Estimating individual subjective values of emotion regulation strategies

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16 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

²⁰ 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.

Subjective values (SVs) should therefore represent a trade-off between effectiveness and

²³ 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.

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1. Introduction

The ability to modify emotional experiences, expressions, and physiological reactions¹ 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 functioning². Different strategies can be used to regulate emotions, namely situation 37 selection, situation modification, attentional deployment, cognitive change, and response modification¹, and, following the taxonomy of Powers and LaBar³, individuals can implement ER strategies by means of different tactics. So called antecedent-focused strategies, e.g., attentional deployment and cognitive change, take effect early in the emotion generation process¹. In contrast, response modification takes place late in the process and is therefore conceptualized as a response-focused strategy¹. This postulated temporal sequence of ER strategies influences their effectiveness. Albeit it is meta-analytically proven that all mentioned strategies reduce subjective emotional experience, distraction as a tactic of attentional deployment and (expressive) suppression as a tactic of response modulation showed only small to medium effect sizes (distraction: $d_{+}=0.27$; suppression: $d_{+}=0.27$). In contrast, distancing as tactic of cognitive change showed the highest effectiveness with an effect size of $d_{+} = 0.45^{4}$. 49

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

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

Similarly to the differences in short term effectiveness, these tactics from three 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-being⁹. 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 achievement¹².

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

How do people choose strategies from their repertoire? Similarly to the 83 expectancy-value model of emotion regulation¹⁸ 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 choice¹⁹) 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 SVs²⁰. For example, a study found that the intensity of a stimulus or situation plays a role in the choice²¹. Higher intensity of the (negative) stimulus lead to a choice of rather disengaging tactics of attentional deployment, like distraction^{20,21}. ER choice was further influenced by, among others, extrinsic motivation (e.g., monetary incentives), motivational determinants (i.e., hedonic regulatory goals), and effort^{20,22}. 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 achievement¹². 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 effort²³. When given the choice, most individuals prefer tasks that are less effortful²⁴. Cognitive effort avoidance has been reported in many contexts, for example in 105 affective context²⁵, the context of decision making²⁶, and executive functions²⁷, and is 106 associated with Need for Cognition (NFC)²⁸, a stable measure of the individual pursuit and 107 enjoyment of cognitive effort^{29,30}. 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 strategy²². 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 repertoire¹² 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)²⁹.

In the original study by Westbrook et al.²⁹, 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 strategies²². 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 Gross¹ 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.³¹, 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 easy²². Others define emotion regulation on a continuum 157 from explicit, conscious, and effortful to implicit, unconscious, automatic and effortless³². 158 This would mean, that all explicit strategies that have been proposed by the process model 159 of emotion regulation are similarly effortful¹. Similarly, the flexibility approach of emotion 160 regulation also states, that there is no "best" strategy³³. 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.²⁹ 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 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,



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.

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

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We report how we determined our sample size, all data exclusions (if any), all manipulations, and all measures in the study³⁵. The paradigm was written and presented using $PsychoPy^{36}$. We used R with R $Studio^{37,38}$ with the main packages $afex^{39}$ and $BayesFactor^{40}$ 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 will be obtained. Participants will
receive 30 € 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 study²², we found that the use of ER strategies compared to active viewing was associated with increased subjective effort. All results are detailed in the Supplementary Material, figures S1 to S7 and table S2 to S8.

$_{21}$ 2.3 Design

Young healthy participants (aged 18 to 30 years) will be recruited using the software $ORSEE^{41}$ at the Technische Universität Dresden. Participants will be excluded from

participation if they do not fluently speak German, have current or a history of psychological disorders or neurological trauma, or report to take medication. Participants 225 will be invited to complete an online survey containing different questionnaires to assess 226 broad and narrow personality traits and measures of well-being. The study consists of two 227 lab sessions, which will take place in a shielded cabin with constant lighting. Before each 228 session, participants will receive information about the respective experimental procedure 229 and provide informed consent. In the first session participants will fill out a demographic 230 questionnaire and complete an n-back task with the levels one to four. Then, they will 231 complete an effort discounting (ED) procedure regarding the n-back levels on screen, 232 followed by a random repetition of one n-back level. The second session will take place 233 exactly one week after session one. Participants will provide informed consent and receive 234 written instructions on the ER paradigm and ER strategies that they should apply. A brief 235 training will ensure that all participants are able to implement the ER strategies. Next, 236 electrodes to measure facial EMG will be attached and the ER task will be conducted, followed by an ED procedure regarding the ER strategies. After that, participants will choose one ER strategy to repeat one more time. Study data will be collected and managed 230 using REDCap electronic data capture tools hosted at Technische Universität Dresden^{42,43}.

2.3.1 Psychometric measures. The online survey will contain a number of questionnaires. In the focus of the current project is the Flexible Emotion Regulation Scale (FlexER)⁴⁴.

