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

	Corr among rep measures = 0.5 Nonsphericity correction $\varepsilon = 1$ Output: Noncentrality parameter $\lambda = 16.1520293$ Critical F = 4.7472253 Numerator df = 1.0 Denominator df = 12.0 Total sample size = 13 Actual power = 0.9573615	emmeans() function from the emmeans-package, pairwise contrasts are calculated using pairs(). Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	inferred from the respective estimate. Values of EMG <i>corrugator</i> activity are interpreted as equal between blocks if $p > .05$. The Bayes factor <i>BF10</i> is reported alongside every <i>p</i> -value to assess the strength of evidence.
1c) Physiological responding (EMG levator 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 $f = 0.4396788$ ($\eta_p^2 = 0.162$) (Pilot Study) α err prob = 0.05 Power (1- β err prob) = 0.95 Number of groups = 1 Number of measurements = 2 Corr among rep measures = 0.5 Nonsphericity correction $\epsilon = 1$ Output: Noncentrality parameter $\lambda = 14.6921260$ Critical $F = 4.4138734$ Numerator $df = 1.0$ Denominator $df = 18.0$ Total sample size = 19 Actual power = 0.9517060	Repeated measures ANOVA with two linear contrasts, comparing the EMG levator activity of two blocks (active viewing – neutral and active viewing – negative). ANOVA is calculated using aov_ez() function of the afexpackage, estimated maginal means are calculated using emmeans() function from the emmeans-package, pairwise contrasts are calculated using pairs(). Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	ANOVA yields $p < .05$ is interpreted as physiological responding (EMG levator activity) 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 EMG levator activity being different between those two blocks, magnitude and direction are inferred from the respective estimate. Values of EMG levator 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.

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

		$\frac{\text{Output:}}{\text{Noncentrality parameter }\lambda = 17.5169700}$ $\text{Critical F} = 2.6404222$ $\text{Numerator df} = 3.0$ $\text{Denominator df} = 252$ $\text{Total sample size} = 85$ $\text{Actual power} = 0.9509128$	contrasts are calculated using pairs(). 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) α err prob = 0.05 Power $(1-\beta$ err prob) = 0.95 Number of groups = 1 Number of measurements = 4 Corr among rep measures = 0.5 Nonsphericity correction ϵ = 1 $\frac{\text{Output}}{\text{Critical F}} = 2.6404222$ Numerator df = 3.0 Denominator df = 252 Total sample size = 85 Actual power = 0.9509128	Repeated measures ANOVA with four linear contrasts, 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 maginal means are calculated using emmeans() function from the emmeans-package, pairwise contrasts are calculated using pairs(). 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 with four linear contrasts, comparing the subjective effort ratings of four blocks (active	ANOVA yields $p < .05$ is interpreted as effort ratings changing significantly with blocks. Values of effort ratings are interpreted as equal between blocks if $p > .05$.

	distancing, suppression) compared to active viewing.	Effect size $f = 0.2041241$ ($\eta_p^2 = 0.04$) (Scheffel et al., 2021) α err prob = 0.05 Power (1- β err prob) = 0.95 Number of groups = 1 Number of measurements = 4 Corr among rep measures = 0.5 Nonsphericity correction ϵ = 1 $\frac{Output}{N}$ Noncentrality parameter λ = 17.6666588 Critical $F = 2.6625685$ Numerator $df = 3.0$ Denominator $df = 156.0$ Total sample size = 53 Actual power = 0.95206921	viewing, distraction, distancing, suppression). ANOVA is calculated using aov_ez() function of the afex-package, estimated maginal means are calculated using emmeans() function from the emmeans-package, pairwise contrasts are calculated using pairs(). 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, 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. 5c) Physiological responding (EMG corrugator activity) negatively predict subjective values of ER strategies.	we have inferred from the effect size in the closest-similar model: Westbrook et al., 2013) α err prob = 0.05 Power (1- β err prob) = 0.95 Number of predictors = 4 Output: Noncentrality parameter δ = 3.4 Critical t = 1.6991270 Df = 29 Total sample size = 34 Actual power = 0.9529571	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. Fixed effects yield $p < .05$ are interpreted as subjective values are related to $corrugator$ activity. Subjective values are interpreted as not being related to $corrugator$ activity if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
	5d) Physiological responding (EMG levator activity) negatively predict subjective values of			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 $p > .05$.
	ER strategies.			The Bayes factor <i>BF10</i> is reported alongside every <i>p</i> -value to assess the strength of evidence.
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	t tests - Linear multiple regression: Fixed model, single regression coefficient Analysis: A priori: Compute required sample size Input:		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 $p > .05$.
of ER strategies?	(subjective arousal ratings), and	Input: Tail(s) = One		

