

Mediating role of hopelessness in the recovery model



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The Mediating Role of Hopelessness in the Recovery Model:

The Interaction of Cognitive Styles for Life Events Among Depressed College Students

Abstract

The proposed study seeks to provide a more comprehensive test of the recovery model of depression. According to the vulnerability-stress model from the hopelessness depression theory, a negative cognitive style towards stressful events can be a causal pathway to hopelessness depression (Abramson, Metalsky, & Alloy, 1989). As a result, Needles and Abramson's (1990) recovery model of depression suggests that an enhancing cognitive style to positive life events can lead to a decrease in hopelessness and depression. The following study seeks to assess whether hopelessness has a mediating role in the interaction between cognitive styles (enhancing and negative) and life events (positive and negative) that impact recovery from depression. The following investigation will be a four-week longitudinal study with college students that will assess cognitive style, recent life events, depression, and hopelessness. A mediation analysis and hierarchical regression will be run on a subgroup of the sample who indicated the presence of mild to severe depression. The anticipated findings are that hopelessness will be a mediator for the predictive role interactions between cognitive styles and life events will be on depressive symptoms as an outcome. Limitations that may arise is the inability to be able to generalize results to college students in racial/ethnic minority groups given the low presence of certain minorities at the school.

Keywords: depression, hopelessness, recovery, cognitive style, life events

Can a person with depression experience both an enhancing cognitive style and a negative cognitive style simultaneously? And if so, how would the interaction of both cognitive styles impact their recovery from depressive symptomatology. While many studies on recovery from depression have often been focused on treatment outcomes from different interventions, few have examined the cognitive mechanisms that may be at play in the recovery process of depression. The following investigation seeks to do this by further assessing Needles and Abramson's (1990) recovery model among depressed college students by assessing the mediating role of hopelessness within the cognitive style and life events interactions.

Based on the National Institute of Mental Health (NIMH) prevalence rates of depression, it was found that 1 in 10 young adults between ages 18-25 experience major depressive episodes (2016). Given that most traditional college students are within this age group, they are an age group at high risk for developing depression. In addition to the cognitive vulnerabilities one can have towards depression no matter their age group, young adults are often under a lot of pressure and stress during their time in college. Given that NIMH has noted that young adults have the highest prevalence rates for depressive episodes, it is important to begin exploring how cognitive mechanisms are involved particularly for this age group in the general population.

Past research would suggest that cognitive mechanisms such as cognitive style may play a natural role in the recovery and remission of depressive

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symptoms. So, understanding the process of such mechanisms is important to the field as we think about the fact that most individuals at some point in their life will experience a depressive episode. And although many individuals experience depression that goes untreated, there are some who are able to recover naturally. Gaining more understanding of the cognitive mechanisms that provide a more natural resiliency from depression provides the field ways of addressing recovery from depression through already available cognitive mechanisms that individuals may have within them.

Literature Review

Theoretical Background

Needles and Abramson's (1990) model of recovery from depression was developed subsequently after the establishment of the hopelessness theory of depression (Abramson, Metalsky, & Alloy, 1989). Abramson and her colleagues present hopelessness depression as a cognitively based subtype of depression that meets most of the criterion of depression with but with hopelessness being the main feature. The hopelessness depression theory provides a vulnerability-stress model that explains the cognitive causal pathway of how hopelessness can evolve turns into depression. The vulnerability to stress model suggests that those who are cognitively vulnerable to depression are likely to have a depressogenic attributional style. As a result, when such individuals encounter stress in the form of negative life events, their tendency towards a more negative cognitive style initiates the casual pathway where the developed sense of hopelessness turns into depressive symptomatology.

Needles and Abramson (1990) describes hopelessness in the context of the hopelessness depression subtype is an overall sense of powerlessness that one has in regard to their circumstances due to them holding on to expectations that highly desirable outcomes are not likely or that highly aversive outcomes are what will happen to them. Given the impact of hopelessness within the etiology and maintenance of depression, Needles and Abramson's (1990) believed in order to decrease depressive symptoms there would need to be an increase in hopefulness. In the same way negative cognitive style and negative life events lead to an increase in hopelessness, Needles and Abramson's (1990) model of recovery suggested that an enhancing cognitive style to positive life events could lead to an increase in hopefulness which would then result in a decrease of depressive symptoms and possibly the remission of depression.

