



A two-year longitudinal study of gender differences in responses to positive affect and depressive symptoms during middle adolescence



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ABSTRACT

This study aimed to analyze the prospective associations during adolescence between depressive symptoms and response styles to positive affect and to examine gender differences. A longitudinal study was conducted with three waves separated by 1 year each to assess a non-clinical sample of 622 Spanish adolescents who were 13 and 14 years old (50.2% boys, 49.8% girls). The participants completed self-report measures of depressive symptoms and responses to positive affect (emotion-focused positive rumination, self-focused positive rumination and dampening of positive emotion). The results showed that the increase in depressive symptoms was associated with an increase in dampening and decreases in emotion-focused and self-focused positive rumination. Furthermore, girls presented more depressive symptoms, as well as higher dampening and lower self-focused positive rumination, than boys. The conclusions highlight the need to consider responses to positive affect in explaining gender differences in depressive symptoms during mid-adolescence, as well as in designing prevention programs.

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The rate of clinical depression increases dramatically from childhood to late adolescence (Abela & Hankin, 2008; Allen & Sheeber, 2008; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Lewinsohn & Essau, 2002). Furthermore, it is also during adolescence when gender differences in depression emerge. Between the ages of 13 and 15, there is a sharp increase in the presence of depressive symptoms and depressive disorders in girls, while depression remains relatively stable in boys (Costello, Copeland, & Angold, 2011; Galambos, Leadbeater, & Barker, 2004; Hankin & Abramson, 2001; Hilt & Nolen-Hoeksema, 2008; Strauman, Costanzo & Garber, 2011). The Response Styles Theory is one of the most well-supported theories regarding the emergence of and gender differences in depression (Nolen-Hoeksema, 2004, 2012). The Response Styles Theory postulates that the way in which individuals respond to depressive symptoms determines both the severity and the duration of the symptoms (Nolen-Hoeksema, 1991). Two types of response styles were initially proposed in this theory: depressive rumination and distraction. Depressive rumination is a style of response to negative affect that is characterized by repetitive and passive thinking about negative emotions and the causes and consequences of these emotions. In contrast,

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distraction is characterized by the diversion of attention away from a depressed mood by turning to neutral or pleasant thoughts or activities to alleviate the current mood state. Thus, individuals who engage in depressive rumination when they feel sad are more likely to experience increases in the severity and duration of depressive symptoms, while those who are distracted from their sadness experience relief in their symptomatology (for a review, see [Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008](#)). Gender differences in response styles to negative affect appear in adolescence: girls ruminate more on their negative affect and begin to present higher rates of depressive symptoms ([Hankin, 2008](#); [Rood, Roelofs, Bögels, Nolen-Hoeksema, & Schouten, 2009](#)).

Most research on response styles has focused on the regulation of negative affective states, and little attention has been paid to the regulation of positive affective states ([Carl, Soskin, Kerns, & Barlow, 2013](#); [Davis & Suveg, 2014](#); [Gilbert, Nolen-Hoeksema, & Gruber, 2013](#)). Although anhedonia (i.e., the loss of pleasure or enjoyment) is a cardinal symptom of depression, it has received considerably less research attention than dysphoria. Because depression is characterized by a decrease in positive affect as well as an increase in negative affect ([Lonigan, Phillips, & Hooe, 2003](#)), according to the tripartite model of depression ([Clark & Watson, 1991](#); [Watson et al., 1995](#)), it is also important to study the strategies that people use in response to positive affect. An increased understanding of the relationship between depression and responses to positive affect may help to illuminate the mechanisms involved in the development of anhedonia and depression. This understanding may strengthen current treatment approaches, which are often less successful in reducing anhedonia than dysphoria ([Dunn, 2012](#)).

