

Emotion Goals in Psychopathology: A New Perspective on Dysfunctional Emotion Regulation

Yael Millgram¹, Jonathan D. Huppert¹, and Maya Tamir

Department of Psychology, The Hebrew University of Jerusalem

Abstract

Emotion-regulation deficits characterize many psychiatric disorders. To understand such deficits, researchers have focused on emotion-regulation strategies. Building on a motivational approach to emotion regulation, we suggest that to understand emotion regulation in psychopathology, it is necessary to also focus on emotion goals (i.e., what people want to feel). Emotion goals shape whether, when, and how people regulate emotions. Therefore, emotion-regulation deficits might emerge as a function of the emotion goals pursued. Initial research suggests that individuals struggling with psychopathology differ from individuals without psychopathology in how much they want to feel certain emotions and that such differences carry implications for emotion regulation and mental health. In this article, we review this empirical evidence, discuss how research on emotion goals can inform clinical theories and practice, and highlight promising future directions.

Keywords

psychopathology, emotion regulation, motivation, goals

I chose to be sad. Looking back on it, I thought that you had to choose - either happy or sad - and I wasn't the former so I chose the latter. (Entry in an online mental-health forum¹)

Many psychiatric disorders involve deficits in emotion regulation (e.g., Joormann & Siemer, 2014). Such deficits can prospectively predict the development of disorders, such as depression and anxiety (e.g., Kim & Cicchetti, 2010). However, why and how emotion regulation is impaired in psychopathology remains poorly understood (e.g., Block, Moran, & Kring, 2009). Building on motivational approaches to emotion regulation, we propose that emotion goals are a relatively unexplored factor that might be related to emotion-regulation deficits in psychopathology.

Emotion regulation involves changing current emotions into desired emotions (i.e., emotion goals) by using emotion-regulation strategies (e.g., Gross, 2015). Therefore, emotion-regulation deficits in psychopathology may be related to the emotion goals people pursue, as well as the regulation strategies they implement. Research on emotion regulation in psychopathology has been focused almost exclusively on strategies (e.g.,

Aldao, Nolen-Hoeksema, & Schweizer, 2010). We propose that it is also important to focus on emotion goals.

Emotion Goals

Emotion goals are the emotions people want to achieve when regulating emotions (e.g., Tamir, 2016). For instance, people may regulate emotions to increase happiness or decrease sadness. Emotion goals shape emotion regulation and its outcomes. First, they set the target of regulation (e.g., happiness, sadness). For instance, activating the goal of increasing anxiety led participants to increase anxiety but not excitement (e.g., Tamir, Bigman, Rhodes, Salerno, & Schreier, 2015). Second, emotion goals shape the direction of regulation (i.e., increase or decrease). For instance, how much people wanted to experience anger predicted whether they decreased or increased their anger (Porat, Halperin, & Tamir, 2016). Third, emotion goals influence

Corresponding Author:

Yael Millgram, The Hebrew University of Jerusalem, Department of Psychology, Mount Scopus, Jerusalem, 91905, Israel
 E-mail: yael.millgram@mail.huji.ac.il

which emotion-regulation strategies people select. For instance, most people selected distraction (over rumination) when they wanted to decrease emotional intensity and selected rumination (over distraction) when they wanted to increase emotional intensity (Millgram, Sheppes, Kalokerinos, Kuppens, & Tamir, 2019). Finally, emotion goals can lead to congruent shifts in emotional experiences. For example, activating the goal to decrease sadness triggered implementation of regulation strategies and led people to feel less sad (Tamir, Halperin, Porat, Bigman, & Hasson, 2019). Emotion goals, therefore, shape the nature and outcomes of emotion regulation.

Two types of measures are used to assess emotion goals. One measure involves self-report (e.g., “To what extent do you want to feel happy?”). A second measure involves behavioral indices. For example, participants select stimuli (e.g., images, music) to be exposed to from multiple emotion-provoking stimuli or choose whether to increase or decrease reactions to such stimuli. There is accumulating evidence for the convergent and predictive validity of these measures (e.g., Kalokerinos, Tamir, & Kuppens, 2017; Porat et al., 2016; Tamir, Ford, & Ryan, 2013; Wood, Heimpel, Manwell, & Whittington, 2009).

Emotion Goals and Psychopathology

Emotions are but one component in some clinical disorders. Sadness and depression, for instance, are not identical, yet emotional disturbance can be a central feature in some psychopathologies. Because emotion goals shape emotion regulation, if people with psychopathology differ in their emotion goals, they might differ in whether, in which direction, and in how they regulate emotions. Such differences could impact mental health.