Recovery from Hopelessness Depression

Needles and Abramson study on college students with moderate to severe depression was the first empirical work to support the recovery model of depression (1990). Since then there have been few studies that have directly tested this model. Edelman, Ahrens, and Haaga (1994) study which tested the recovery model found that an enhancing cognitive style, in the presence of positive life events, served as a predictor recovery from depression among depressed college students. However, they were to find hopefulness as a mediator for the interaction that existed between enhancing cognitive style, positive life events and recovery from depressive symptoms as they had hypothesized. The next study to test the recovery model was done by Johnson, Crofton, and Feinstein (1996) on a controlled clinical sample of <https://assignbuster.com/mediating-role-of-hopelessness-in-the-recovery-model/>

adult psychiatric patients. Consistent with the recovery model their study found that patients who had an enhancing cognitive style with the presence of positive life events were the ones to most likely to develop hopefulness which also resulted in an overall decrease of depressive symptoms.

However, they were unable to find any interaction effects between the combined main effects of both an enhancing cognitive style and the presence of positive life events as they too had anticipated. Instead, the main effects that both cognitive styles had on the increase in hopefulness and a decrease in depressive symptoms were in fact separate.

A later study that was also done with the adult psychiatric patients further supported the recovery model, with results that found attributions of positive events to be a predictor of decreased depressive symptoms through the mediating role of decreased hopelessness (Johnson, Han, Douglas, Johannet, & Russell, 1998). Another study that also chose to directly investigate the recovery model was Voelz, Haefel, Joiner, and Wagner (2003) study with inpatient psychiatric children. However, unlike previous studies, their study also wanted to take into account the interaction of both enhancing and negative cognitive styles for events and they anticipated that there would be interaction effects on recovery to depression. Unfortunately, their study was unable to find the interaction of both cognitive styles as predictors of decreased depressive symptoms as they had hypothesized. They did, however, find that both cognitive styles were predictors of hopelessness outcomes which was consistent with the recovery model. Their study also found that within the entire sample, the children with higher levels of an enhancing cognitive style towards positive events had moderate levels of

hopelessness upon discharge whether or not they had any level of a negative cognitive style towards negative events. These results served as further support of the recovery model as enhancing cognitive style towards positive events seemed to be buffer hopelessness which is known to be a major contributor towards depression. However, Voelz and his colleagues (2003) also had findings that were somewhat counterintuitive to the recovery model. Within the entire sample, they found that the children who had low levels of both a positive and negative cognitive style towards life events were the ones with the lowest level of hopelessness.

Interactions Between Cognitive Styles for Life Events

People are often multidimensional and as a result, can exhibit both a negative and enhancing cognitive style to life events or neither. Past research studies that have examined the role of cognition in depression have often either examined negative cognitive style when addressing the risk of depression or enhancing cognitive style in the context of recovery to depression. Few studies had examined the interactive role that both cognitive styles can in the recovery of depression. The first line of research on cognitive style focused on the role of cognition in the risk, development, and maintenance of depression with a negative cognitive style in response to negative life events being a causal pathway towards depression. The second line of research on recovery from depression mainly examined enhancing cognitive style in response to positive life events as a protective factor that resulted in the decrease of depressive symptomology through the increase of hopefulness (Needles & Abramson, 1990).

Through the merging of both lines of research, Voelz and his colleagues (2003) study was the first to try and examine this. Their study examined the interaction effects of both negative and enhancing cognitive styles on the recovery from depression among inpatient psychiatric youth. To further explore this, Haeffel and Vargas (2011) also chose to merge the two main streams of research in order to glean at a more comprehensive understanding of the role of cognition in depression in terms of resiliency against depression. Haeffel and Vargas (2011) conducted a study on a nonclinical sample of college students with the intention of assessing the interactive effects of both cognitive styles in responses to life events. They anticipated that those who were cognitively vulnerable to depression may be resilient to developing depression if they had an enhancing style or the presence of positive events even within the interaction of both cognitive styles and types of life events recently experienced.