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

Further psychological constructs will be assessed but have no clear hypotheses in the present work and are therefore investigated only exploratory: General psychological well-being will be assessed using the German version of the WHO-5 scale^{45,46}. To measure

resilience, the German version 10-item-form of the Connor-Davidson resilience Scale 251 (CD-RISC)⁴⁹ will be used. Habitual use of ER will be assessed using the German version of 252 the Emotion Regulation Questionnaire (ERQ)^{9,50}. Implicit theories of willpower in emotion 253 control will be assessed using the implicit theories questionnaire from Bernecker and Job⁵¹. 254 To assess Need for Cognition, the German version short form of the Need for Cognition 255 $Scale^{28,52}$ will be used. To assess self-control⁵³, sum scores of the German versions of the 256 following questionnaires will be used: the Self-Regulation Scale (SRS)⁵⁴, the Brief 257 Self-Control Scale (BSCS)^{55,56}, and the Barratt Impulsiveness Scale (BIS-11)^{57,58}. 258 Attentional control will be assessed using the Attentional Control Scale (ACS)⁵⁹. 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 will consist of three parts that will be described in the following.

Part one: ER task. Part one will be a standard ER task in a block design (see Figure 264 2), similar to paradigms previously used by our group²². Participants will be told to 265 actively view neutral and negative pictures (see 2.3.3) or to regulate all upcoming emotions 266 by means of distraction, distancing, and expressive suppression, respectively. Every 267 participant first will have the condition "active viewing-neutral" that serves as a baseline 268 condition. During this block, 20 neutral pictures will be presented. Participants will be 269 asked to "actively view all pictures and permit all emotions that may arise." In the second 270 block, participants will actively view negative pictures. During the third, fourth, and fifth 271 block, participants will see negative pictures and will be asked to regulate their emotions using distraction, distancing, and suppression. In order to achieve distraction, participants 273 will be asked to think of a geometric object or an everyday activity, like brushing their teeth. During distancing, participants will be asked to "take the position of a non-involved observer, thinking about the picture in a neutral way." Participants will be told not to 276 re-interpret the situation or attaching a different meaning to the situation. During

suppression, participants will be told to "suppress their emotional facial expression." They 278 should imagine being observed by a third person that should not be able to tell by looking 279 at the facial expression whether the person is looking at an emotional picture. Participants 280 will be instructed not to suppress their thoughts or change their facial expression to the 281 opposite²². All participants will receive written instruction and complete a training session. 282 After the training session, participants will be asked about their applied ER strategies to 283 avoid misapplication. The order of the three regulation blocks (distraction, distancing, and 284 suppression) will be randomized between participants. Each of the blocks consists of 20 285 trials showing neutral (Block 1) and negative (Blocks 2, 3, 4, 5) pictures. Each trial begins 286 with a fixation cross that lasts 3 to 5 seconds (random uniform distributed). It is followed 287 by neutral or negative pictures for a total of 6 seconds. After each block, participants 288 retrospectively will rate their subjective emotional arousal ("not at all aroused" to "very highly aroused"), their subjective effort ("not very exhausting" to "very exhausting"), and - after the ragulation 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 will take 293 place. The procedure of the discounting will follow the COG-ED paradigm by Westbrook et 294 al.²⁹ with a major change. We will use the following adaption that allows 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 will be presented with a monetary reward. Because there is no strategy that is objectively more difficult, we will add initial comparisons asking the participants to choose between "1 \in for strategy A or 1 \in for strategy B". They decide by clicking the on-screen button of the respective option. Each of the three strategy pairs will be presented three 302 times in total, in a randomized order and randomly assigned which strategy appears on the 303 left or right side of the screen. For each pair, the strategy that was chosen at least two out

of three times will be assigned the flexible starting value of $1 \in$, the other strategy will be 305 assigned the fixed value of $2 \in$. After this, comparisons between strategies will follow the 306 original COG-ED paradigm²⁹. Each pairing is presented six consecutive times, and with 307 each decision the reward of the strategy with the starting value of $1 \in i$ is either lowered (if 308 this strategy was chosen) or raised (if the strategy with the fixed $2 \in \text{reward}$ was chosen). 309 The adjustment starts at $0.50 \in$ and each is half the adjustment of the previous step, 310 rounded to two digits after the decimal point. If a participant always chooses the strategy 311 with the fixed $2 \in \text{reward}$, the other strategy's last value on display will be 1.97 \in , if they 312 always choose the lower strategy, its last value will be 0.03 €. The sixth adjustment of 0.02 313 € will be done during data analysis, based on the participants' decision in the last display 314 of the pairing. Participants will be instructed to decide as realistically as possible by 315 imagining that the monetary reward is actually available for choice.

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

Importantly, there will be 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 will be asked to state the reasons for the decision afterwards in RedCap using a free text field. As soon as they have decided, they will see the respective instruction and the block with another 20 negative pictures starts.

