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The Role of Interpersonal Challenges in Depression: Attachment and Emotional Intelligence Risk Factors

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Abstract

Elevated Schadenfreude, diminished Freuden freude, and other aspects of emotional intelligence may play a role in causing, maintaining, and/or exacerbating depression. This study replicated earlier work showing that depressed individuals were more likely to enjoy a friend's failure and less like to enjoy a friend's success. Consistent with this, a one-way ANOVA revealed that depressed individuals scored lower in emotional intelligence. Differences also emerged on several AAS and ARQ attachment measures. Depressed individuals reported less closeness, willingness to depend on others, and secure attachment. They also showed greater features of anxious, fearful, and preoccupied attachment style. Finally, BDI-II scores were significantly correlated with UCLA Loneliness scores. These emotional intelligence and attachment findings, taken with previous research demonstrating the efficacy of Interpersonal Mutuality Training (Chambliss, Hartl, Bowker, & Short, 2014), support therapists' considering the use of Freudenfreude enhancement training methods with individuals scoring high on the BDI-II

Keywords: depression; exacerbating depression; emotional intelligence

Introduction

In 2018, the World Health Organization identified depression as the world's leading cause of ill health and disability; over 300 million people endure depression (WHO April 2018). Long-term depression can adversely affect the brain, producing hippocampal loss and an elevated inflammatory response (Setiawan, et al., 2018). Too often, depression results in suicide. Fortunately, depression usually responds to psychotherapy, antidepressant medication, or a combination of these treatment approaches. When these are insufficient, ECT, ketamine, and other interventions may be helpful. However, because many cases of depression are treatment-resistant, and relapse is common, enhanced treatment options are needed.

Decades ago researchers observed that individuals with depressive disorders often reacted differently to their own failures and successes than their nondepressed counterparts (Abramson, Seligman, & Teasdale, 1978). More recently, studies sought to assess whether those battling depression also responded differently to the failures and successes of others. Several of these investigations (Chambliss & Hartl, 2017) established a link between the experience of Schadenfreude (which involves non-empathically enjoying the misery of others) and depression, as well as the experience of Freudenfreude (which involves empathically enjoying the success of others) and depression. Schadenfreude was found to be higher among depressed than nondepressed participants, suggesting that depressed individuals react with greater positive affect to the mishaps and failures of friends. In contrast, Freudenfreude was found to be lower among depressed than nondepressed participants, suggesting that depressed individuals react with less positive affect following a friend's success. These findings were obtained both in the US and Poland, in both undergraduates and hospital residents (Chambliss, Cattai, Benton, Elghawy, Fan, Thompson, Scavicchio, & Tanenbaum, 2012; Pietraszkiewicz, A. & Chambliss, C., 2015).

Since the research to date has been correlational in design, it is difficult to specify the causal aspects of these relationships. It is conceivable that depression may prompt changes in these tendencies. One's own misery may be mitigated by witnessing the downfall of another person. Their failure may permit downward social comparison, reducing one's own feeling of inadequacy. If tragedy befalls another person, this may bring a reduction in the guilt associated with one's own painful history of trauma (e.g., "perhaps it was not my fault. Bad things happen to everyone").

Alternatively, these tendencies may enhance risk for depression. Self-awareness of Schadenfreude, an unsavory trait, may produce guilt and self-recrimination, setting the stage for depression. Alternatively, it may prove toxic to relationships, leading to the social isolation and loneliness that feature so prominently in depression.

Depression may also dampen the experience of Freudenfreude, perhaps because the exhaustion associated with the disorder may reduce the energy available for attending to others' successes. Similarly, the apathy sometimes associated with depression could reduce Freudenfreude. It is

conceivable that a lack of resources for nurturing others linked to depression could reduce Freudenfreude, since previous research has shown that Freudenfreude is enhanced among those occupying a nurturant role in relationships. Finally, it is also possible that another's success often threatens someone suffering from depression because it invites an unfavorable upward social comparison. Such a reaction could prompt defensive anger, thereby compromising capacity for empathic joy. Alternatively, lack of a readiness to share in others' joy following success may impair the formation and maintenance of relationships. This, as described above, could lead to loneliness and enhance risk ofdepression.

The developmental trajectory for these tendencies has yet to be detailed, but many suspect most children start learning about the value of Freudenfreude responding and the social unacceptability of blatant Schadenfreude responding in later elementary school years. School provides a context in which students' performance is frequently compared publically, providing many opportunities to practice reacting to others' successes and failures. By middle school, some have noted somewhat earlier mastery of these social skills in girls than boys.