Similar to past research, their study found that those who had a negative cognitive style and high levels of stressful life events individuals had the greatest level of depressive symptoms; this was with the exception for those who in addition, also had a level of an enhancing cognitive style and/or the high levels of recent positive life events. Despite having a negative cognitive style and high levels of stressful events, these individuals still managed to have lower levels of depressive symptoms that were similar to those without a negative cognitive style. Interestingly, the study also found that the individuals with the least level of depressive symptoms were those who had both a low negative cognitive style and a high enhancing cognitive style and/or high presence of positive life events. Their study showed support for

the buffering effects that an enhancing cognitive style and positive life events can have for those with cognitive and environmental vulnerabilities towards depression. However, their study failed to examine hopelessness despite it being a key feature of hopelessness depression which is the type of depression their study inadvertently was attempting to assess through the use of the recovery model.

Current Investigation

The current investigation will be extending Haeffel and Vargas (2011) work, through investigating the mediating role of hopelessness between the interaction of the following four factors (enhancing cognitive style, negative cognitive style, negative life events, and positive life events) in the recovery of depression. The current study predicts that individuals with the least levels of hopelessness will show the most recovery from depression despite their cognitive styles and the presence of positive or stressful life events. Consistent with findings of Voelz et al. (2003), we anticipate that those with both low levels of an enhancing style towards recent positive events and negative cognitive style towards recent stressful events will still show a decrease in depression. The proposed study also predicts that those with high levels of hopelessness will likely have the highest levels of depression despite their cognitive styles and the presence of positive or stressful life events. In addition, it is predicted that with hopelessness as a mediator, similarly to Haeffel and Vargas (2011) findings, those with a negative cognitive style with high levels of stressful life events will have the greatest level of depressive symptoms. Overall, the following study anticipates finding that with hopelessness as a mediator, the interactions

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between cognitive styles and life events will be predictors of depressive symptomology. Results from this study will be able to provide a more comprehensive understanding of the role of hopefulness in the recovery of depression.

Methods

Procedures

The study design will be a longitudinal design study that will occur over the course of four weeks with two different time points of assessment.

Participants will be expected to come in twice with Time point 1 being the first day they start the study and Timepoint 2 being at the end of the four-week phase. The sample will be a convenient sample of participants that are currently enrolled at a specific state university. The exclusion criterion for students will be that participants must be between 18-25 years old as this is the age group that the following study seeks to investigate. Although all participants within this age group will be included in the data collection, the researchers intend to first examine a subgroup of the students.

Given the high risk that young adults have in experiencing depressive episodes, the current study wants to focus on those who are cognitively vulnerable to depression and are indicating signs fitting for a depressive episode or diagnosis. The subgroup will consist of the participants who either have an overall score of 20 or higher on the BDI-II or those who provide a score between 1-3 on the BDI item that checks for hopelessness.

Researchers will be submitting an IRB application through the IRB of the university where the study will be conducted. Once the study is approved by <https://assignbuster.com/mediating-role-of-hopelessness-in-the-recovery-model/>

the IRB committee, we will plan to begin the study at the beginning of the school year in the Fall semester and will continue receiving participants on an ongoing basis throughout the academic year until the last month of the school year which would be at approximately seven to eight months. Students will only be allowed to participate once and only students who complete the entire study will be provided participation credit for their courses if desired. At Timepoint 1 a participant will be debriefed through and will have a review of the consent form for them to sign and an overview of what the study entails. Participants will then be asked to spend about two hours completing an online survey through Qualtrics that will include a brief demographic questionnaire (on age, gender, racial and ethnic background) and the following four measures: (1) The Cognitive Style Questionnaire (CSQ) to measure negative and enhancing cognitive styles. (2) The Acute Life Events Questionnaire (ALEQ) to measure recent experiences of positive and stressful life event. (3) The Beck Depression Inventory Second Edition (BDI-II) to measure the presence and severity of depression and (4) the Beck Hopelessness Scale (BHS) to assess their level of hopelessness. At time 2 they will be asked to complete the same measures except the CSQ measure through Qualtrics. This is because one's cognitive style is presumed to remain more constant and less likely to change without intervention over the span of a few weeks.

