

RESUMEN

En esta revisión, nuestro objetivo fue estudiar la relación que hay entre la regulación emocional y el TEPT. Para ello, la literatura científica fue analizada desde las bases de datos Scopus, PubMed y Web of Science. A grandes rasgos, se obtuvieron un total de 100 estudios relacionados, sin embargo, tras un exhaustivo proceso selectivo, se quedaron en 35 estudios. Tras la revisión, se obtuvieron gran cantidad de estudios que confirmaban la estrecha relación entre las dificultades de regulación emocional y la severidad de los síntomas TEPT, siendo esta más compleja de lo que parecía. Al mismo tiempo, se vio cómo la regulación emocional media la relación entre el TEPT y problemáticas tales como conductas sexuales de riesgo, consumo de alcohol, asociación trauma-cocaína, trastornos alimentarios, síntomas depresivos y problemas de ajuste social tras el trauma. También la relación con la alexitimia, el afecto negativo, el afecto positivo, aspectos más cognitivos (como la metacognición o la propia percepción de la inteligencia emocional), el tipo de trauma, síntomas disociativos y la historia traumática. La influencia de la regulación emocional en los síntomas del TEPT se evidencia incluso mediante alteraciones en ciertos parámetros psicofisiológicos. Otro resultado destacable de esta revisión fue la relación entre las dificultades de regulación emocional y la forma más severa del TEPT, que es el TEPT complejo. De alguna manera, esta revisión está validando la importancia de las dificultades de regulación emocional en el TEPT y con ello, la necesidad de que se incluyan apartados para trabajar estas dificultades en los programas de tratamiento e incluso su prevención en el entorno escolar.

Palabras clave: regulación emocional, TEPT, conductas sexuales de riesgo, alexitimia, afecto negativo, síntomas disociativos y TEPT complejo.

ABSTRACT

In this review, our aim was to study the relationship between emotion regulation and PTSD. For this, the scientific literature was analyzed from the Scopus, PubMed and Web of Science databases. Broadly speaking, a total of 100 related studies were obtained, however, after an exhaustive selective process, 35 studies remained. After the review, a large number of studies were obtained confirming the close relationship between the difficulties of emotional regulation and the severity of PTSD symptoms, which is more complex than it appeared. At the same time, it was seen how emotional regulation mediates the relationship between PTSD and problems such as risky sexual behavior, alcohol consumption, trauma-cocaine association, eating disorders, depressive symptoms and problems of social adjustment after trauma. Also the relationship with alexithymia, negative affect, positive affect, more cognitive aspects (such as metacognition or the own perception of emotional intelligence), the type of trauma, dissociative symptoms and traumatic history. The influence of emotional regulation on the symptoms of PTSD is evidenced even by alterations in certain psychophysiological parameters. Another remarkable result of this review was the relationship between emotion regulation and the most severe form of PTSD, that is complex PTSD. In some way, this review is validating the importance of the difficulties of emotional regulation in PTSD and with it, the need to include sections to work these difficulties in treatment programs and even their prevention in the school setting.

Key words: emotional regulation, PTSD, risky sexual behaviors, alexithymia, negative affect, dissociative symptoms and complex PTSD.

EMOTION REGULATION AND PTSD

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INTRODUCTION

Posttraumatic Stress Disorder is a disorder in which the person has somehow been exposed to a traumatic situation such as death, serious injury or sexual violence. It is characterized by the appearance of intrusive symptoms, persistent avoidance, negative cognitive and affective alterations, and alertness / reactivity (American Psychiatric Association, 2014). In the post-traumatic reactions negative emotions prevail and of great intensity, therefore, it becomes necessary a great capacity of emotion regulation with which not all people count, that is why it is usual that people who have PTSD have difficulties in these skills (Hervás, 2011). **Emotion regulation** can be defined as "processes by which people are able to influence the emotions we have, when we have them and how we experience and express them" (Gross, 1998). One of the scales most used to assess the difficulties in emotion regulation is the **DERS** (difficulties in emotion regulation scale). Evaluates: emotional awareness, emotional acceptance, control of impulsiveness, access and skill in the use of strategies and the ability to continue goal-directed behavior when distressed (Gratz & Roemer, 2004). People who suffer PTSD also tend to have symptoms typical of **alexithymia** (Frewen et al., 2012) such as: difficulty identifying feelings, describing them, and an externally oriented style of thinking (Bagby, Parker & Taylor, 1994). PTSD has also been seen to be associated with **negative affect** (O'Bryan et al., 2015), which is related to a subjective state rather of anguish and displeasure that ends up leading to emotions such as anger, disgust, guilt, fear or nervousness (Watson, Clark & Tellegen, 1988). Finally, it is necessary to make a distinction between PTSD and **complex PTSD**, this second disorder meets the criteria of PTSD, but, in addition, according to the ICD-11, is characterized severely and persistently by: problems in affective regulation, decreased beliefs about oneself (more shame, guilt or failure) and difficulties in interpersonal relationships (WHO, 2018). The aim of this work is to review the scientific literature about the relationship between emotion regulation and PTSD.