Research on nonclinical populations has identified associations between emotion goals and clinical symptoms. For instance, depressive symptoms were related to a weaker motivation to experience highly arousing positive emotions (e.g., excitement; Swerdlow, Pearlstein, & Johnson, 2018). Anxiety symptoms, however, were related to a stronger motivation to experience highly arousing positive and negative (e.g., fear) emotions (Swerdlow et al., 2018). Because depression is marked by less positive emotions, whereas anxiety is marked by elevated arousal (e.g., Bylsma, Morris, & Rottenberg, 2008; Hoehn-Saric & McLeod, 2000), such findings suggest that people may be motivated to experience familiar emotions even when those emotions are unpleasant (Ford & Tamir, 2014).

Emotion goals in clinical depression

Research on emotion goals in clinical populations has been focused primarily on depression. Major depressive

disorder is marked by the prevalence of negative emotions (e.g., sadness) and reduced positive emotions (e.g., happiness; Mata et al., 2012). In one investigation (Millgram, Joormann, Huppert, & Tamir, 2015), participants rated the degree to which they generally wanted to experience sadness and happiness. Participants also regulated their emotions in ways that could either increase or decrease target emotions. For instance, participants chose whether to expose themselves to sad, happy, or neutral images and music clips. In another study, participants chose whether to use an effective regulation strategy (i.e., cognitive reappraisal) to either increase or decrease reactions to sad and happy stimuli (Millgram et al., 2015).

Although all participants wanted to feel more happy than sad, depressed individuals wanted to feel less happy and more sad, compared with nondepressed individuals. Depressed individuals were also more likely than nondepressed individuals to select sadness-inducing images to look at (Study 1) and sad music to listen to (Study 2). More than 60% of depressed individuals chose sad rather than happy or neutral music, compared with only 24% of nondepressed participants. Finally, depressed participants were almost twice as likely as nondepressed participants to use cognitive reappraisal to increase their emotional reactions to sad images (see Fig. 1). The more depressed participants chose to increase reactions to sad images, the sadder they felt after regulation. These findings suggest that depressed individuals, compared with nondepressed individuals, are somewhat more motivated to experience sadness and less motivated to experience happiness. Because sadness and diminished happiness are sources of misery in depression, depressed individuals may be conflicted in their desire to experience these emotional states.

Differential emotion goals in depression have since been replicated (e.g., Arens & Stangier, 2020; Millgram, Joormann, Huppert, Lampert, & Tamir, 2019; Yoon, Verona, Schlauch, Schneider, & Rottenberg, 2020), and findings have been extended. For instance, an important question is whether emotion goals in depression are driven by preferences for valence, arousal, or both. Yoon and colleagues (2020) found that depressed participants were more likely than nondepressed participants to choose to listen to low-energy (but not high-energy) sad music and preferred it to either low- or high-energy happy music. What depressed people want to feel, therefore, may depend on both valence and arousal.

What depressed people want to feel in general may differ from what they want to feel in specific contexts. Mental health involves reacting flexibly to changing contextual demands (Kashdan & Rottenberg, 2010).

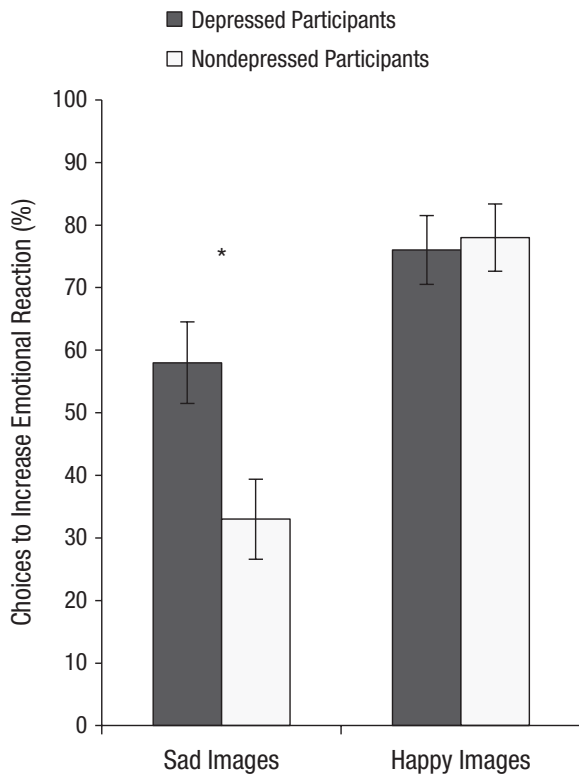


Fig. 1. Percentage of depressed and nondepressed participants' choices to increase their emotional reactions to sad and happy images. The asterisk indicates a significant difference between groups ($p < .05$). Figure reprinted from Millgram, Joormann, Huppert, and Tamir (2015).

