



Induced optimism as mental rehearsal to decrease depressive predictive certainty



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ABSTRACT

The present study examined whether practice in making optimistic future-event predictions would result in change in the hopelessness-related cognitions that characterize depression. Individuals ($N = 170$) with low, mild, and moderate-to-severe depressive symptoms were randomly assigned to a condition in which they practiced making optimistic future-event predictions or to a control condition in which they viewed the same stimuli but practiced determining whether a given phrase contained an adjective. Overall, individuals in the induced optimism condition showed increases in optimistic predictions, relative to the control condition, as a result of practice, but only individuals with moderate-to-severe symptoms of depression who practiced making optimistic future-event predictions showed decreases in depressive predictive certainty, relative to the control condition. In addition, they showed gains in efficiency in making optimistic predictions over the practice blocks, as assessed by response time. There was no difference in depressed mood by practice condition. Mental rehearsal might be one way of changing the hopelessness-related cognitions that characterize depression.

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1. Introduction

The way that individuals view the future has long been implicated in the experience of depressive symptoms. Individuals who report high levels of depressive symptoms tend to anticipate the future with pessimism (i.e., they predict that negative outcomes will occur and that positive outcomes will not occur) (Alloy & Ahrens, 1987; Andersen & Limpert, 2001), make such pessimistic predictions efficiently (Andersen, Spielman, & Bargh, 1992; Andersen & Limpert, 2001), and hold their pessimistic expectations with certainty (Andersen, 1990). Cognitive models of depression have suggested that such biased views of the future reflect maladaptive schemas about the future (Beck, Rush, Shaw, & Emery, 1979; Andersen et al., 1992; Andersen & Limpert, 2001). Thus, understanding how to modify future-oriented cognitions is an important step in tailoring treatments for depression. The present research sought to examine mental rehearsal in making

optimistic future-event predictions as one way to modify the maladaptive future-oriented cognitions that characterize depression.

According to the hopelessness theory of depression, depressive symptoms arise when individuals come to expect that undesired outcomes will occur and that desired outcomes will fail to occur, and that no matter what they do, they are helpless to change these outcomes (Abramson, Metalsky, & Alloy, 1989). Andersen and colleagues have previously conceptualized hopelessness in the form of *depressive predictive certainty* – i.e., the point at which negative future events are treated as certain to occur and positive future events are treated as being certain *not* to occur (Andersen & Lyon, 1987; Andersen, 1990). This goes beyond pessimism, in which individuals expect negative experiences without necessarily believing that these outcomes are definite or unavoidable (O'Connor & Cassidy, 2007). Depressive predictive certainty has previously been found to be positively associated with symptoms of depression (Andersen, 1990), even more so than with anxiety (Miranda & Mennin, 2007), and to predict symptoms of depression over 6-week follow-up periods (Jacobson, Weary, & Edwards, 1999; Miranda, Fontes, & Marroquín, 2008). It has also been found to be associated with suicidal ideation, even beyond simple pessimism

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(Sargalska, Miranda, & Marroquín, 2011), and to mediate the relation between lifetime suicide attempt history and future suicidal ideation (Krajniak, Miranda, & Wheeler, 2013). Andersen and colleagues have suggested that depressive predictive certainty develops through rumination about the future – i.e., through repeated consideration of whether positive or negative outcomes will occur in one's future (Andersen & Limpert, 2001; Andersen et al., 1992). According to this idea, rumination about the future leads individuals to develop biased future-event schemas that enable them to make pessimistic predictions about the future with relative efficiency (Andersen & Limpert, 2001; Andersen et al., 1992). In fact, a recent study found that the tendency to think about whether negative outcomes would occur or whether positive outcomes would not occur in the future – i.e., to engage in pessimistic future-oriented repetitive thought, was positively associated with depressive predictive certainty and symptoms of depression (Miranda, Wheeler, Polanco-Roman, & Marroquín, 2017).

Prior work shows that experimental manipulation is quite successful in improving how people think about future events. For instance, a positive mood induction was successful in increasing depressed adolescents' optimistic future expectancies, in that participants who imagined or remembered happy situations while listening to a cheerful or upbeat melody playing in the background (in order to induce a positive mood) generated more positive and fewer negative outcomes that they believed might happen to them in the future (De Jong-Meyer, Kuczmera, & Tripp, 2007). Other research suggests that imagining positive future outcomes in response to verbal cues increases positive mood and may be one way to change the absence of positive imagery about the future that characterizes dysphoria (Holmes & Mathews, 2010).

