator muscle activity are interpreted as equal between blocks if $p > .05$. Each contrast yielding $p < .05$ is interpreted as corrugator muscle activity being different between those two blocks, magnitude and direction are inferred from the respective estimate. Values of corrugator muscle activity

		Output: Noncentrality parameter λ =	pairs() with Bonferroni adjustment for multiple testing.	are interpreted as equal between blocks if $p > .05$.
		17.5169700 Critical F = 2.6404222 Numerator df = 3.0 Denominator df = 252 Total sample size = 85 Actual power = 0.9509128	Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
	3b) Physiological responding (EMG levator activity) is lower after using an emotion regulation strategy (distraction, distancing, suppression) compared to active viewing.	F tests - ANOVA: Repeated measures, within factors Analysis: A priori: Compute required sample size Input: Effect size $f = 0.1605$ (Zaehringer et al., 2020) α err prob = 0.05 Power $(1-\beta$ err prob) = 0.95 Number of groups = 1 Number of measurements = 4 Corr among rep measures = 0.5 Nonsphericity correction $\varepsilon = 1$ Output: Noncentrality parameter $\lambda = 17.5169700$ Critical $F = 2.6404222$ Numerator $df = 3.0$ Denominator $df = 252$ Total sample size = 85 Actual power = 0.9509128	Repeated measures ANOVA comparing the <i>levator</i> muscle activity of four blocks (active viewing, distraction, distancing, suppression). ANOVA is calculated using aov_ez() function of the afex-package, estimated marginal means are calculated using emmeans() function from the emmeans-package: if the factor Block is significant, pairwise contrasts are calculated using pairs() with Bonferroni adjustment for multiple testing. Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	ANOVA yields $p < .05$ is interpreted as <i>levator</i> muscle activity changing significantly with blocks. Values of <i>levator</i> muscle activity are interpreted as equal between blocks if $p > .05$. Each contrast yielding $p < .05$ is interpreted as <i>levator</i> muscle activity being different between those two blocks, magnitude and direction are inferred from the respective estimate. Values of <i>levator</i> muscle activity are interpreted as equal between blocks if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
4.) Do ER strategies require cognitive effort? (Manipulation check)	4a) Subjective effort (effort rating) is greater after using an emotion regulation strategy (distraction,	F tests - ANOVA: Repeated measures, within factors Analysis: A priori: Compute required sample size Input:	Repeated measures ANOVA comparing the subjective effort ratings of four blocks (active viewing, distraction, distancing, suppression).	ANOVA yields $p < .05$ is interpreted as effort ratings changing significantly with blocks. Values of effort ratings are interpreted as equal between blocks if $p > .05$.

	distancing, suppression) compared to active viewing.	Effect size $f = 0.2041241$ ($\eta_p^2 = 0.04$) (Scheffel et al., 2021) α err prob = 0.05 Power (1- β err prob) = 0.95 Number of groups = 1 Number of measurements = 4 Corr among rep measures = 0.5 Nonsphericity correction $\epsilon = 1$ $\frac{Output}{N}$ Noncentrality parameter $\lambda = 17.6666588$ Critical $F = 2.6625685$ Numerator $df = 3.0$ Denominator $df = 156.0$ Total sample size = 53 Actual power = 0.95206921	ANOVA is calculated using aov_ez() function of the afex-package, estimated marginal means are calculated using emmeans() function from the emmeans-package: if the factor Block is significant, pairwise contrasts are calculated using pairs() with Bonferroni adjustment for multiple testing. Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	Each contrast yielding $p < .05$ is interpreted as effort ratings being different between those two blocks, magnitude and direction are inferred from the respective estimate. Values of effort ratings are interpreted as equal between blocks if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
	4b) Majority of participants reuse the strategy that was least effortful for them.	-	Subjects are asked about the reasons for their choice in the follow-up survey. These answers are classified into categories and counted.	The percentage choice of strategies is described descriptively.
5.) Which variables can predict individual subjective values of ER strategies?	5a) Subjective effort (effort ratings) negatively predict subjective values of ER strategies.	t tests - Linear multiple regression: Fixed model, single regression coefficient Analysis: A priori: Compute required sample size Input: Tail(s) = One Effect size f² = 0.34 (Since there are no findings in this respect yet,	Multilevel model of SVs with level-1-predictors subjective effort, subjective arousal, subjective utility, corrugator, and levator muscle activity using subject specific intercepts and allowing random slopes for ER strategies.	Fixed effects yield $p < .05$ are interpreted as subjective values are related to subjective effort. Subjective values are interpreted as not being related to subjective effort if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.

