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## The cyclical nature of depressed mood and future risk: Depression, rumination, and deficits in emotional clarity in adolescent girls

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### ABSTRACT

Deficits in emotional clarity, the understanding and awareness of one's own emotions and the ability to label them appropriately, are associated with increased depressive symptoms. Surprisingly, few studies have examined factors associated with reduction in emotional clarity for adolescents, such as depressed mood and ruminative response styles. The present study examined rumination as a potential mediator of the relationship between depressive symptoms and changes in emotional clarity, focusing on sex differences. Participants included 223 adolescents (51.60% female, Mean age = 12.39). Controlling for baseline levels of emotional clarity, initial depressive symptoms predicted decreases in emotional clarity. Further, rumination prospectively mediated the relationship between baseline depressive symptoms and follow-up emotional clarity for girls, but not boys. Findings suggest that depressive symptoms may increase girls' tendencies to engage in repetitive, negative thinking, which may reduce the ability to understand and label emotions, a potentially cyclical process that confers vulnerability to future depression.

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Adolescence is a unique time marked by rapid change, growth, and dramatic increases in depressive symptoms (Hankin, Mermelstein, & Roesch, 2007). At the start of adolescence, depressive symptoms begin to increase, and they continue to develop throughout this period (Ge, Lorenz, Conger, Elder, & Simons, 1994). From ages 13 to 18, about 20% of adolescents will experience a depressive episode (Hankin et al., 1998) and others will have subclinical depressive symptoms that may lead to negative outcomes and impair functioning (Gotlib, Lewinsohn, & Seeley, 1995). Sex differences in depression also emerge during this time, in which females are more vulnerable to developing depression than their male peers (Hankin et al., 1998). Depression is cyclical in nature, such that depressive symptoms precede the onset of depressive episodes (van Lang, Ferdinand, & Verhulst, 2007), and depressive episodes predict subsequent bouts of depression over time (Gelenberg, 2010; Lewinsohn, Clarke, Seeley, & Rohde, 1994). Although much research has documented this building cycle of

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depression, the manner in which emotional and cognitive risk factors impact, and are impacted by, depression during adolescence is less clear (Abela & Hankin, 2008). Inasmuch as depression leads to many negative consequences, including interpersonal instability, academic problems, impaired cognitive and affective functioning, and future depression (Avenevoli, Knight, Kessler, & Merikangas, 2008), it is crucial to clarify how depressive symptoms may lead to impaired emotional experiences and whether negative cognitive strategies may impact this relationship.

One chief vulnerability and potential consequence of having high levels of depressed mood is the tendency to ruminate, or repetitively focus on the potential meaning, causes, and consequences of negative mood. According to the Response Styles Theory (Nolen-Hoeksema, 1991), the way in which people respond to dysphoric mood can impact the severity and course of depressive symptoms. Rumination (i.e., repetitively focusing on the potential meaning, causes, and consequences of negative mood) can lead to many negative outcomes, including impaired problem solving, enhanced negative thinking, and increased depressive symptoms (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Past research indicates that responding to negative affect with rumination is a risk factor for the onset of a depressive episode during adolescence (Abela & Hankin, 2011; Spasojevic & Alloy, 2001). Additionally, pronounced sex differences in rumination develop during adolescence, such that girls tend to ruminate more than boys (e.g., Nolen-Hoeksema, Larson, & Grayson, 1999; Jose & Brown, 2008). This sex difference in rumination may be due in part to female adolescents' increased exposure to stressful life events and affinities to engage in passive coping strategies (Hamilton, Stange, Abramson, & Alloy, in press; Jose & Brown, 2008). Girls' tendencies to ruminate may be one factor that contributes to the marked sex difference in depression that emerges during adolescence (Nolen-Hoeksema et al., 1999).