Pictures that will be used in the paradigm are selected from the 2.3.3 Stimuli. 324 Emotional Picture Set (EmoPicS)⁶⁰ and the International Affective Picture System 325 (IAPS)⁶¹. The 20 neutral pictures (Valence (V): $M \pm SD = 4.81 \pm 0.51$; Arousal (A): M 326 \pm SD = 3 \pm 0.65) depicted content related to the categories persons, objects, and scenes. 327 Further, 100 negative pictures, featuring categories animals, body, disaster, disgust, injury, suffering, violence, and weapons, will be used. An evolutionary algorithm⁶² is used to 329 cluster these pictures into five sets with comparable valence and arousal values (set one: V: 330 $M \pm SD = 2.84 \pm 0.57$, A: $M \pm SD = 5.62 \pm 0.34$; set two: V: $M \pm SD = 2.64 \pm 0.46$, A: 331

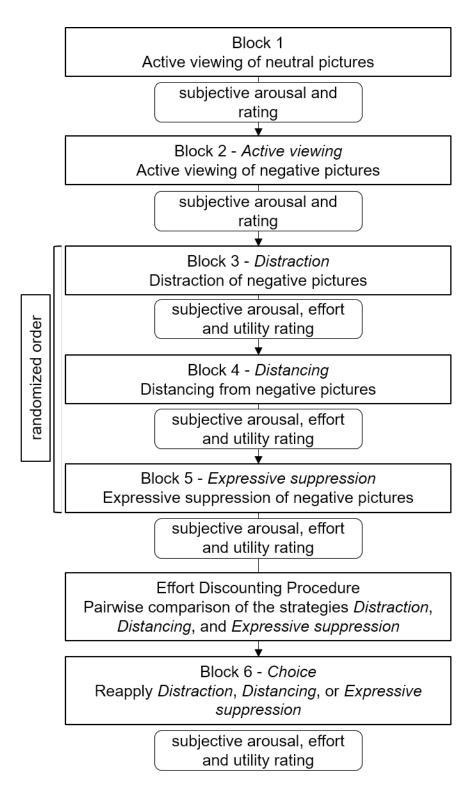


Figure 2. Block design of the paradigm. Every participant starts with two "active viewing" blocks continuing neutral (Block 1) and negative (Block 2) pictures. Order of the regulation blocks (Blocks 3, 4, and 5) is randomized between participants. After, the discounting procedure takes place. All three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

 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 will be assigned randomly to the blocks.

2.3.4 Facial electromyography. Bipolar facial electromyography (EMG) will be 337 measured for corrugator supercilii and levator labii as indices of affective valence⁶³, similar 338 to previous work by our group⁷. Two passive surface Ag/AgCl electrodes (8 mm inner 339 diameter, 10 mm distance between electrodes) will be placed over each left muscle according to the guidelines of 64. The ground electrode will be placed over the left Mastoid. Before electrode placement, the skin will be abraded with Every abrasive paste, cleaned with alcohol, and filled with Lectron III electrolyte gel. Raw signals will be amplified by a 343 BrainAmp amplifier (Brain Products Inc., Gilching, Germany). Impedance level will be 344 kept below 10 $k\Omega$. Data will be 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 will be applied 346 to both signals. Corrugator and Levator EMG will be analyzed during the 6 s of picture 347 presentation. EMG data will be baseline-corrected using a time window of 2 s prior to 348 stimulus onset⁶³. Last, the sampling rate will be changed to 100 Hz, and EMG data will be 349 averaged for each condition and each participant. 350

351 2.4 Sampling plan

Sample size calculation is done using $G^*Power^{65,66}$. In a meta-analysis of Zaehringer and colleagues⁵, 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 aim 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.

2.5 Analysis plan

Data collection and analysis will not be performed blind to the conditions of the 363 experiments. Data of whole participants will be excluded from analysis if participants 364 withdraw their consent or they state that they did not follow experimental instructions. 365 EMG data of subjects will be excluded from analysis if errors occurred during recording. No 366 further data exclusions are planned. The level of significance will be set to $\alpha = .05$. For 367 hypotheses H1-4, repeated measures analysis of variance (rmANOVA) will be conducted 368 and estimated marginal means will be computed using the afex package³⁹. 369 Greenhouse-Geisser-corrected degrees of freedom and associated p-values will be reported 370 when the assumption of sphericity is violated. If the within-subjects factor of interest is 371 significant, pairwise contrasts will be calculated using Bonferroni adjustment for multiple 372 testing. Proportion of explained variance η_p^2 will be reported as a measure of effect size. 373 Effect of valence on arousal and facial EMG. To examine the impact of valence of 374

emotional pictures on subjective arousal ratings (H1a), a rmANOVA with the factor
valence (neutral and negative) for the strategy active viewing will be 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 will be
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 will be 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 will be 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 will be conducted.

