Estimating individual subjective values of emotion regulation strategies

- Christoph Scheffel<sup>†,1</sup>, Josephine Zerna<sup>†,1</sup>, Anne Gärtner<sup>1</sup>, Denise Dörfel<sup>1</sup>, & Alexander

  Strobel<sup>1</sup>
- <sup>1</sup> Faculty of Psychology, Technische Universität Dresden, 01069 Dresden, Germany

Author Note

1

- The authors made the following contributions. Christoph Scheffel: Conceptualization,
- <sup>7</sup> Methodology, Funding acquisition, Formal analysis, Investigation, Project administration,
- 8 Software, Visualization, Writing original draft preparation, Writing review & editing;
- Josephine Zerna: Conceptualization, Methodology, Funding acquisition, Investigation,
- Project administration, Software, Visualization, Writing review & editing; Anne Gärtner:
- Formal analysis, Writing review & editing; Denise Dörfel: Conceptualization, Writing -
- 12 review & editing; Alexander Strobel: Conceptualization, Methodology, Writing review &
- editing. † Christoph Scheffel and Josephine Zerna contributed equally to this work.
- 14 Correspondence concerning this article should be addressed to Christoph Scheffel,
- <sup>15</sup> Zellescher Weg 17, 01069 Dresden, Germany. E-mail: christoph\_scheffel@tu-dresden.de

Abstract

17 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

achievement are considered adaptive and therefore are subjectively valuable. Individuals

<sup>20</sup> are motivated to reduce their emotional arousal effectively and to avoid cognitive effort.

21 Perceived costs of ER strategies in the form of effort, however, are highly subjective.

<sup>22</sup> Subjective values (SVs) should therefore represent a trade-off between effectiveness and

<sup>23</sup> subjectively required cognitive effort. However, SVs of ER strategies have not been

determined so far. We present a paradigm that is suitable for determining individual SVs

of ER strategies. Using a multilevel modelling approach, it will be investigated whether

individual SVs can be explained by effectiveness (subjective arousal, facial muscle activity)

27 and subjective effort. Relations of SVs to personality traits will be explored.

28 Keywords: emotion regulation, regulatory effort, effort discounting, registered report,

29 specification curve analysis

30 Word count: XXXXX

Estimating individual subjective values of emotion regulation strategies

32

31

33

#### 1. Introduction

The ability to modify emotional experiences, expressions, and physiological reactions<sup>1</sup> 34 to regulate emotions is an important cognitive skill. It is therefore not surprising that 35 emotion regulation (ER) has substantial implications for well-being and adaptive 36 functioning<sup>2</sup>. Different strategies can be used to regulate emotions, namely situation 37 selection, situation modification, attentional deployment, cognitive change, and response modification<sup>1</sup>, and, following the taxonomy of Powers and LaBar<sup>3</sup>, 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 process<sup>1</sup>. In contrast, response modification takes place late in the process and is therefore conceptualized as a response-focused strategy<sup>1</sup>. 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  $d_{+} = 0.45^{4}$ . 49

Psychophysiological measures provide further important information on the
effectiveness of emotion regulation strategies (for an overview, see Zaehringer et al.<sup>5</sup>).
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 reappraisal<sup>6</sup>. Similar effects have been reported for suppression<sup>6</sup>, distancing<sup>7</sup>, and distraction<sup>8</sup>. 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 62 different strategies are also related to different medium and long-term consequences. In 63 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 be disadvantageous in the longer term. Thus, the self-reported habitual use of suppression 66 is associated with more negative affect and lower general well-being<sup>9</sup>. In addition, a 67 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 71 (rumination and suppression) mediate the effect between neuroticism and depressive symptoms $^{11}$ . 73

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 achievement<sup>12</sup>.

Adaptive flexible ER requires a large repertoire of ER strategies<sup>12</sup>. The term "repertoire"
can be defined as the ability to utilize a wide range of regulatory strategies in divergent
contextual demands and opportunities<sup>13</sup>. A growing number of studies report findings
about the repertoire of emotion regulation strategies and its relationship to
psychopathology<sup>14–16</sup>. Additionally, greater ER flexibility is related to reduced negative
affect and therefore beneficial in daily life<sup>17</sup>.

How do people choose strategies from their repertoire? Similarly to the 83 expectancy-value model of emotion regulation it could be assumed, that people also 84 assign a value to an ER strategy reflecting the usefulness of this strategy for goal achieving. 85 Evidence from other psychological domains (e.g., intertemporal choice<sup>19</sup>) shows that subjective values (SVs) are attributed to the choice options on the basis of which the 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 SVs<sup>20</sup>. For example, a study found that the intensity of a stimulus or situation plays a role in the choice<sup>21</sup>. Higher intensity of the (negative) stimulus lead to a choice of rather disengaging tactics of attentional deployment, like distraction<sup>20,21</sup>. ER choice was further influenced by, among others, extrinsic motivation (e.g., monetary incentives), motivational determinants (i.e., hedonic regulatory goals), and effort<sup>20,22</sup>. Nonetheless, there are only few studies to date that examined the required effort of several strategies in more detail and compared 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 preferences or whether the choice options were similarly attractive.

We assume that people choose the strategy that has the highest value for them at the 99 moment. The value is determined against the background of goal achievement in the 100 specific situation: A strategy is highly valued if it facilitates goal achievement<sup>12</sup>. One 101 certainly central goal is the regulation of negative affect. The effectiveness of ER strategies 102 should therefore influence the respective SV. A second, intrinsic, and less obvious goal is 103 the avoidance of effort<sup>23</sup>. When given the choice, most individuals prefer tasks that are less effortful<sup>24</sup>. Cognitive effort avoidance has been reported in many contexts, for example in 105 affective context<sup>25</sup>, the context of decision making<sup>26</sup>, and executive functions<sup>27</sup>, and is 106 associated with Need for Cognition (NFC)<sup>28</sup>, a stable measure of the individual pursuit and 107 enjoyment of cognitive effort<sup>29,30</sup>. In the area of emotion regulation, too, there are initial 108 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 110 effort required to implement a given strategy<sup>22</sup>. In our studies, participants used the 111 strategies distancing and suppression while inspecting emotional pictures. Afterwards, they 112 choose which strategy they wanted to use again. Participants tended to re-apply the 113 strategy that was subjectively less effortful, even though it was subjectively not the most 114 effective one - in this case: suppression. Moreover, the majority of participants stated 115 afterwards the main reason for their choice was effort. We assume therefore that, although 116 individuals trade off both factors - effectiveness and effort - against each other, effort 117 should be the more important predictor for SVs of ER strategies. In addition, perceived 118 utility should have an impact on SVs. A strategy that is less effortful and can objectively 119 regulate arousal (i.e., is effective), but is not subjectively perceived as useful, should have a 120 low SV. SVs of ER Strategies could therefore be helpful to describe the ER repertoire<sup>12</sup> 121 more comprehensively. Depending on the flexibility of a person, different patterns of SVs 122 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 124 achievement. A second person with less flexibility, however, would show high SVs only for 125 one strategy or low SVs for all of the strategies. This in turn would mean that there is only 126 a limited amount of strategies in the repertoire to choose from. Subsequently, the ability to 127 choose an appropriate strategy for a specific situation is also limited. 128

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)<sup>29</sup>.