With respect to emotion goals, people who want to feel emotions that are useful in the context (e.g., anger in confrontation; happiness in collaboration; Tamir & Ford, 2012) experience higher well-being. Accordingly, depressed individuals might have difficulties in flexibly matching emotion goals to contextual demands. Consistent with this idea, findings have shown that nondepressed individuals were more likely to pursue happiness in collaboration than in confrontation and to pursue anger in confrontation than in collaboration. In contrast, depressed individuals' preferences for happiness and anger did not differ by context (Yoon, Lee, & Kim, 2016). These findings suggest that depressed individuals may experience difficulties matching emotion goals to situational demands.

Do emotion goals in depression carry clinical implications? A longitudinal study assessed emotion goals in depressed and nondepressed individuals over time, including a stressful period (i.e., exam period; Millgram, Joorman, et al., 2019). Compared with nondepressed individuals, depressed individuals were less motivated to feel happy and more motivated to feel sad across three different time points 1 to 12 months apart. A

weaker motivation to feel happy in depression prospectively predicted fewer attempts to downregulate negative emotions during stress and the severity of clinical symptoms during stress. These findings suggest that emotion goals in depression may carry negative implications for emotion regulation and mental health.

Emotion goals in other clinical disorders

Differential emotion goals may characterize psychiatric disorders other than depression. For instance, bipolar disorder involves mood fluctuations, with periods of depressed mood, periods of elevated mood, and mixed episodes involving mania and depression (American Psychiatric Association, 2013). Compared with people without bipolar disorder, people at risk for the disorder and those diagnosed with the disorder were more likely to select sadness-inducing images and less likely to select happiness-inducing images. These patterns were evident in self-reports, but less consistently. People at a higher (vs. lower) risk for bipolar disorder were also more motivated to experience lability in their emotional states (Millgram, Gruber, Villanueva, Rappaport, & Tamir, 2020). These findings are consistent with the idea that people may be motivated to maintain familiar emotional patterns (i.e., sadness, emotional lability), even when such patterns are the ones characterizing their emotional disturbance.

Another study assessed emotion goals among children diagnosed with Asperger's syndrome (López-Pérez, Ambrona, & Gummerum, 2018). Children with Asperger's did not differ from typically developing children in what they generally wanted to feel. However, they reported a stronger motivation to experience emotions that mismatch the context (i.e., sadness in collaboration and happiness in confrontation). Such differences, in turn, were related to increased difficulty engaging in goal-directed behavior when feeling emotionally aroused. These findings suggest that children with Asperger's might have difficulties matching their emotion goals to the social context, consistent with social-communication deficits in Asperger's syndrome.

Difficulties matching emotion goals to contextual demands were also evident among people with borderline personality disorder (López-Pérez & McCagh, 2020). Compared with never-disordered individuals, individuals with borderline personality disorder reported wanting to feel less happiness in collaboration. Although they did not differ from controls in their motivation for happiness during confrontation, the more individuals with borderline personality disorder wanted to feel happy during confrontation, the more they experienced emotion dysregulation. In sum, research on emotion goals in disorders other than

Table 1. Possible Predictions for Affect and Emotion Goals in Various Psychiatric Disorders

Disorder	Affect goals				Emotion goals	
	Motivation for valence		Motivation for arousal		Increased motivation	Decreased motivation
	Positive	Negative	High	Low		
Depressive disorders	Decreased	Increased	Decreased	Increased	Sadness	Happiness
Bipolar and related disorders ^a	Decreased	Increased	Increased	Decreased	Excitement, sadness	Calmness
Social anxiety disorder	Decreased	Increased	Increased	Decreased	Embarrassment, shame	Pride
Generalized anxiety disorder	Decreased	Increased	Increased	Decreased	Worry	Calmness
Posttraumatic stress disorder	Decreased	Increased	Increased	Decreased	Fear, sadness	Happiness
Intermittent explosive disorder	Equal	Increased	Increased	Decreased	Anger	
Narcissistic personality disorder	Increased	Increased	Equal	Equal	Pride	Empathy
Borderline personality disorder	Equal	Increased	Increased	Decreased	Anger, sadness, fear	Happiness
Antisocial personality disorder	Equal	Equal	Increased	Decreased	Anger	Compassion

Note: Predictions regarding affect goals compare individuals suffering from the disorder with individuals without psychopathology. Predictions regarding emotion goals list discrete emotions for which individuals suffering from the disorder are expected to want to feel more or less of than individuals without psychopathology.

