



The Role of Emotion Regulation in the Quality of Life of Patients with Chronic Illness: A Systematic Literature Review

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ABSTRACT

Chronic diseases can substantially affect patients' physical functioning, psychological well-being, social relationships, and overall quality of life. Emotion regulation is considered an important psychological process that may help individuals adapt to disease-related stressors and manage negative emotional experiences. This systematic literature review aimed to examine the conceptual and empirical role of emotion regulation in the quality of life of patients with chronic diseases. The review employed a systematic literature review approach, using literature searches across Scopus, PubMed, ScienceDirect, and Google Scholar. The search strategy focused on publications from 2016 to 2026 concerning emotion regulation, chronic diseases, psychological well-being, and quality of life. Twelve articles were reported as included in the review, and their findings were intended to be synthesized narratively. The available empirical literature indicates that difficulties in emotion regulation are associated with chronic pain and psychological distress. Koechlin et al. (2018) reviewed 15 studies examining emotion regulation in chronic pain, while Norman-Nott et al. (2024) analyzed eight studies involving 902 participants and found that emotion regulation-focused interventions reduced pain intensity compared with usual treatment. These findings support the potential relevance of emotion regulation in chronic illness management, although they do not establish a direct effect on quality of life. In conclusion, adaptive emotion regulation may support psychological adjustment to chronic disease and complement medical treatment. Further research should directly investigate quality-of-life outcomes across different chronic conditions.

AUTHORS' CONTRIBUTION

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- B. Acquisition of data;
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INTRODUCTION

Chronic diseases represent a major health challenge because their consequences extend beyond physical symptoms to psychological well-being, social relationships, and everyday functioning. Individuals living with chronic conditions often face persistent symptoms, demanding treatment routines, uncertainty about disease progression, and changes in their personal and social roles. These experiences may influence how patients perceive their health and evaluate their quality of life. Therefore, understanding the psychological factors associated with quality of life is important for developing a more comprehensive approach to chronic disease management. Quality of life is a



multidimensional concept that encompasses physical health, psychological well-being, social relationships, and the ability to perform daily activities. Consequently, the experiences of patients with chronic diseases cannot be understood solely through clinical indicators but also require consideration of their psychological adaptation to illness.

One psychological factor that may contribute to patients' experiences is emotion regulation. Emotion regulation refers to the processes through which individuals influence the emotions they experience, when they experience them, and how they express or respond to those emotions (Gross, 2015). Patients with chronic diseases may experience anxiety, sadness, frustration, fear, or anger when dealing with pain, treatment limitations, and uncertainty about their future health. The way patients respond to these emotional experiences may be associated with their psychological adjustment and perceptions of quality of life. Wierenga et al. (2017), in an integrative review of emotion regulation among chronic illness populations, identified potential relationships between emotion regulation difficulties, psychological distress, and physical functioning. These findings suggest that emotion regulation is a relevant psychological factor to investigate in the context of chronic illness, although differences in study designs and patient populations limit the generalization of existing evidence.

Emotion regulation involves various strategies that may have different implications for psychological adjustment. Gross (2015) explained that emotional responses can be regulated at different stages, including through changes in how individuals interpret situations and how they respond to emotional experiences. Cognitive reappraisal, for example, involves changing the interpretation of an emotionally challenging situation, whereas expressive suppression involves inhibiting the outward expression of emotion. These strategies should not be assumed to have identical consequences because their usefulness may depend on the context, individual characteristics, and emotional demands involved. For patients with chronic diseases, emotion regulation may be relevant to how they cope with illness-related uncertainty, maintain relationships, and adapt to the demands of long-term treatment. However, the extent to which particular strategies are associated with better quality of life requires examination of empirical findings rather than theoretical assumptions alone.

Previous research has begun to investigate the relationship between emotion regulation and health-related outcomes. Wierenga et al. (2017) reviewed studies involving chronic illness populations and reported potential associations between emotion regulation and outcomes related to psychological distress and physical functioning. Their review provides a conceptual foundation for considering emotion regulation as part of the broader psychosocial experience of chronic illness. Nevertheless, the evidence also highlights the need to distinguish between different outcomes, as psychological distress and physical functioning do not necessarily represent the full range of dimensions included in quality of life. This distinction is important because an association between emotion regulation and reduced distress cannot automatically be interpreted as evidence of improved overall quality of life.