In the original study by Westbrook et al.<sup>29</sup>, cognitive load was varied using the 137 n-back task, a working memory task that requires fast and accurate responses to 138 sequentially presented stimuli. Participants had to decide in an iterative procedure whether 139 they wanted to repeat a higher n-back level for a larger, fixed monetary reward, or a lower 140 level for a smaller, varying reward, with the implicit assumption that the objectively 141 easiest n-back level has the highest SV. In the present study, we want to use this paradigm 142 to determine SVs of ER strategies. In doing so, we need to make an important change: We 143 have to adapt the assumption that the easiest n-back level has the highest SV. As we have 144 shown in previous studies, there are large inter-individual differences in the preference and 145 perceived subjective effort of ER strategies<sup>22</sup>. Moreover, there is nothing like an objectively 146 easiest ER strategy. It could be assumed, that the antecedent-focused strategies, 147 i.e. attentional deployment and cognitive change, require less effort, because according to Gross<sup>1</sup> these strategies apply when the emotional reaction has not fully developed, yet. In 149 contrast, suppression would need ongoing effort, because it takes effect late in the emotion 150 generating process and does not alter the emotion itself. A similar assumption has been 151 made by Mesmer-Magnus et al.<sup>31</sup>, who state that Surface Acting (the equivalent to 152 expressive suppression in emotional labor research) is supposed to continuously require 153 high levels of energy (hence effort). Deep Acting (which refers to reappraisal), in turn, only 154 initially needs the use of energy. This would be in conflict with findings in our previous 155 studies, that showed that many people choose expressive suppression because they 156 evaluated it as less effortful, hence easy<sup>22</sup>. Others define emotion regulation on a continuum 157 from explicit, conscious, and effortful to implicit, unconscious, automatic and effortless<sup>32</sup>. 158 This would mean, that all explicit strategies that have been proposed by the process model 159 of emotion regulation are similarly effortful<sup>1</sup>. Similarly, the flexibility approach of emotion 160 regulation also states, that there is no "best" strategy<sup>33</sup>. An emotion regulation attempt is 161 adaptive, when the intended, individual goal is reached. Those attempts could also consist 162 of sequences of regulatory efforts using different strategies, which might be effective and 163

effortless only in this specific context. Therefore, we have to add an additional step, which 164 precedes the other steps and where the ER option with the higher subjective value is 165 determined. In this step, the same monetary value (i.e.,  $1 \in$ ) is assigned to both options. 166 The assumption is that participants now choose the option that has the higher SV for 167 them. In the next step we return to the original paradigm. The higher monetary value (i.e., 168  $2 \in$ ) is assigned to the option that was not chosen in the first step and therefore is assumed 169 to have the lower SV. In the following steps, the lower value is changed in every iteration 170 according to Westbrook et al.<sup>29</sup> until the indifference point is reached. This procedure will 171 be repeated until all strategies have been compared. The SV of each strategy is calculated 172 as the mean of this strategy's SV from all comparisons. In case a participant has a clear 173 preference for one strategy, the SV of this strategy will be 1. But our paradigm can also 174 account for the case that a person does not have a clear preference. Then no SV will be 1, but still, the SVs of all strategies can be interpreted as absolute values and in relation to 176 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 178 individuals that do not prefer the easiest n-back option (see Zerna, Scheffel et al.  $^{34}$ ). 179

The aim of the present study is to evaluate whether this paradigm is suitable for 180 determining SVs of ER strategies. As a manipulation check, we first want to investigate 181 whether the valence of the pictures is affecting subjective and physiological responding, 182 resulting in lower subjective arousal ratings after and lower EMG activity during neutral 183 compared to negative pictures. Second, we want to check whether the ER strategies 184 distraction, distancing, and suppression effectively reduce subjective arousal and physiological responding compared to the active viewing condition. Third, we want to see whether the strategies subjectively require more cognitive effort than the active viewing 187 condition, and whether participants re-apply the for them least effortful strategy. 188 Furthermore, we want to investigate whether subjective effort, arousal ratings, subjective 189 utility, and EMG activity predict individual subjective values of ER strategies. And lastly, 190

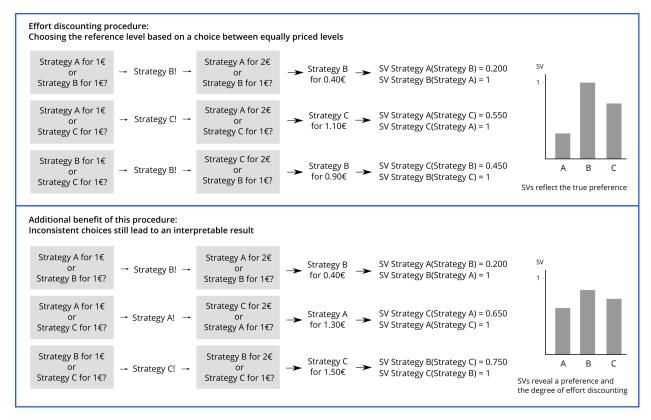


Figure 1. Exemplary visualization of two response patterns. In the top half, the person has a clear preference for one of the three strategies. In the lower half, they have no clear preference and therefore show an inconsistent response pattern. This pattern can be represented by our paradigm. Figure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

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.

2. Method

196

We report how we determined our sample size, all data exclusions (if any), all manipulations, and all measures in the study<sup>35</sup>. The paradigm was written and presented using  $PsychoPy^{36}$ . We used R with R  $Studio^{37,38}$  with the main packages  $afex^{39}$  and  $BayesFactor^{40}$  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.

#### $_{210}$ 2.2 Pilot data

The newly developed ER paradigm was tested in a pilot study with N=16211 participants (9 female; age:  $M = 24.1 \pm SD = 3.6$ ). Regarding self-reported arousal, 212 results showed significant higher subjective arousal for active viewing of negative compared 213 to neutral pictures. However, ER strategies did not lead to a reduction of subjective 214 arousal compared to active viewing of negative pictures. Regarding physiological responses, 215 ER strategies were associated with reduced facial muscle activity of the *corrugator* and 216 levator compared to active viewing of negative pictures. In accordance with our previous study<sup>22</sup>, 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 (https://osf.io/vnj8x/).

#### $_{21}$ 2.3 Design

Young healthy participants (aged 18 to 30 years) were recruited using the software  $ORSEE^{41}$  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. 225 Participants were invited to complete an online survey containing different questionnaires 226 to assess broad and narrow personality traits and measures of well-being. The study 227 consisted of two lab sessions, which took place in a shielded cabin with constant lighting. 228 Before each session, participants received information about the respective experimental 220 procedure and provided informed consent. In the first session participants filled out a 230 demographic questionnaire and completed an n-back task with the levels one to four. Then, 231 they completed an effort discounting (ED) procedure regarding the n-back levels on screen, 232 followed by a random repetition of one n-back level<sup>34</sup>. The second session took place 233 exactly one week after session one. Participants provided informed consent and received 234 written instructions on the ER paradigm and ER strategies that they should apply. A brief training ensured that all participants were able to implement the ER strategies. Next, electrodes to measure facial EMG were attached and the ER task was conducted, followed by an ED procedure regarding the ER strategies. After that, participants chose one ER 238 strategy to repeat one more time. Study data were collected and managed using REDCap 230 electronic data capture tools hosted at Technische Universität Dresden<sup>42,43</sup>.

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)<sup>44</sup>.