METHOD

Scopus

100 documents

PubMed

55 documents

Web of Science

42 documents

35 documents

Three databases were used: Scopus, PubMed and Web of Science. How keywords were chosen "emotion regulation" "emotion" "PTSD" and 100 studies were obtained.

From these works the following **criteria** were used to delimit the search: years within the period 2001-2019, English / Spanish language, not focusing exclusively on the validation of questionnaires, not focusing on neuroanatomical studies and not focusing exclusively on therapeutic intervention. After applying these criteria, 55 studies were obtained and after a more detailed analysis, this number was reduced to 42 studies.

Finally, after evaluating the studies and reject duplicate or non-informative results, there were a total of 35 works.

DISCUSSION

Finally, it has been possible to verify that the difficulties of emotion regulation are related to PTSD in a significant way, we see that the relationship is not univocal and simple, but bidirectional and escalating. It seems that emotion regulation is key in the relationship of PTSD with problems such as risky sexual behavior, alcohol consumption or even eating disorders. We also see that it is related to symptoms typical of alexithymia, negative affect, more cognitive aspects, dissociative symptoms and others. In addition to seeing the impact that the trauma can have if it is in childhood, because it affects the period in which these skills are developing. With all this, it is evident the importance that these difficulties can have in PTSD, thus promoting a **more transdiagnostic perspective** when understanding mental disorders. For all this, it is necessary to include sections in which these difficulties are worked on in the **treatment programs** for PTSD. Going further, knowing how these difficulties have a prospective predictive value of the severity of PTSD symptoms after exposure to trauma, it becomes necessary to take care of it from a **preventive perspective**, promoting that such skills are already taught from school.

RESULTS

Greater difficulties of **emotion regulation** are closely associated with a greater severity of **PTSD symptoms**. Even specific emotion regulation difficulties are significantly associated with specific PTSD clusters. It has been seen that it is those people who have not only been exposed to trauma, but also have PTSD, which show really significant differences in emotion dysregulation. There is no simple relationship, but rather bidirectional and escalating.

The difficulties of emotion regulation **mediate the relationship** between PTSD symptoms and problems such as risky sexual behavior, alcohol consumption, consequences of alcohol, eating disorders, impulsive behaviors, trauma-cocaine association, depressive symptoms and difficulties in social adjustment after trauma.

People with PTSD show greater symptoms of **alexithymia**, especially difficulties in the identification of feelings. **Negative affect** is associated with emotion dysregulation, with PTSD symptoms, with alcohol abuse and consequences. The interaction of greater emotional clarity and cognitive reappraisal predicts lower PTSD and greater **positive affect**. They do not affect only the difficulties of emotion regulation, but also **cognitive aspects** related to these difficulties such as metacognition, a lower perception of emotional intelligence and interference of emotional expression. Emotion dysregulation also mediates the relationship between the **type of trauma** and PTSD symptoms, enhancing when interpersonal, specifically sexual assault, also when there is high trauma-betrayal. The severity of the symptoms is closely related to **dissociative symptoms**, especially via difficulties in emotional acceptance, strategies and control of impulsivity. **Traumatic** history is also a factor that is significantly associated with the severity of PTSD symptoms. At the **psychophysiological level**, in general, the use of inhibition or emotional suppression leads to greater arousal and, therefore, to an attenuation of autonomic recovery such as SCL and RSA. There has also been an increase in reactivity to fear. Also, it has been seen that emotional constriction leads to a lesser experience of fun.

The age is negatively associated with the difficulties of emotion regulation. Greater difficulties are associated with a type of trauma of chronic early interpersonal onset. It has been seen that those who have suffered child abuse show less precision in emotional conflict tasks. Child abuse is related to PTSD symptoms, depression and internalizing disorders via emotion regulation difficulties. Childhood abuse ends up interfering significantly with the development of emotion regulation skills during childhood, this being one of the symptoms that highlights in **complex PTSD** according to the ICD-11.

Clarity

Strategies

Control of impulsivity

Rumination

Suppression

Avoidance

SEVERITY OF PTSD

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