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ADAPTATION TO THE CHALLENGES OF ADULTHOOD AND THE LEVEL OF DEPRESSIVENESS. COMPARISON OF THE CONTROL AND CLINICAL GROUPS IN THE CONTEXT OF THE THEORY OF POSITIVE YOUTH DEVELOPMENT

Abstract

Objectives This article addresses the issue of depression and the development of competencies that promote adaptation to adulthood. The foundation of the presented research is the theory of positive development based on strengthening the potential of the individual and focusing less on deficits. Offering creative leisure time, is at the same time a distraction from inappropriate behavior.

Method The article analyzed the relationship between the level of depressiveness and indicators of adaptation to adulthood (mentioned in the theory of positive development). Self-esteem and interpersonal emotion regulation strategies were also included in the analysis, as the mentioned individual and environmental factors are important resources in coping with stress. The study conducted on a group of 184 people, of which 150 were the control group and 34 were the clinical group. (with a diagnosis of depression/anxiety-depressive disorder).The study used 4 tools: the CESD-R depression measurement questionnaire by Eaton et al. (2004) in the Polish version by Koziara (2016), a questionnaire for measuring indicators of positive development PYD-SF-PL by Geldhof et al. (2014) in the Polish version by Barłóg (2023), Questionnaire for measuring interpersonal regulation of emotions KIRE by Hofmann, Carpenter and Curtiss (2016) in the Polish version by Grzywna et al. (2020) and the SES self-esteem measurement questionnaire by Rosenberg (1965) in the Polish version by Dzwonkowska, Lachowicz-Tabaczek and Łaguna (2008).

Results The results lead to the conclusion that the higher the level of general positive development, as well as its indicators: self-confidence and competence, the lower the level of depression in the study group. In addition, people from the control group have a higher level of general positive development and in the area of competence and self-confidence compared to the clinical group. The study also shows that the level of self-esteem and ways of regulating emotions can be an important resource protecting against high levels of depression.

Conclusion Preventive actions should include strengthening self-esteem and be based on recognizing potential and strengths, in accordance with the theory of positive development.

Keywords: *positive development, depressiveness, self-esteem, interpersonal emotion regulation, clinical and non-clinical group*

Depression

In the 21st century, mental difficulties are becoming primary chronic diseases (CBOS, 2018). Already today, at least one in ten of the earth's population is struggling with a disorder of a mental nature (Dattani, Ritchie, Roser, 2018), and depression alone affects nearly 280 million people (https://ourworldindata.org/grapher/mental-illness-estimated-cases?region=NorthAmerica&country=~USA).

In addition, the percentage of people with a diagnosis of depression is increasing, for example, in the US in 1990 about 11.69 million people suffered from depression, in 2019 this number is already about 15.3 million (https://ourworldindata.org/grapher/mental-illness-estimated-cases?region=NorthAmerica&country=~USA), and by 2030 depression may become the most common disease in the world (WHO, 2011).

Depression manifests itself through lowered mood, including loss of interest and ability to enjoy, reduced energy and activity, and increased fatigue (ICD 10, ICD 11). Four basic areas can be distinguished that are affected by depression: physical symptoms, mood disorders, cognitive disorders, and motivational disorders. During depression, the focus around negative emotions increases, the individual has a pejorative image of himself and his immediate environment, and a sense of life failure and a lack of hope for improving the qualityofhis life prevails. Consequently,there is a difficulty in performing even the simplest duties, which are postponed to a later time. Psychological symptoms are accompanied by physical ones, most often: weight fluctuations due to decreased or increased appetite, sleep disorders, sexual dysfunction, and increased risk of contracting various diseases (Gerrig, Zimbardo, Campbell, Cumming, Wilkes 2015; Rosenhan, Seligman, Walker, 2003). An extremely important fact is that depression can occur as early as adolescence or becoming adulthood (Hammen, 2004; Suchodolska, 2016; Trempała, 2011), moreover, this age group has the highest number of people with depressive symptoms (Villarroel, Terlizzi, 2020; National Institute of Mental Health, 2021).

Risk factors and protective factors against depression

It is possible to distinguish three main categories of risk factors, that is, factors that favor the appearance of depression. These are biological, psychological, and environmental factors (Hewiak, Rachuta, Starkowska, 2019). Biologically, depression is associated with malfunctioning neurotransmitters, mainly serotonin (Kazula, 2014). Depression can also be hereditary and run-in families from generation to generation. Psychological factors, including excessive stress and lack of coping skills, are also linked to morbidity. Other risk factors include negative experiences (Cudak, 2011) and low social competence, as well as certain personality predispositions (Michalska-Leśniewicz, Gruszczyński, 2010).