Evidence from intervention research provides another perspective on the relevance of emotion regulation. Norman-Nott et al. (2024) conducted a systematic review and meta-analysis of emotion regulation skills-focused interventions for chronic pain. Their review included eight studies involving 902 participants and reported improvements in pain intensity and emotion regulation outcomes following interventions, although the certainty of evidence varied from very low to moderate. These findings suggest that emotion regulation may be a relevant target for psychological interventions addressing chronic pain. However, chronic pain represents only one type of chronic health condition, and improvements in pain or emotional functioning do not necessarily demonstrate equivalent improvements in overall quality of life. Therefore, the applicability of these findings to patients with other chronic diseases requires careful consideration.

Related evidence has also been reported in research examining emotion regulation in somatic symptom disorders and related conditions. Schnabel et al. (2022) reviewed 105 studies involving 29,332 participants and identified differences in emotional clarity and habitual emotion regulation strategies across some clinical populations. However, the findings varied across studies, demonstrating that emotion regulation is a complex process influenced by the populations and measurement approaches examined. Such findings reinforce the importance of evaluating emotion regulation in relation to clearly defined health outcomes. Similarly, Saccaro et al. (2024) examined interventions targeting emotion

regulation, contributing to broader discussions of its role in psychological intervention. Nevertheless, evidence from psychological interventions across different clinical conditions should not automatically be generalized to patients with chronic physical diseases or interpreted as direct evidence of improved quality of life.

Despite growing interest in emotion regulation and health, several issues remain important for further investigation. Existing reviews have examined emotion regulation in chronic illness populations or concentrated on specific conditions, particularly chronic pain. Differences in research objectives, patient characteristics, and outcome measures make it difficult to establish whether the reported findings are consistent across chronic diseases. Furthermore, studies may use different conceptualizations of emotion regulation, ranging from difficulties in identifying emotions to the use of particular regulatory strategies. These differences can complicate comparisons and limit the development of a comprehensive understanding of the relationship between emotion regulation and patients' quality of life.

Another important issue concerns the measurement of quality of life. Research on chronic diseases frequently examines outcomes such as anxiety, depressive symptoms, pain intensity, and physical functioning. Although these outcomes may be associated with quality of life, they represent distinct constructs and cannot be treated as interchangeable indicators. Consequently, findings that demonstrate improvements in psychological distress or pain should be distinguished from findings that directly assess health-related quality of life. A systematic synthesis is needed to clarify how existing studies measure these outcomes and whether the reported associations between emotion regulation and quality of life are supported by direct or indirect evidence. Differences in research design must also be considered because cross-sectional associations cannot establish causal relationships, while intervention studies may provide different types of evidence regarding changes in emotional functioning and health outcomes. Based on these considerations, the present study aims to systematically review the role of emotion regulation in the quality of life of patients with chronic diseases. Specifically, this review seeks to identify the emotion regulation strategies examined in chronic disease populations, synthesize empirical findings concerning their relationships with quality of life, and examine related psychological and physical outcomes that may help explain these relationships. The review also aims to identify methodological limitations and areas requiring further investigation. Its contribution lies in positioning quality of life as the central outcome while distinguishing it from related indicators such as emotional distress, pain, and physical functioning. By considering differences in chronic disease populations, emotion regulation strategies, and measurement approaches, this review is expected to provide a clearer understanding of the available evidence and inform future research on psychosocial approaches to chronic disease management.

Overall, this systematic literature review seeks to clarify the extent to which emotion regulation is associated with quality of life among patients living with chronic diseases. By integrating conceptual perspectives and empirical findings, the study aims to identify consistent patterns, explain important limitations, and establish priorities for future research. The findings may contribute to a more comprehensive understanding of the psychological dimensions of chronic illness and provide a foundation for investigating emotion regulation as a potential component of patient-centered care.

METHODS

This study employed a systematic literature review (SLR) to examine the role of emotion regulation in the quality of life of patients with chronic diseases. A systematic literature review was selected to identify, evaluate, and synthesize existing conceptual and empirical findings concerning emotion regulation strategies and their associations with patients' quality of life. The review process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines to support transparent reporting of the literature identification, screening, eligibility assessment, and inclusion procedures (Page et al., 2021).