Participation in team sports provides many children with experience in cheering on peers, even in the face of one's own failure. Identifying with the team makes it possible for children to genuinely experience joy for a successful peer, even when that peer bests them in a competitive enterprise.

Passive aggressive responses to others' success are often noted in those low in Freudenfreude. In addition to failing to reciprocate the other's joy, individuals may make disparaging comments about the success or victory, often in a way that enables them to escape responsibility. For instance, upon hearing that a friend had succeeded in losing a substantial amount of weight, one low Freudenfreude individual commented that this could put the friend at risk if she developed cancer and required chemotherapy (given its risk of appetite suppression and resulting excessive weight loss and frailty). When the lack of support was mentioned, the low Freudenfreude person was taken aback and said they were simply a devoted friend and concerned about the risk of the friend's death. This failure to reciprocate another's joy, coupled with the choice (conscious or unconscious) instead to burst their bubble, can certainly endanger friendships.

Duck (1988) argued that research on factors governing the maintenance of relationships should be a priority, because social connections are critically important for both emotional and physical well-being. Consitent with this, the developers of Interpersonal Therapy (IPT; Klerman, Weissman, & Rounsaville, 1984) addressed several of the relationship factors that play a crucial etiological role in depression. The research on Schadenfreude and Freudenfreude has offered further explication of some of these issues.

The present investigation extended the previous work by exploring whether, in addition to elevated Schadenfreude and diminished Freudenfreude, depressed participants would score lower on measures of global emotional intelligence. Since the Schadenfreude and Freudenfreude findings have suggested the need to incorporate interpersonal mutuality training in the treatment of depression, it would be useful to know the extent of these patients' need for additional skill development. In addition, problems with interpersonal attachment were investigated in order to explore the possibility that some of these interpersonal differences may originate early in life when attachment styles are being established. Finally, since elevated Schadenfreude and diminished Freudenfreude have been assumed to distort and even disrupt relationships, the relationship between these tendencies, depression, and loneliness was examined.

Method

Undergraduate participants (141 male, 224 female) were recruited via an introductory psychology course. Students volunteered for involvement and received bonus points in exchange for their participation. The mean age was 18.94 years (s.d. = 0.98). In order to assess depressive symptoms, the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996) was administered. The BDI-II is a 21-item symptom-rating scale that provides a 0-63 severity score. Items assessing Schadenfreude and Freudenfreude from the FAST (Cattai et al., 2012) were used to evaluate these tendencies. The Schutte Self-Report Emotional Intelligence Test (SSEIT) (Schutte, Malouff, Hall, Haggerty, Cooper, & Golden, 1998) was used to measure general emotional intelligence (EI). The SSEIT is based on the EI model developed by Salovey and Mayer (1990) and is closely associated with the EQ-I model of Emotional Intelligence. Schutte reports a reliability rating of 0.90 for thescale).

The Adult Attachment Scale (AAS) was also included in the survey packet administered to all participants. It consists of 18 items based on Hazan and Shaver's (1987) Attachment Style Measure and other descriptions of infant attachment (Collins & Read, 1990). The statements indicate three fundamental dimensions of adult attachment, Closeness, Dependence, and Anxiety, with six items assessing each factor (Collins & Read, 1990). The packet also included the Adolescent Relationship Questionnaire (ARQ), (Bartholomew & Horowitz, 1991). Preoccupied represents anxious-ambivalent attachment, and dismissing and fearful represent two distinct forms of avoidant attachment. Past research suggests that the ARQ is an internally consistent measure for attachment ratings (Scharfe & Bartholomew, 1994). The UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) was included in the survey to assess loneliness. It consists of 20 four-point Likert items, with higher scores indicating greater feelings of loneliness.

Results

All 21 items on the BDI-II were included in scores for depression symptoms. A tertile split was performed, yielding low (scores below 6; n = 91, 44 male and 47 female), medium (scores from 6 to 12; n = 104,42 male and 62 female), and high (score above 12; n = 106, 34 male and 72 female) depression score groups.

Independent samples t-tests were conducted to compare the low and high depression symptom groups on relational measures. Significant group differences were found on both the Schadenfreude and the Freudenfreude items.

Schadenfreude and Freudenfreude scores for Low and High Depression (BDI-II) tertile groups		N	Mean	S.D.
Schadenfreude	Low Depression	120	2.38	.59
t=1.94, df=246, p=.05	High Depression	138	2.52	.54
Freudenfreude	Low Depression	119	2.15	.61
t=2.20, df=234, p=.03	High Depression	128	1.99	.52

There was a statistically significant difference in emotional intelligence among the three depression groups, as determined by one-way ANOVA ($F(2,286) = 26.64$, $p < .001$). Those experiencing more depressive symptoms scored lower in emotional intelligence.