Several protective factors for mental health are also identified (Rickwood, Thomas, 2019). In addition to individual resources, such as the level of self-esteem (Dzwonkowska, Lachowicz-Tabaczek, Łaguna, 2008), mental resilience (Block, Kremen, 1996; Kaczmarek, 2011; Ostaszewski, 2014), or the level of occupational (or school) functioning, there are several environmental resources, among them the functioning of the family and the further social environment (Bronfenbrenner, 1979; Ostaszewski, 2014; Rickwood, Thomas, 2019). It is therefore important to strengthen these resources when working with adolescents and young adults, and the concept of positive youth development (PYD) can help.

Positive youth development

In the second half of the 20th century, the theory of positive youth development (PYD) emerged in the literature, emphasizing the enhancement of a child's strengths and potential, rather than focusing on his or her inadequacies and deficits (Barłóg, 2023; Lerner, 1978; Lerner et al. 2005; Lerner et al. 2011; Lerner et al. 2013; Lerner, Chase, 2019). The concept of positive development is becoming the foundation of various psychosocial programs aimed at adolescents (Barłóg, 2023; Feenstra, 2015; Flanagan, Zaff, Varga, Margolius, 2020; Harris, Cheney, 2015; Lopes et al. 2018; Ma, Shek, 2019; Taylor et al. 2017; Worker et al. 2019). The basis of prevention programs is to offer adolescents

alternative, positive leisure activities and strengthen self-esteem, which in the long run is intended to serve new behavior patterns and eliminate negative attitudes (Barłóg, 2023). The goal of prevention programs based on the idea of positive youth development is to develop 5 areas of adolescent functioning. These areas are determinants of effective adaptation to the challenges of adulthood (Barłóg, 2023; Bowers, Kiely, Brittian, Lerner, Lerner, 2010; Lerner et al. 2005; Ostaszewski, 2014):

- competence
- confidence
- connection
- character
- caring.

High levels of the above-mentioned variables promote proper functioning and effective adaptation to adulthood, often despite unfavorable family or environmental conditions, so the question arises to what extent developing a child's potential, strengthening strengths and indicators of positive development can become a protective factor against depression. Focusing on an individual's strengths rather than deficits should promote the building of a positive self-image, which is a key deficiency during depression (Barłóg, 2023; ICD 10, ICD 11). Identifying the relationship between positive adolescent development and depression could become a reason to implement prevention programs in schools, which would protect adolescents, who are the group most at risk of developing depression (Hammen, 2004; National Institute of Mental Health, 2021; Villarroel, Terlizzi, 2020).

The hypothesis that positive adolescent development is related to levels of depressive functioning seems reasonable, as PYD indicators are significantly related to perceptions of social support, feelings of life satisfaction, or psychological resilience, i.e., with the core areas of psychosocial functioning affected by depression (Barłóg, 2023). Since depression is linked to social relations, the ability to cope with stress, it is worth considering themechanisms for regulating emotions in stressful situations (Gross, 1998, 2008; Gross, Thompson, 2007). An important issue may be the question of interpersonal emotion regulation, that is, influencing emotions through interpersonal contacts (Tran, Greenaway, Kostopoulos,

O'Brien, Kalokerinos, 2023), the frequency and quality of which may change during depression. However, perceptions of relationships with others also seem to be related to the level of self-esteem, since the level of self-esteem, schemas and experiences are important for the way various events are interpreted (Aronson, Wilson, Akert, 2010), so it is important to take into account the level of self-esteem and individual history of individual adolescents when planning preventive measures, since there are general principles of positive adolescent development, but for each group there may be specific needs that should be taken into account when designing solutions (Barłóg, 2023). At the same time, the development of self-esteem seems to be crucial, since its reduced level is one of the main indicators of a depressive episode (ICD 10, ICD 11), as confirmed by subsequent studies related to self-image (Kapica, 2020; Prusak, 2017).

Method

The purpose of our study is to verify the relationship between the level of depressiveness and positive development of adolescents, both in the control group and in the clinical group.

The two main research questions are therefore as follows:

- Are there correlations between the level of depressiveness and the level of positive development of adolescents, both in the control group and the clinical group?
- Are there differences in the level of positive youth development between the control and clinical groups?

Individual and environmental correlates of the relationship between the level of depressiveness and the level of positive development of adolescents will also be sought, so the level of self-esteem and interpersonal emotion regulation techniques will be analyzed. Thus, the next questions are:

- Are indicators of positive youth development, level of self-esteem and interpersonal emotion regulation techniques predictors of depressive levels? Thus, PYD indicators, self-esteem levels and interpersonal emotion regulation are considered as protective factors against depression.