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 present work and are therefore investigated only exploratory: General psychological well-being was assessed using the German version of the WHO-5 scale<sup>45,46</sup>. To measure

resilience, the German version 10-item-form of the Connor-Davidson resilience Scale 251 (CD-RISC)<sup>49</sup> was used. Habitual use of ER will was assessed using the German version of 252 the Emotion Regulation Questionnaire (ERQ)<sup>9,50</sup>. Implicit theories of willpower in emotion 253 control was assessed using the implicit theories questionnaire from Bernecker and Job<sup>51</sup>. To 254 assess Need for Cognition, the German version short form of the Need for Cognition 255 Scale<sup>28,52</sup> was used. To assess self-control<sup>53</sup>, sum scores of the German versions of the 256 following questionnaires were used: the Self-Regulation Scale (SRS)<sup>54</sup>, the Brief 257 Self-Control Scale (BSCS)<sup>55,56</sup>, and the Barratt Impulsiveness Scale (BIS-11)<sup>57,58</sup>. 258 Attentional control were assessed using the Attentional Control Scale (ACS)<sup>59</sup>. For more 259 detailed information on psychometric properties of the questionnaires, please see 260 supplementary material. 261

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), 264 similar to paradigms previously used by our group<sup>22</sup>. Participants were told to actively 265 view neutral and negative pictures (see 2.3.3) or to regulate all upcoming emotions by 266 means of distraction, distancing, and expressive suppression, respectively. Every 267 participant first had the condition "active viewing-neutral" that served as a baseline 268 condition. During this block, 20 neutral pictures were presented. Participants were asked 269 to "actively view all pictures and permit all emotions that may arise." In the second block, 270 participants actively viewed negative pictures. During the third, fourth, and fifth block, 271 participants saw negative pictures and were asked to regulate their emotions using distraction, distancing, and suppression. In order to achieve distraction, participants were 273 asked to think of a geometric object or an everyday activity, like brushing their teeth. During distancing, participants were asked to "take the position of a non-involved observer, thinking about the picture in a neutral way." Participants were told not to re-interpret the 276 situation or attaching a different meaning to the situation. During suppression, 277

participants were told to "suppress their emotional facial expression." They should imagine 278 being observed by a third person that should not be able to tell by looking at the facial 279 expression whether the person is looking at an emotional picture. Participants were 280 instructed not to suppress their thoughts or change their facial expression to the 281 opposite<sup>22</sup>. All participants received written instruction and completed a training session. 282 After the training session, participants were asked about their applied ER strategies to 283 avoid misapplication. The order of the three regulation blocks (distraction, distancing, and 284 suppression) were randomized between participants. Each of the blocks consisted of 20 285 trials showing neutral (Block 1) and negative (Blocks 2, 3, 4, 5) pictures. Each trial began 286 with a fixation cross that lasted 3 to 5 seconds (random uniform distributed). It was 287 followed by neutral or negative pictures for a total of 6 seconds. After each block, 288 participants retrospectively rated their subjective emotional arousal ("not at all aroused" to "very highly aroused"), their subjective effort ("not very exhausting" to "very exhausting"), and - after the regulation blocks - the utility of the respective strategy ("not useful at all" to "very useful") on a continuous scale using a slider on screen.

Part two: ER effort discounting. In the second part, ER effort discounting took 293 place. The procedure of the discounting will follow the COG-ED paradigm by Westbrook 294 et al.<sup>29</sup> with a major change. We used the following adaption that allowed the computation 295 of SVs for different strategies without presuming that all individuals would inherently 296 evaluate the same strategy as the easiest one: For each possible pairing (distraction 297 vs. distancing, distraction vs. suppression, and distancing vs. suppression), each of the two 298 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  $\in$  for strategy A or 1  $\in$  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 302 in total, in a randomized order and randomly assigned which strategy appeared on the left 303 or right side of the screen. For each pair, the strategy that was chosen at least two out of 304

three times was assigned the flexible starting value of  $1 \in$ , the other strategy was assigned 305 the fixed value of 2 €. After this, comparisons between strategies followed the original 306 COG-ED paradigm<sup>29</sup>. Each pairing was presented six consecutive times, and with each 307 decision the reward of the strategy with the starting value of  $1 \in \text{was}$  either lowered (if this 308 strategy was chosen) or raised (if the strategy with the fixed 2 € reward was chosen). The 300 adjustment started at  $0.50 \in$  and each was half the adjustment of the previous step, 310 rounded to two digits after the decimal point. If a participant always chose the strategy 311 with the fixed  $2 \in \text{reward}$ , the other strategy's last value on display was  $1.97 \in \text{, if they}$ 312 always choose the lower strategy, its last value was  $0.03 \in$ . The sixth adjustment of  $0.02 \in$ 313 was done during data analysis, based on the participants' decision in the last display of the 314 pairing. Participants were instructed to decide as realistically as possible by imagining that 315 the monetary reward was actually available for choice.

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.

2.3.3 Stimuli. Pictures that were used in the paradigm were selected from the Emotional Picture Set (EmoPicS)<sup>60</sup> and the International Affective Picture System (IAPS)<sup>61</sup>. The 20 neutral pictures (Valence (V):  $M \pm SD = 4.81 \pm 0.51$ ; Arousal (A):  $M \pm SD = 3 \pm 0.65$ ) depicted content related to the categories persons, objects, and scenes. Further, 100 negative pictures, featuring categories animals, body, disaster, disgust, injury, suffering, violence, and weapons, were used. An evolutionary algorithm<sup>62</sup> was used to cluster these pictures into five sets with comparable valence and arousal values (set one: V:  $M \pm SD = 2.84 \pm 0.57$ , A:  $M \pm SD = 5.62 \pm 0.34$ ; set two: V:  $M \pm SD = 2.64 \pm 0.46$ , A:



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.

 $^{332}$   $M \pm SD = 5.58 \pm 0.35$ ; set three: V:  $M \pm SD = 2.82 \pm 0.62$ , A:  $M \pm SD = 5.60 \pm 0.39$ ; set four: V:  $M \pm SD = 2.65 \pm 0.75$ , A:  $M \pm SD = 5.61 \pm 0.41$ ; set five: V:  $M \pm SD = 2.74 \pm 0.70$ , 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 negative pictures were assigned randomly to the blocks.

**2.3.4 Facial electromyography.** Bipolar facial electromyography (EMG) were 337 measured for corrugator supercilii and levator labii as indices of affective valence<sup>63</sup>, similar 338 to previous work by our group<sup>7</sup>. Two passive surface Ag/AgCl electrodes (8 mm inner diameter, 10 mm distance between electrodes) were placed over each left muscle according to the guidelines of Fridlund and Cacioppo<sup>64</sup>. The ground electrode was placed over the left Mastoid. Before electrode placement, the skin was abraded with Every abrasive paste, cleaned with alcohol, and filled with Lectron III electrolyte gel. Raw signals were amplified 343 by a BrainAmp amplifier (Brain Products Inc., Gilching, Germany). Impedance level were 344 kept below 10  $k\Omega$ . Data were sampled at 1000 Hz, filtered, rectified and integrated. A 20 345 Hz high pass (order 8), a 300 Hz low pass (order 8), and a 50 Hz notch filter was applied to 346 both signals. Corrugator and levator EMG was analyzed during the 6 s of picture 347 presentation. EMG data were baseline-corrected using a time window of 2 s prior to 348 stimulus onset<sup>63</sup>. Last, the sampling rate was changed to 100 Hz, and EMG data were 349 averaged for each condition and each participant. 350

## 351 2.4 Sampling plan

Sample size calculation was done using  $G^*Power^{65,66}$ . In a meta-analysis of
Zaehringer and colleagues<sup>5</sup>, effect sizes of ER on peripheral-physiological measures were
reported: To find an effect of d=-0.32 of ER on corrugator muscle activity with  $\alpha=.05$ and  $\beta=.95$ , data of at least N=85 have to be analyzed. Power analyses of all other
hypotheses yielded smaller sample sizes. However, if participants withdraw from study
participation, technical failures occur, or experimenter considers the participant for not

suitable for study participation (e.g., because the participant does not follow instructions or shows great fatigue), respective data will also be excluded from further analyses. 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 the design table.

