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## Contribution of positive cognitive emotion regulation strategies in depression

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### Abstract

Researches on depression have identified both positive and negative cognitive emotion regulation strategies have pivotal role in depression. The present study examined the hypothesis how specifically positive cognitive emotion regulation strategies contribute in reducing the symptoms of depression. A total of 100 adolescents suffering from depression have completed the Beck Depression Inventory II and Cognitive Emotion Regulation Questionnaire. The multiple regression analysis has revealed that positive reappraisal was highly contributed in reducing symptoms of depression compared to other strategies.

**Keywords:** Positive refocusing, refocus on planning, positive reappraisal, depression

### Introduction

The period of adolescence outline a vital stage in the development of cognitive coping skills, as this is the period in which the more advanced cognitive abilities are being mastered (Aldwin, 1994) [1]. Just like the biological changes of puberty, the cognitive transitions of adolescence have far-reaching implications for the psychological development of youngsters (Steinberg, 1999) [5]. Important features of adolescent thinking are, for example, the ability to consider things in hypothetical and abstract terms and to monitor ones' own cognitive activity during the process of thinking. These advanced forms of reflection make the adolescent able to take the perspective of other persons, to plan, to see future consequences of an action, and to provide alternative explanations of events.

Everyone feel and experience negative and positive emotions every day. Emotions are a normal part of everyday lives. For some though, feeling these emotions can seem overwhelming, like an out-of-control roller coaster. It is common for one or more strong emotions to occur before an individual engages in self-injury. These often include guilt, sadness, feeling overwhelmed or frustrated, anger, self-blame, and low self-worth. This feeling of being overwhelmed emotionally can lead to a deep need to do something that will stop the intensity.

“Cognitive emotion regulation” is a term generally used to describe a person’s ability to effectively manage and respond to an emotional experience. People consciously or unconsciously use these regulation strategies to cope with difficult situations many times throughout each day. Most of individuals use a variety of emotion regulation strategies and are able to apply them to different situations in order to adapt to the demands of our environment. Some of these are positive, some are not. Positive strategies, such as managing stress with a walking program, do not cause harm. They can help to diffuse strong emotions, often allowing for a greater understanding of what led to the emotional experience.

In this study, three positive cognitive emotion regulation strategies have been focused to see their contribution in depression- Positive refocusing, refocus on planning, and positive reappraisal. *Positive refocusing* refers to thinking about other pleasant matters instead of the negative event. Research has shown that this strategy in itself may have a positive effect on people's well-being. *Refocus on planning* refers to thinking about which steps to take in order to deal with the event or thinking up a plan to change the situation.

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*Positive reappraisal* is a strategy to mentally attributing a positive meaning to an event in terms of personal growth, thinking that the event makes an individual stronger, looking for the positive sides of an event.

**Problem**

To see the relationship of positive refocusing, refocus on planning and positive reappraisal with depression.

**Objectives**

- To see the relationship of positive refocusing with depression.
- To see the relationship of refocus on planning with depression.
- To see the relationship of positive reappraisal with depression.
- To see the relationship of positive refocusing and refocus on planning with positive reappraisal in depression.
- To see the relationship of positive refocusing with refocus on planning in depression.
- To find out the relative contribution of positive refocusing, refocus on planning and positive reappraisal in reducing the symptoms of depression.

**Hypotheses**

- There would be significant negative relationship of positive refocusing with depression.
- There would be significant negative relationship of refocus on planning with depression.
- There would be significant negative relationship of positive reappraisal with depression.
- There would be significant positive relationship of positive refocusing and refocus on planning with positive reappraisal in depression.
- There would be significant positive relationship of positive refocusing with refocus on planning in depression.
- Relative contribution of positive reappraisal would be much remarkable in reducing symptoms of depression as compared to positive refocusing and refocus on planning.

**Sample**

Purposive sampling technique was used for data collection. 100 adolescents (50 boys and 50 girls) suffering from depression (mild, moderate and severe) at Dayalbagh

Educational Institute Agra and R. N. S. World School Jhansi have been assessed by Beck Depression Inventory II and Cognitive Emotion Regulation Questionnaire. Their age range was 15-18 years.

**Tools**

- **Beck Depression Inventory - II (Beck, 1996):** The Beck Depression Inventory was used to measure the magnitude of depression. Its second edition (BDI-II) is a self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. The coefficient alpha of the BDI-II for the out patients was.92 and for college students.93.
- **Cognitive Emotion Regulation Questionnaire (CERQ) (Garnefski, Kraaij *et al.*, 2002) [3].** The CERQ was used to assess positive cognitive emotion regulation strategies- positive refocusing, refocus on planning and positive reappraisal. These strategies were measured on a 5-point Likert scale ranging from 1 (almost never) to 5(almost always). Individual subscale scores were obtained by summing the scores belonging to the particular subscale (ranging from 4 to 20). All sub-scales have good internal consistencies ranging from.68 to.86 respectively.

**Design**

To see the relationship of positive refocusing, refocus on planning and positive reappraisal with depression correlational design was used.