SSEIT scores for Low, Medium, and High Depression (BDI-II) tertiles.

		N	Mean	S.D.
EMOTIONAL INTELLIGENCE	Low Depression	122	128.04	13.04
	Medium Depression	136	125.21	13.76
	High Depression	131	116.44	13.01

In order to assess relationships between depression and attachment issues, a 3 (depression: high, medium, and low) by 2 (sex) MANOVA was performed on all three Adult Attachment Scale subscales (Collins and Read, 1996; close, depend, and anxiety subscales) and all four items on the Adult Relationship Questionnaire (Scharfe and Bartholomew, 1995; secure, fearful, preoccupied, and dismissing status). Main effects of depression symptom group (Wilks' Lambda = .68, $F(14/578) = 8.75$, $p < .01$, $\eta_p^2 = .18$) and sex (Wilks' Lambda = .88, $F(7/289) = 5.51$, $p < .01$, $\eta_p^2 = .12$) emerged. No significant interactions were found.

Follow up analyses determined depression level group membership had significant effects on all AAS subscales (all $p < .01$ with η_p^2 effect sizes between .04 and .18), as well as ARQ secure, fearful, and preoccupied items (all $p < .01$ with η_p^2 effect sizes between .09 and .15). Gender only had significant effects on two ARQ items, fearful ($p = .03$) and dismissing ($p < .01$), with modest effect size (fearful: $\eta_p^2 = .02$; dismissing: $\eta_p^2 = .06$).

Independent samples t-tests were conducted to compare the low and high depression symptom groups on all attachment measures. Significant differences were found for all three AAS subscales and three out of four ARQ items (all p values < .01). As expected, those who reported the lowest levels of depression symptoms reported higher levels of AAS closeness (lowest depression: x = 20.79, s.d. = 3.03; highest depression: x = 19.22, s.d. = 2.47, $p < .01$), AAS willingness to depend on others (lowest depression: x = 22.66, s.d. = 4.29; highest depression: x = 17.30, s.d. = 4.74, $p < .01$), and ARQ secure attachment (lowest depression: x = 3.75, s.d. = 0.94; highest depression: x = 2.97, s.d. = 0.91, $p < .01$). Those who reported the highest levels of depression symptoms also reported higher levels of AAS anxious attachment (highest depression: x = 20.10, s.d. = 5.75; lowest depression: x = 13.02, s.d. = 5.07, $p < .01$), ARQ fearful status (highest depression: x = 3.06, s.d. = 1.26; lowest depression: x = 2.02, s.d. = 1.01, $p < .01$), and ARQ preoccupied status (highest depression: x = 3.16, s.d. = 1.33; lowest depression: x = 1.98, s.d. = 1.11, $p < .01$).

ARQ scores for Low, Medium, and High Depression (BDI-II) tertiles.

		N	Mean	S.D.
SECURE	Low Depression	122	3.75	.94
	Medium Depression	138	3.60	.89
	High Depression	132	2.98	.91
FEARFUL	Low Depression	122	2.02	1.01
	Medium Depression	138	2.49	1.09
	High Depression	131	3.07	1.27
PREOCCUPIED	Low Depression	122	1.98	1.106
	Medium Depression	138	2.41	1.17
	High Depression	131	3.16	1.32
DISMISSING	Low Depression	122	1.82	.97
ns	Medium Depression	138	1.90	1.05
	High Depression	132	1.98	1.04

AAS scores for Low, Medium, and High Depression (BDI-II) tertiles.

		N	Mean	S.D.
CLOSENESS	Low Depression	94	20.79	3.03
	Medium Depression	110	20.53	2.84
	High Depression	109	19.24	2.59
COMFORT DEPENDING	Low Depression	92	22.66	4.29
	Medium Depression	108	20.46	4.26
	High Depression	111	17.26	4.77
ANXIETY	Low Depression	94	13.02	5.07
	Medium Depression	111	20.45	28.61
	High Depression	109	20.12	5.70

Although there were differences in the proportion of males and females between the low depression and high depression groups, independent samples t-tests revealed significant gender differences on onlytwo items, ARQ fearful status and ARQ dismissing status. Female participants reported higher levels of ARQ fearful status (females: x = 2.66, s.d. = 1.19; males: x = 2.35, s.d. = 1.16, p = .01) whereas males reported higher levels of ARQ dismissing status (males: x = 2.09, s.d = 1.04; females: x = 1.76, s.d. = 0.98, p < .01), an item which yielded no significant differences between the depression level groups.