^aAffect and emotion goals in bipolar disorder may change during manic or depressive episodes, with higher motivation for negative affect and lower motivation for positive affect during depressive episodes and higher motivation for positive affect and lower motivation for negative affect during manic episodes.

depression is limited. However, existing findings suggest that specific disorders might be characterized by specific patterns of emotion goals.

Open Questions and Future Directions

There is initial evidence that people who suffer from certain disorders differ from people without those disorders in their emotion goals. Such evidence suggests that studying emotion goals is a promising avenue for understanding deficits in emotion regulation, but one that currently points to more questions than answers.

First, how do emotion goals differ in psychopathology? Initial evidence suggests that people with psychopathology are motivated to experience familiar emotional states. If these states are disruptive, pursuing them could contribute to the maintenance of emotional disturbance. Emotion goals in psychopathology might also be characterized by context insensitivity. Such insensitivity could have maladaptive implications if it leads people to pursue inappropriate emotions. Further research is needed to test these and other potential accounts and to assess the prevalence of such differential patterns of emotion goals in different psychopathologies. Further research should also develop other ways to measure emotion goals, including the use of implicit measures, and investigate the relationship between emotion goals and related constructs, such as evaluations of emotions (e.g., Mauss, Tamir, Anderson, & Savino, 2011).

Future research should go beyond depression and assess emotion goals in other emotional disorders.

Doing so would clarify whether certain emotion goals are unique to specific disorders (e.g., preferences for emotional lability might be found in risk for bipolar disorder) and whether some emotion goals might be common across disorders (e.g., stronger preferences for negative emotions). The latter could potentially serve as a transdiagnostic feature. Because emotional disorders share common properties (e.g., Watson, 2005), some emotion goals could be common across disorders. To test these ideas, researchers might find it useful to consider discrete emotion goals and broader affective goals (i.e., pertaining to valence and arousal). It would also be useful to examine whether and how emotion goals change throughout the course of disorders (e.g., during active episodes vs. remission).

In Table 1, we offer possible predictions for emotion and affect goals in various disorders. We selected disorders that include an affective feature according to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) and focused on the emotions characterizing them. Consistent with existing findings, our predictions were guided by the idea that people prefer familiar emotional states. However, we acknowledge that other mechanisms might be at play and that some disorders may not follow this rule. These predictions have not yet been tested. We offer them here primarily to motivate future research.

Second, why do emotion goals differ in some forms of psychopathology? One possibility is that people with psychopathology pursue familiar emotions as means to verify existing self-views (e.g., Arens & Stangier, 2020;

Giesler, Josephs, & Swann, 1996). Another possibility is that people with psychopathology pursue familiar emotions because they do not believe they deserve to or are able to feel any different (e.g., Wood et al., 2009). There are other possibilities (e.g., pessimism, dissonance reduction). Uncovering the mechanisms underlying emotion goals in psychopathology is an important future challenge.

Third, how do emotion goals impact psychopathology? Although this possibility has not been tested, differential emotion goals may actively contribute to the maintenance or onset of psychopathology. To test these ideas, researchers will need to assess their implications for short- and long-term emotional experiences, mental health, and adaptive functioning. It may also be necessary to manipulate emotion goals among people at risk for psychopathology and to assess effects on the development, course, and recovery from psychiatric disorders. Research in the general population has shown that emotion goals are malleable and causally influence emotion regulation and experience (e.g., Netzer, Igra, Bar Anan, & Tamir, 2015). If emotion goals can be manipulated, and if they contribute to emotion-regulation deficits, they could be a target for future interventions. It is important to test whether existing interventions impact emotion goals and whether changes in emotion goals predict outcomes and maintenance of gains.

Conclusion

What people want to feel dictates whether and how they regulate their emotions and how they ultimately feel. To understand emotion-regulation deficits in psychopathology, therefore, researchers may find it necessary to identify what people who suffer from psychopathology want to feel and the potential role of emotion goals in regulating emotions and in maintaining disruptive emotional patterns. Assessing the nature, causes, and implications of emotion goals in psychopathology could lead to theoretical advances and inform clinical practice.

Recommended Reading

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analysis of emotion regulation. In A. J. Elliot (Ed.), *Advances in motivation science* (Vol. 4, pp. 207–247). San Diego, CA: Academic Press. An introduction to and review of a motivational approach to emotion regulation.

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ORCID iDs

Yael Millgram  <https://orcid.org/0000-0001-9665-222X>

Jonathan D. Huppert  <https://orcid.org/0000-0002-0537-4701>

Note

1. This quote appeared on the Quora question-and-answer forum (Vante, 2019).

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