Subjective values of emotion regulation strategies. For each ER strategy, SVs will be 389 calculated as follows: first, the value 0.02 € will be added to or subtracted from the last monetary value of the flexible strategy, depending on the participant's last choice. Second, 391 to obtain the SV of the fixed strategy (the minimum relative reward required for participants to choose the flexible over the fixed strategy), the last value of the flexible 393 strategy will be divided by 2 €. Therefore, the SVs of the flexible strategies are 1, because 394 they were chosen in the initial comparison of each pairing in which the same value was 395 offered for both strategies, so they are the preferred strategy of each pairing. The SVs of 396 the fixed strategies lay between 0 and 1, with lower values indicating that the participant 397 would need a much higher monetary incentive to choose this strategy over the other one in 398 the pairing. The final SV per strategy for each participant will be computed by averaging 399 the SVs of each strategy across pairings. 400

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) will be specified using the *lmerTest* package⁶⁷. First, ER strategies will be 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) will be 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 will be specified.

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

Level-1-predictors will be centered within cluster⁶⁸. Residuals of the final model will be inspected visually. Intraclass correlation coefficient (ICC), ρ , will be reported for each model (null model, as well as full model).

To investigate whether individual SVs predict ER choice (H7a), a Chi-squared test
with predicted choice (highest SV of each participant) and actual choice will be computed.
Furthermore, an ordinal logistic regression with the dependent variable choice and
independent variables SVs of each strategy will be computed.

The association between flexible ER and SVs of ER strategies (H7b) will be 417 investigated with a linear regression using the individual intercept and slope of each 418 participants' SVs to predict their FlexER score. To this end, for each participant, SVs will 419 be sorted by magnitude in descending order and entered as dependent variable in a linear model, with strategy (centered, i.e., -1, 0, 1) as independent variable. The resulting intercept informs about the extent to which an individual considers any or all of the ER strategies as useful for regulation their emotion, while the slope informs about the 423 flexibility in the use of emotion regulation strategies. The individual intercepts and slopes will then be entered as predictors in a regression model with the FlexER score as 425 dependent variable. A positive association with the predictor intercept would indicate that 426 overall higher SVs attached to ER strategies predicts higher scores on the FlexER scale. A 427 positive association with the predictor slope would indicate that less negative slopes, i.e., a 428 smaller preference for a given ER strategy, would be associated with a higher score of the 429 FlexER scale. 430

The influence of personality traits on SVs will be investigated exploratorily.

- Therefore, the MLM specified above will be extended by the level-2-predictors NFC and self-control.
- For each result of the analyses, both p-values and Bayes factors BF10, calculated using the BayesFactor package⁴⁰, will be reported. Bayes factors are calculated using the default prior widths of the functions anovaBF, lmBF and regressionBF.

437 Data availability

438

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.

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Competing Interests

The authors declare no competing interests.

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Figures and figure captions

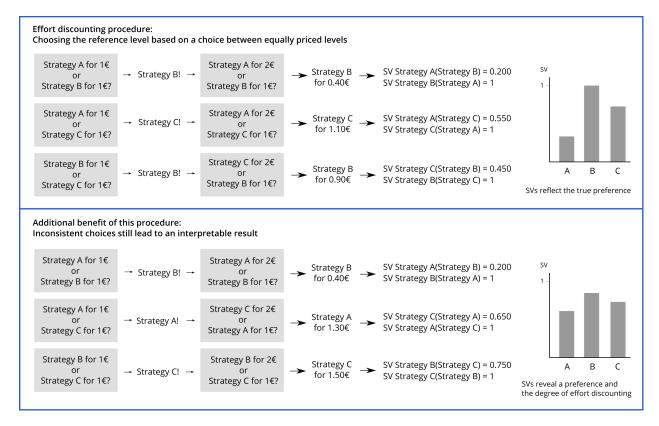


Figure 1

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.

