



Assessing response styles to positive affect: One or two dimensions of positive rumination in the Responses to Positive Affect questionnaire?☆



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ABSTRACT

The Responses to Positive Affect questionnaire (RPA) assesses responses that either tend to dampen or enhance positive affect. Previously, using factor analysis, enhancing (i.e., positive rumination, PR) has been divided into self-focused and emotion-focused strategies. Whereas these PR types are mostly treated as different factors, they are also examined as a single factor, for instance in adolescents. Given that self-concept changes through adolescence, there might be an age effect such that self-focused PR and emotion-focused PR become more differentiated through adolescence. The present aim was to investigate the distinction between emotion-focused and self-focused PR by comparing the RPA structure in three age groups, i.e., early, middle, and late adolescence (Study 1); and by conducting a systematic review of the relationship between both strategies in published research (Study 2). In Study 1, we found no evidence that the two types of PR were more differentiated in the oldest than in the youngest group. In Study 2, related to Study 1, self-focused and emotion-focused PR were highly correlated in most of the published research. Also, there were item switches between the PR factors in RPA translations. In sum, it is justifiable to investigate PR as a single construct when using the RPA.

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1. Introduction

Cognitive theories focus on how individuals process or respond to affective states and how these response styles are linked to the course of emotional disorders (e.g., Aldao, Nolen-Hoeksema, & Schweizer, 2010; Carl, Soskin, Kerns, & Barlow, 2013). These responses often concern how individuals respond to negative affect. Yet, individuals also differ in the way they respond to positive affect which is especially relevant in the context of depression, a disorder characterized by both high negative affect and low positive affect. To address the need for research into response styles to positive affect, Feldman, Joormann, and Johnson (2008) developed a measure that captures individual differences in response tendencies to positive affect. This questionnaire asks respondents to indicate how they typically respond when they feel happy, excited, or enthused. Items were created to measure strategies which would either tend to dampen or enhance positive affect,

resulting in the Responses to Positive Affect questionnaire (RPA). Dampening refers to mental strategies that downgrade the intensity and duration of positive affect by, for instance, minimizing the significance of a positive event and positive affect (e.g., “in fact, I did not deserve this”; “these happy feelings won’t last”) or by directing attention to less fortunate aspects of life (e.g., reminding oneself that other things do not go well or can still go wrong). The second type of strategies, that is, enhancing strategies, was labeled positive rumination (PR). After exploratory factor analysis, these enhancing items were divided into two subsets of strategies: Strategies that focus on the self, on positive self-qualities, and on goal pursuit (e.g., “It makes me think that I am achieving a lot in my life”) and strategies that focus on the positive emotional state (e.g., you notice how you feel full of energy). This model with two types of PR and one dampening factor was confirmed in confirmatory factor analysis (Feldman et al., 2008).

The RPA has been used to investigate the relationship of positive affect regulation with depression and depressive symptomology (e.g., Nelis, Holmes, & Raes, 2015; Raes, Smets, Nelis, & Schoofs, 2012; Raes et al., 2014; Werner-Seidler, Banks, Dunn, & Moulds, 2013), bipolar disorder and manic symptoms (e.g., Edge et al., 2013; Gruber, Eidelman, Johnson, Smith, & Harvey, 2011; Verstraeten, Vasey, Raes, & Bijttebier, 2012), anxiety disorder (Eisner, Johnson, & Carver, 2009), and nonsuicidal self-injury (Burke et al., 2014). Until now, the original English RPA has been translated and validated into Dutch (Raes, Daems, Feldman, Johnson, & Van Gucht, 2009), Swedish (Olofsson,

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Boersma, Engh, & Wurm, 2014), Chinese (Yang & Guo, 2014), and Korean (Kim & Kwon, 2014). For children and adolescents, a slightly adapted version is utilized (RPA-C; Bijttebier, Raes, Vasey, & Feldman, 2012).

Although the measure is widely-used, there is a lack of agreement as to whether it is valuable to distinguish between self-focused PR and emotion-focused PR. Validation studies of the adult RPA in Dutch, Chinese and Swedish have confirmed the original three-factor structure. In virtually all adult studies, a three-factor structure with dampening and the two types of PR have been used. Although Feldman et al. (2008) found a three-factor model for the original English scale, they also noted that both types of PR are strongly associated (whereas dampening was clearly distinguished from the two PR scales). Bijttebier et al. (2012) offered several arguments for scoring the PR items as a single subscale based on data from a sample of 10–14 year old children. These arguments were: improved internal consistency of a single PR score, comparable model fit between two- and three-factor models in confirmatory factor analyses, and parsimony (i.e., conceptual simplicity of a single measure of positive affect up-regulation and a reduced number of variables to integrate in complex multivariate statistical analyses). However, this interpretation was tempered by the possibility that self- and emotion-focused PR would become more differentiated in adolescence and the transition to adulthood (given that the PR subtypes were identified in adults). To date, this hypothesis of Bijttebier et al. (2012) has not received systematic investigation. Within this context, it is relevant to mention that adolescence is a period in which the self-concept, that is, how individuals perceive or evaluate themselves, substantially changes. The self-concept becomes more differentiated during adolescence and increasingly varies across contexts or life domains (Harter, 2006). Also, the increasing ability to think abstractly allows for more abstract descriptions of the self and for an integration of aspects of the self in higher-order self-concepts (Harter, 2006). However, a changing self-concept does not necessarily entail a differentiated focus on aspects of the self or emotions when experiencing positive mood states; thus it is important to investigate what the potential impact of these age-related changes would be on PR and its possible differentiation.