However, cognitive bias modification research suggests that changing mood is not enough to produce change in cognitive bias and increase positive interpretations (Standage, Ashwin, & Fox, 2010). Previous experimental manipulations involving how people think about the future have focused on changing mood, and only one study of which we are aware has focused specifically on modifying biases in the predictions that dysphoric individuals make. In a study that targeted dysphoric individuals' tendency to predict more negative than positive outcomes, Collier and Siegle (2015) found that manipulating the predictions that individuals made about positive or negative statements other people might make about them based on a visual cue reduced the number of negative predictions and increased the positive predictions made by dysphoric individuals. Another study with college undergraduates (not selected for symptoms) found that two manipulations of optimistic orientation – one that involved having students answer five questions about their expected grades, career, and relationships, and another that involved priming via a scrambled sentences task that included words related to optimism – led to increases in generalized and comparative optimism relative to a control condition (Fosnaugh, Geers, & Wellman, 2009). No research of which we are aware, however, has examined shifts in the certainty with which depressed individuals make their pessimistic future-event predictions.

1.1. Overview of the present research

Our study sought to build on previous research designed to change the hopelessness-related cognitive biases that characterize depressive symptoms by shifting the certainty with which depressed individuals make their pessimistic future-event predictions (i.e., depressive predictive certainty). We sought to do so by changing the *procedure* of considering the future with pessimism to one of optimism. The present research tested whether practice in making optimistic future-event predictions would lead

to a reduction in depressive predictive certainty, increases in optimistic predictions, and improvement in mood among individuals high in depressive symptoms, relative to practice engaging in a control task (i.e., making a lexical decision). We hypothesized that practice in making optimistic future-event predictions would be associated with increases in fluency in making such predictions, decreases in depressive predictive certainty, increases in optimistic predictions about the future, and improvement in mood (i.e., decreases in dysphoric mood), relative to practice in making a lexical decision, particularly among individuals high in depressive symptoms. We compared individuals high in depressive symptoms to individuals low and mild in depressive symptoms, who were expected to already have more fluency in making optimistic future-event predictions, lower baseline depressive predictive certainty, and thus show less change in depressive predictive certainty, relative to individuals who practiced making a lexical decision.¹

2. Method

2.1. Study overview

The study design was a 3 × 2 (Depression Level: Low, Mild, Moderate-to-Severe × Practice Condition: Optimism vs. Control) Factorial Design. Participants were pre-selected based on their scores on a depression inventory (see below) and randomly assigned to either practice making optimistic future-event predictions or to a control condition, in which they viewed the exact same stimuli but practiced making a lexical decision, instead. Depressive predictive certainty, optimistic future-event predictions, and mood were measured before and after the practice conditions.

2.2. Participants

Young adults ($N = 170$; 128 female), ages 18 to 33 ($M = 20.0$, $SD = 3.4$), were recruited from an urban, public college in the northeastern United States and were pre-selected to participate based on their depression scores on the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), administered as part of an online pre-screening to college undergraduates who participated in research studies as part of their Introduction to Psychology courses. Individuals were eligible to take part in the present study if they scored in the following ranges on the CES-D: 0–15 (low depressive symptoms; $n = 73$), 16–23 (mild depressive symptoms; $n = 42$), and 24–above (moderate-to-severe depressive symptoms; $n = 55$). The racial/ethnic composition of the sample was 35% Asian ($n = 59$), 32% White ($n = 54$), 15% Hispanic/Latino(a) ($n = 26$), 9% Black ($n = 15$), and 9% other ($n = 16$). Information on socioeconomic status was not collected.

2.3. Materials: stimuli

One hundred forty-four future events (half positive, half

¹ Three separate depression categories were examined, rather than examining depressive symptoms continuously, because previous research suggests that individuals with mild depressive symptoms are distinct from those low and more severe in symptoms. Weary and colleagues suggest that mildly depressed individuals process information more carefully than do individuals with lower or more severe depressive symptoms, due to chronically accessible "causal uncertainty" beliefs (i.e., an uncertainty about their ability to control events that happen in their lives) (Weary & Edwards, 1996; Weary, Tobin, & Edwards, 2010). Thus, we expected that the mildly depressed group might process stimuli differently than the other groups.

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