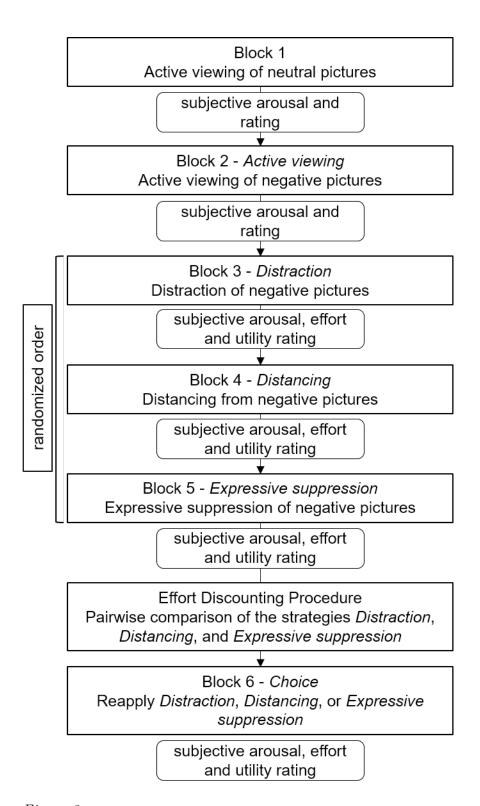


Figure 2

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

		Output: Noncentrality parameter $\lambda = 17.5169700$ Critical F = 2.6404222 Numerator df = 3.0 Denominator df = 252 Total sample size = 85	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.	Actual power = 0.9509128 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 Output: Noncentrality parameter λ = 17.5169700 Critical F = 2.6404222 Numerator df = 3.0 Denominator df = 2.52 Total sample size = 8.5 Actual power = 0.9509128	Repeated measures ANOVA comparing the <i>levator</i> muscle activity of four blocks (active viewing, distraction, distancing, suppression). ANOVA is calculated using aov_ez() function of the afex-package, estimated marginal means are calculated using emmeans() function from the emmeans-package: if the factor Block is significant, pairwise contrasts are calculated using pairs() with Bonferroni adjustment for multiple testing. Bayes factors are computed for the ANOVA and each contrast using the BayesFactor-package.	ANOVA yields $p < .05$ is interpreted as <i>levator</i> muscle activity changing significantly with blocks. Values of <i>levator</i> muscle activity are interpreted as equal between blocks if $p > .05$. Each contrast yielding $p < .05$ is interpreted as <i>levator</i> muscle activity being different between those two blocks, magnitude and direction are inferred from the respective estimate. Values of <i>levator</i> muscle activity are interpreted as equal between blocks if $p > .05$. The Bayes factor $BF10$ is reported alongside every p -value to assess the strength of evidence.
4.) Do ER strategies require cognitive effort? (Manipulation check)	4a) Subjective effort (effort rating) is greater after using an emotion regulation strategy (distraction,	F tests - ANOVA: Repeated measures, within factors Analysis: A priori: Compute required sample size Input:	Repeated measures ANOVA comparing the subjective effort ratings of four blocks (active viewing, distraction, distancing, suppression).	ANOVA yields $p < .05$ is interpreted as effort ratings changing significantly with blocks. Values of effort ratings are interpreted as equal between blocks if $p > .05$.

	distancing, suppression) compared to active viewing.	Effect size $f = 0.2041241$ ($\eta_p^2 = 0.04$) (Scheffel et al., 2021) α err prob = 0.05 Power (1- β err prob) = 0.95 Number of groups = 1 Number of measurements = 4 Corr among rep measures = 0.5 Nonsphericity correction 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	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. 5c) Subjective utility (utility ratings) positively 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 subjective utility. Subjective values are interpreted as not being related to subjective utility if $p > .05$. The Bayes factor $BF10$ is reported alongside every p value to assess the
5d) Physiological responding (EMG corrugator activity) negatively predict			alongside every <i>p</i> -value to assess the strength of evidence. Fixed effects yield <i>p</i> < .05 are interpreted as subjective values are related to <i>corrugator</i> activity. Subjective values are interpreted as not
subjective values of ER strategies.			being related to <i>corrugator</i> activity if <i>p</i> > .05. The Bayes factor <i>BF10</i> is reported alongside every <i>p</i> -value to assess the strength of evidence.
5e) Physiological responding (EMG levator activity) negatively predict subjective values of ER strategies.			Fixed effects yield $p < .05$ are interpreted as subjective values are related to <i>levator</i> activity. Subjective values are interpreted as not being related to <i>levator</i> activity if $p > .05$.

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

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

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

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

Input:

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

Number of predictors = 2 Output:

Noncentrality parameter $\delta =$

3.316662

Critical t = 1.69665997Df = 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. β yield p < .05 are interpreted as significant association between predictor (intercept, slope) and ER flexibility. The direction of effect is interpreted according to sign (negative or positive). p – values > .05 are interpreted as no association between predictor and ER flexibility.

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

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

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Supplementary Material

Supplementary Material 1

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

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

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

Detailed information on psychometric measures

WHO-5. General psychological well-being is assessed using the WHO-5 scale^{45,46}. 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 $\alpha = .92$)⁴⁶.

Connor-Davidson Resilience Scale. Resilience is assessed using the Connor-Davidson Resilience Scale (CD-RISC)^{47–49}. 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 month⁴⁸.

Emotion Regulation Questionnaire. Habitual use of reappraisal and suppression is measured using the 10-item Emotion Regulation Questionnaire (ERQ)^{9,50}. The scale has items such as "I keep my emotions to myself" (ERQ-suppression - 4 items) and "When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm" (ERQ-reappraisal - 6 items), which are answered on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), and has acceptable to high internal consistency (Cronbach's $\alpha > .75$)⁶⁹.

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

Implicit Theories Questionnaire. Implicit theories of willpower in emotional control 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 $\alpha = .87^{51}$.