Considering the developmental tasks that occur in young adulthood (Gurba, 2009), the ways of regulating emotions during becoming adulthood, such as during studying, and others during the stage of seeking professional work and starting a family, therefore two questions about interpersonal emotion regulation will also be reviewed:

- Are interpersonal emotion regulation techniques related to depression? And are there differences in the intensity of interpersonal emotion regulation techniques between adults aged 18-23 and adults aged 24-29?

The study hypothesized that the level of positive development of adolescents is significantly related to the level of depressiveness, i.e. the higher the level of positive development, the lower the level of depressiveness (hypothesis 1). It is also supposed that there are differences in the level of positive development between the control group and the clinical group (hypothesis 2). It was also hypothesized that positive adolescent development, self-esteem and interpersonal emotion regulation techniques are predictors of low levels of depressiveness (hypothesis 3). Hypothesis 4, on the other hand, assumes that individuals in the period of becoming adulthood differ in the intensity of interpersonal emotion regulation techniques from young adults.

Study group

Since, there may be universal principles of positive adolescent development and specific to different groups, it was decided to conduct a study in both the control group and the clinical group. Participants in the study were recruited via the Internet. 184 people between the ages of 18 and 29 were studied (x= 22.91; Sd=2.63), of whom 120 are under the age of 23, (65.2% of the group) and the remaining 64 are older (34.8% of the group). The study group included 128 women (69.6%) and 56 men (30.4%). Of the 184 subjects, 150 subjects (81.5%) were included in the control group, while 34 subjects with a diagnosis (of depression/anxiety-depressive disorder) by a psychiatrist were included in the clinical group (18.5%).

Research tools

The study used a quantitative method with the following questionnaires:

- The CESD-R Depression Measurement Questionnaire by Eaton et al. (2004) in the Polish version by Koziara (2016). The scale consists of 20 questions on a 0-4 scale, examining the frequency of various depressive symptoms. The higher the score on the scale, the higher the level of depressiveness (Koziara, 2016).
- Questionnaire for measuring indicators of positive development PYD-SF-PL by Geldhof et al. (2014) in the Polish version by Barłóg (2023). The tool is used to measure the overall level of positive development and five of its indicators: competence, caring, confidence, connection and character. The person surveyed provides answers on a scale of 1-5, and the higher the score, the higher the level of positive development (Barłóg, 2023).
- Questionnaire for measuring interpersonal emotion regulation KIRE by Hofmann, Carpenter and Curtiss (2016) in the Polish version of Grzywna et al. (2020). The tool measures various strategies for regulating emotions through contact with other people and consists of 20 statements on a scale of 1-5. In addition to the overall score, the tool allows analysis of such strategies as enhancing positive affect (contact with others to reinforce the positive emotions felt), perspective taking (including being comforted by others that the situation is not as bad as it looks), soothing (seeking sympathy from other people), and social modeling (analyzing/observing how others would handle the situation) (Grzywna et al. 2020).
- SES self-esteem measurement questionnaire by Rosenberg (1965) in the Polish version by Dzwonkowska, Lachowicz-Tabaczek and Łaguna (2008). The tool measures the overall level of self-esteem and consists of 10 questions on a scale of 1-4 from strongly agree to strongly disagree. The higher the score, the higher the respondent's level of self-esteem.

Results

Pearson correlation analysis was conducted to verify hypothesis one. Since the higher the CESD-R questionnaire score, the higher the level of depression, the results should be read as follows:

- The higher the level of positive development, the lower the level of depressiveness
- The higher the level of positive development in the area of confidence and competence, the lower the level of depression.

In the control group, there is only a correlation between confidence and the level of depression – the higher the confidence, the lower the depression. In the clinical group, four indicators of positive development have a relationship with depressiveness (the higher the level of indicators, the lower the depressiveness), these are:

- The overall result of positive development, a confidence, caring and connection.