Correlational analyses were conducted to explore relationships among depression, emotional intelligence, loneliness, Schadenfreude, and Freudenfreude. As anticipated, BDI-II scores were significantly negatively correlated with SSEIT Emotional Intellligence scores (r=-.37, p<.001, N=308). Other than correlating with each other (r=-.27, p<.001) and scores on the BDI-II (r=.14, p=03 and r=-.19, p=.02, respectively), the Schadenfreude and Freudenfreude scores were not significantly associated with the other variables.

Finally, as predicted, BDI-II scores were significantly correlated with UCLA Loneliness scores (r=.59, p<.001, N=310), and SSEIT emotional intelligence scores were negatively correlated with UCLA Loneliness score (r=.40, p<.001, N=309).

Discussion

As expected, depressed participants were more likely to enjoy a friend's failure and less like to enjoy a friend's success. These findings were consistent with prior documentation of somewhat elevated Schadenfreude and deficient Freudenfreude among many of those suffering from depression. Although the magnitude of the difference in this sample was small, the findings corroborate the earlier work and support previous recommendations for including methods for addressing these tendencies in treatment, since both may be hazardous to relationship success.

Interestingly, in this sample Schadenfreude and Freudenfreude were not significantly related to global emotional intelligence. This may suggest that targeting interventions in a more tailored manner may be better than offering generic social skills training. However, the fact that global emotional intelligence was significantly linked to both depression and loneliness suggests that many depressed individuals may benefit from broad interpersonal skills enhancement techniques.

The current attachment findings indicate that depressed individuals often find it hard to feel as close to people as they desire. Many of those in the high depression group reported worrying about being alone, and indeed the results showed a very strong relationship between depressive symptoms and loneliness. The yearning for greater relationship success was also evident in the depressed group's greater endorsement of the ARQ item assessing preoccupied attachment style: "I want to be really close to people, but they don't want to get that close to me. I am unhappy if I don't. Similarly, their frequent endorsement of the item assessing fearful attachment also reveals their forward: It is hard for me to feel close to people. I want to be close to people, but I find it hard to trust them. I find it hard to ask people for help. I worry that if I get too close to people they will end up hurting me".

Given these findings, clinicians treating those suffering from depression may want to make interpersonal functioning more of a focus of care. This has long been emphasized by practitioners of Interpersonal Therapy (IPT; Klerman, Weissman, & Rounsaville, 1984). The current findings imply the need for targeting specific aspects of empathy enhancement in work with depressed individuals.

Due to low self-esteem and feelings of inadequacy, depressed individuals may consistently underestimate how much others need and value their emotional support and validation. Depressed clients may therefore fail to recognize how their deficient positive reaction to others' successes (lack of Freudenfreude) may frustrate and disappoint potential friends. Correcting this by encouraging clients to consciously focus on others' reports of positive experiences and request additional details about these experiences may help to enhance the quality of clients' relationships.

Since nurturing others has been shown to enhance experience of Freudenfreude, clinicians may also want to encourage depressed clients to develop more ways of nurturing others. Intentionally seeking ways to occupy a nurturing role in the lives of others may help to elevate clients' experience of Freudenfreude. Clinicians can also highlight ways clients routinely nurture others, which they may be overlooking.

If clients see themselves as having assisted in their friends' successes, their own spirits are more likely to be buoyed when these victories are shared. Clients who have been helpful will feel they deserve some of the credit, which should make them less likely to feel competitively threatened by

friends' successes and protect them from being adversely affected by problematic upward social comparison.

This study was importantly limited by its reliance on data from undergraduates. Replication with a more diverse and clinically representative sample would be valuable. In addition, the correlational nature of this investigation's design also precludes determination of causal directionality. Low emotional intelligence and attachment problems may foster vulnerability to depression, depression may alter experience (or self-reporting) of these factors, or possibly both. Future work using a longitudinal design could help to clarify these causal relationships.

Conclusion

Elevated Schadenfreude and diminished Freudenfreude may play a role in causing, maintaining, and/or exacerbating depression. The current emotional intelligence and attachment findings, taken with previous research demonstrating the efficacy of Interpersonal Mutuality Training (Chambliss, Hartl, Bowker, & Short, 2014), support therapists' considering the use of Freudenfreude enhancement training methods with individuals scoring especially high on the BDI-II. Relationship problems appear to be central to depression. Many patients seek better relationships, but may unwittingly behave in ways that impede their success. The observed negative relationship between emotional intelligence and loneliness supports use of treatments like interpersonal mutuality training to combat depression and its associated loneliness. Developing a clearer understanding of the specific interpersonal barriers that need to be addressed in working with patients recovering from depression should facilitate treatment customization, which hopefully will enhance the endurance of treatment gains.

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