## $_{53}$ 2.5 Analysis plan

Data collection and analysis were not performed blind to the conditions of the experiments. Data of whole participants were excluded from analysis if participants 365 withdraw their consent or they stated that they did not follow experimental instructions. 366 EMG data of subjects were excluded from analysis if errors occurred during recording. No 367 further data exclusions were planned. The level of significance was set to  $\alpha = .05$ . For 368 hypotheses H1-4, repeated measures analysis of variance (rmANOVA) were conducted and 369 estimated marginal means were computed using the afex package<sup>39</sup>. 370 Greenhouse-Geisser-corrected degrees of freedom and associated p-values were reported 371 when the assumption of sphericity was violated. If the within-subjects factor of interest 372 was significant, pairwise contrasts were calculated using Bonferroni adjustment for multiple 373 testing. Proportion of explained variance  $\eta_p^2$  was reported as a measure of effect size. 374

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 390 calculated as follows: first, the value 0.02 € was added to or subtracted from the last 391 monetary value of the flexible strategy, depending on the participant's last choice. Second, 392 to obtain the SV of the fixed strategy (the minimum relative reward required for 393 participants to choose the flexible over the fixed strategy), the last value of the flexible 394 strategy was divided by  $2 \in$ . Therefore, the SVs of the flexible strategies were 1, because 395 they were chosen in the initial comparison of each pairing in which the same value was 396 offered for both strategies, so they were the preferred strategy of each pairing. The SVs of 397 the fixed strategies lay between 0 and 1, with lower values indicating that the participant 398 would need a much higher monetary incentive to choose this strategy over the other one in the pairing. The final SV per strategy for each participant was computed by averaging the SVs of each strategy across pairings.

To explore the association between subjective effort (H5a), subjective arousal (H5b), subjective utility (H5c), and physiological responding (H5d,e) on SVs, a multilevel model (MLM) was specified using the *lmerTest* package<sup>67</sup>. First, ER strategies were recoded and centered for each subject according to their individual SVs: The strategy with the highest SV will be coded as -1, the strategy with the second highest SV 0, and the strategy with the lowest SV will be coded as 1. Restricted maximum likelihood (REML) was applied to fit the model. A random slopes model of SVs including subjective effort (effort ratings), subjective arousal (arousal ratings), utility (utility ratings), and physiological responses

(corrugator and levator activity) as level-1-predictors was specified.

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

Level-1-predictors were centered within cluster<sup>68</sup>. Residuals of the final model were inspected visually. Intraclass correlation coefficient (ICC),  $\rho$ , was reported for each model (null model, as well as full model). The presented MLM followed the conceptualization of Zerna, Scheffel, et al.<sup>34</sup>

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 419 with a linear regression using the individual *intercept* and *slope* of each participants' SVs 420 to predict their FlexER score. To this end, for each participant, SVs were sorted by 421 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 423 about the extent to which an individual considers any or all of the ER strategies as useful 424 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 426 predictors in a regression model with the FlexER score as dependent variable. A positive 427 association with the predictor *intercept* would indicate that overall higher SVs attached to 428 ER strategies predicts higher scores on the FlexER scale. A positive association with the 429 predictor slope would indicate that less negative slopes, i.e., a smaller preference for a 430 given ER strategy, would be associated with a higher score of the FlexER scale. 431

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 package<sup>40</sup>, were reported. Bayes factors were calculated using the default prior widths of the functions anovaBF, lmBF and regressionBF.

## Data availability

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

#### 439 Code availability

The paradigm code, as well as the R Markdown file used to analyze the data and write this document is available at our Github repository.

3. Results

## 443 3.1 Participants and descriptive statistics

Data collection took place between 2022-08 and 2023-02. A total of N=151participants completed the online survey and were invited to participate in the two lab
sessions. Of these, N=125 participated in the first laboratory session<sup>34</sup> and N=121completed the second laboratory session. Of these, n=1 person had to be excluded from
analyses because they did not follow the instructions. The final sample consisted of N=120 participants (100 female; age:  $M=22.5\pm SD=3.0$ ). Please note that sample
size for individual calculations may be smaller due to failure of EMG recording (n=1) and
failure to record utility ratings (n=18).

#### 2 3.2. Confirmatory analyses

## Manipulation checks.

```
Subjective arousal and physiological responding. To explore whether
454
    negative pictures evoke emotional arousal and physiological responding, we conducted
455
    separate ANOVAs for the active viewing condition with predictors subjective arousal,
456
    Corrugator, and Levator activity. We found a highly significant main effect of valence for
457
    subjective arousal (F(1,119) = 399.95, p < .001, \hat{\eta}_G^2 = .589, 90% CI [.498, .659],
458
    \mathrm{BF}_{10} = 1.47 \times 10^{44}), \ Corrugator \ \mathrm{activity} \ (F(1,117) = 27.73, \ p < .001, \ \hat{\eta}_G^2 = .111, \ 90\% \ \mathrm{CI}
450
    [.037, .206], BF<sub>10</sub> = 8.67 \times 10^{16}), and Levator activity (F(1, 117) = 8.87, p = .004,
460
    \hat{\eta}_G^2=.039,\,90\% CI [.002, .111]', BF _{10}=188.72), indicating that negative pictures
461
    successfully evoked emotional arousal and physiological responding.
462
           To investigate whether ER strategies reduce emotional arousal and physiological
463
    respoinding, we conducted separate rmANOVA comparing subjective arousal, Corrugator,
464
    and Levator activity of four strategies (active viewing, distraction, distancing,
465
    suppression). We found a significant effect of strategy for subjective arousal
466
    (F(2.71,322.55) = 7.39, \ p < .001, \ \hat{\eta}_G^2 = .015, \ 90\% \ \ \mathrm{CI} \ [.000,.036], \ \mathrm{BF}_{10} = 0.21), \ \mathit{Corrugator}
467
    activity (F(1.76, 206.02) = 13.70, p < .001, \hat{\eta}_G^2 = .056, 90\% CI [.019, .094],
468
    BF_{10} = 6.16 \times 10^7), and Levator activity (F(1.54, 180.41) = 19.95, p < .001, \hat{\eta}_G^2 = .089,
469
    90% CI [.043, .134], BF<sub>10</sub> = 3.22 \times 10^{17}), indicating that regulation strategies reduced
470
    subjective arousal and physiological responding. For detailed information on post-hoc
471
    tests, please see supplementary material.
           Subjective effort of ER strategies.
                                                           To investigate whether ER strategies
473
    require cognitive effort, we conducted an rmANOVA comparing the subjective effort
474
    ratings of four strategies (active viewing, distraction, distancing, suppression). We found a
    significant effect of strategy (F(2.92, 347.65) = 128.47, p < .001, \hat{\eta}_G^2 = .327, 90\% CI
476
    [.261, .384], BF<sub>10</sub> = 1.84 \times 10^{37}). Post-hoc test showed significant higher subjective effort
    for distraction (\eta_p^2 = 0.47, [0.42, 1.00], BF_{10} = 3.61 \times 10^{30}), distancing
    (\eta_p^2=0.41,[0.35,1.00],\,BF_{10}=1.60\times 10^{28}),\, {\rm and\ suppression}\,\,(\eta_p^2=0.30,[0.23,1.00],\,BF_{10}=0.41)
    1.27 \times 10^{19}) compared to active viewing. Moreover, we found significantly lower effort
```

during suppression compared with distraction ( $\eta_p^2 = 0.08, [0.04, 1.00], BF_{10} = 1.61 \times 10^6$ )
and distancing ( $\eta_p^2 = 0.03, [0.01, 1.00], BF_{10} = 29.19$ ).