5b) Subjective arousal (arousal ratings) negatively predict subjective values of ER strategies.	we have inferred from the effect size in the closest-similar model: Westbrook et al., 2013) α err prob = 0.05 Power (1- β err prob) = 0.95 Number of predictors = 4 Output: Noncentrality parameter δ = 3.4 Critical t = 1.6991270	The null model and the random slopes model are calculated using lmer() of the lmerTest-package. Bayes factors are computed for the MLM using the BayesFactor-package.	Fixed effects yield $p < .05$ are interpreted as subjective values are related to subjective arousal. Subjective values are interpreted as not being related to subjective arousal if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
5c) Subjective utility (utility ratings) positively predict subjective values of ER strategies.	Df = 29 Total sample size = 34 Actual power = 0.9529571	, and particular the second se	Fixed effects yield $p < .05$ are interpreted as subjective values are related to subjective utility. Subjective values are interpreted as not being related to subjective utility if $p > .05$.
			The Bayes factor <i>BF10</i> is reported alongside every <i>p</i> -value to assess the strength of evidence.
5d) Physiological responding (EMG corrugator activity) negatively predict subjective values of ER strategies.			Fixed effects yield $p < .05$ are interpreted as subjective values are related to <i>corrugator</i> activity. Subjective values are interpreted as not being related to <i>corrugator</i> activity if $p > .05$.
			The Bayes factor <i>BF10</i> is reported alongside every <i>p</i> -value to assess the strength of evidence.
5e) Physiological responding (EMG levator activity) negatively predict subjective values of ER strategies.			Fixed effects yield $p < .05$ are interpreted as subjective values are related to <i>levator</i> activity. Subjective values are interpreted as not being related to <i>levator</i> activity if $p > .05$.

6.) Is the effort required for an ER strategy the best predictor for subjective values of ER strategies?	6a) Subjective values decline with increasing effort, even after controlling for task performance (subjective arousal ratings), utility (subjective utility ratings), and physiological responding (EMG corrugator and levator activity).	t tests - Linear multiple regression: Fixed model, single regression coefficient Analysis: A priori: Compute required sample size Input: Tail(s) = One Effect size $f^2 = 0.34$ (Since there are no findings in this respect yet, we have inferred from the effect size in the closest-similar model: Westbrook et al., 2013) α err prob = 0.05 Power (1- β err prob) = 0.95 Number of predictors = 4 Output: Noncentrality parameter $\delta = 3.4$ Critical t = 1.6991270		The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence. Fixed effects yield $p < .05$ are interpreted as subjective values changing significantly with ER strategy. Subjective values are interpreted as equal between ER strategies if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
		Critical t = 1.6991270 Df = 29 Total sample size = 34		
7.) Are subjective values related to flexible emotion regulation?	7a) The higher the subjective value, the more likely the respective strategy is chosen.	Actual power = 0.9529571 1) χ^2 tests – Goodness-of-fit tests_ Contingency tables Analysis: A priori: Compute required sample size Input: Effect size $\omega = 0.5$ (Based on our theoretical considerations, we assume a large effect) α err prob = 0.05	1) Chi-squared test with the variables "predicted choice" (= highest SV of each participant) and "choice" (Strategy 1, 2, or 3) 2) Ordinal regression with dependent variable "Choice" (Strategy 1, 2, or 3) and independent variables "SV	1) χ^2 yields $p < .05$ is interpreted as predicted choice (highest SV of each participant) and actual choice show significant consistency. Predicted choice and actual choice are interpreted as independent if $p > .05$.

