



Research report

Emotion dysregulation, psychological inflexibility, and shame as explanatory factors between neuroticism and depression

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ABSTRACT

Background: The association between neuroticism and depression is well documented. However, neuroticism is a general risk factor associated with many forms of psychopathology, such as anxiety, eating, and personality disorders. Past research has suggested that other factors may mediate the relationship between neuroticism and symptoms of particular disorders.

Methods: Self-report questionnaires measuring neuroticism, emotion dysregulation, psychological inflexibility, shame, and symptoms of depression were administered to 105 inpatient adolescents (aged 12–17). The current study examined three factors (emotion dysregulation difficulties, psychological inflexibility, and shame) as concurrent mediators of the neuroticism/depression association.

Results: Neuroticism was significantly associated with depression, as expected. Neuroticism was also associated with emotion dysregulation and psychological inflexibility, which, in combination, fully mediated the association between neuroticism and depression. Shame was not significantly associated with neuroticism or depression, when controlling for anxiety, externalizing, sex, and age. Follow-up analyses examined six sub-factors of emotion dysregulation as multiple mediators of the neuroticism/depression association. Goal directed behavior, lack of emotion regulation strategies, and impulse control were significant mediators, controlling for the other three emotion dysregulation sub-factors.

Limitations: The study is limited by the cross sectional design, sample size, and self-report measurement. **Conclusions:** Despite limitations, this study demonstrated that the link between neuroticism and depression is explained by both emotion dysregulation and psychological inflexibility and that specific emotion dysregulation facets may be at play in adolescent depression.

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1. Introduction

Neuroticism is a broad higher-order trait, that is part of the Big Five/Five Factor Model (FFM) of personality (Eysenck and Eysenck, 1975; McCrae and Costa, 1997). It is a relatively stable personality factor that corresponds to and predisposes individuals to experience negative emotional states (e.g., Costa and McCrae, 1980) and is widely considered a risk factor for depression (Kendler et al., 2004), particularly among adolescents (Kercher et al., 2009). There has been debate regarding the study of personality structures in youth, which are traditionally described among adults (e.g., Caspi and Roberts, 2001); however, these models (e.g., FFM) have been empirically supported among youth (Hink et al., 2013; Mervielde et al., 2005) and have demonstrated modest continuity into adulthood (Caspi and Roberts, 2001), although they may become

more stable over time (Wängqvist et al., 2015). Longitudinally, scores of neuroticism tend to increase over time, leveling off for a period during adolescence (Wängqvist et al., 2015) and increasing in adulthood (Aldinger et al., 2014; Wängqvist et al., 2015). High levels of neuroticism have been documented in a number of youth samples (De Pauw and Mervielde, 2010; Wängqvist et al., 2015) and have been shown to predict depression in adulthood (Newton-Howes et al., 2015), suggesting that early intervention in youth may be prudent.

The mechanisms by which neuroticism may lead to depression or depressive symptom severity is relatively unclear (e.g., Barnhofer and Chittka, 2010). Additionally, despite the association between neuroticism and depression, neuroticism is linked to many forms of psychopathology in youth, including anxiety and externalizing disorders (Hink et al., 2013). Currently, models of psychopathology are unable to explain the multifinality that occurs (e.g., Nolen-Hoeksema and Watkins, 2011) from a certain risk factor, such as neuroticism, to divergent phenotypes (e.g., depression, anxiety, externalizing disorders). In light of this, calls have been made to explore the unique mechanisms underlying

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neuroticism and particular disorders in order to understand how to prevent them (Lahey, 2009). Doing so during adolescence, a crucial developmental phase, is a key area of study due to the lasting implications for adult mental health (e.g., Aldinger et al., 2014; Newton-Howes et al., 2015; Wängqvist et al., 2015). For example, depressive symptoms in adolescence, whether or not they meet criteria for major depressive disorder, strongly predict adult depression (Aalto-Setälä et al., 2002; Pine et al., 1999).

One potential mechanism underlying the effect of neuroticism on depression is shame, an emotion that occurs as the result of the perception of revealing flaws to others (Dearing et al., 2005). Shame is a broad construct that, at times confused with guilt, is widely considered distinct due to greater self-focus than is seen in guilt (Lewis, 1971; Tangney et al., 2007). Shame is associated with neuroticism in adults (Gilbert and Miles, 2000; Woien et al., 2003) and has been described to be a key feature of depression (Gilbert, 2000) with meta-analytic evidence (Kim et al., 2011) concluding that shame is a central variable to be considered in understanding the emotional underpinnings of depression. However, more work is needed examining neuroticism and shame among adolescents. Some (e.g., Reimer, 1996) have suggested that more focus be put on shame during adolescence, as there is potentially more experienced shame during this developmental period, with feelings of shame adversely affecting one's self-esteem and developmental trajectory. Specifically, adolescents may be more prone to shame due to the greater self-evaluation (Rosenberg, 1986) and concern with social evaluation (Westenberg et al., 2004), relative to other developmental periods. Moreover, while the experience of shame may be present prior to adolescence, the increase in self-evaluation during adolescence may increase the likelihood of maladaptive manifestations of shame (e.g., Szentágotai-Tatar et al., 2015), suggesting that adolescence may be a critical period with regards to the development of shame. Shame has been found to longitudinally predict depression among adolescents (Mills et al., 2015). Further, evidence indicates that shame moderates the association between stress and psychological symptoms in an adolescent sample (e.g., Cunha et al., 2012), suggesting that it may serve as an important factor to consider among the associations between general risk factors (e.g., stress, neuroticism) and symptoms of specific disorders. However, to date, no work has yet evaluated shame as an explanatory factor underlying neuroticism and depression, specifically.