# [... WAHLVERHALTEN FEHLT NOCH ...]

483

Subjective values of ER strategies. 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 level-2 predictor subject accounted for 19.10 percent of total variance. The preregistered model showed a correlation of r = 0.95 of the random effects subjects and recoded strategy. In addition with the estimation that our model explained 0.90 percent of variance, we assumed our model was overfitted due to inclueding recoded strategy as random slope. We therefore set a new model without the recoded strategy as random slope factor, that followed the specification:

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

Table 1
Results of multilevel model predicting subjective values of ER strategies.

Parameter	Beta	SE	<i>p</i> -value	Random Effects (SD)
Intercept	0.80	0.01	0.00	0.12
Strategy	-0.22	0.01	0.00	0.14
Effort	0.00	0.00	0.00	
Arousal	0.00	0.00	0.00	
Utility	0.00	0.00	0.00	
Corrugator activity	0.00	0.00	0.17	
Levator activity	0.00	0.00	0.90	

Associations between subjective values and flexible ER. To investigate the ecological validity of the subjective values of ER strategies we calculated, we looked to see

if SVs were associated with the actual choice of participants in the choice block. Therefore, 494 a  $\chi^2$  test with predicted choice (i.e., the strategy with the highest SV of each participant) 495 and actual choice was computed. There was a significant association between predicted 496 choice and actual choice ( $\chi^2(4, n=120)=115.40, p<.001,$  BF<sub>10</sub> =  $1.62\times 10^{21}$ ). We then 497 conducted a ordinal regression with the dependent variable "choice" and the individual SVs 498 of all three strategies as independent variables. Overall model fit was fair with  $R^2 = 0.27$ . 499 The predictor SV of strategy distraction was found to contribute to the model (b = -6.29, 500 95% CI [-10.81, -3.02], z = -3.21, p = .001, BF10 = 2.00). The estimated odds ratio 501 indicated a higher chance of choosing strategy distraction, when SV of that strategy is 502 higher. Additionally, the predictor SV of strategy suppression was found to contribute to 503 the model (b = 2.70, 95% CI [0.83, 4.84], z = 2.67, p = .008, BF10 = 1.99). The estimated 504 odds ration indicated that is more likely to later choose suppression, when SV of strategy suppression is higher.

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 associations between slopes of SVs and FlexER score (b = -0.36, 95% CI [-1.28, 0.56], t(117) = -0.77, p = .444, BF<sub>10</sub> = 0.72), nor between intercepts and FlexER score (b = 1.32, 95% CI [-1.38, 4.02], t(117) = 0.97, p = .336, BF<sub>10</sub> = 0.85). However, model fit was relatively low ( $R^2 = .03, F(2, 117) = 1.93, p = .150$ ).

## 4 3.3. Exploratory analyses

#### References

1. Gross, J. J. Antecedent- and response-focused emotion regulation: Divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology* **74**, 224–37 (1998).

- 518 2. Gross, J. J. The emerging field of emotion regulation: An integrative review. Review of General Psychology 2, 271–299 (1998).
- 3. Powers, J. P. & LaBar, K. S. Regulating emotion through distancing: A taxonomy, neurocognitive model, and supporting meta-analysis. *Neuroscience and Biobehavioral Reviews* **96**, 155–173 (2019).
- Webb, T. L., Miles, E. & Sheeran, P. Dealing with feeling: A meta-analysis of the effectiveness of strategies derived from the process model of emotion regulation. *Psy-*chological Bulletin 138, 775–808 (2012).
- 5. Zaehringer, J., Jennen-Steinmetz, C., Schmahl, C., Ende, G. & Paret, C. Psychophysiological effects of downregulating negative emotions: Insights from a meta-analysis of healthy adults. Front Psychol 11, 470 (2020).
- 526 6. Burr, D. A., Pizzie, R. G. & Kraemer, D. J. M. Anxiety, not regulation tendency, predicts how individuals regulate in the laboratory: An exploratory comparison of self-report and psychophysiology. *Plos One* **16**, (2021).
- 7. Gärtner, A., Jawinski, P. & Strobel, A. Individual differences in inhibitory control are not related to emotion regulation. *PsyArXiv* (2021) doi:10.31234/osf.io/cd8rx.
- Schönfelder, S., Kanske, P., Heissler, J. & Wessa, M. Time course of emotion-related responding during distraction and reappraisal. *Social Cognitive and Affective Neuro-*science **9**, 1310–9 (2014).
- 9. Gross, J. J. & John, O. P. Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology* **85**, 348–62 (2003).
- 534 10. Aldao, A., Nolen-Hoeksema, S. & Schweizer, S. Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review* **30**, 217–237 (2010).

- 11. Yoon, K. L., Maltby, J. & Joormann, J. A pathway from neuroticism to depression: Examining the role of emotion regulation. *Anxiety, Stress, & Coping* **26**, 558–72 (2013).
- 12. Aldao, A., Sheppes, G. & Gross, J. J. Emotion regulation flexibility. *Cognitive Therapy and Research* **39**, 263–278 (2015).
- Bonanno, G. A. & Burton, C. L. Regulatory flexibility: An individual differences perspective on coping and emotion regulation. Perspectives on Psychological Science
   8, 591–612 (2013).
- 542 14. Dixon-Gordon, K. L., Aldao, A. & De Los Reyes, A. Repertoires of emotion regulation: A person-centered approach to assessing emotion regulation strategies and links to psychopathology. Cogn Emot 29, 1314–25 (2015).
- Lougheed, J. P. & Hollenstein, T. A limited repertoire of emotion regulation strategies is associated with internalizing problems in adolescence. *Social Development* **21**, 704–721 (2012).
- 546

  16. Southward, M. W., Altenburger, E. M., Moss, S. A., Cregg, D. R. & Cheavens, J. S. Flexible, yet firm: A model of healthy emotion regulation. *Journal of Social and Clinical Psychology* 37, 231–251 (2018).
- 548 17. Blanke, E. S. et al. Mix it to fix it: Emotion regulation variability in daily life.

  Emotion 20, 473–485 (2020).
- Tamir, M., Bigman, Y. E., Rhodes, E., Salerno, J. & Schreier, J. An expectancy-value model of emotion regulation: Implications for motivation, emotional experience, and decision making. *Emotion* **15**, 90–103 (2015).
- 19. Kable, J. W. & Glimcher, P. W. The neural correlates of subjective value during intertemporal choice. *Nat Neurosci* **10**, 1625–33 (2007).
- Sheppes, G. et al. Emotion regulation choice: A conceptual framework and supporting evidence. Journal of Experimental Psychology: General 143, 163–81 (2014).

