

**ABSTRACT**

**Given the stressful demands of their work, primary care physicians are susceptible to experiencing burnout. Evidence-based strategies to effectively manage emotions at work are essential to preventing physician burnout. This article details the role of emotional regulation in a physician's workplace, a model for understanding the processes underlying emotion regulation, and the theorised pathways to emotion dysregulation. Finally, this article provides strategies to assist the physician in practicing regular adaptive emotion regulation so as to reduce burnout.**

**Keywords:**

**Emotion Regulation, Emotion Dysregulation, Strategies, Primary Care Physician, Burnout**

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**INTRODUCTION**

Emotions are an important part of human experience. They have a role in adaptive functioning, where they can motivate people to quickly respond to the environment, in order to preserve their survival.<sup>4,5,25</sup> For example, the experience of fear upon seeing a lion can prompt a person to run for his/her life, before the person has processed more rational details, such as, "What is a lion doing in Singapore city?"

Besides the experience of emotions, there is an added component of emotional management.<sup>21</sup> People do not only have emotions, they also handle them.<sup>7</sup> The ability to manage emotions (also known as emotion regulation) is deemed crucial to ensuring that emotional experience, which has the potential to undermine behavioural management, contributes constructively to the individual's adaptive functioning.<sup>26</sup>

Given how central effective emotion regulation is in the attainment of one's goals,<sup>28</sup> learning such a skill will allow the clinician to feel more empowered and effective in achieving goals, and subsequently prevent burnout. This article provides an overview of adaptive emotion management (i.e., emotion regulation) and maladaptive emotion management (i.e., emotion dysregulation). Strategies to enhance emotion regulation skills are described. Finally, examples of practicing adaptive emotion regulation skills in the clinicians' workplace

are provided.

**EMOTION REGULATION**

Emotions are subjective experiences comprising of immediate bodily reactions, personal meaning, thoughts and action tendencies. They arise within situations which are relevant to our goals and needs.<sup>11</sup> Emotions serve important functions such as preparing and motivating us to act in goal-directed ways, providing us with information to guide decision making, enhancing our memories, and facilitating interpersonal interactions.<sup>11</sup>

Emotion regulation, therefore, is a set of skills and processes that a person consciously or automatically applies to modulate his/her subjective experience of his/her emotions and the expression of these emotions.<sup>11</sup> Effective and adaptive emotion regulation involves the ability to react spontaneously, suppress spontaneous emotional expressions, or use different emotional expressions that would be appropriate to the person's current social situation.<sup>11</sup>

The Modal Model of emotion regulation serves as a heuristic model of how emotions are experienced and expressed. It also provides a framework to organise different emotion regulation strategies. This model proposes that situations (either external life circumstances or a person's internal state change) direct our attention to the situation especially if the situation is relevant to our goals and needs. We then appraise or interpret the situational changes vis-à-vis our goals and needs. Such appraisal then influences the final expression and experience of our emotional states. Figure 1 provides a visual summary of this model.

**EMOTION REGULATION AND THE PRIMARY CARE PHYSICIAN**

Effective emotion regulation (i.e., use of adaptive emotion regulation strategies) is associated with an increased experience of positive emotions and resilience under distressing situations.<sup>27</sup> It is also related to reduced use of other maladaptive coping strategies when under stress.<sup>14</sup> Finally, effective use of emotion regulation strategies to manage emotional expression is related to others' satisfaction with social interactions.<sup>13</sup>

In a clinician's workplace, emotion regulation arguably protects the physician from burnout which contributes to poor service delivery, decision-making errors, and relationship difficulties with colleagues and patients.<sup>24</sup> The 2 scenarios in Figure 2 demonstrate the impact of effective and ineffective emotion regulation on the physician and others involved.

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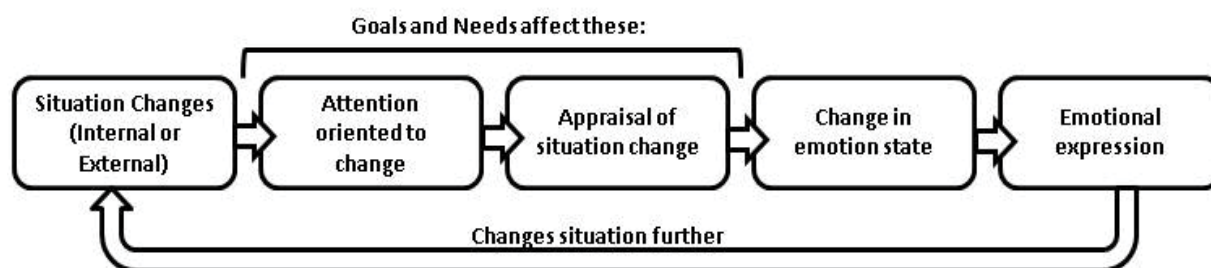
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**Figure 1: Adapted Modal Model of Emotion Regulation**