	Power $(1-\beta \text{ err prob}) = 0.95$	strategy 1", "SV strategy 2" and	The Bayes factor <i>BF10</i> is reported
	Df = 1	"SV strategy 3".	alongside every <i>p</i> -value to assess the
	Output:		strength of evidence.
	Noncentrality parameter $\lambda = 19.8$		
	Critical $\chi^2 = 11.0704977$		2) Ordinal logistic regression yields <i>p</i> <
	Total sample size = 52		.05 is interpreted as the respective
	Actual power = 0.9500756		subjective value has a significant
			influence on the OR of the choice of a
	2) z tests –Logistic regression		strategy.
	Analysis: A priori: Compute		Respective SV is interpreted as not
	required sample size		related to choice if $p > .05$.
	Input:		
	Tails: One		The Bayes factor <i>BF10</i> is reported
	Pr(Y=1 X=1) H1 = 0.80 (Based		alongside every <i>p</i> -value to assess the
	on our theoretical considerations,		strength of evidence.
	that a higher SVs should lead		
	almost certainly to the choice of		
	the respective strategy)		
	Pr(Y=1 X=1) H0 = 0.333 (Based		
	on theoretical considerations: if		
	all SVs are equal, choice is on		
	chance level)		
	$\alpha \text{ err prob} = 0.05$		
	Power (1- β err prob) = 0.95		
	R^2 other $X = 0$		
	X distribution: normal		
	X param $\mu = 0$		
	X param $\sigma = 1$		
	Output:		
	Critical $z = 1.6448536$		
	Total sample size = 25		
	Actual power = 0.9528726		

7b) Subjective values are lower and decline stronger when ER flexibility is lower.

t tests – Linear multiple regression: Fixed model, single regression coefficient Analysis: A priori: compute required sample size

Input: Tail(s) = One
Effect size $f^2 = 0.15$ (as there is no evidence in the literature, we assume a medium sized effect) α err prob = 0.05
Power (1- β err prob) = 0.95
Number of predictors = 2

Output: Noncentrality parameter δ = 3.316662 Critical t = 1.69665997

Total sample size = 74 Actual power = 0.95101851

Df = 71

SVs will be sorted by magnitude in descending order. Values will be fitted in a linear model to estimate the individual intercept (i.e., the extent to which an individual considers any of the ER strategies useful) and slope (i.e., the extent to which one strategy is preferred over others, indicating less flexibility).

A linear regression will be computed with individual intercepts and slopes as predictors and FlexER score as criterion. β yield p < .05 are interpreted as significant association between predictor (intercept, slope) and ER flexibility. The direction of effect is interpreted according to sign (negative or positive). p – values > .05 are interpreted as no association between predictor and ER flexibility.

The Bayes factor *BF10* is reported alongside every *p*-value to assess the strength of evidence.

Exploratory: Are		Multilevel model of SVs with	Fixed effects yield $p < .05$ are
individual		level-1-predictors subjective	interpreted as subjective values are
subjective values		effort, subjective arousal,	related to NFC and self-control.
of ER strategies		corrugator, and levator muscle	Subjective values are interpreted as not
related to		activity and level-2-predictors	being related to subjective effort if $p >$
personality traits?		NFC and self-control using	.05.
		subject specific intercepts and allowing random slopes for ER strategies. The null model and the random slopes model are calculated using lmer() of the lmerTest-package.	The Bayes factor <i>BF10</i> is reported alongside every <i>p</i> -value to assess the strength of evidence.
		Bayes factors are computed for the MLM using the BayesFactor-package.	

Supplementary Material

Supplementary Material 1

Table S1
List of IAPS (Lang, Bradley, and Cuthbert, 2008) and EmoPicS (Wessa et al., 2010) used in the ER paradigm.

	Neutral	Negative 1	Negative 2	Negative 3	Negative 4	Negative 5
	083 [†]	225 [†]	210 [†]	208 [†]	22 7 †	223 [†]
	107 [†]	230 [†]	218 [†]	219 [†]	252 [†]	238 [†]
	124 [†]	255 [†]	222 [†]	226 [†]	1051*	245 [†]
	140 [†]	327 [†]	228 [†]	253 [†]	2800*	2981*
	143 [†]	1111*	246 [†]	254 [†]	3061*	3016*
	7000*	3017*	251 [†]	326 [†]	3230*	3101*
	7002*	3022*	2703*	1301*	6561*	3181*
	7004*	3180*	3051*	3350*	6838*	3215*
	7006*	3280*	3160*	6242*	9120*	3220*
	7009*	6190*	3185*	6410*	9181*	3225*
	7021*	6244*	3301*	6555*	9185*	6020*
	7025*	6836*	6562*	6825*	9230*	6571*
	7041*	9180*	9031*	6940*	9254*	6831*
	7100*	9182*	9040*	8230*	9295*	8231*
	7150*	9253*	9042*	9041*	9332*	9373*
	7185*	9300*	9043*	9140*	9411*	9400*
	7211*	9326*	9145*	9340*	9420*	9402*
	7224*	9424*	9160*	9409*	9421*	9403*
	7233*	9425*	9184*	9570*	9599*	9405*
	7235*	9920*	9904*	9800*	9905*	9423*
Valence	4.86 ± 0.49	2.84 ± 0.57	2.64 ± 0.46	2.82 ± 0.62	2.65 ± 0.75	2.74 ± 0.70
Arousal	3.01 ± 0.61	5.62 ± 0.34	5.58 ± 0.38	5.60 ± 0.39	5.61 ± 0.41	5.63 ± 0.37