Although rumination has received considerable attention as a cognitive vulnerability for depression, few studies have focused on how depressive symptoms may predict changes in these negative cognitions. Given that Response Styles Theory (Nolen-Hoeksema, 1991) suggests that the ways in which individuals respond to negative mood states may impact psychosocial functioning, it is also important to consider how initial depressive affect can contribute to the development and maintenance of a ruminative response style, which may perpetuate future depression. Research has shown that rumination and depression may exist in a maladaptive cycle, in which rumination is both a risk factor and a result of depressive affect (Calvete, Orue, & Hankin, 2013). Nolen-Hoeksema et al. (1999) tested several models that address this cycle, finding that rumination predicts increased depressive symptoms (*feedback effects model*) and also depressive symptoms predict increases in rumination over time (*depression effects model*). The latter model indicates that increased rumination may be a consequence, as well as a vulnerability factor, for individuals experiencing high levels of depressive symptoms. However, support for both models is indicative of the cyclical nature of depression.

Just as rumination may be a precursor and a result of depressed mood, other affective vulnerability factors for depression also may be related to depression and contribute to its iterative pattern. Specifically, one important and understudied risk factor in adolescence is poor emotional clarity, a component of emotional intelligence. Emotional clarity encompasses the understanding and awareness of one's own emotional experiences and the ability to label them appropriately (Gohm & Clore, 2002). Like other facets of emotional intelligence, emotional clarity is adaptive for everyday coping, problem solving, and general mental health (Salovey & Mayer, 1990). High emotional clarity is associated with conscientiousness, active coping strategies, positive reinterpretation of stressful events, and increases in well-being among adults (Gohm & Clore, 2002). Emotional clarity is hypothesized to be adaptive because the ability to discriminate among and comprehend one's own emotions allows for resources to be allocated towards goal-directed behaviors and cognitions rather than towards recognizing one's own emotional experiences (Flynn & Rudolph, 2010; Gohm & Clore, 2000).

Past research has consistently reported an inverse relationship between emotional clarity and depression, and much research documents emotional clarity deficits as a precursor to depressed mood. For example, deficits in emotional clarity were found to predict increases in depressive symptoms over time in children (Flynn & Rudolph, 2010), and high levels of emotional clarity were found to protect older adults who were experiencing chronic pain from increases in depressive symptoms (Kennedy et al., 2010). However, relatively few studies have examined the role of emotional clarity in adolescent mood and cognition. In adolescents, high emotional clarity has been found to protect against the influence of negative cognitive styles on increases in depressive symptoms, including after exposure to stressful life events (Stange, Alloy, Flynn, & Abramson, 2013; Stange, Boccia, et al., 2013). Low emotional clarity also has been found to be associated with other negative outcomes in adolescents, such as anxiety, poor life satisfaction, and high levels of perceived stress (Extremera & Fernandez-Berrocal, 2005, 2006).

Although there is support for the link between low levels of emotional clarity and increases in depressive symptoms, few studies have examined factors that predict changes in emotional clarity over time for adolescents, such as depressed mood and responses to depressed mood (i.e., rumination). Just as emotional clarity deficits may be associated with increases in depressive symptoms, the cyclical nature of depression may contribute to poor emotional intelligence over time. Given that adolescence is a time of abundant and rapid change, considering changes in emotional clarity during this period of development may be beneficial for revealing the overlapping relationships between emotions, cognitive processes, and mood states. Throughout puberty, adolescents generally become more adept at identifying complex social emotions (Burnett, Thompson, Bird, & Blakemore, 2011), indicating that this ability generally improves over time. Adolescence also is considered a time when emotional lability is likely to occur, including increases in mood disruptions, volatile moods, and mood swings (Arnett, 1999). Thus, adolescents who experience increases in emotional clarity may benefit over time and become resilient to fluctuating mood states, including depressed mood. Specifically, emotional clarity is associated with both a belief that negative moods can be easily repaired and the ability to recover quickly from negative affective states (Gohm & Clore,

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