

# Influence of dysphoria on positive and negative cognitive reactivity to daily mood fluctuations

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## Abstract

We used an experience sampling design to investigate the influence of dysphoria on positive and negative cognitive reactivity. Participants recorded their thoughts and mood four times per day on PDA devices for one week. We hypothesized that those higher in dysphoria would demonstrate a greater increase in negative thinking in response to negative mood, and a weaker increase in positive cognitions in response to positive mood. These hypotheses were largely supported. For those participants who reported higher initial dysphoria, there was a stronger association between negative mood and thinking and a weaker link between positive mood and thinking. Regression analyses indicated that positive and negative cognitive reactivity were independently related to dysphoria, suggesting that they represent distinct processes. Our results highlight the importance of understanding levels of both negative and positive cognitive reactivity and underscore the benefits of assessing mood and cognition with repeated measurements in “real-time,” in order to better understand the antecedent effects of mood on thinking.

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## Introduction

Cognitive reactivity, defined as the degree of change in negative thinking in response to sad mood, has recently been investigated as a vulnerability factor for the development of depressive symptoms (Segal, Gemar, & Williams, 1999; Van der Does, 2002). Currently-depressed individuals and those with a history of depression are thought to react to negative affect with greater increases in dysfunctional thinking (Miranda, Gross, Persons, & Hahn, 1998; Miranda & Persons, 1988; Roberts & Kassel, 1996; Segal et al., 1999).

To date, research on cognitive reactivity as a vulnerability factor has focused primarily on negativistic or depressive attitudes, without attention to the potentially important buffering effects of positive cognitive reactions. In other words, it is possible that psychological well-being entails not just a *lack* of negative thinking in response to negative moods, but also *increases* in positive thinking during periods of positive mood. Additionally, research in this area has been largely laboratory-based, and typically has relied on assessment of

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dysfunctional attitudes before and after a mood induction procedure (Miranda et al., 1998; Miranda & Persons, 1988; Segal et al., 1999; Taylor & Ingram, 1999; Van der Does, 2005). Although such lab-based paradigms are promising in that they capture cognitive reactivity under controlled circumstances, these studies do not assess naturally occurring mood shifts and subsequent changes in thinking. In the present study, we used an experience-sampling design to investigate positive and negative cognitive reactivity to daily mood fluctuations in individuals with different levels of dysphoria.

### *Cognitive reactivity and cognitive vulnerability to depression*

Dysfunctional attitudes play a central role in a cognitive conceptualization of depression: Individuals who endorse these rigid, absolute, all-or-nothing statements are thought to be more likely to develop and maintain depression. Beck (1967) proposed that groups of these attitudes constitute “schemas,” stable belief systems that are activated in depressive states or during times of stress. When active, the schemas are thought to bring about depressotypic self-statements, automatic thoughts about the self, the world, and the future that are reflexive and strongly negative (Beck, 1967; Ingram, Miranda, & Segal, 1998).

Research has largely supported this theory. Depressed individuals typically show high levels of dysfunctional cognitions, which return to normal upon recovery (Haaga, Dyck, & Ernst, 1991; Simons, Garfield, & Murphy, 1984). However, researchers have found that among individuals who have recovered from depression, these negative cognitions are easily reactivated by negative affect (Miranda et al., 1998; Roberts & Kassel, 1996). For example, Miranda and Persons (1988) showed that participants with a previous history of depression reported a greater increase in dysfunctional attitudes following sad mood induction than those without a depressive history. These findings are consistent with their mood-state dependent hypothesis, in which reporting of dysfunctional attitudes depends upon current affect. If we ask a recovered depressed person to complete an assessment of dysfunctional attitudes under neutral affect, they might look similar to a non-depressed person. However, these schemas remain latent and may be quickly triggered when the individual is primed by sad mood.

Research suggests, then, that static levels of dysfunctional attitudes do not tell the whole story with respect to vulnerability to depression, and that it is important to assess the ease and frequency with which these attitudes change in response to mood and stressors (*cognitive reactions*). This tendency to respond to negative mood inductions with negative cognitions also appears to be a significant risk factor for prediction of depressive relapse, independent of the trait level assessment of dysfunctional attitudes (Segal et al., 1999).

### *Positive cognitive reactivity*

The majority of research on cognitive vulnerability to depression and cognitive reactivity in particular has focused on *negative* thoughts and reactivity. That is, cognitive reactivity has traditionally been conceptualized as the degree of change in an individual’s negative thinking, in response to negative mood. This model of cognitive reactivity does not address the likelihood that change in *positive* cognitions, in response to *positive* mood, might also be a protective factor against the development of depressive symptoms. For example, the ability to view oneself and the world in a positive manner on the occasions when one feels good could protect against the onset or maintenance of depression. In other words, it might be important that people “cognitively capitalize” on their good moments. One study, for example, showed that depressed individuals who experienced positive events and attributed those events to stable, global causes experienced a reduction in hopelessness and a corresponding decrease in depression (Needles & Abramson, 1990). Psychological resilience, therefore, might entail more than just a *lack* of negative cognitive reactivity; positive thinking in response to positive moods might contribute to everyday well-being and therefore could decrease risk for depression.

A growing body of research suggests that self-reported negative and positive thoughts (Ingram & Wisnicki, 1988) and negative and positive affective states (Larsen, McGraw, & Cacioppo, 2001; Schimmack, 2003; Schimmack, Bockenholt, & Reizenstein, 2002) are fairly distinct. This independence of positive and negative affect is particularly important in models of depression. There is strong evidence, for example, that low

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