- 555
- Sheppes, G., Scheibe, S., Suri, G. & Gross, J. J. Emotion-regulation choice. *Psychological Science* **22**, 1391–6 (2011).
- Scheffel, C. et al. Effort beats effectiveness in emotion regulation choice: Differences between suppression and distancing in subjective and physiological measures. Psychophysiology **00**, e13908 (2021).
- Inzlicht, M., Shenhav, A. & Olivola, C. Y. The effort paradox: Effort is both costly and valued. Trends Cogn Sci 22, 337–349 (2018).
- 562 24. Hull, C. L. Principles of behavior: An introduction to behavior theory. (Appleton-Century-Crofts, 1943).
- 564 25. Gonzalez-Garcia, C. et al. Induced affective states do not modulate effort avoidance.

  Psychol Res 85, 1016–1028 (2021).
- 566 26. Kool, W., McGuire, J. T., Rosen, Z. B. & Botvinick, M. M. Decision making and the avoidance of cognitive demand. *J Exp Psychol Gen* **139**, 665–82 (2010).
- 568 27. Cheval, B. et al. Higher inhibitory control is required to escape the innate attraction to effort minimization. Psychology of Sport and Exercise 51, (2020).
- <sup>570</sup> 28. Cacioppo, J. T. & Petty, R. E. The need for cognition. *Journal of Personality and*<sup>571</sup> Social Psychology **42**, 116–131 (1982).
- 572 29. Westbrook, A., Kester, D. & Braver, T. S. What is the subjective cost of cognitive effort? Load, trait, and aging effects revealed by economic preference. *PLOS ONE* 8, e68210 (2013).
- 574 30. Strobel, A. et al. Dispositional cognitive effort investment and behavioral demand avoidance: Are they related? PLoS One 15, e0239817 (2020).
- 31. Mesmer-Magnus, J. R., DeChurch, L. A. & Wax, A. Moving emotional labor beyond surface and deep acting: A discordance-congruence perspective. *Organizational Psychology Review* 2, 6–53 (2012).

- Gyurak, A., Gross, J. J. & Etkin, A. Explicit and implicit emotion regulation: A dual-process framework. Cogn Emot 25, 400–12 (2011).
- 33. Gross, J. J. Emotion regulation: Current status and future prospects. *Psychological Inquiry* **26**, 1–26 (2015).
- 34. Zerna, J., Scheffel, C., Kührt, C. & Strobel, A. When easy is not preferred:

  An effort discounting for estimating subjective values of taks. *PsyArXiv* (2022)

  doi:10.31234/osf.io/ysh3q.
- 584 35. Simmons, J. P., Nelson, L. D. & Simonsohn, U. A. A 21 word solution. *SSRN Electronic Journal* (2012) doi:10.2139/ssrn.2160588.
- <sup>586</sup> 36. Peirce, J. et al. PsychoPy2: Experiments in behavior made easy. Behavior Research

  Methods **51**, 195–203 (2019).
- 37. R Core Team. R: A language and environment for statistical computing. (R Foundation for Statistical Computing, 2021).
- 590 38. RStudio Team. RStudio: Integrated development for R. (2020).

- 592 39. Singmann, H., Bolker, B., Westfall, J., Aust, F. & Ben-Shachar, M. S. Afex: Analysis of factorial experiments. (2021).
- Morey, R. D. & Rouder, J. N. BayesFactor: Computation of Bayes factors for common designs. (2021).
- organizing experiments with ORSEE. Journal of the Economic Science Association 1, 114–125 (2015).
- Harris, P. A. et al. Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. Journal of Biomedical Informatics 42, 377–381 (2009).

- Harris, P. A. et al. The REDCap consortium: Building an international community of software platform partners. Journal of Biomedical Informatics 95, 103208 (2019).
- Dörfel, D., Gärtner, A. & Strobel, A. A new self-report instrument for measuring emotion regulation flexibility. Society for Affective Science (SAS) Annual Conference (2019).
- Bech, P. Measuring the dimensions of psychological general well-being by the WHO-5.

  Quality of life newsletter **32**, 15–16 (2004).
- 606 46. Brähler, E., Mühlan, H., Albani, C. & Schmidt, S. Teststatistische prüfung und normierung der deutschen versionen des EUROHIS-QOL lebensqualität-index und des WHO-5 wohlbefindens-index. *Diagnostica* 53, 83–96 (2007).
- 608 47. Connor, K. M. & Davidson, J. R. Development of a new resilience scale: The connordavidson resilience scale (CD-RISC). Depression and Anxiety 18, 76–82 (2003).
- 48. Sarubin, N. et al. First analysis of the 10-and 25-item german version of the connor-davidson resilience scale (CD-RISC) regarding psychometric properties and components. Zeitschrift Fur Gesundheitspsychologie 23, 112–122 (2015).
- 49. Campbell-Sills, L. & Stein, M. B. Psychometric analysis and refinement of the connor-davidson resilience scale (CD-RISC): Validation of a 10-item measure of resilience.

  Journal of Traumatic Stress 20, 1019–28 (2007).
- 50. Abler, B. & Kessler, H. Emotion regulation questionnaire a german version of the ERQ by gross and john. *Diagnostica* **55**, 144–152 (2009).
- 51. Bernecker, K. & Job, V. Implicit theories about willpower in resisting temptations and emotion control. Zeitschrift Fur Psychologie-Journal of Psychology 225, 157–166 (2017).
- 52. Bless, H., Wanke, M., Bohner, G., Fellhauer, R. F. & Schwarz, N. Need for cognition
   a scale measuring engagement and happiness in cognitive tasks. Zeitschrift Für

  Sozialpsychologie 25, 147–154 (1994).

- 53. Paschke, L. M. et al. Individual differences in self-reported self-control predict successful emotion regulation. Social Cognitive and Affective Neuroscience 11, 1193–204 (2016).
- 54. Schwarzer, R., Diehl, M. & Schmitz, G. S. Self-regulation scale. (1999).

- 55. Tangney, J. P., Baumeister, R. F. & Boone, A. L. High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality* **72**, 271–324 (2004).
- 56. Sproesser, G., Strohbach, S., Schupp, H. & Renner, B. Candy or apple? How self-control resources and motives impact dietary healthiness in women. *Appetite* **56**, 784–787 (2011).
- 57. Patton, J. H., Stanford, M. S. & Barratt, E. S. Factor structure of the barratt impulsiveness scale. *Journal of Clinical Psychology* **51**, 768–774 (1995).
- 58. Hartmann, A. S., Rief, W. & Hilbert, A. Psychometric properties of the german version of the barratt impulsiveness scale, version 11 (BIS-11) for adolescents. *Perceptual and Motor Skills* **112**, 353–368 (2011).
- 59. Derryberry, D. & Reed, M. A. Anxiety-related attentional biases and their regulation by attentional control. *Journal of abnormal psychology* **111**, 225–236 (2002).
- 60. Wessa, M. et al. EmoPicS: Subjective und psychophysiologische evalueation neuen bildmaterials für die klinisch-biopsychologische forschung. Zeitschrift für Klinische Psychologie und Psychotherapie 39, 77 (2010).
- 61. Lang, P. J., Bradley, M. M. & Cuthbert, B. N. International affective picture system

  (IAPS): Affective ratings of pictures and instruction manual. (University of Florida,

  2008).

- 638 62. Yu, X. & Gen, M. Introduction to evolutionary algorithms. (Springer Science & Business Media, 2010).
- 63. Bradley, M. M. & Lang, P. J. Measuring emotion: Behavior, feeling, and physiology. in Cognitive neuroscience of emotion (eds. Lane, R. D. & Nadel, L.) 242–276 (Oxford University Press, 2000).
- 64. Fridlund, A. J. & Cacioppo, J. T. Guidelines for human electromyographic research.