Literature searches were conducted using electronic databases, including Scopus, PubMed, ScienceDirect, and Google Scholar. These databases were selected to identify relevant publications in

psychology, medicine, and health sciences. The search strategy combined keywords and Boolean operators, including "emotion regulation," "emotional regulation," "quality of life," "health-related quality of life," "chronic disease," "chronic illness," and "chronic conditions." The search focused on articles published between 2016 and 2026 to capture relatively recent theoretical developments and empirical findings. Peer-reviewed journal articles published in English or Indonesian were considered when their content addressed the relationship between emotion regulation and quality of life among patients with chronic diseases.

The inclusion criteria comprised empirical studies and relevant review articles that examined emotion regulation in patients with chronic diseases and reported quality of life or related psychological and health outcomes. Articles were excluded if they were duplicates, did not involve chronic disease populations, did not address emotion regulation, or lacked sufficient information relevant to the review objectives. The selection process involved screening titles and abstracts, followed by full-text assessment to determine eligibility. Following this process, 12 articles were included in the final review. The exact numbers of records identified, duplicates removed, and articles excluded at each screening stage should be documented from the actual search records to ensure accurate PRISMA reporting.

Data were extracted from each included article, covering author names, publication year, study objectives, research design, participant characteristics, emotion regulation measures or strategies, quality-of-life measures, and principal findings. The extracted information was organized in a data-extraction table to facilitate comparison across studies. A narrative synthesis was then conducted to identify recurring patterns, differences in findings, and methodological limitations. Particular attention was given to distinguishing direct evidence concerning quality of life from findings involving related outcomes, such as anxiety, depressive symptoms, pain intensity, and physical functioning. This distinction was necessary because improvements in related outcomes do not automatically demonstrate improvements in overall quality of life. The synthesis subsequently integrated conceptual perspectives and empirical findings to describe the role of emotion regulation in the experiences of patients living with chronic diseases.

RESULTS AND DISCUSSION

Result

This systematic literature review examines the role of emotion regulation in the quality of life of patients with chronic diseases. The findings are organized into conceptual and empirical themes to identify how emotion regulation strategies relate to psychological well-being, physical functioning, and quality of life. The synthesis focuses on the 12 articles identified for the review; however, because the complete bibliographic records and individual findings of all 12 articles have not been provided here, the tables distinguish established findings from information that still requires verification rather than presenting unverified results as data from the included studies.

Emotion regulation is a psychological process through which individuals influence the experience and expression of their emotions. In chronic disease contexts, this process may be relevant to how patients respond to persistent symptoms, treatment demands, uncertainty, and changes in everyday functioning. Gross (2015) provides a theoretical framework for understanding emotion regulation as a process involving different strategies, including cognitive reappraisal and expressive suppression. From this perspective, the relationship between emotion regulation and quality of life can be examined through several dimensions: psychological well-being, physical health, social functioning, and daily activities. Nevertheless, these dimensions should be distinguished from one another because an improvement in anxiety, depressive symptoms, or pain does not necessarily indicate an improvement in overall quality of life.

Empirical evidence indicates that emotion regulation may be relevant to the psychological and physical experiences of patients with chronic conditions. For example, Norman-Nott et al. (2024) conducted a systematic review and meta-analysis of eight randomized controlled trials involving 902 participants with chronic pain. Their findings showed improvements in pain intensity and selected psychological outcomes following emotion regulation skills-focused interventions compared with usual treatment. However, the review did not establish a direct pooled effect on overall quality of life, so these

findings should be interpreted as evidence concerning related health outcomes rather than definitive evidence of improved quality of life.

Table 1. Empirical evidence concerning emotion regulation interventions in chronic pain

Outcome	Number of studies / participants	Empirical findings	Interpretation
Pain intensity after intervention	3 trials; 194 participants	WMD = -10.06 ; 95% CI $[-17.55, -2.56]$	Lower pain intensity compared with usual treatment.
Pain intensity at follow-up	3 trials; 163 participants	WMD = -11.38 ; 95% CI $[-13.55, -9.24]$	The reduction in pain intensity was maintained at follow-up.
Emotion regulation after intervention	1 trial; 84 participants	SMD = 0.57 ; 95% CI $[0.14, 1.04]$ for emotion processing	Improvement in one emotion regulation outcome.
Depressive symptoms at follow-up	2 trials; 118 participants	SMD = -0.45 ; 95% CI $[-0.66, -0.24]$	Reduction in depressive symptoms compared with usual treatment.
Pain interference after intervention	2 trials; 137 participants	SMD = -0.37 ; 95% CI $[-0.69, -0.04]$	Lower pain interference compared with cognitive behavioral therapy.
Overall quality of life	Not established in the reported pooled results	No pooled estimate reported for this outcome	Direct conclusions about overall quality of life cannot be drawn from these statistics.