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Need for Cognition Scale. Need for Cognition (NFC) is assessed with the 16-item
646
    short version of the German NFC scale<sup>52</sup>. Responses to each item (e.g., "Thinking is not
647
    my idea of fun", recoded) are recorded on a 7-point Likert scale ranging from -3
648
    (completely disagree) to +3 (completely agree) and are summed to the total NFC score.
649
    The scale shows comparably high internal consistency (Cronbach's \alpha > .80)<sup>52,70</sup> and a
650
    retest reliability of r_{tt} = .83 \text{ across } 8 \text{ to } 18 \text{ weeks}^{71}.
651
          Self-Regulation Scale. As one measure of self-control, the Self-Regulation Scale
652
    (SRS)<sup>54</sup> is used. The scale has 10 items (e.g., "It is difficult for me to suppress thoughts
653
    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}].
655
          Brief Self-Control Scale. As a second measure of self-control, the Brief Self-Control
656
    Scale (BSCS)<sup>55,56</sup> is used. It comprises 13 items (e.g., "I am good at resisting
657
    temptations") with a 5-point rating scale ranging from 1 (not at all like me) to 5 (very
658
    much like me). The scale shows acceptable internal consistency (Cronbach's \alpha=.81)^{56} .
659
          Barratt Impulsiveness Scale. As a third measure of self-control, the Barratt
660
    Impulsiveness Scale (BIS-11)<sup>57,58</sup> is used. Responses to each item (e.g., "I am
661
    self-controlled,", recoded) are assessed on a 4-point scale ranging from 1 (never/rarely) to 4
662
    (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
664
    month were reported^{58}.
665
          Attentional Control Scale. Attentional control is measured using the Attentional
666
    Control Scale (ACS)<sup>59</sup> with items such as "My concentration is good even if there is music
667
    in the room around me". The 20 items are rated on a 4-point scale ranging from 1 (almost
668
    never) to 4 (always). An internal consistency of Cronbach's \alpha = .88 was reported<sup>59</sup>.
```

670 Pilot study: Subjective arousal in the conditions "Active viewing - neutral"

and "Active viewing - negative"

ANOVA:

-	Effect	df	MSE	F	ges	p.value
673	block	1, 15	3895.91	34.32 ***	.475	<.001

BF10 = 1,244.99

Paired contrasts:

Table S.2

Paired contrasts for the rmANOVA comparing subjective arousal of negative and neutral pictures in the condition "active viewing".

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{neutral} - View_{negative}$	-129.28	22.07	15.00	-5.86	0.00	794.78	0.70	[0.43, 1.00]

Note. SE = standard error, df = degrees of freedom, t = t-statistic, p = p-value, CI = confidence interval.

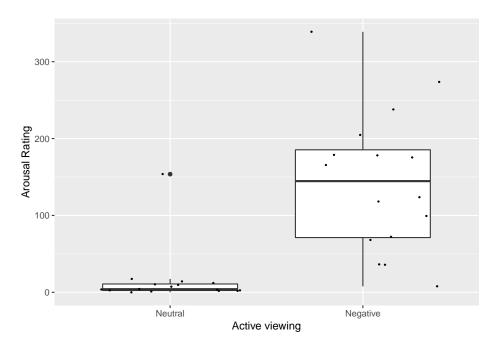


Figure S.1. Subjective arousal ratings for the conditions "Active viewing - neutral" and "Active viewing - negative" visualized as boxplots. Each dot represents the effort rating of a single subject. Bold dots represent outliers.

677 Pilot study: Subjective arousal in the conditions "Active viewing - negative",

"Distraction", "Distancing", and "Suppression"

ANOVA:

Effect df MSE F ges p.value block 2.79, 41.89 2238.27 1.17 .011 .332

$$BF10 = 0.11$$

682

Paired contrasts:

Table S.3

Paired contrasts for the rmANOVA comparing subjective arousal of conditions "Active viewing - negative", "Distraction", "Distancing", and "Suppression".