Fredrickson's broaden-and-build theory ([1998, 2001](#)) suggests that cultivating positive emotions helps to build resources that boost well-being and increase the likelihood of reawakening positive emotions, in addition to enhancing resilience to negative emotions. [Tugade and Fredrickson \(2007\)](#) argued that positive states, such as calmness and contentment, promote effective coping by facilitating positive reinterpretation, the exploration of alternative behavioral approaches, and the search for meaning and benefit. These authors conducted three studies using a multi-method approach with undergraduates from the USA and predicted that resilient people use positive emotions to recover from stressful events. They found that the experience of positive emotions was linked to the efficient regulation of emotion, which is demonstrated by accelerated cardiovascular recovery after negative experiences and the identification of positive meaning in adverse circumstances ([Tugade & Fredrickson, 2004](#)). Thus, the development of adaptive strategies for regulating positive emotion may be associated with subsequent well-being ([Bryant, Chadwick, & Kluwe, 2011](#)).

Recent work on responses to positive affect has focused on dampening and two types of positive rumination: emotion-focused positive rumination and self-focused positive rumination ([Feldman, Joormann, & Johnson, 2008](#)). In the framework of Gross's emotion regulation theory ([Gross, 1998](#)), positive rumination and dampening reflect cognitive response-focused emotion regulation strategies that modify an emotion once it has begun to be experienced. Dampening decreases the presence and intensity of positive affect; it involves considering the ephemeral nature of positive emotions and expecting the possibility of contending with negative emotions in the future or believing that one does not deserve to feel so positively. In contrast, positive rumination maintains and amplifies positive affect. Emotion-focused positive rumination involves focusing on the positive emotional state and its somatic experience, while self-focused positive rumination involves attributing the positive affect to positive self-qualities or to the achievement of personally relevant goals. These positive attributions are especially relevant during adolescence, a developmental period in which self-concept, which becomes more differentiated across domains and contexts and composed of more abstract descriptions of self, experiences substantial changes ([Harter, 2012](#)). In a cross-sectional study by [Feldman et al. \(2008\)](#) with US undergraduates, the results from self-report measures indicated that higher dampening (i.e., greater inhibition of the experience of positive affect) was associated with lower self-esteem and with more depressive symptoms. In addition, emotion-focused and self-focused positive rumination were associated with higher self-esteem, while emotion-focused positive rumination was associated with lower levels of depressive symptoms. In a study with Australian undergraduates, Werner-Seidler and colleagues found that greater dampening and lower positive rumination were associated with higher levels of anhedonia. In addition, compared with non-depressed participants, depressed participants reported that they more frequently engaged in dampening in response to positive affect ([Werner-Seidler, Banks, Dunn, & Moulds, 2013](#)).

Few studies have investigated the role of positive affect regulation in depressive symptoms; most have used cross sectional designs and have focused on undergraduate samples. Although cross-sectional research has shed light on the associations between these variables, longitudinal research is needed to determine the temporal order of the relationships between responses to positive affect and depressive symptoms, and whether changes in one variable are linked to changes in another variable over time. The longitudinal design also does not allow for causal inferences since, for that purpose, an experimental control is required. In addition, most existing studies have focused on undergraduate samples. Few studies have addressed the associations between responses to positive affect and depression in adolescence ([Gilbert, 2012](#)). This is an important gap in the literature given the increase in depressive symptoms and disorders that occurs during this developmental period and given that individuals who develop depressive disorders frequently experience their first episode during adolescence. The few existing studies suggest that the regulation of positive affect is related to depression. A longitudinal study found that high levels of dampening of positive affect predicted an increase in depressive symptoms among Belgian adolescents (and among Belgian university students) after a follow-up period of 3 and 5 months, even when the baseline depression and depressive rumination scores were controlled ([Raes, Smets, Nelis, & Schoofs, 2012](#)). In another study with adolescents between the ages of 10 and 14 in Belgium, [Bijttebier, Raes, Vasey, and Feldman \(2012\)](#) found that low levels of positive rumination combined with higher levels of stress predicted increases in depressive symptoms over a 3-month follow-up period.

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