The aim of the present paper was to investigate the distinctiveness between the emotion-focused and self-focused aspects of PR. In Study 1, we compared the structure of the Dutch version of the RPA-C in participants ranging in age from 12 to 25 to test for evidence of PR differentiation from early adolescence to late adolescence/emerging adulthood. In addition, a measure of depressive symptoms was administered to compare associations with the two types of PR. We hypothesized that self- and emotion-focused PR would become more distinct strategies with increasing age. That is, we expected a decreasing correlation between the self- and emotion-focused PR factor from the youngest to the oldest group, and more support for a three- than for a two-factor model in a confirmatory factor analysis in the oldest group. In Study 2, we conducted a systematic literature review of published studies using the RPA to compare the relation between self-focused PR and emotion-focused PR across studies and examined the consistency of factor loadings across translations of the RPA. In addition, the relationship of both PR scales with two outcome variables (i.e., depressive and (hypo)manic symptoms) in published research was examined.

2. Study 1: RPA in adolescence: factor analysis per age group

2.1. Method

2.1.1. Participants and procedure

Adolescents completed a questionnaire booklet during group sessions at four secondary schools located in the Dutch-speaking part of Belgium. To obtain more data from older adolescents, this sample was augmented with older adolescents who were

acquaintances (and acquaintances of acquaintances) of psychology students who collected data as part of their master thesis ($n = 306$). All of these participants were undergraduate students. The questionnaires were administered in a fixed order. Participants gave written informed consent. There was no compensation for participation. The study was approved by the Ethical Committee of the Faculty of Psychology and Educational Sciences, KU Leuven. In total, 854 individuals participated. For the analyses, the sample was divided according to age (Slot & van Aken, 2010): early adolescence (10.00 to 13.99 years), middle adolescence (14.00 to 18.99 years), and late adolescence/emerging adulthood (19.00 to 25.99 years). Sample characteristics are displayed in Table 1. Sixteen participants were excluded because information on age was missing or because they exceeded the age limit (26.00 years or older) leading to a total sample size of 838 participants.

2.1.2. Measures

2.1.2.1. The Responses to Positive Affect questionnaire for Children (RPA-C; Bijttebier et al., 2012). The RPA-C is a slightly adapted child version of the adult RPA (Feldman et al., 2008; Raes et al., 2009). The RPA measures response styles to positive affect and consists of 17 items with a scale ranging from 1 (*almost never*) to 4 (*almost always*). In the Dutch versions, one item was not included in the scoring of the dampening subscale (Bijttebier et al., 2012; Raes et al., 2009; Verstraeten et al., 2012). The scale is divided into three subscales: the seven-item dampening subscale (e.g., “My streak of luck is going to end soon”), the four-item self-focused positive rumination subscale (e.g., “I am achieving everything”), and the five-item emotion-focused positive rumination (e.g., “Think about how happy you feel”). For internal consistency in the present sample, see Results.

2.1.2.2. The Children's Depression Inventory (CDI; Kovacs, 2003; Timbremont, Braet, & Roelofs, 2008). The CDI measures severity of depressive symptoms and consists of 27 multiple choice questions with three response options. Participants were asked to indicate which of the three statements best described how they felt during the past month. Items are coded from 0 to 2, leading to a total score ranging from 0 to 54. Higher scores indicate greater depressive symptoms. Internal consistency in the current sample was satisfactory in the three age groups: Cronbach's alphas were .88, .87, .82 for Group 1, Group 2 and Group 3, respectively.

Other administered questionnaires were not of interest for the present paper.

2.2. Results

2.2.1. Depressive symptoms across the age groups

The age groups did significantly differ on depressive symptoms, $F(2, 829) = 12.81, p < .001$. This difference was caused by the middle group having more depressive symptoms as compared to the youngest group, $t(554) = 2.49, p = .01$, and to the oldest group, $t(697.80) = 5.28, p < .001$ (t -test adjusted for inequality of variances across groups). The higher level of depressive symptoms in middle adolescence is in line with the increasing prevalence of depression beginning at age 15 (Hankin et al., 1998).

2.2.2. Confirmatory factor analysis

Confirmatory factor analyses were conducted in Mplus version 7 (Muthén & Muthén, 1998–2012). The fit of the models was assessed using the following indices: the comparative fit index (CFI; Bentler, 1990; Hu & Bentler, 1999), the root mean square error of approximation (RMSEA; Browne & Cudeck, 1993), the standardized root mean square residual (SRMR), and the Chi-square test of model fit (χ^2). For an acceptable model fit, the chi-square index should be as small as possible (and the ratio between χ^2 and degrees of freedom < 3);

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