Scenario 1. Ineffective Emotional Regulation	Scenario 2. Effective Emotional Regulation
<p>Dr Lim often felt angry. He was angry about the number of patients that he had to see at the group private clinic. He was angry at the management for exploiting him. He was angry at the support staff who are not very supportive especially when he was facing difficult patients. One day, he screamed at the clinic manager in front of a group of patients when she asked him to sign some papers during a particularly busy afternoon. The manager was aghast and started to cry. The patients in the waiting area looking bewildered and started to talk about how unprofessional Dr Lim was. The next day, Dr Lim received an email from the Directors requesting to talk to him about his behaviours.</p>	<p>Dr Ee makes an effort to maintain good relationship with all her colleagues at the GP Super-Clinic. She tries to remain calm even when she feels stressed out. One day, an angry patient screamed at Dr Ee accusing her of being incompetent. Although Dr Ee felt angry and exhausted from a full morning clinic, she thought to herself "she must have a reason for being so strongly. The patient later apologized and thanked Dr Ee for listening to her concerns. Dr Ee decided to take some time before her next patient to do some deep breathing and drink some tea which usually helps soothe her.</p>

**Figure 2: Impact of Effective and Ineffective Emotional Regulation on the Physician and Others Involved**

## EMOTION DYSREGULATION

Emotion dysregulation is related to the inability to change or regulate emotional cues, experiences, actions, verbal responses, and/or non-verbal expressions.<sup>17</sup> As seen in Scenario 1 in Figure 2, the clinician (i.e., Dr Lim) was unable to pay attention to the anger that he frequently experienced and he also failed to find ways to help himself feel better. This resulted in an escalation of his anger, culminating in the display of unprofessional behaviour. On the other hand, the clinician in Scenario 2 (i.e., Dr Ee) was able to regulate her emotions through self-talk (e.g., telling herself that her patient had a reason for her accusations) and self-soothing techniques (e.g., drinking tea and deep breathing) upon being aware of her level of stress and rise in emotional intensity. Through such emotion regulating strategies, Dr Ee was able to prevent the intensity of her emotions from increasing, and therefore successfully exhibited behaviours that served both her patients and her professional image.

An inability to regulate one's emotions adaptively has been postulated to be the result of an interaction between biologically-based emotional vulnerability and the experience of an environment where emotions are frequently invalidated.<sup>16,22</sup> According to Linehan (1993),<sup>16</sup>

biologically-based emotional vulnerability is characterised by (i) heightened sensitivity to emotional stimuli (e.g., a person is more sensitive to certain comments made by others and therefore experiences negative emotions more easily); (ii) experiencing emotions as highly intense (e.g., frequent experiences of stronger negative affect and having emotional reactions that arise more intensely, easily, and quickly, leading to increased difficulty regulating emotions due to the heightened frequency and intensity of such negative mood states); and (iii) a delayed return to the emotional baseline (e.g., a person may feel angry for a whole day whereas someone else may get angry over the same matter for a few minutes).

Invalidating environments include being around people who have a tendency to oversimplify the ease of problem solving or coping. Often, emotional expressions may be ignored, dismissed, or punished. The individual is frequently expected to be able to control his/her emotional expression.<sup>8,16</sup> Such an environment may convey the message that emotions are not important and should not be expressed or that there is something wrong with the individual for experiencing negative emotions (e.g., when parents tell their child that they feel ashamed of their child's sadness).<sup>3</sup> Subsequently, the child may experience secondary guilt or shame in future episodes of sadness, intensifying the emotional experience, and thereby

make emotion regulation more difficult. Furthermore, an invalidating environment reduces the individual's opportunity to speak about their feelings and to thereby engage in more adaptive emotion regulation behaviours (e.g., problem solving). Consequently, there are fewer opportunities for emotionally vulnerable individuals experiencing invalidating environments to learn how to label and regulate their emotions, to tolerate distress, as well as to trust their emotional reactions.<sup>18</sup>