At the end of Timepoint 2, researchers will have a briefing period to address any questions or concerns participants may have about their results. For those who begin to raise mental health concerns, a referral to the counseling center and a resource of mental health support services for students will be

provided to them. When all two stages have been completed and all the data has been collected, researches will identify and sort through the data in order to find the subgroup of participants that exhibited levels of depression and hopelessness on the BDI. From there a causal mediation analysis and a hierarchical multiple regression will be run in order to analyze the data and test the predictions and hypotheses that were anticipated.

Sample

Participants will be a clinical sample of college students that will be selected from a participant pool of undergraduate students at a midwestern state school. The students will be recruited through a sign-up link that will be provided to professors who provide course credit for research participation. The anticipated number of participants will be 2000 with half being male (950) being male, (950) being female and about 100 will either be transgender, nonbinary or unknown. Given the rates of depressive episodes among young adults being 1 in 10, the study anticipates that at least 200 students from the overall sample will have a score of 14 or higher on the BDI-II indicating a mild to severe level of depression. As a result, the study anticipates having at least 200 young adults who show depressive symptomology that fits the hopelessness subtype of depression.

Measures

Cognitive Style Questionnaire. The Cognitive Style Questionnaire (CSQ; Haefel et al., 2008) is a self-report measure used to assess negative and enhancing cognitive styles. The questionnaire includes 24 hypothetical events with 12 being positive and 12 being negative. Individuals will be <https://assignbuster.com/mediating-role-of-hopelessness-in-the-recovery-model/>

instructed to imagine themselves being present in the described situations. They will then be asked to do the following: (1) write what the major cause of the event could, (2) then to rate on a 7-point Likert-type the level of stability and globality of the cause they chose. (3) They will then be asked to consider what the event happening would mean for them in terms of consequences and self-worth through a 7-point Likert scale. An example of a positive situation that participants would be provided would be “ In an important class, you are able to get all of the work done that your professor expects of you” while a more negative situation would be “ As an assignment, you give an important talk in class, and the class reacts negatively to your talk.” The CSQ has internal consistency and reliability based on Alloy and colleagues (2000) report with a correlation of . 80 for test-retest reliability over a one-year period.

Beck Depression Inventory Second Edition. The Beck Depression Inventory Second Edition (BDI-II; Beck, Steer, & Brown, 1996) is a self-report questionnaire among individuals 13 years and older. It contains 21 items that participants are asked on a 4-point Likert scale of 0-3 based on severity for the item presented. The questionnaire provides items with responses that indicate depressive symptoms such as sadness, pessimism, loss of pleasure, sleep disturbances, etc. An example of a relevant item that is also fitting for hopelessness depression is item 2 which asks participants to rate on a scale of 0-3 the following response, “ I feel my future is hopeless and will only get worse.” Overall scores can fall into the following ranges of severity levels, minimal (0-13), mild (14-19), moderate (20-28) and severe (29-63). In a meta-analysis review of the BDI-II across 144 studies, the internal

consistency was . 89 and the test-retest reliability was . 75 (Erford, Johnson, & Bardhoshi, 2016).

The Beck Hopelessness Scale. The Beck Hopelessness Scale (BHS; Beck, Weissman, Lester, & Trexler, 1974) is a 20-item true or false self-report measure used to assess hopelessness in the context of individuals feelings and expectations about the future. Participants are provided true or false options to items with responses such as “ I look forward to the future with hope and enthusiasm” and “ I might as well give up because there’s nothing I can do to make things better for me.” According to the manual, the BHS has an internal constancy ranging from . 82 to . 93 and test-retest reliability of . 66 when done over a six-week period.