7.) Are subjective values related to flexible emotion regulation?	physiological responding (EMG corrugator and levator activity). 7a) The higher the subjective value, the more likely the respective strategy is chosen.	Effect size $f^2 = 0.34$ (Since there are no findings in this respect yet, we have inferred from the effect size in the closest-similar model: Westbrook et al., 2013) α err prob = 0.05 Power (1- β err prob) = 0.95 Number of predictors = 4 Output: Noncentrality parameter δ = 3.4 Critical t = 1.6991270 Df = 29 Total sample size = 34 Actual power = 0.9529571 1) χ^2 tests – Goodness-of-fit tests_ Contingency tables Analysis: A priori: Compute required sample size Input: Effect size ω = 0.5 (Based on our theoretical considerations, we assume a large effect) α err prob = 0.05 Power (1- β err prob) = 0.95 Df = 1 Output: Noncentrality parameter λ = 19.8 Critical χ^2 = 11.0704977 Total sample size = 52 Actual power = 0.9500756	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 strategy 1", "SV strategy 2" and "SV strategy 3".	The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence. 1) χ^2 yields $p < .05$ is interpreted as predicted choice (highest SV of each participant) and actual choice show significant consistency. Predicted choice and actual choice are interpreted as independent if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence. 2) Ordinal logistic regression yields $p < .05$ is interpreted as the respective subjective value has a significant influence on the OR of the choice of a strategy. Respective SV is interpreted as not related to choice if $p > .05$.
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7b) Subjective values are lower and decline stronger when ER flexibility is lower.	Tails: One $Pr(Y=1 X=1) \ H1 = 0.80 \ (Based \ on our theoretical considerations, \ that a higher SVs should lead \ almost certainly to the choice of the respective strategy) Pr(Y=1 X=1) \ H0 = 0.333 \ (Based \ on theoretical considerations: if \ all SVs are equal, choice is on \ chance level) \ α err prob = 0.05 \ Power (1-β err prob) = 0.95 \ R^2 \ other \ X = 0 \ X \ distribution: normal \ X \ param \ μ = 0 \ X \ param \ σ = 1 \ Output: \ Critical \ z = 1.6448536 \ Total \ sample \ size = 25 \ Actual \ power = 0.9528726 \ t \ tests - Linear \ multiple \ regression: Fixed \ model, single \ regression: Fixed \ model, single \ regression \ coefficient \ Analysis: A \ priori: compute \ required \ sample \ size \ Input: \ Tail(s) = One \ Effect \ size \ f^2 = 0.15 \ (as \ there \ is \ no \ evidence \ in \ the \ literature, \ we \ assume \ a \ medium \ sized \ effect) \ α \ err \ prob = 0.05 \ Power \ (1-β \ err \ prob) = 0.95$	SVs will be ordered by magnitude. Values will be fitted in a GLM to estimate the individual intercept and slope. A linear regression will be computed with intercept and slope as predictors and FlexER score as criterion.	The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence. $\beta \text{ yield } p < .05 are interpreted as significant association between predictor (intercept, slope) and ER flexibility. The direction of effect is interpreted according to sign (negative or positive). p – values > .05 are interpreted as no association between predictor and ER flexibility. The Bayes factor BF10 is reported alongside every p-value to assess the strength of evidence.$
	Number of predictors = 2 Output:		

	Noncentrality parameter $\delta = 3.316662$ Critical $t = 1.69665997$ Df = 71 Total sample size = 74 Actual power = 0.95101851		
Exploratory: Are individual subjective values of ER strategies related to personality traits?		Multilevel model of SVs with level-1-predictors subjective effort, subjective arousal, corrugator, and levator muscle activity and level-2-predictors NFC and self-control using 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.	Fixed effects yield $p < .05$ are interpreted as subjective values are related to NFC and self-control. 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.
		Bayes factors are computed for the MLM using the BayesFactor-package.	