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## Emotion regulation, scaffolding and psychiatry

Discrete emotional episodes, belonging to established categories such as fear, anger and joy, both regulate and dysregulate cognition and behavior. They also need to be regulated themselves, and the term “emotion regulation” usually refers specifically to this latter process.

Although there are different definitions of emotion regulation, it is generally taken to encompass a range of strategies, such as changing our situation, shifting attention, re-evaluating things, and modifying expressions of emotion. It is also said to include both conscious and nonconscious strategies, as well as different and sometimes conflicting goals and motives<sup>1</sup>.

In line with this, emotion dysregulation could be regarded as a matter of whether an emotion occurs at all, whether it is situationally appropriate, and whether its intensity is proportionate to an eliciting stimulus. It might concern a single occurrence of emotion, a type of emotion and/or emotionally relevant situation, or wider-ranging sets of emotional dispositions.

Conceived of in such ways, emotion regulation and dysregulation are certainly of interest to psychiatry. However, it is important not to think of them in a manner that is too atomistic and individualistic. A broader, more integrated approach is required if we are to appreciate a distinctive *kind* of dysregulation often associated with psychiatric diagnoses.

I suggest that we distinguish three regulatory challenges: a) everyday emotion regulation; b) regulating emotional responses when our lives lack structure; and c) regulating temporally extended patterns of emotions that contribute to how we respond and adapt to losses of structure.

The appropriateness of our emotional responses to everyday situations depends in part on the idiosyncratic organization of our lives. Whether and how something matters to us reflects what we already care about or value – an established network of relationships, projects, commitments, pastimes, and treasured possessions. Whether or not our anger, fear, joy or relief is situationally appropriate, and also proportionate in its intensity and duration, depends on whether and how it relates to this backdrop of cares and concerns.

So, we could think of emotion regulation in terms of ensuring that our various emotions track how events and situations matter to us in relation to the dynamic structures of our lives, enabling us to respond in appropriate and effective ways. It is arguable that, in mundane situations, separate regulatory processes are seldom required for this. Instead, our emotions “auto-regulate”, by initiating behaviors that alter emotion-eliciting stimuli or our relationships with them<sup>2</sup>. In any case, whatever we are doing here is altogether different from the task of regulating emotion when our lives lack organization, as when we are faced with upheaval.

Consider, for instance, the variety of circumstances associated with “grief” or “loss”: a significant bereavement; the breakup of an interpersonal relationship; forced migration; the sudden and unexpected end of a career; the destruction of one’s home; or the diagnosis of serious illness. These and other life events can undermine the cares and concerns relative to which mundane emotional experiences once arose and made sense to ourselves and others. Hence we can no longer draw upon regulatory resources that presuppose this orienting life structure.

There is also a third regulatory challenge to be discerned. Certain patterns of emotions contribute to how we respond and adapt to significant changes in the organization of our lives. Some of these are more plausibly construed as integrated, temporally extended processes than as sequences of disparate emotional episodes. This applies to the grief we experience over the death of another person, which involves – amongst other things – comprehending, responding to, and adapting to what has happened and what is now the case, often over a lengthy period of time<sup>3</sup>.

How do we regulate such emotions while engaging with losses of regulatory structure? In considering this question, we should turn our attention to processes that are distributed between individuals and their social environments, rather than limiting ourselves to the capacities of individuals. It is plausible to maintain that we utilize external “scaffolding” even to regulate certain everyday emotions<sup>4</sup>. However, there is a distinction to be drawn between mundane and exceptional forms of scaffolding. The organization of our lives depends in many ways upon habitually established interactions with social environments – our home, our workplace, our family and friends. Emotional responses to upheaval engage with losses of this structure, where what is lost includes emotional scaffolding that was once taken for granted. So, the need for emotion regulation is especially apparent here, as is the lack of regulatory resources. There is thus a need for *exceptional* forms of regulation, involving exceptional forms of scaffolding. I want to suggest that this *type* of regulatory challenge is – or at least should be – of particular interest to psychiatry.

Much of the emotional scaffolding that we rely upon in both mundane and exceptional circumstances is interpersonal or social in nature. Regulatory processes draw upon – and may even be partly constituted by – relations with specific individuals, families, other people in general, and larger social and cultural environments. For example, it has been suggested that there are close links between emotion regulation and attachment<sup>5</sup>. When deprived of our more usual regulatory resources, we can still turn to other people in order to interpret, evaluate and alter our emotions, including those emotions that contribute to negotiating upheaval and reorienting ourselves.

Hence an especially profound form of dysregulation would be one involving a pervasive loss or absence of life structure, combined with lack of access to interpersonal and social scaffolding – one is lost and alone. This is consistent with a number of psychiatric conditions, including post-traumatic stress disorder and some forms of depression. One might feel cut off from others, or unable to trust anyone anymore. There might be feelings of shame, guilt, fear or inadequacy. But underlying this variety is the common theme of feeling unable to experience and relate to others in *precisely* those ways that might otherwise mitigate emotional turmoil and distress.

Deprivation of certain kinds of interpersonal possibilities not only contributes to experiences of being lost or alone. It can further amount to a sense of *inescapability* or *irrevocability*. For example, first-person accounts of trauma often refer to a pervasive loss of the capacity for interpersonal trust, something that might otherwise have sustained the appreciation that there remain significant possibilities beyond one’s current situation<sup>6</sup>. Being estranged from others without any prospect of positive change is also a prominent and consistent theme in first-person accounts of depression. There is no way of escaping from your prison or pit because what is altogether absent from your experiential world is the prospect of anyone ever throwing you a rope<sup>7,8</sup>. The sense of irrevocability, and with it the loss of a capacity for hope, is inseparable from one’s being alone, cut off from others, estranged, or abandoned.

This form of experience can be characterized in terms of losing access to regulatory processes that might otherwise have aided in navigating loss and disorientation. Diagnoses of depression are often associated with a “felt unavailability of others as potential external co-regulators”<sup>9</sup>. However, the sense that nobody could intervene in ways that might have opened up new and significant life possibilities is not limited to depression. Experiences of disorientation, inescapability, disconnection, absence, lack, loss and emptiness that involve diminished access to interpersonal scaffolding are diagnostically non-specific.

What is therefore required is an overarching perspective on emotion regulation that emphasizes the relationships between emotions and the ever-changing organization of human lives, in conjunction with the importantly different ways in which mundane and exceptional forms of emotion regulation are reliant upon interpersonal and social processes.

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