Note. * Pictures taken from the IAPS (Lang, Bradley, and Cuthbert, 2008); † Pictures taken from the EmoPicS (Wessa et al., 2010).

4 Detailed information on psychometric measures

WHO-5. General psychological well-being was assessed using the WHO-5 scale^{45,46}. Five items such as "Over the past 2 weeks I have felt calm and relaxed." are rated on a 6-point Likert scale raning from 0 (at no time) to 5 (all of the time). The German version of the scale showed a high internal consistency (Cronbach's $\alpha = .92$)⁴⁶.

Connor-Davidson Resilience Scale. Resilience was assessed using the
Connor-Davidson Resilience Scale (CD-RISC)^{47–49}. Ten items such as "I am able to adapt
to change." are rated on a scale from 0 (not true at all) to 4 (true nearly all the time). The
10-item version showed a high internal consistency (Cronbach's $\alpha = .84$) and a satisfactory
retest-reliability of $r_{tt} = .81$ across 6 months⁴⁹.

Emotion Regulation Questionnaire. Habitual use of reappraisal and suppression was measured using the 10-item Emotion Regulation Questionnaire (ERQ)^{9,50}. The scale has items such as "I keep my emotions to myself" (ERQ-suppression - 4 items) and "When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm" (ERQ-reappraisal - 6 items), which are answered on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), and has acceptable to high internal consistency (Cronbach's $\alpha > .75$)⁹¹.

FlexER Scale. Flexible use of ER strategies is assessed using the FlexER Scale⁴⁴ with items such as "If I want to feel less negative emotions, I have several strategies to achieve this.", which are answered on a 4-point scale ranging from "strongly agree" to "strongly disagree". Psychometric properties are currently under investigation.

Implicit Theories Questionnaire. Implicit theories of willpower in emotional control
were assessed using the Implicit Theories Questionnaire of Bernecker and Job⁵¹. Four items
such as "Having to control a strong emotion makes you exhausted and you are less able to
manage your feelings right afterwards." are rated on a 6-point scale ranging from 1 (fully
agree) to 6 (do not agree at all). The questionnaire showed an internal consistency of

990 Cronbach's $\alpha = .87^{51}$.

Need for Cognition Scale. Need for Cognition (NFC) was assessed with the 16-item short version of the German NFC scale⁵². Responses to each item (e.g., "Thinking is not my idea of fun", recoded) are recorded on a 7-point Likert scale ranging from -3 (completely disagree) to +3 (completely agree) and are summed to the total NFC score. The scale shows comparably high internal consistency (Cronbach's $\alpha > .80$)^{52,92} and a retest reliability of $r_{tt} = .83$ across 8 to 18 weeks⁹³.

Self-Regulation Scale. As one measure of self-control, the Self-Regulation Scale (SRS)⁵⁴ was used. The scale has 10 items (e.g., "It is difficult for me to suppress thoughts that interfere with what I need to do.", recoded) on a 4-point scale ranging from 1 (not at all true) to 4 (exactly true). It has high internal consistency (Cronbach's $\alpha > .80$)⁵⁴.

Brief Self-Control Scale. As a second measure of self-control, the Brief Self-Control
Scale (BSCS)^{55,56} was used. It comprises 13 items (e.g., "I am good at resisting
temptations") with a 5-point rating scale ranging from 1 (not at all like me) to 5 (very
much like me). The scale shows acceptable internal consistency (Cronbach's $\alpha = .81$)⁵⁶.