When a person experiences pervasive emotion dysregulation, this results in frequent excess of aversive emotional experiences, an inability to regulate intense physiological arousal, problems distracting from emotional stimuli, cognitive distortions, failures in information processing, poor control of "impulsive behaviours", difficulties organising and coordinating activities to achieve non-mood-dependent goals when emotionally aroused, and a tendency to "freeze" or dissociate under very high stress.<sup>17</sup> Unsurprisingly, poor emotion regulation is associated with the experience of burnout through chronic stress, vulnerability, anxiety, hypervigilance, fear, learned helplessness and hopelessness, and a heightened risk for hypertension and cardiovascular diseases.<sup>2,19,21</sup>

## STRATEGIES FOR EMOTION REGULATION

Strategies that can be practiced in order to facilitate adaptive emotional experiences and expression can be organised along the Modal Model "mode", beginning from addressing the triggering situation through to the modulation of emotional expression. It is important to note that emotion regulation strategies are not inherently adaptive or maladaptive and depend on the situation in which they are used. Figure 3 summarises the class of strategies that goes along with each "mode".<sup>11</sup>

### Situation Selection

Situation selection involves either avoiding or approaching certain situations, people or objects so as to regulate emotions. Approaching the situation often heightens the emotional experience, whereas avoiding has the opposite effect of dampening or reducing the emotion experience. For example, a doctor may avoid seeing patients with particular health conditions that they are not confident in treating, so as to reduce feeling overwhelmed by a condition that is beyond their expertise.

### Situation Modification

Often, however, it is not possible to avoid situations that trigger emotionally salient changes (this is especially so for the doctor who has to manage emotionally charged patients or acute health conditions that are life endangering). As such, changing elements in the situation may be a more viable solution. Situation modification can include adding or removing elements to the current situation to change the nature of the situation. For instance, turning to professional mentors or other experts for resources and support can help a doctor feel less overwhelmed by the need to treat an unfamiliar health condition. Asking another doctor to be present during a complex procedure can also help to reduce the emotional charge of the situation.

### Attention Deployment

Attention deployment often entails use of distraction and serves as a mental avoidance strategy so that the situation is not faced directly. For example, a doctor may focus on a less stressful work task to reduce his/her feelings of tension, and to promote overall feelings of efficacy. It should be noted, however, that similar to "situation selection", it is not always possible to divert attention away from the situation, especially during medical emergencies.

### Re-appraisal

Re-appraisal includes multiple strategies often used to transform the emotional state experienced. This can include strategies to interpret the situational change differently, strategies to mentally distance oneself from the emotional state, or methods to increase differentiation of the emotions with the aim of identifying the possible unmet needs or thwarted goals that drive the emotional changes.

Reflecting on simple questions directed to oneself such as "What is another way of looking at the situation?", or "What else in the situation am I missing out?", or "In 5 years' time, will this all matter?" can help the person reframe and perceive the situation differently.<sup>15</sup> The ability to mentally distance oneself from the situation and one's mental and emotional states also underpins the ability for mindfulness.<sup>23</sup> Mindfulness here is the ability to be aware of one's internal and external situations, without attempting to change one's reaction to these. Instead, mindfulness can allow people to view the situation from a more detached third-person perspective, thereby reducing self-limiting thoughts and creating more



**Figure 3: Emotion regulation strategies in the adapted Modal Model of emotion regulation**

space for the person to act in ways that are more consistent with their goals.<sup>12</sup>

Possibly the most difficult strategy to apply but arguably one of the most important strategies to promote emotional intelligence and growth involves the following: examining the emotional state that has arisen with the aim of identifying unmet needs and thwarted goals. The outcome from engaging in this exercise can include emotional experience transformation and a sense of knowing how to more effectively meet underlying needs and goals.<sup>9</sup>

### Physiological Modulation

Physiological modulation is an additional class of strategies that has been included to the original Modal Model by the authors of this article. This includes strategies that attempt to change the emotional intensity that one is experiencing directly, such as through relaxation exercises that reduce the physical arousal associated with the emotion.<sup>1</sup> For example, when a doctor is feeling stressed or anxious at work, practicing deep breathing in between seeing patients may be a quick way to reduce the intensity of such emotions. Other ways of modulating one's physiology include exercise.