Psychological inflexibility is another potential mechanism underlying neuroticism and depression. It is related to cognitive rigidity and is thought to occur when individuals become fused with negative beliefs and avoid the experience of unwanted internal events or emotions (e.g., Wenzlaff and Wegner, 2000). Psychological inflexibility is associated with greater depression among both adults (Bond et al., 2011) and adolescents (Fergus et al., 2012) and has been identified as a process underlying the development of depression (Hayes et al., 1999). In adult samples, psychological inflexibility is associated with neuroticism (Latzman and Masuda, 2013) with additional research demonstrating that it predicts unique variance in depression, in excess of that accounted for by neuroticism (Boelen and Reijntjes, 2008), but more work is needed to examine associations among adolescents.

A third possible mechanism underlying the neuroticism-depression association is emotion regulation. While many acknowledge the construct of emotion regulation, agreeing upon a definition has been challenging (e.g., Bloch et al., 2010). One definition of emotion regulation is a multi-faceted construct involving the experience and differentiation of emotions, both positive and negative, as well as the ability to modulate strong emotions (for review, see Gratz and Roemer, 2004) that is acquired over the course of development (Cicchetti and Valentino, 2006). Emotion dysregulation has been conceptualized, broadly, as failing to meet

developmental tasks of emotional development (Cicchetti et al., 1991) or as instances wherein emotion regulation processes are unable to be utilized appropriately based on situational demands (Bloch et al., 2010). Importantly, emotion dysregulation implies that emotions are regulated (i.e., not *unregulated*) albeit in a dysfunctional manner (for review, see Cole et al., 1994). More specifically, Gratz and Roemer (2004) have outlined one conceptualization of emotion dysregulation as deficits with regards to one or more of the following abilities associated with the regulation of emotions: (1) awareness/understanding of emotions, (2) acceptance of emotions, (3) control of impulsive behaviors/behaving in line with one's goals, and (4) use of appropriate emotion regulation strategies. Emotion dysregulation has been identified as a transdiagnostic risk factor for depression, specifically, and across emotional disorders, broadly (for review, see Aldao and Nolen-Hoeksema, 2010; Norton and Paulus, in press). Models of emotional disorders posit that specific disorders, such as depression, result from poor emotion regulation in response to negative affect/neuroticism (Hofmann et al., 2012). Past work has shown that the use of certain emotion regulation strategies (e.g., rumination and suppression) mediate the effect of neuroticism on depression in both adults and children (Broeren et al., 2011; Iqbal and Dar, 2015; Merino et al., 2014; Muris et al., 2009; Roelofs et al., 2008; Yoon et al., 2013). This line of work demonstrates the value of evaluating emotion regulation strategies as mediators of the neuroticism-depression association; however, to date, no study has done so with other sub-factors/abilities associated with emotion dysregulation, or even emotion dysregulation as a broad factor. As such, measures that tap into the multidimensional nature of emotion dysregulation should be utilized. Further, multiple dimensions should be evaluated concurrently in mediation analyses, as significant findings can lead to stronger conclusions, given that each factor is considered over and above shared variance of related constructs. Whereas many factors may be correlated with neuroticism and depression, more work is needed to distill this information down to the core features underlying the association, particularly during crucial periods of development, such as adolescence.

Past work has, to varying degrees, demonstrated associations of shame, psychological inflexibility and emotion dysregulation, individually, with respect to neuroticism and depression, although we are aware of no research evaluating these factors in the same model. It is of scholarly interest to do for several reasons. First, it is important to demonstrate that these three transdiagnostic factors represent discrete constructs. Conceptually, shame is related to psychological fusion (Tangney et al., 2007), a central component of psychological inflexibility (Hayes et al., 1999). However, studies of shame have typically been focused on differentiating from guilt (Lewis, 1971; Tangney et al., 2007) and, to our knowledge, have not done so with psychological inflexibility or emotion dysregulation. Additionally, similarities between psychological inflexibility and emotion dysregulation have been outlined elsewhere (for review, see Kashdan and Rottenberg, 2010), making it of interest to examine and parse the two constructs apart. Further, demonstrating differential predictive validity of these constructs can help specify models, adding confidence that effects are not due to 'general distress' but rather specific effects of the construct(s) in question. Indeed, emotion dysregulation, psychological inflexibility, and shame have been implicated in a number of forms of psychopathology such as addiction, borderline personality disorder, eating disorders, post-traumatic stress disorder, and schizophrenia (for reviews, see Hayes et al., 1999; Kring and Sloan, 2009; Luoma and Platt, 2015); as such it will be meaningful to evaluate whether it demonstrates predictive ability over and above other related but distinct distress constructs.

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