Barratt Impulsiveness Scale. As a third measure of self-control, the Barratt Impulsiveness Scale (BIS-11)^{57,58} was used. Responses to each item (e.g., "I am self-controlled.", recoded) are assessed on a 4-point scale ranging from 1 (never/rarely) to 4 (almost always/always). An internal consistency of Cronbach's $\alpha = .74$ and a retest reliability of $r_{tt} = .56$ for General Impulsiveness and $r_{tt} = .66$ for Total Score across 6 month were reported⁵⁸.

Attentional Control Scale. Attentional control was measured using the Attentional Control Scale (ACS)⁵⁹ with items such as "My concentration is good even if there is music in the room around me". The 20 items are rated on a 4-point scale ranging from 1 (almost never) to 4 (always). An internal consistency of Cronbach's $\alpha = .88$ was reported⁵⁹.

1015 Test for normal distribution of predictor variables

Table S.2
Results of Shapiro-Wilk test for normal distribution of subjective arousal and effort ratings for all strategies.

	M	SD	W	p
Arousal View Neu	26.629	39.116	0.677	<.001
Arousal View Neg	187.778	87.308	0.979	0.057
Arousal Distraction	158.129	92.492	0.972	0.014
Arousal Distancing	168.617	95.754	0.978	0.043
Arousal Suppression	163.957	87.165	0.980	0.073
Effort View Neu	18.147	27.372	0.651	<.001
Effort View Neg	49.396	62.262	0.740	<.001
Effort Distraction	208.465	96.149	0.983	0.132
Effort Distancing	158.259	99.505	0.969	0.007
Effort Suppression	189.800	92.338	0.983	0.123

Table S.3
Results of Shapiro-Wilk test for normal distribution of
Corrugator and Levator activity for all strategies.

	M	SD	W	p
Corrugator View Neu	0.041	6.991	0.046	<.001
Corrugator View Neg	1.030	7.213	0.194	<.001
Corrugator Distraction	0.004	7.668	0.040	<.001
Corrugator Distancing	0.066	3.784	0.083	<.001
Corrugator Suppression	0.246	1.924	0.354	<.001
Levator View Neu	0.090	1.838	0.384	<.001
Levator View Neg	0.580	3.198	0.429	<.001
Levator Distraction	-0.050	1.157	0.520	<.001
Levator Distancing	-0.027	0.917	0.481	<.001
Levator Suppression	0.010	0.996	0.554	<.001

Post-hoc contrasts for effects of valence on subjective arousal and physiological responding

Table S.4 Post-hoc contrasts for effects of valence on subjective arousal ratings in the active viewing conditions.

Contrast	Estimate	SE	df	t	p	BF_{10}	η_p^2	95%CI
$\overline{View_{neutral} - View_{negative}}$	-161.15	8.06	119.00	-20.00	<.001	3.22×10^{36}	0.77	[0.72, 1.00]

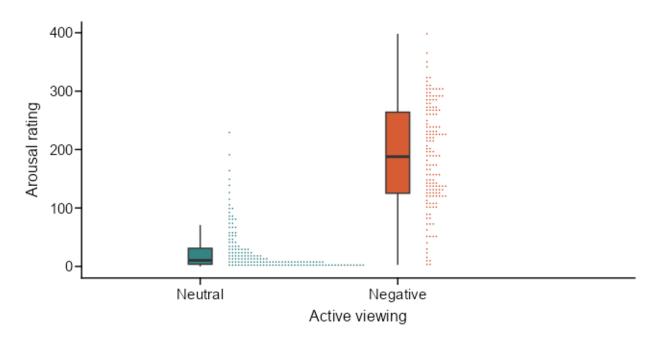


Figure S.1. Subjective arousal ratings of the active viewing conditions visualized as boxplots. Dots represent individual effort ratings placed in 150 quantiles.

Table S.5

Post-hoc contrasts for effects of valence on Corrugator activity in the active viewing conditions.