Acute Life Events Questionnaire. Acute Life Events Questionnaire (ALEQ; Haefel et al., 2007) is a self-report measure that was modified from the Life Events Questionnaire (Needles & Abramson, 1990) in order to assess recent events that college students are likely to experience over the course of a week. It includes 48-items that provide a wide set of possible events related to a number of things from ranging from academic performance to interpersonal matters. Overall there are 18 positive events and 30 stressful life events that participants get note whether they occurred over the past four weeks by picking yes or no. The overall score for stressful events can range between 0-30 with higher scores indicating a higher experience of negative life events while the overall score positive events occurred over the course of the last four weeks ranging from 0 to 18 with higher scores indicating a higher experience of positive life events.

References

- Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review* , 96(2), 358–372. <https://doi.org/10.1037/0033-295X.96.2.358>
- Alloy, L. B., Abramson, L. Y., Hogan, M. E., Whitehouse, W. G., Rose, D. T., Robinson, M. S., et al. (2000). The Temple-Wisconsin Cognitive Vulnerability to Depression (CVD) Project: Lifetime history of Axis I psychopathology in individuals at high and low cognitive vulnerability to depression. *Journal of Abnormal Psychology* , 109, 403–418.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory* (2nd ed.). San Antonio, TX: Psychological Corporation.
- Beck, A. T., Weismann, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: the hopelessness scale. *Journal of Consulting and Clinical Psychology*, 42 , 861–866.
- Edelman, R. E., Ahrens, A. H., & Haaga, D. A. F. (1994). Inferences about the self, attributions, and overgeneralization as predictors of recovery from dysphoria. *Cognitive Therapy and Research*, 18 (6), 551–566. <https://doi.org/10.1007/BF02355668>
- Erford, B. T., Johnson, E., & Bardhoshi, G. (2016). Meta-analysis of the English version of the beck depression inventory–second Edition. *Measurement and Evaluation in Counseling and Development* , 49 (1), 3–33. <https://doi.org/10.1177/0748175615596783>
- Haefel, G. J., Abramson, L. Y., Brazy, P., Shah, J., Teachman, B., & Nosek, B. (2007). Explicit and implicit cognition: a preliminary test of a <https://assignbuster.com/mediating-role-of-hopelessness-in-the-recovery-model/>

dual-process theory of cognitive vulnerability. *Behaviour Research and Therapy*, 45, 1155-1167.

- Haefel, G. J., Gibb, B. E., Abramson, L. Y., Alloy, L. B., Metalsky, G. I., & Joiner, T. (2008). Measuring cognitive vulnerability to depression: development and validation of the cognitive style questionnaire. *Clinical Psychology Review*, 28, 824-836.
- Haefel, G. J., & Vargas, I. (2011). Resilience to depressive symptoms: The buffering effects of enhancing cognitive style and positive life events. *Journal of Behavior Therapy and Experimental Psychiatry*, 42(1), 13-18. <https://doi.org/10.1016/j.jbtep.2010.09.003>
- Johnson, J. G., Crofton, A., & Feinstein, S. B. (1996). Enhancing attributional style and positive life events predict increased hopefulness among depressed psychiatric inpatients. *Motivation and Emotion*, 20(4), 285-297. <https://doi.org/10.1007/BF02856519>
- Johnson, J. G., Han, Y.-S., Douglas, C. J., Johannet, C. M., & Russell, T. (1998). Attributions for positive life events predict recovery from depression among psychiatric inpatients: An investigation of the Needles and Abramson model of recovery from depression. *Journal of Consulting and Clinical Psychology*, 66(2), 369-376. <https://doi.org/10.1037/0022-006X.66.2.369>
- Needles, D. J., & Abramson, L. Y. (1990). Positive life events, attributional style, and hopefulness: Testing a model of recovery from depression. *Journal of Abnormal Psychology*, 99(2), 156-165. <https://doi.org/10.1037/0021-843X.99.2.156>