### Response Modulation

Response modulation addresses one's emotional expression as opposed to one's emotional experience. That is, the person may experience a certain emotion but express this emotion in ways that are in alignment with one's goals. Some strategies classified under response modulation include suppression of emotional expression, sublimation or expressing emotions in other ways, and assertive expression of one's needs, goals and wishes.<sup>11</sup>

Suppression of emotional expression involves curtailing one's expression of emotions such that others are unable to discern that you are experiencing a particular type of emotion. It is often useful in the short term where expression of emotions is inappropriate. However, long-term use of this strategy can be detrimental to the body as emotion suppression increases sympathetic arousal.<sup>10</sup>

Sublimation involves finding different ways of expressing our emotions in socially appropriate ways or in a productive manner.<sup>6</sup> Examples of this include expressing our emotions in artistic expression such as painting, dancing, singing, or through one's work.

In contrast to suppression and sublimation, assertiveness involves directly voicing out one's emotions in relation to the situation, and stating one's needs and wishes directly with the aim of protecting one's interests. Assertiveness is distinguished from aggressiveness in that emotional and need expression are executed in socially acceptable ways and other parties' needs are not compromised.<sup>20</sup>

### EMOTIONAL REGULATION AT THE WORKPLACE

In general, successful emotion regulation requires consistent practice of some of the above-mentioned strategies. Table 1 below summarises some brief strategies from each class of strategies that the physician can apply at the workplace to enhance their emotion regulation.

**Table 1: Brief strategies that the physician can apply at the workplace to enhance their emotion regulation**

Strategy Class	Suggested Strategies
<b>Situation Selection</b>	<ul style="list-style-type: none"> <li>Take frequent mini-breaks which serve as mini-avoidance of stressful situations</li> <li>Create positive situations (such as brief tea breaks, chats with colleagues) to buffer against the impact of stressful situations</li> </ul>
<b>Situation Modification</b>	<ul style="list-style-type: none"> <li>Introduce humour</li> <li>Change the physical environment by introducing elements that induce positive emotions, such as photographs, music, aromas, plants</li> <li>Increase resources to deal with the situation such as by consulting peers or mentors about the stressful work situation</li> </ul>

<b>Attention Deployment</b>	<ul style="list-style-type: none"> <li>Engage in brief restorative daydreaming during lunch-time or after a difficult encounter with a patient to rebalance your emotional state</li> </ul>
<b>Re-appraisal</b>	<ul style="list-style-type: none"> <li>Remind yourself that “the day will be over” when things are difficult as a way to highlight that bad situations are seldom permanent</li> <li>Remind yourself of the positive or less-negative aspects of your day to help put a stressful situation into perspective</li> <li>Re-evaluate your performances across the list of patients from the whole week so you have a more balanced sense of your capabilities, and are not just evaluating yourself based on challenging cases and therefore thinking you are an ineffective doctor</li> </ul>
<b>Physiological Modulation</b>	<ul style="list-style-type: none"> <li>Simple exercises such as slow breathing or breath-counting meditations can induce the relaxation response within 5 to 10 minutes</li> <li>Exercise as a way of regulating your general physiology and therefore sense of well-being</li> </ul>
<b>Response Modulation</b>	<ul style="list-style-type: none"> <li>Doodling on rough paper can help you to express your emotions and provide some relief from them</li> <li>Take time outside of work to develop other areas of interest (e.g., sports or arts) which may help you discharge strong emotions in other ways</li> <li>Assert yourself where appropriate (e.g., “I can see that you are upset, but please do not raise your voice at me”)</li> </ul>