  Psychophysiology 23, 567–89 (1986).
- 65. Faul, F., Erdfelder, E., Lang, A.-G. & Buchner, A. G\*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods* **39**, 175–191 (2007).
- 66. Faul, F., Erdfelder, E., Buchner, A. & Lang, A.-G. Statistical power analyses using G\*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods* 41, 1149–1160 (2009).
- 648 67. Kuznetsova, A., Brockhoff, P. B. & Christensen, R. H. B. lmerTest package: Tests in linear mixed effects models. *Journal of Statistical Software* 82, 1–26 (2017).
- 650 68. Enders, C. K. & Tofighi, D. Centering predictor variables in cross-sectional multilevel models: A new look at an old issue. *Psychological Methods* **12**, 121–138 (2007).
- 69. Preece, D. A., Becerra, R., Robinson, K. & Gross, J. J. The emotion regulation questionnaire: Psychometric properties in general community samples. *J Pers Assess*102, 348–356 (2020).
- Fleischhauer, M. et al. Same or different? Clarifying the relationship of need for cognition to personality and intelligence. Personality & Social Psychology Bulletin 36, 82–96 (2010).
- 71. Fleischhauer, M., Strobel, A. & Strobel, A. Directly and indirectly assessed Need for Cognition differentially predict spontaneous and reflective information processing behavior. *Journal of Individual Differences* **36**, 101–109 (2015).

# Acknowledgements

This research is partly funded by the German Research Foundation (DFG) as part of
the Collaborative Research Center (CRC) 940. Additionally, we have applied for funding of
the participants' compensation from centralized funds of the Faculty of Psychology at
Technische Universität Dresden. Applications for the centralized funds will be reviewed in
May. Regardless of whether or not this additional funding will be granted, the study can
commence immediately. The funders have/had no role in study design, data collection and
analysis, decision to publish or preparation of the manuscript.

## **Competing Interests**

The authors declare no competing interests.

658

Figures and figure captions

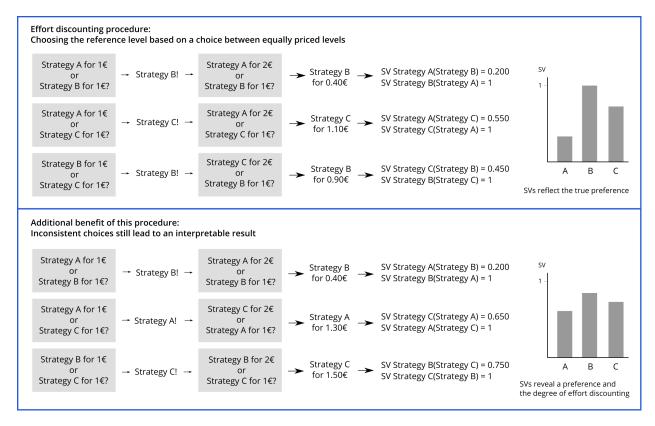


Figure 1

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 also
be represented by our paradigm.

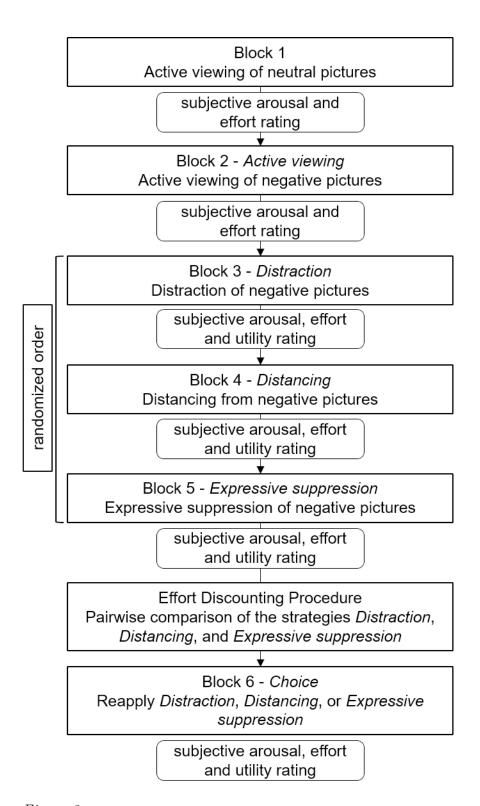


Figure 2

Figure 2. Block design of the paradigm. Every participant starts with two "active viewing" blocks containing neutral (Block 1) and negative (Block 2) pictures. Order of the regulation blocks (Blocks 3, 4, and 5) is randomized between participants. After, the discounting procedure takes place. All three regulation strategies are pairwise compared.

Before the last block, participants can decide which regulation strategy they want to reapply. Subjective arousal and effort ratings are assessed after each block using a slider on screen with a continuous scale.

Design Table

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) $\alpha$ err prob = 0.05 Power $(1-\beta$ err prob) = 0.95 Number of groups = 1 Number of measurements = 2 Corr among rep measures = 0.5 Nonsphericity correction $\epsilon = 1$ $\frac{Output}{E}$ : Noncentrality parameter $\lambda = 40.3380260$ Critical $F = 10.1279645$ Numerator $df = 1.0$ Denominator $df = 3.0$ 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) $\alpha$ 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 afex- package, 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) $\alpha$ 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) $\alpha$ 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 $\lambda = 17.5169700$ Critical F = 2.6404222 Numerator df = 3.0 Denominator df = 252 Total sample size = 85 Actual power = 0.9509128	pairs() with Bonferroni adjustment for multiple testing.  Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	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.
	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) $\alpha$ 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 $\frac{Output}{Corr}$ : 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) $\alpha$ 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 $\frac{Output}{N}$ : 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) $\alpha$ err prob = 0.05 Power (1- $\beta$ err prob) = 0.95 Number of predictors = 4 Output: Noncentrality parameter $\delta$ = 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.	(utility ratings) positively predict subjective values of  Total sample size = 34 Actual power = 0.9529571		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 $p > .05$ .		
5d) Physiological			The Bayes factor $BF10$ is reported alongside every $p$ -value to assess the strength of evidence.  Fixed effects yield $p < .05$ are		
responding (EMG corrugator activity) negatively predict subjective values of ER strategies.			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) $\alpha$ err prob = 0.05  Power $(1-\beta$ err prob) = 0.95  Number of predictors = 4  Output:		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.		
		Noncentrality parameter $\delta = 3.4$ Critical $t = 1.6991270$ Df = 29 Total sample size = 34 Actual power = 0.9529571				
7.) Are subjective values related to flexible emotion regulation?	7a) The higher the subjective value, the more likely the respective strategy is chosen.	1) $\chi^2$ 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) $\alpha$ 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) $\chi^2$ 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- $\beta$ 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)  $\alpha$  err prob = 0.05 Power (1- $\beta$  err prob) = 0.95

Number of predictors = 2

Output:

Noncentrality parameter  $\delta = 3.316662$ 

Critical t = 1.69665997

Df = 71

Total sample size = 74 Actual power = 0.95101851 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.  $\beta$  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.	

