

Daily Stress, Coping, and Negative and Positive Affect in Depression: Complex Trigger and Maintenance Patterns

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Major depressive disorder is characterized by emotional dysfunction, but mood states in daily life are not well understood. This study examined complex explanatory models of daily stress and coping mechanisms that trigger and maintain daily negative affect and (lower) positive affect in depression. Sixty-three depressed patients completed perfectionism measures, and then completed daily questionnaires of stress appraisals, coping, and affect for 7 consecutive days. Multilevel structural equation modeling (MSEM) demonstrated that, across many stressors, when the typical individual with depression perceives more criticism than usual, he/she uses more avoidant coping and experiences

higher event stress than usual, and this is connected to daily increases in negative affect as well as decreases in positive affect. In parallel, results showed that perceived control, less avoidant coping, and problem-focused coping commonly operate together when daily positive affect increases. MSEM also showed that avoidant coping tendencies and ongoing stress, in combination, explain why people with depression and higher self-critical perfectionism maintain daily negative affect and lower positive affect. These findings advance a richer and more detailed understanding of specific stress and coping patterns to target in order to more effectively accomplish the two predominant therapy goals of decreasing patients' distress and strengthening resilience.

Keywords: depression; stress; coping; affect; perfectionism

MAJOR DEPRESSIVE DISORDER (MDD) is a highly burdensome disorder that is characterized by high levels of negative affect and, more specifically, low levels of positive affect (Clark, Watson, & Mineka, 1994). Although MDD by definition features persistent affective disturbance, how these mood states change and are maintained in daily life in MDD is not well understood. In order to improve evidence-based practice, it is critical to address person-centered explanatory questions (e.g., “*Why do depressed patients keep having difficulties?*”) that are essential to help achieve two overarching therapy goals of reducing patients' distress and bolstering resilience (see Kuyken, Padesky, & Dudley, 2009; Persons, 2012).

In cognitive-behavior therapy (CBT), therapists emphasize the present in gathering several records summarizing patients' thoughts, feelings, and behaviors for many situations of daily life (e.g., “*I worried when others noticed I made a mistake in my report I would get the blame, so I stopped working and did not finish the report on time, and I felt really sad and anxious*”; see Kuyken et al., 2009; Persons, 2012). Therapists then draw connections among specific thoughts, emotions, and behaviors across numerous situations in order to understand: (a) the triggers that are in play when a patient's mood worsens, (b) the maintaining mechanisms that perpetuate their mood problems, and (c) the triggering and maintaining mechanisms that bolster positive mood (see Kuyken et al., 2009; Persons, 2012). The present study aimed to gain a better understanding of mood states in depression by testing complex trigger and maintenance models of daily stress, coping, and negative and positive affect in depressed patients, which were based on Dunkley, Ma, Lee, Preacher, and Zuroff's (2014) work that did not use a clinical sample.

Complex Stress, Coping, and Affect Trigger and Maintenance Patterns

Although there are important differences between various cognitive (e.g., Beck, Rush, Shaw, & Emery, 1979), learning (e.g., Martell, Addis, & Jacobson, 2001), and emotion-focused (e.g., Gray, 1990) theories of depression, these theories recognize the importance of withdrawal and approach systems. All of these theories propose that effective treatment involves helping people with depression decrease inhibition and become more engaged with their environment, especially in ways that increase positive affect (see Persons, 2012; Trew, 2011). In keeping with this view, one of the most often used distinctions within the broad domain of coping is between disengagement coping action patterns, which are aimed at escaping the stressor and are emotionally negative, and engagement coping patterns, which are aimed at dealing with the stressor and are emotionally positive (see Carver & Connor-Smith, 2010; Skinner, Edge, Altman, & Sherwood, 2003). Based on an integration of various theoretical perspectives, Dunkley et al.'s (2014) model articulated disengagement and engagement patterns consisting of sets of stress appraisals, coping responses, and emotions that are organized around overarching concerns about competence central to many depressed patients' difficulties (Beck, 1983; Blatt, 2004; Blatt, D'Afflitti, & Quinlan, 1976). In a sample of 196 nondepressed community adults, Dunkley et al. used a daily diary method to examine in parallel disengagement and engagement coping patterns that differentially trigger and maintain daily negative and positive affect, as detailed below.

TRIGGERS OF DAILY AFFECT: DISENGAGEMENT, ENGAGEMENT, AND COUNTERACTION PATTERNS

According to CBT theory, changes in any one of or several cognitive appraisals and coping strategies might trigger changes in affect (see Beck et al., 1979; Kuyken et al., 2009; Persons, 2012). Further, it is quite likely that different appraisal and coping components may assume more or less significance, depending on the stressful situation and/or what is most salient to the individual. Previous research shows that changes in stress appraisals, coping, and affect do not strongly overlap and exhibit several unique effects across situations (Dunkley et al., 2014). Figure 1 illustrates Dunkley et al.'s theoretical model and findings that elucidate trigger patterns that are connected to within-person changes in daily negative and positive affect.

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