Table 1. *Correlation analysis between depressive levels and positive development scales*

Results for the whole sample		
	r	**p**
PYD overall result	-0,277	**<0,001**
Confidence	-0,410	**<0,001**
Caring	-0,44	0,549
Competence	-0,175	**0,018**
Character	-0,054	0,467
Connection	-0,177	**0,016**
Results in the control group		
	r	**p**
PYD overall result	-0,149	0,068
Confidence	-0,328	**<0,001**
Caring	0,08	0,331
Competence	-0,043	0,605
Character	0,028	0,730
Connection	-0,098	0,234
Results in the clinical group		
	r	**p**
PYD overall result	-0,461	**0,006**
Confidence	-0,441	**0,009**
Caring	-0,356	**0,039**
Competence	-0,232	0,187
Character	-0,189	0,285
Connection	-0,333	**0,054**

Hypothesis 2 received partial confirmation. The control group differs from the clinical group in terms of overall intensity of positive development, confidence and level of life competence. The indicated variables have a higher level in the control group.

Table 2. *Comparison of the level of positive development in the control group and the clinical group*

	Control group		Clinical group		t	p
	x	Sd	x	Sd		
PYD overall result	94,55	20,57	83,32	20,67	2,87	**0,005**
Confidence	24,85	8,21	19,71	8,21	3,298	**0,001**
Caring	16,41	4,57	15,47	5,14	1,054	0,293
Competence	8,43	3,4	6,29	2,46	4,228	**<0,001**
Character	18,23	4,39	17,24	4,9	1,163	0,246
Connection	9,17	2,48	8,53	3,17	1,293	0,198

Stepwise regression analysis was conducted to verify hypothesis 3. The statistically significant predictors of depressive level were self-esteem and interpersonal emotion regulation strategies: soothing and changing perspective. The higher the self-esteem and the more frequent the change of perspective through interpersonal communication, the lower the level of depressiveness. In contrast, a strategy based on soothing increases depressiveness.

Table 3. Predictors of depressive levels

Predictors	B	R	R^2	F	p
Self-esteem	-1,8	0,6	0,361	33,831	<0,001
Soothing	1				
Perspective taking	-1,125				

In terms of hypothesis 4, the group in becoming adulthood is differentiated from the group of young adults by the strategy of interpersonal emotion regulation based on social modeling. On average, a higher level of this strategy characterizes the group between the ages of 18 and 23.

Table 4. *Comparison of mean interpersonal emotion regulation scores of adults aged 18-23 versus adults aged 24-29*

	Group 18-23		Group 24-29		T	P
	X	Sd	x	Sd		
IERQ overall result	54,2	13,49	51,58	16,8	1,077	0,284
Enhancing Positive Affect	17,13	3,89	15,97	5,22	1,568	0,120
Perspective Taking	10,11	4,18	11,27	4,78	-1,701	0,091
Soothing	13,03	5,23	11,89	5,4	1,386	0,167
Social Modeling	13,93	4,19	12,45	4,88	2,152	**0,033**

Discussion

The results obtained in the study allowed positive verification of the hypotheses. There is a correlation between indicators of positive development and the level of depressiveness, both in the control and clinical groups. It is worth noting that the theory of positive adolescent development is a concept for working with adolescents at risk of social maladjustment, although currently in Western countries it is directed to all groups of adolescents (Eichas, Ferrer-Wreder, Olsson, 2019). As the results of the study indicate, strengthening positive attitudes toward oneself, building proper ties with the environment and a sense of competence are significantly associated with lower levels of depression. Thus, strengthening the aforementioned areas not only promotes adaptation to the challenges of adulthood (Lerner et al. 2005), such as getting a job or starting a family (Gurba, 2009), but is also an important resource for protecting the mental health of those entering adulthood and in the subsequent years of adulthood. It should therefore be crucial to implement preventive measures as early as primary and secondary schools to prevent the development of depression, which will become a major disease of civilization (WHO, 2011), and the largest group with a diagnosis of depression is precisely those entering adulthood (Hammen, 2004; Villarroel, Terlizzi, 2020; National Institute of Mental Health, 2021).

The difference in the level of life competence and confidence between the control and clinical groups indicates the need to strengthen the positive sides of adolescents, rather than focusing on deficits and responsibilities. Placing slogans-commands on the child: *study*, *you are performing worse than your*