The conceptual synthesis indicates three relevant dimensions for understanding the role of emotion regulation in quality of life. First, psychological well-being concerns patients' ability to manage emotional responses associated with illness, including anxiety, sadness, and frustration. Second, physical functioning concerns how symptoms such as chronic pain interfere with daily activities. Third, social and everyday functioning concerns patients' ability to maintain relationships and participate in routine activities despite illness-related challenges.

These dimensions may be interconnected, but they should not be treated as equivalent. For example, a reduction in depressive symptoms may contribute to improved psychological well-being without necessarily demonstrating improvement in physical functioning or social relationships. Similarly, reduced pain intensity does not automatically indicate better quality of life across all dimensions. Therefore, the relationship between emotion regulation and quality of life should be interpreted in accordance with the specific outcomes measured in each study.

Table 2. Conceptual synthesis framework

Dimension	Focus of analysis	Potential relevance to quality of life	Evidence required
Emotion regulation strategies	Cognitive reappraisal, emotional awareness, acceptance, and expressive regulation	May help patients manage emotional demands associated with chronic illness	Validated emotion regulation measures
Psychological well-being	Anxiety, depressive symptoms, emotional distress	May reflect the psychological dimension of quality of life	Validated psychological outcome measures
Physical health and functioning	Pain intensity, symptom interference, daily activities	May reflect limitations affecting patients' everyday lives	Clinical and functional outcome measures
Social functioning	Interpersonal relationships and social participation	May indicate how illness affects patients' social lives	Validated social functioning or quality-of-life measures
Overall quality of life	Physical, psychological, and social domains	Provides a broader assessment of patients' perceived well-being	Validated quality-of-life instruments

Overall, the available evidence suggests that emotion regulation is a relevant psychological factor in chronic illness, particularly in relation to pain management and selected psychological outcomes. The empirical findings reported by Norman-Nott et al. (2024) provide quantitative evidence that emotion

regulation skills-focused interventions can improve certain outcomes among people with chronic pain, although the certainty of evidence remains limited.

Discussion

The findings of this systematic literature review suggest that emotion regulation is a relevant psychological factor in understanding the quality of life of patients living with chronic diseases. The reviewed literature indicates that emotional processes may be associated with psychological distress, symptom management, and physical functioning. However, the strength and nature of these relationships vary across populations, research designs, and outcome measures. Therefore, emotion regulation should be understood as a potential contributor to patients' adjustment to chronic illness rather than as the sole determinant of their quality of life. This interpretation is important because quality of life is multidimensional, encompassing physical health, psychological well-being, social relationships, and everyday functioning.

From a conceptual perspective, emotion regulation refers to the processes through which individuals influence the experience and expression of their emotions (Gross, 2015). In chronic disease contexts, patients may encounter persistent pain, treatment-related demands, uncertainty about prognosis, and limitations in daily activities. These experiences can generate emotional responses that influence how patients adapt to their conditions. Wierenga et al. (2017) identified potential relationships between emotion regulation, psychological distress, and physical functioning in chronic illness populations. These findings provide a foundation for understanding why emotional processes deserve attention in chronic disease management. Nevertheless, the association between emotion regulation and quality of life should be evaluated empirically because emotional adjustment does not necessarily correspond directly to changes in physical health or overall life satisfaction.

Emotion regulation may be particularly important when considering the relationship between psychological experiences and chronic pain. Koechlin et al. (2018) reviewed 15 studies examining emotion regulation and chronic pain. Their findings indicated that maladaptive response-focused regulation strategies were associated with pain and psychological comorbidities, whereas findings concerning antecedent-focused strategies were less consistent. This distinction suggests that the timing and function of a regulatory strategy may matter. For example, changing the interpretation of a stressful situation may operate differently from suppressing an emotional response after it has occurred. However, these findings primarily concern pain and related psychological outcomes, so their implications for broader quality-of-life domains should be interpreted cautiously.

The intervention evidence provides further insight into the potential relevance of emotion regulation. Norman-Nott et al. (2024) synthesized eight randomized controlled trials involving 902 participants with chronic pain. Compared with treatment as usual, emotion regulation skills-focused interventions were associated with reduced pain intensity immediately after treatment and at follow-up. The authors also reported improvements in emotion processing and depressive symptoms for selected comparisons, although the certainty of evidence ranged from very low to moderate. These findings suggest that interventions addressing emotional processes may contribute to improvements in certain outcomes associated with chronic pain. Nevertheless, intervention effects on pain or depressive symptoms should not be equated with direct evidence of improved overall quality of life.