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{negative} - Distraction$	-0.74	16.14	45.00	-0.05	1.00	0.26	4.68e-05	[0.00, 1.00]
$View_{negative} - Distancing$	-5.35	16.14	45.00	-0.33	1.00	0.27	2.43e-03	[0.00, 1.00]
$View_{negative} - Suppression$	-26.23	16.14	45.00	-1.63	0.67	1.25	0.06	[0.00, 1.00]
Distraction-Distancing	-4.61	16.14	45.00	-0.29	1.00	0.26	1.81e-03	[0.00, 1.00]
Distraction-Suppression	-25.49	16.14	45.00	-1.58	0.73	0.77	0.05	[0.00, 1.00]
Distancing-Suppression	-20.88	16.14	45.00	-1.29	1.00	0.52	0.04	[0.00, 1.00]

Note. SE = standard error, df = degrees of freedom, t = t-statistic, p = p-value, CI = confidence interval.

Figure:

683

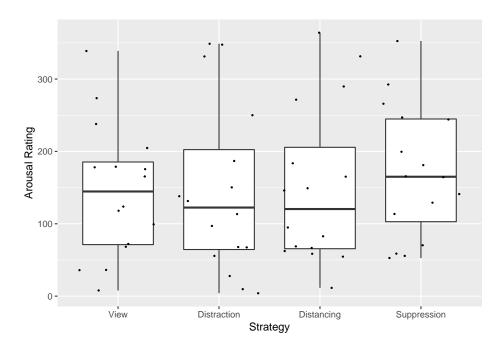


Figure S.2. Subjective arousal ratings for the conditions "Active viewing - negative", "Distraction", "Distancing", and "Suppression" visualized as boxplots. Each dot represents the effort rating of a single subject. Bold dots represent outliers.

Pilot study: Physiological responding (*Corrugator* and *Levator* activity) in the conditions "Active viewing - neutral" and "Active viewing - negative"

Corrugator: ANOVA:

686

687

688

689

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691

693

Effect	df	MSE	F	ges	p.value
block	1, 15	1.01	9.70 **	.237	.007

BF10 = 6,690,401.91

Paired contrasts:

Table S.4

Paired contrasts for the rmANOVA comparing physiological responding (Corrugator activity) of negative and neutral pictures in the condition "active viewing".

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{neutral} - View_{negative}$	-1.11	0.36	15.00	-3.11	0.01	5,019,313.20	0.39	[0.09, 1.00]

Note. SE = standard error, df = degrees of freedom, t = t-statistic, p = p-value, CI = confidence interval.

Levator: ANOVA:

Effect	df	MSE	F	ges	p.value
block	1, 15	0.17	7.72 *	.162	.014

BF10 = 48.44

Paired contrasts:

Table S.5

Paired contrasts for the rmANOVA comparing physiological responding (Levator activity) of negative and neutral pictures in the condition "active viewing".

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{neutral} - View_{negative}$	-0.40	0.14	15.00	-2.78	0.01	41.02	0.34	[0.05, 1.00]

Note. SE = standard error, df = degrees of freedom, t = t-statistic, p = p-value, CI = confidence interval.

Figures:

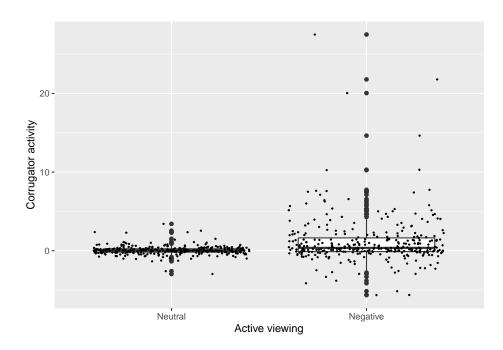


Figure S.3. Corrugator activity for the conditions "Active viewing - neutral" and "Active viewing - negative" visualized as boxplots. Each dot represents the corrugator activity of a single trial. Bold dots represent outliers.

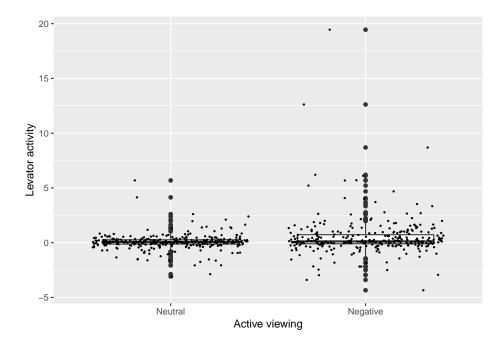


Figure S.4. Levator activity for the conditions "Active viewing - neutral" and "Active viewing - negative" visualized as boxplots. Each dot represents the levator activity of a single trial. Bold dots represent outliers.

Pilot study: Physiological responding (*Corrugator* and *Levator* activity) in the conditions"Active viewing - negative", "Distraction", "Distancing", and "Suppression"

698 Corrugator: ANOVA:

Effect	df	MSE	F	ges	p.value
block	1.53, 22.98	1.16	5.71 *	.189	.015

BF10 = 5,257,689.54

Paired contrasts:

699

Table S.6

Paired contrasts for the rmANOVA comparing physiological responding (Corrugator activity) of conditions "Active viewing - negative", "Distraction", "Distancing", and "Suppression".

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{negative} - Distraction$	0.88	0.27	45.00	3.22	0.01	4,962.89	0.19	[0.05, 1.00]