**Variables**

**Predictors**

- Positive refocusing
- Refocus on planning
- Positive reappraisal

**Criterion**

- Depression

**Results**

For the statistical analysis of the obtained raw scores, the product moment coefficients of correlation were computed to test the proposed hypotheses. Correlation matrix (Table-1) was formed which shows inter-correlations among proposed variables.

**Table 1:** Correlation Matrix

	Mean	S D	Depression	Positive refocusing	Refocus on planning	Positive reappraisal
Depression	25.1	4.95	1			
Positive refocusing	12.6	3.71	-0.42**	1		
Refocus on planning	13.38	2.57	0.22*	0.02	1	
Positive reappraisal	12.35	2.45	-0.69**	0.23*	-0.18	1

\*\* $p < 0.01$  \* $p < 0.05$

Table 1 indicates that positive refocusing and Positive reappraisal are negatively correlated with depression ( $r = -0.42$ ) ( $r = -0.69$ ). Thus, increase in positive refocusing and positive reappraisal led to decrease in symptoms of depression. Refocus on planning is positively correlated with depression (0.22). Thus, increase in Refocus on planning led to increase in symptoms of depression. There is also positive

correlation between positive refocusing and positive reappraisal. Therefore, increment in the scores of positive refocusing led to increase in positive reappraisal. Negligible correlations are found of refocus on planning with positive refocusing and positive reappraisal.

**Table 2:** Results of Multiple Regression Analysis

Multiple R	0.74
R Square	0.56
Adjusted R Square	0.54
Standard Error	3.37
Observation	100

- In the table the value of R Square is 0.56 which indicates that 56% variance in depression is to be accounted by these variables. The value of Adjusted R Square is 0.54 which indicates that 54% variance in depression is to be explained by the combined predictor variables.

**Table 3:** Analysis Of Variance

ANOVA	df	SS	MS	F
Regression	3	1358.99	452.99	40.87
Residual	96	1064.001	11.08	
Total	99	2423		

\*\*p<0.01

- According to the F value shown in this table, it can be concluded that in the population, the observed relation is not due to chance; rather it is due to a systematic relation between depression and the three independent variables (Positive refocusing, Refocus on planning and Positive reappraisal).

**Table 4:** Multiple Regression Coefficients

Variables	B	SE	β	t	r	Coefficients of determinations
Positive refocusing	-0.37	0.092	-0.28	-4.039**	-0.42**	0.12
Refocus on planning	0.22	0.132	0.11	1.703	0.22*	0.02
Positive reappraisal	-1.22	0.143	-0.603	-8.509**	-0.69**	0.42
Constant	41.87					

\*\*p<0.01 \*p<0.05

- Multiple Regression Analysis showed that Positive reappraisal has highest contribution in reducing the symptoms of depression, the regression coefficient of 0.02 Refocus on planning has least contribution in reducing the symptoms of depression.

**Regression Equation**

$$\begin{aligned}
 Y &= \text{Constant} + (B1X1) + (B2X2) + (B3X3) \\
 &= 41.87 + (-0.374 \times 12.6) + (0.225 \times 13.38) + (-1.219 \times 12.35) \\
 &= 41.87 + (-4.71) + (3.01) + (-15.05) \\
 &= 41.87 + 3.01 - 4.71 - 15.05 \\
 &= 25.12
 \end{aligned}$$

The obtained multiple regression equation states that every unit increase in Positive refocusing (X<sub>1</sub>), Refocus on planning (X<sub>2</sub>) and Positive reappraisal (X<sub>3</sub>) led to an increase in depression scores by their respective coefficients of determination (0.12, 0.02, 0.42) when 41.87 was the value of constant.

**Discussion**

The first hypothesis that there would be significant negative relationship of positive refocusing with depression is accepted because significant negative moderate correlation was found between these two variables. There reason for this may be that focusing on other positive events instead of negative event give rest to the person suffering from depression for the time being and it lead to the reduction of symptoms.

The second hypothesis that there would be significant negative relationship of refocus on planning with depression is rejected as there significant positive low correlation was found between the two. The reason for this may be that if a person only planning about a solution of the problem without taking action so it leads to increase in symptoms of depression after some time.

The third hypothesis of the study is accepted because significant high negative correlation was found between positive reappraisal and depression. The reason for this may be that mentally attributing a positive meaning to an event in terms of personal growth reduces the symptoms of depression. In addition, earlier studies had shown that using “positive reappraisal” as a coping strategy was positively

related to measures of optimism and self-esteem and negatively to anxiety (Carver, 1989) [2]. Garnefski *et al.* 2002 [3] found that positive reappraisal was shown to play the most important role in the reporting of symptoms of depression and other psychopathology.

The fourth hypothesis is partially accepted because significant low positive correlation was found between positive refocusing and positive reappraisal but negligible correlation was found between refocus on planning and positive reappraisal. Negligible correlation was also found between positive refocusing and refocus on planning therefore the fifth hypothesis that there would be significant positive relationship of positive refocusing with refocus on planning in depression is rejected.

The sixth and the last hypothesis that relative contribution of positive reappraisal would be much remarkable in reducing symptoms of depression as compared to positive refocusing and refocus on planning is also accepted because positive reappraisal was highly contributed in reducing the symptoms of depression.

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