Contrast	Estimate	SE	df	t	p	BF_{10}	η_p^2	95%CI
$View_{neutral} - View_{negative}$	-0.27	0.05	117.00	-5.27	<.001	8.67×10^{16}	0.19	[0.10, 1.00]

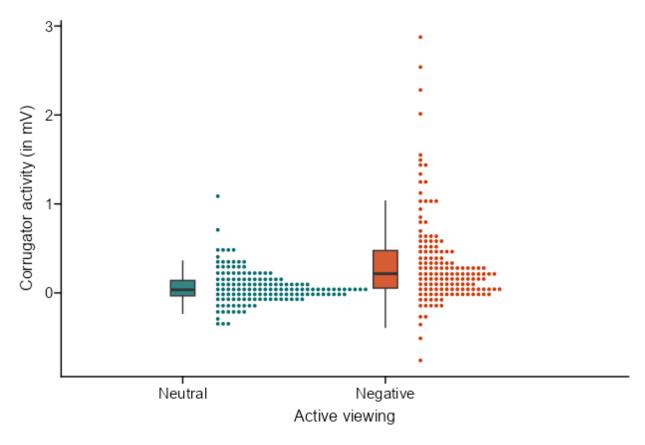


Figure S.2. Corrugator activity in mV during the active viewing conditions, visualized as boxplots. Dots represent individual Corrugator activity measures placed in 150 quantiles.

Table S.6 Post-hoc contrasts for effects of valence on Levator activity in the active viewing conditions.

Contrast	Estimate	SE	df	t	p	BF_{10}	η_p^2	95%CI
$View_{neutral} - View_{negative}$	-0.23	0.08	117.00	-2.98	<.001	188.72	0.07	[0.01, 1.00]

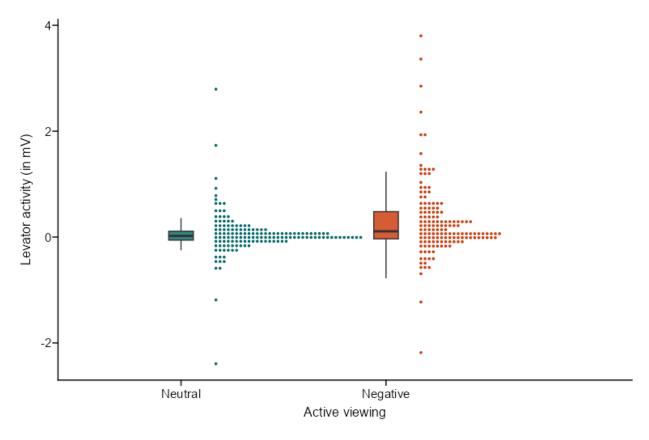


Figure S.3. Levator activity in mV during the active viewing conditions, visualized as boxplots. Dots represent individual Levator activity measures placed in 150 quantiles.

Post-hoc contrasts for effects of ER strategies on subjective arousal and physiological responding

Table S.7

Post-hoc contrasts for effects of ER strategies on subjective arousal ratings.

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{neg} - Distraction$	29.649	6.680	357.000	4.439	0.000	168.484	0.05	[0.02, 1.00]
$View_{neg} - Distancing$	23.820	6.680	357.000	3.566	0.002	62.990	0.03	[0.01, 1.00]
$View_{neg} - Suppression$	19.161	6.680	357.000	2.869	0.026	1.965	0.02	[0.00, 1.00]
Distraction-Distancing	-5.828	6.680	357.000	-0.873	1.000	0.179	2.13e-03	[0.00, 1.00]
Distraction-Suppression	-10.488	6.680	357.000	-1.570	0.704	0.309	6.86 e-03	[0.00, 1.00]
$\underline{Distancing-Suppression}$	-4.659	6.680	357.000	-0.698	1.000	0.135	1.36e-03	[0.00, 1.00]

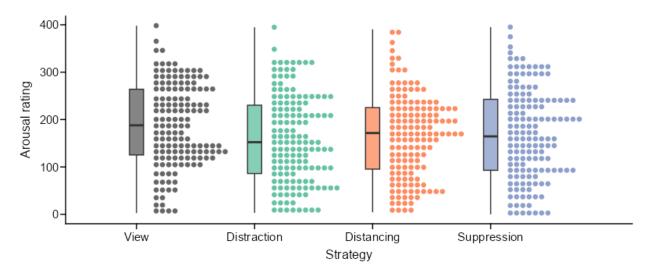


Figure S.4. Subjective arousal ratings visualized as boxplots. Dots represent individual effort ratings placed in 150 quantiles.