691

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 <sup>†</sup>	225 <sup>†</sup>	210 <sup>†</sup>	208 <sup>†</sup>	227 <sup>†</sup>	223 <sup>†</sup>
	107 <sup>†</sup>	230 <sup>†</sup>	218 <sup>†</sup>	219 <sup>†</sup>	252 <sup>†</sup>	238 <sup>†</sup>
	124 <sup>†</sup>	255 <sup>†</sup>	222 <sup>†</sup>	226 <sup>†</sup>	1051*	245 <sup>†</sup>
	140 <sup>†</sup>	327 <sup>†</sup>	228 <sup>†</sup>	253 <sup>†</sup>	2800*	2981*
	143 <sup>†</sup>	1111*	246 <sup>†</sup>	254 <sup>†</sup>	3061*	3016*
	7000*	3017*	251 <sup>†</sup>	326 <sup>†</sup>	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	$4.86 \pm 0.49$	$2.84 \pm 0.57$	$2.64 \pm 0.46$	$2.82 \pm 0.62$	$2.65 \pm 0.75$	$2.74 \pm 0.70$
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).

## Detailed information on psychometric measures

WHO-5. General psychological well-being is assessed using the WHO-5 scale<sup>45,46</sup>. 5 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  $\alpha = .92$ )<sup>46</sup>.

Connor-Davidson Resilience Scale. Resilience is assessed using the Connor-Davidson Resilience Scale (CD-RISC)<sup>47–49</sup>. 10 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 month<sup>48</sup>.

Emotion Regulation Questionnaire. Habitual use of reappraisal and suppression is measured using the 10-item Emotion Regulation Questionnaire (ERQ)<sup>9,50</sup>. 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  $\alpha > .75$ )<sup>69</sup>.

FlexER Scale. Flexible use of ER strategies is assessed using the FlexER Scale<sup>44</sup> 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 are assessed using the Implicit Theories Questionnaire of  $^{51}$ . 4 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 Cronbach's  $\alpha = .87^{51}$ .

```
Need for Cognition Scale. Need for Cognition (NFC) is assessed with the 16-item
719
    short version of the German NFC scale<sup>52</sup>. Responses to each item (e.g., "Thinking is not
720
    my idea of fun", recoded) are recorded on a 7-point Likert scale ranging from -3
721
    (completely disagree) to +3 (completely agree) and are summed to the total NFC score.
722
    The scale shows comparably high internal consistency (Cronbach's \alpha > .80)<sup>52,70</sup> and a
723
    retest reliability of r_{tt} = .83 \text{ across } 8 \text{ to } 18 \text{ weeks}^{71}.
724
          Self-Regulation Scale. As one measure of self-control, the Self-Regulation Scale
725
    (SRS)<sup>54</sup> is used. The scale has 10 items (e.g., "It is difficult for me to suppress thoughts
726
    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
729
    Scale (BSCS)<sup>55,56</sup> is used. It comprises 13 items (e.g., "I am good at resisting
730
    temptations") with a 5-point rating scale ranging from 1 (not at all like me) to 5 (very
731
    much like me). The scale shows acceptable internal consistency (Cronbach's \alpha=.81)^{56} .
732
          Barratt Impulsiveness Scale. As a third measure of self-control, the Barratt
733
    Impulsiveness Scale (BIS-11)<sup>57,58</sup> is used. Responses to each item (e.g., "I am
734
    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
737
    month were reported^{58}.
738
          Attentional Control Scale. Attentional control is measured using the Attentional
739
    Control Scale (ACS)<sup>59</sup> with items such as "My concentration is good even if there is music
740
    in the room around me". The 20 items are rated on a 4-point scale ranging from 1 (almost
741
    never) to 4 (always). An internal consistency of Cronbach's \alpha = .88 was reported<sup>59</sup>.
```

## 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	26.63	39.12	0.68	0.00
Arousal View Neg	187.78	87.31	0.98	0.06
Arousal Distraction	158.13	92.49	0.97	0.01
Arousal Distancing	168.62	95.75	0.98	0.04
Arousal Suppression	163.96	87.17	0.98	0.07
Effort View Neu	18.15	27.37	0.65	0.00
Effort View Neg	49.40	62.26	0.74	0.00
Effort Distraction	208.46	96.15	0.98	0.13
Effort Distancing	158.26	99.50	0.97	0.01
Effort Suppression	189.80	92.34	0.98	0.12

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

	M	SD	W	p
Corrgator View Neu	0.04	6.99	0.05	0.00
Corrgator View Neg	1.03	7.21	0.19	0.00
Corrgator Distraction	0.00	7.67	0.04	0.00
Corrgator Distancing	0.07	3.78	0.08	0.00
Corrgator Suppression	0.25	1.92	0.35	0.00
Levator View Neu	0.09	1.84	0.38	0.00
Levator View Neg	0.58	3.20	0.43	0.00
Levator Distraction	-0.05	1.16	0.52	0.00
Levator Distancing	-0.03	0.92	0.48	0.00
Levator Suppression	0.01	1.00	0.55	0.00

## Post-hoc tests of strategies for effects of ER on subjective arousal and

## physiological responding

Table S.4 Post-hoc tests for effects of ER strategies on subjective arousal ratings.

Contrast	Estimate	SE	df	t	p	BF10	$\eta_p^2$	95%CI
$View_{neq} - Distraction$	29.65	6.68	357.00	4.44	0.00	168.48	0.05	[0.02, 1.00]
$View_{neg} - Distancing$	23.82	6.68	357.00	3.57	0.00	62.99	0.03	[0.01, 1.00]
$View_{neg} - Suppression$	19.16	6.68	357.00	2.87	0.03	1.97	0.02	[0.00, 1.00]
Distraction-Distancing	-5.83	6.68	357.00	-0.87	1.00	0.18	2.13e-03	[0.00, 1.00]
Distraction-Suppression	-10.49	6.68	357.00	-1.57	0.70	0.31	6.86 e- 03	[0.00, 1.00]
Distancing-Suppression	-4.66	6.68	357.00	-0.70	1.00	0.14	1.36e-03	[0.00, 1.00]

Table S.5
Post-hoc tests for effects of ER strategies on Corrugator activity

Contrast	Estimate	SE	df	t	p	BF10	$\eta_p^2$	95%CI
$View_{neg} - Distraction$	0.18	0.04	351.00	4.79	0.00	21,919.73	0.06	[0.03, 1.00]
$View_{neg} - Distancing$	0.19	0.04	351.00	5.09	0.00	139,814.01	0.07	[0.03, 1.00]
$View_{neg} - Suppression$	0.21	0.04	351.00	5.67	0.00	18,426,055.49	0.08	[0.04, 1.00]
Distraction-Distancing	0.01	0.04	351.00	0.30	1.00	0.04	2.61e-04	[0.00, 1.00]
Distraction-Suppression	0.03	0.04	351.00	0.88	1.00	0.08	2.21e-03	[0.00, 1.00]
Distancing-Suppression	0.02	0.04	351.00	0.58	1.00	0.05	9.51e-04	[0.00, 1.00]

Table S.6

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

Contrast	Estimate	SE	df	t	p	BF10	$\eta_p^2$	95%CI
$View_{neq} - Distraction$	0.34	0.05	351.00	6.73	0.00	202,428,623,285.88	0.11	[0.07, 1.00]
$View_{neg} - Distancing$	0.28	0.05	351.00	5.66	0.00	39,887,367.63	0.08	[0.04, 1.00]
$View_{neg} - Suppression$	0.32	0.05	351.00	6.37	0.00	86,036,487,908.69	0.10	[0.06, 1.00]
Distraction-Distancing	-0.05	0.05	351.00	-1.07	1.00	0.22	3.26e-03	[0.00, 1.00]
Distraction-Suppression	-0.02	0.05	351.00	-0.36	1.00	0.04	3.70e-04	[0.00, 1.00]
Distancing-Suppression	0.04	0.05	351.00	0.71	1.00	0.10	1.44e-03	[0.00, 1.00]