## REFERENCES

- Benson H. The Relaxation Response. NY: Harper Torch; 1976.
- Berenbaum H, Raghavan C, Le HN, Vernon LL, Gomez JJ. A taxonomy of emotional disturbances. *Clinical Psychology: Science and Practice*. 2003;10:206-26.
- Buckholdt KE, Parra GR, Jobe-Shields L. Emotion regulation as a mediator of the relation between emotion socialization and deliberate self-harm. *Am J Orthopsychiatry*. 2009;79(4):482-90.
- Campos JJ, Campos RG, Barrett KC. Emergent themes in the study of emotional development and emotion regulation. *Developmental Psychology*. 1989;25:394-402.
- Cole PM, Michel MK, Teti, LO. The development of emotion regulation and dysregulation: A clinical perspective. *Monographs of the Society for Research in Child Development*. 1994;59(2-3):73-100.
- Cramer P. Protecting the self: defense mechanisms in action. NY: The Guilford Press; 2006.
- Frijda NH. The emotions. Cambridge, UK: Cambridge University Press; 1986.
- Gratz KL. Risk for repeated deliberate self-harm among female college students: The role and interaction of childhood maltreatment, emotional inexpressivity, and affect intensity/reactivity. *Am J Orthopsychiatry*. 2006;76:238-50.
- Greenberg LS. Emotion-focused therapy: a clinical synthesis. *The Journal of Lifelong Learning in Psychiatry*. 2010;8(1):32-42.
- Gross JJ. Antecedent- and response-focused emotion regulation: Divergent consequences for experience, expression and physiology. *J Pers Soc Psychol*. 1998;74(1):224-37.
- Gross JJ, Thompson RA. Emotional regulation: Conceptual foundations. In: Gross, JJ, editor. *Handbook of emotional regulation*. NY: The Guilford Press; 2007. p. 3-26.
- Harris R. ACT made simple: an easy-to-read primer on acceptance and commitment therapy. CA: New Harbinger Publications; 2009.



13. Kafetsios K, Anagnostopoulos F, Lempesis E, Valindra A. Doctors' emotion regulation and patient satisfaction: a social-functional perspective. *Health Comm.* 2014;29(2):205-14.
14. Kashdan TB, Ferrisizidis P, Collins RL, Muraven M. Emotion differentiation as resilience against excessive alcohol use: An ecological momentary assessment in underage social drinkers. *Psychol Sci.* 2010;21(9):1341-7.
15. Leahy R. *Cognitive therapy techniques: a practitioner's guide.* NY: The Guilford Press; 2003.
16. Linehan MM. *Cognitive-behavioral treatment for borderline personality disorder.* NY: The Guilford Press; 1993.
17. Linehan MM, Bohus M, Lynch TR. Dialectical Behavior Therapy for Pervasive Emotion Dysregulation. In: Gross, J, editor. *Handbook of emotion regulation.* NY: The Guilford Press; 2007. p. 581-605.
18. MacPherson HA, Cheavens JS, Fristad MA. Dialectical behavior therapy for adolescents: Theory, treatment, adaptations, and empirical outcomes. *Clin Child Fam Psychol Rev.* 2013;16:59-80.
19. Mennin DS, Farach FJ. Emotion and evolving treatments for adult psychopathology. *Clinical Psychology: Science and Practice.* 2007;14:329-52.
20. Michel F. *Assert yourself.* Western Australia: Centre for Clinical Interventions; 2008.
21. Putnam KM, Silk KR. Emotion dysregulation and the development of borderline personality disorder. *Dev Psychopathol.* 2005;17(4):899-925.
22. Shenk CE, Fruzzetti AE. The impact of validating and invalidating responses on emotion reactivity. *Journal of Social and Clinical Psychology.* 2011;30:163-83.
23. Siegel RD. *The mindfulness solution: everyday practices for everyday problems.* NY: The Guilford Press; 2010.
24. Sotile WM, Sotile MO. *The resilient physician: effective emotional management for doctors and their medical organizations.* Chicago, Ill: AMA Press; 2002.
25. Thompson RA. Emotion regulation: A theme in search of definition. *Monographs of the Society for Research in Child Development.* 1994;59(2-3):25-52.
26. Thompson RA. Emotion and emotion regulation: two sides of the developing coin. *Emotion Review.* 2011;3:53-61.
27. Tugade MM, Fredrickson BL. Resilient individuals use positive emotions to bounce back from negative emotional experiences. *J Pers Soc Psychol.* 2004;86(2):320-33.
28. Yap MBH, Allen NB, Sheeber L. Using an emotion regulation framework to understand the role of temperament and family processes in risk for adolescent depressive disorders. *Clin Child Fam Psychol Rev.* 2007;10(2):180-96.

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## LEARNING POINTS

- Emotions have a powerful influence over our actions and behaviours, and can be used in ways that help us to achieve our goals and needs.
  - Emotion regulation refers to a set of skills and processes that assists in the management of emotional experience and the expression of such emotions. These processes include situation selection, situation modification, attention deployment, re-appraisal, physiological modulation, and response modulation.
  - Given that a physician is in constant contact with his/her own emotions as well as his/her colleagues' and patients' emotions, practicing adaptive emotional regulation strategies is essential to maintaining physician well-being and promoting work longevity.
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