Table S.8								
Post-hoc contrasts	for	effects	of	ER	strategies	on	Corrugator	activity

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{neg} - Distraction$	0.178	0.037	351.000	4.788	0.000	21,919.73	0.06	[0.03, 1.00]
$View_{neg} - Distancing$	0.189	0.037	351.000	5.091	0.000	$139,\!814.01$	0.07	[0.03, 1.00]
$View_{neg} - Suppression$	0.210	0.037	351.000	5.669	0.000	1.84×10^{7}	0.08	[0.04, 1.00]
Distraction-Distancing	0.011	0.037	351.000	0.303	1.000	3.77×10^{-2}	2.61e-04	[0.00, 1.00]
Distraction-Suppression	0.033	0.037	351.000	0.881	1.000	8.02×10^{-2}	2.21e-03	[0.00, 1.00]
Distancing-Suppression	0.021	0.037	351.000	0.578	1.000	4.79×10^{-2}	9.51e-04	[0.00, 1.00]

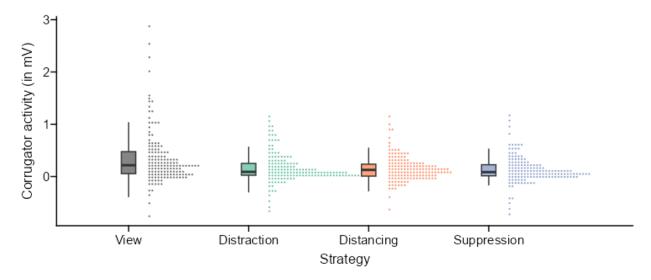


Figure S.5. Corrugator activity in mV visualized as boxplots. Dots represent individual Levatorr activity measures placed in 150 quantiles.

Table S.9

Post-hoc contrasts for effects of ER strategies on Levator activity

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{neq} - Distraction$	0.336	0.050	351.000	6.731	0.000	2.02×10^{11}	0.11	[0.07, 1.00]
$View_{neg} - Distancing$	0.282	0.050	351.000	5.659	0.000	3.99×10^{7}	0.08	[0.04, 1.00]
$View_{neg} - Suppression$	0.318	0.050	351.000	6.370	0.000	8.60×10^{10}	0.10	[0.06, 1.00]
Distraction-Distancing	-0.053	0.050	351.000	-1.072	1.000	0.22	3.26e-03	[0.00, 1.00]
Distraction-Suppression	-0.018	0.050	351.000	-0.361	1.000	3.91×10^{-2}	3.70e-04	[0.00, 1.00]
Distancing-Suppression	0.035	0.050	351.000	0.711	1.000	9.86×10^{-2}	1.44e-03	[0.00, 1.00]

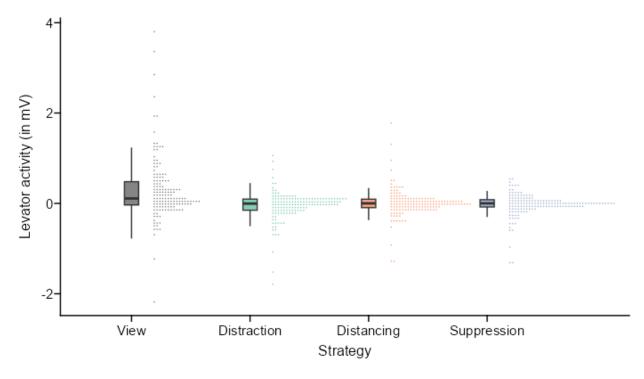


Figure S.6. Levator activity in mV visualized as boxplots. Dots represent individual Levator activity measures placed in 150 quantiles.

Exploratory analysis: Association between SVs and self-control and NFC

Table S.10 Exploratory analysis: Results of MLM predicting SVs of ER strategies with level 2 predictors self-control and NFC.

Parameter	Beta	SE	<i>p</i> -value	f^2	Random Effects (SD)
Intercept	8.03×10^{-1}	0.011	0.000		0.112
Effort	-6.93×10^{-4}	0.000	0.000	0.036	
Utility	1.44×10^{-3}	0.000	0.000	0.197	
Corrugator activity	7.54×10^{-3}	0.004	0.034	0.001	
Self-Control	2.44×10^{-2}	0.012	0.044	0.002	
NFC	7.58×10^{-4}	0.001	0.436	0.002	