peers firstly arouses resistance (the law of reactance), and secondly adds negative labels to the child and lowers self-esteem. Focusing on strengths helps build confidence in one's own competence (Barłóg, 2023), and thus coping with stress in various situations (Terelak, 2001). The study results also indicate that the higher the level of carring and connection, the lower the level of depressiveness. Gomez-Baya, Reis and Gaspar de Matos, (2019) showed in their research that a lower level of depression correlates with high connection. This study shows that caring can also be an important indicator of positive development that protects against depression. Interestingly, in this study, such a relationship was observed in the clinical group, and the correlation is not significant in the control group (although the relationships for the entire study group are significant). Connection, defined in the positive development theory as a sense of bond and belonging, enables building social relationships and feeling social support, which may have a protective effect against depression. Probably, a high level of relationship-building skills can protect against a decline in social activity and a pejorative image of the social environment, and thus protect against one of the main diagnostic criteria of depression (ICD-10, ICD-11). The correlation between caring and a lower level of depression observed in the study indicates that being a mentor to others and being surrounded by care may alleviate the symptoms of depression. Acting as a mentor in positive development programs is an important aspect of building the level of overall adaptation to adulthood (Erdem, DuBois, Larose, De Wit, Lipman, 2016; Lerner, Napolitano, Boyd, Mueller, Callina, 2013; Stephens, Bowers, Lerner, 2018), and may also be important in working with people at risk of depression. The correlation between high caring and low depressiveness is of average strength. It is therefore worth taking into account other factors (e.g. personality) when building programs to protect against depression, because for some people acting as a mentor may be a factor supporting well-being, and for others an additional burden, further reducing energy. Therefore, an important aspect of protection against depression seems to be carrying out preventive activities also in the immediate social environment. For prevention, it seems important to strengthen both internal assets (including commitment to learning, positive values, social competences, positive identity) and external assets (including support, empowerment, expectations

and boundaries, constructive use of time), that are related to both overall PYD and its indicators (Gomez-Baya, Santos, Gaspar de Matos, 2021).

Predictors of depressive levels are self-esteem and two interpersonal emotion regulation strategies: soothing and perspective taking, with high self-esteem and perspective shifting lowering depressiveness and soothing raising it. Strengthening an individual's strengths and raising self-esteem are key to reducing the severity of depressiveness, which is significantly associated with lowering one's self-worth (ICD-10, ICD-11). Interestingly, not all social support is conducive to reducing depressiveness. What is important is support based on a perspective taking, meaning realizing in conversation with other people that one is not in as bad a situation as one might think (Altan-Atalay, Saritas-Atalar, 2022, Hofmann, Carpenter, Curtiss, 2016). This is a key challenge for professionals working with young people, because in a world of new technologies, relationships with peers become shallow, and the lack of constructive regulation of emotions through interpersonal contacts promotes the onset of depression.

In terms of verification of fourth hypothesis, it was found that people in the period of becoming adulthood (Arnett, 2007) are characterized by higher levels of intensity of emotion regulation strategies based on social modeling compared to the group of young adults. The period of becoming adulthood is the time between adolescence and entry into adulthood (e.g., for many people, the period of becoming adulthood is a time of studying and deciding on a life path). As adulthood progresses, contacts with other people change, as the tasks facing the adolescent individual become different (Gurba, 2009). This makes it clear that there may be general principles for working with people with a diagnosis of depression buttaking into account the developmental needs of particular age groups, is an extremely important issue in therapeutic work.

Based on the conducted research, several key implications can be presented. Early preventive actions implemented in primary and secondary schools, aimed at strengthening positive development indicators, especially competence and confidence, seem to be particularly important. It is also worth educating teachers and parents in recognizing the first signs of low mood and ways to regulate it, and strengthening cooperation between the child's main social environments (Barłóg, 2024). In addition, interpersonal emotion regulation strategies based on a change of perspective should be promoted,

which help young people realize that their situation is not hopeless, and limiting the excessive use of emotion-relieving strategies, which can lead to avoiding problems instead of solving them. In working with young people, the priority should be to strengthen their positive traits and competences instead of only identifying deficits, which will allow for strengthening indicators of adaptation to adulthood (5cs) and self-esteem, which is important for the level of depressiveness. Although there are universal principles of positive development (Benson et al. 2006), the specific developmental needs of youth at different stages of life should be taken into account (e.g. younger youth entering adulthood compared to young adults). The work also has significant limitations related to the sample size, especially the clinical group, and it is also worth conducting research in younger age groups. Despite these limitations, the application of the theory of positive youth development in the context of differences between the clinical and control groups is interesting and constitutes a contribution to the development of research on depressiveness. It may become a contribution to the discussion on the implementation of preventive programs based on the concepts of positive development, allowing for longitudinal studies measuring the effects of these programs. It is also worth analyzing the application of the theory of positive development in other clinical groups (e.g. in children and adolescents with oncological diseases). It is also necessary to develop research analyzing the relationship between depressiveness and emotional regulation (Aune, Hamiel, Wolmer, 2023; Kraft, Ebner, Leo, Lindenberg, 2023; Ruan, Chen, Yan, 2023; Vucenovic, Sipek, Jelic, 2023), especially interpersonal emotion regulation, because not all emotional support is equally effective.

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