The theoretical distinction between adaptive and maladaptive regulation also helps explain why different strategies may produce different outcomes. Naragon-Gainey et al. (2017), through a meta-analytic examination of emotion regulation strategies, emphasized the importance of distinguishing specific strategies rather than treating emotion regulation as a single construct. Sloan et al. (2017) similarly reviewed emotion regulation as a treatment construct across several psychological disorders, highlighting its relevance to different forms of psychological distress. Although these studies provide useful conceptual context, their findings cannot be generalized directly to every chronic physical illness population. They nevertheless support the need to examine specific regulatory strategies and the outcomes with which they are associated.

Another consideration is the multidimensional nature of quality of life. Patients may experience improvements in emotional adjustment while continuing to face physical limitations, treatment burdens, or social difficulties. Conversely, improvements in physical symptoms may not fully resolve distress

associated with uncertainty or changes in identity and everyday roles. Therefore, future research should assess quality of life directly using validated instruments that distinguish physical, psychological, and social dimensions. Studies that measure only pain intensity, anxiety, or depression provide valuable but incomplete evidence regarding patients' overall well-being.

The findings also have implications for patient-centered healthcare. Psychological assessment may help healthcare professionals identify emotional difficulties that accompany chronic illness and determine whether additional psychological support is appropriate. Interventions involving emotional awareness, cognitive reappraisal, acceptance, and other regulation skills may be considered according to individual needs and the evidence available for a particular condition. However, emotion regulation should complement rather than replace appropriate medical treatment. The available intervention evidence, particularly for chronic pain, supports further investigation but does not establish that one approach is suitable for all chronic diseases.

Several limitations should be acknowledged. First, the evidence discussed in this review covers different chronic conditions and does not necessarily represent all chronic disease populations equally. Second, studies use different definitions and measures of emotion regulation, making comparisons difficult. Third, much of the evidence concerns related psychological and physical outcomes rather than quality of life as a primary endpoint. Finally, associations identified in observational research cannot establish causality, while intervention findings may be limited by small study numbers and varying levels of evidence certainty. The eight trials synthesized by Norman-Nott et al. (2024), for example, support further investigation of emotion regulation interventions in chronic pain, but do not independently establish their effectiveness for every chronic disease or every dimension of quality of life.

Overall, the literature supports considering emotion regulation as a potentially important component of psychological adjustment among patients with chronic diseases. Its relevance appears most clearly in evidence concerning chronic pain, emotional functioning, and psychological distress. However, the direct relationship between particular emotion regulation strategies and overall quality of life remains insufficiently established across diverse chronic disease populations. Future studies should use longitudinal designs, validated multidimensional quality-of-life measures, and clearly defined emotion regulation outcomes. Research should also examine whether improvements in emotion regulation precede changes in quality of life and whether these relationships differ according to disease type, symptom severity, and social support. Such evidence would help clarify the role of emotion regulation in chronic disease management and strengthen the empirical basis for integrating psychological care into comprehensive healthcare.

CONCLUSION

Emotion regulation plays an important role in understanding the quality of life of patients with chronic diseases because it helps individuals manage emotional responses, cope with disease-related stress, and adapt to limitations in daily activities. Adaptive strategies, such as cognitive reappraisal and emotional acceptance, may support psychological well-being, whereas maladaptive strategies may increase distress and complicate adjustment to chronic illness. Empirically, Koechlin et al. (2018) reviewed 15 studies involving 2,065 patients and found that maladaptive response-focused emotion regulation was associated with chronic pain and psychological comorbidities. Furthermore, Norman-Nott et al. (2024) analyzed eight studies involving 902 participants and found that emotion regulation-focused interventions reduced pain intensity and improved emotion regulation compared with usual treatment, although the certainty of evidence ranged from very low to moderate. These findings indicate that emotion regulation may contribute to patients' adjustment to chronic illness; however, the evidence does not establish a direct effect on quality of life. Therefore, psychological interventions that strengthen emotional awareness, acceptance, and adaptive coping may complement medical care. Future research should directly examine quality of life across different chronic diseases using rigorous methods and longer follow-up periods to clarify this relationship.

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