$View_{negative} - Distancing$	0.95	0.27	45.00	3.50	0.01	616.63	0.21	[0.06, 1.00]
$View_{negative} - Suppression$	0.92	0.27	45.00	3.40	0.01	11,678.82	0.20	[0.06, 1.00]
Distraction-Distancing	0.08	0.27	45.00	0.28	1.00	0.07	1.78e-03	[0.00, 1.00]
Distraction-Suppression	0.05	0.27	45.00	0.18	1.00	0.08	7.22e-04	[0.00, 1.00]
Distancing-Suppression	-0.03	0.27	45.00	-0.10	1.00	0.06	2.36e-04	[0.00, 1.00]

Note. SE = standard error, df = degrees of freedom, t = t-statistic, p = p-value, CI = confidence interval.

702 Levator: ANOVA:

Effect df MSE F ges p.value
block 2.07, 31.00 0.20 8.27 ** .225 .001

BF10 = 672,341.29

Paired contrasts:

Table S.7

Paired contrasts for the rmANOVA comparing physiological responding (Levator activity) of conditions "Active viewing - negative", "Distraction", "Distancing", and "Suppression".

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{negative} - Distraction$	0.42	0.13	45.00	3.24	0.01	58.02	0.19	[0.05, 1.00]
$View_{negative} - Distancing$	0.45	0.13	45.00	3.46	0.01	93.49	0.21	[0.06, 1.00]
$View_{negative} - Suppression$	0.62	0.13	45.00	4.79	0.00	$6,\!253.91$	0.34	[0.16, 1.00]
Distraction-Distancing	0.03	0.13	45.00	0.22	1.00	0.07	1.06e-03	[0.00, 1.00]
Distraction-Suppression	0.20	0.13	45.00	1.54	0.78	1.52	0.05	[0.00, 1.00]
Distancing-Suppression	0.17	0.13	45.00	1.32	1.00	0.52	0.04	[0.00, 1.00]

Note. SE = standard error, df = degrees of freedom, t = t-statistic, p = p-value, CI = confidence interval.

Figures:

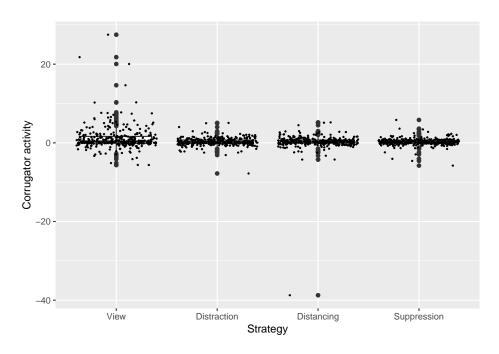


Figure S.5. Corrugator activity for the conditions "Active viewing - negative", "Distraction", "Distancing", and "Suppression" visualized as boxplots. Each dot represents the corrugator activity of a single trial. Bold dots represent outliers.

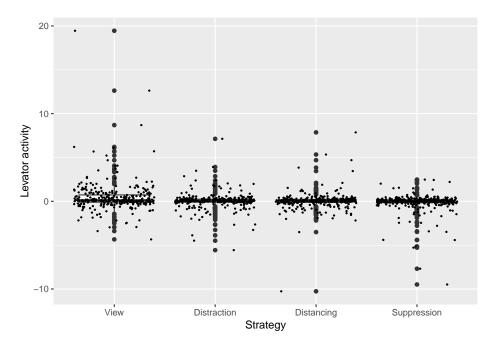


Figure S.6. Levator activity for the conditions "Active viewing - negative", "Distraction", "Distancing", and "Suppression" visualized as boxplots. Each dot represents the levator activity of a single trial. Bold dots represent outliers.

707 Pilot study: Subjective effort in the conditions "Active viewing - negative",

"Distraction", "Distancing", and "Suppression"

ANOVA:

Effect df MSE F ges p.value block 2.38, 35.66 4388.19 11.13 *** .185 <.001

$$BF10 = 7.40$$

712

Paired contrasts:

Table S.8

Paired contrasts for the rmANOVA comparing subjective effort of conditions "Active viewing - negative", "Distraction", "Distancing", and "Suppression".

Contrast	Estimate	SE	df	t	p	BF10	η_p^2	95%CI
$View_{negative} - Distancing$	-110.72	20.85	45.00	-5.31	0.00	59.77	0.39	[0.20, 1.00]
$View_{negative} - Distraction$	-89.72	20.85	45.00	-4.30	0.00	20.49	0.29	[0.12, 1.00]
$View_{negative} - Suppression$	-88.15	20.85	45.00	-4.23	0.00	33.13	0.28	[0.11, 1.00]
Distraction-Distancing	21.00	20.85	45.00	1.01	1.00	0.50	0.02	[0.00, 1.00]
Distraction-Suppression	22.57	20.85	45.00	1.08	1.00	0.57	0.03	[0.00, 1.00]
Distancing-Suppression	1.57	20.85	45.00	0.08	1.00	0.26	1.27e-04	[0.00, 1.00]

Note. SE = standard error, df = degrees of freedom, t = t-statistic, p = p-value, CI = confidence interval.

Figure:

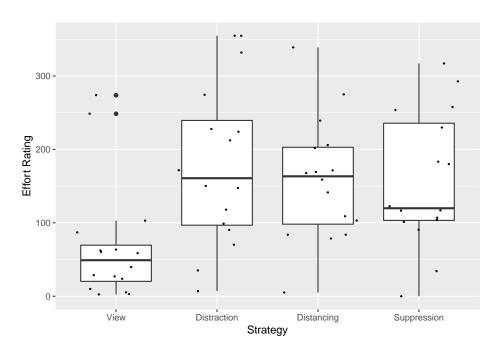


Figure S.7. Subjective effort ratings for the conditions "Active viewing - negative", "Distraction", "Distancing", and "Suppression" visualized as boxplots. Each dot represents the effort rating of a single subject. Bold dots represent outliers.