**The Role of Positive and Negative Aspects of Life Events in Depressive and Anxiety Symptoms**

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Abstract

Negative or stressful life events are robust risk factors for depression and anxiety. Less attention has been paid to positive aspects of events and whether positivity buffers the impact of negative aspects of events. The present study examined positivity and negativity of interpersonal and non-interpersonal episodic life events in predicting anxiety and depressive symptoms in a sample of 373 young adults. Regressions tested main and interactive effects of positivity and negativity ratings of events in predicting symptom factors (Fears, Anhedonia-Apprehension (AA), General Distress (GD)) relevant to anxiety and depression. A significant interaction demonstrated that positivity protected against high levels of negativity of non-interpersonal events in predicting GD. A main effect of interpersonal negativity predicting higher AA was observed. Results for Fears were non-significant. Findings suggest that positivity of life events may buffer against negativity in predicting symptoms shared between anxiety and depression.

*Keywords:* depression; anxiety; life events; positivity; negativity

**The Role of Positive and Negative Aspects of Life Events in Depressive and Anxiety Symptoms**

Stressful events and their associated negativity predict the onset of depressive symptomology and disorders (Daley et al., 2000; Kessler, 1997) as well as anxiety disorders (Uliaszek et al., 2010). Little attention, however, has been paid to positive aspects of major life events, including objectively positive contextual features associated with negative events (e.g., benefits of ending a toxic romantic relationship), or primarily positive significant life events (e.g., graduating college with good grades). The current study evaluates whether positivity buffers the effects of negativity of life events upon psychopathology.

A holistic approach to examining life events appreciates that stressful or significant events are not solely negative. Significant events may have positive or negative elements, or both, depending on context. Therefore, in considering the association between valence of events and psychopathology, events must be assessed using measures which objectively account for contextual features surrounding events, rather than relying on individuals’ self-perceptions of positivity and negativity. Contextual measurements capture the inherent complexity of life events, allow for more accurate assessment of risk for and protection from psychopathology (Hammen, 1991), and importantly, consider positive aspects of significant life events.

Positive life events are associated with increased well-being (McCullough et al., 2000; Nezlek, 2020; Panaite et al., 2021) and positive affect (Clark & Watson, 1988). Positive affect, in turn, enhances flexible thinking, problem-solving, effective coping, and well-being, and builds social resources (Fredrickson, 2004). Therefore, positivity of significant life events might reduce risk for depression and anxiety. In partial support, positive life events have been associated with lower depression and anxiety symptom severity longitudinally (Hovenkamp-Hermelink et al., 2019) and spontaneous remission of depression (Needles & Abramson, 1990; Spinhoven et al., 2011).

Positivity of life events may buffer the impact of negative life events upon depression and anxiety through various pathways, including dampening of negative affect or appraisals induced by negative events (Moberly & Watkins, 2008; Garland et al., 2009; Fredrickson, 1998). For example, positive emotion inductions predicted subsequent reductions in negative affect (Fredrickson et al., 2008; Sin & Lyubomirsky, 2009). In turn, negative events themselves may be viewed as less severe, and thereby, less impactful upon depression or anxiety (Zautra & Reich, 1983). Consistent with a buffering model, high levels of positive events reduced depressive symptoms in college students with high levels of negative events (Dixon & Reid, 2000). Another study replicated this effect for depressive, but not anxiety symptoms (Kandler & Ostendorf, 2016). Similarly, Haeffel and Vargas (2011) found that positive life events buffered against stress among individuals at risk for depression. Relatedly, positive mood buffered the effects of chronic stress on mood and anxiety disorder development, although positive mood was assessed independent of life events (Sewart et al., 2019).

Though these studies provide empirical support for buffering effects, they have been limited to self-reported positivity and negativity of life events. Self-report measures risk being obscured by respondents’ symptomology (Hammen, 2018) and contextually sensitive life stress measures are widely regarded as the gold standard in the field (Harkness & Monroe, 2016). Moreover, no studies have simultaneously assessed negativity and positivity of each event, and instead, have assigned each event to either a positive or a negative valence. Additionally, studies to date have assessed depression and anxiety independently, rather than through the lens of hierarchical dimensional models, which evaluate patterns of covariation among symptoms across different levels of generality and specificity (Krueger et al., 2018), and offer more precision in assessing buffering effects.

The present study sought to address gaps in the literature by examining the relationship between valence of contextually assessed interpersonal and non-interpersonal episodic (i.e., discrete beginning/end) life events and dimensional symptom factors of depression and anxiety using three factors (Fears, Anhedonia-Apprehension, General Distress) of the tri-level model of anxiety and depression (Naragon-Gainey et al., 2016; Prenoveau et al., 2010). We extend previous work through objective contextual assessment of positivity and negativity of significant life events in young adults. Young adulthood is a developmental stage marked by uncertainty and instability (e.g., experiencing a series of romantic relationships; balancing school and work duties) and involves taking on more responsibilities and making decisions independently (Arnett et al., 2014). In addition, mental health disorders are highly prevalent during this period compared to other age groups (Arnett et al., 2014). As such, young adults are a crucial sample in which to study life events in relation to depression and anxiety as the experiences of and responses to life events during this period may impact mental health trajectories. We opted to examine interpersonal and non-interpersonal events in part based upon prior work suggesting that events with interpersonal features might uniquely predict depression, as opposed to other forms of psychopathology (e.g., Brown & Harris, 1978). We also examined events by interpersonal and non-interpersonal domains because late adolescence and early adulthood marks a developmental period in which interpersonal relationships, particularly with peers, become increasingly important. Peer relationships at this age can be exceptionally supportive (e.g., promoting prosocial behaviors or academic achievements) or quite deleterious (e.g., facilitating substance use) for development (Steinberg & Morris, 2001). Examining differential effects of positivity and negativity of life events in each domain might further clarify risk for and protection from psychopathology in this age group. Additionally, we extend prior work by examining the association between events and dimensional symptom factors. These symptom factors provide a unique advantage in parsing whether effects are attributable to shared, as opposed to unique, features of depression and anxiety.

Based upon prior work (Vrshek-Schallhorn et al., 2015), we hypothesized that negativity of interpersonal life events would be associated with elevations in symptoms factors (i.e., Fears, Anhedonia-Apprehension, and General Distress). Second, we hypothesized that positivity of life events across interpersonal and non-interpersonal domains would be associated with reductions in symptom factors, based upon evidence linking positivity to reduced anxiety and depressive symptom severity (Hovenkamp-Hermelink et al., 2019). Finally, given possible buffering pathways for positive life events, we hypothesized that positivity of interpersonal life events would moderate the impact of negativity thereby reducing symptom severity for Anhedonia-Apprehension. Analyses of buffering effects for General Distress and Fears were exploratory, given conflictual evidence for anxiety presentations (e.g., Kandler & Ostendorf, 2016; Sewart et al., 2019). Overall, we expected more robust findings for Anhedonia-Apprehension and General Distress, compared to Fears, due to the relevance of depressive presentations to these factors.

**Transparency and Openness**

*Preregistration*

The present study was not preregistered.

*Data, Materials, Code, and Online Resources*

De-identified data and code for all analyses can be found through OSF:https://osf.io/h23ud/.

*Reporting*

This study involved an analysis of existing unpublished data from a larger study of positive and negative valence systems in young adults. The sample size determination was made based upon power analyses conducted regarding main outcomes for the broader study. Participants were recruited based upon trait neuroticism and reward sensitivity (see below, Participants). Exclusion criteria included traumatic brain injury with evidence of neurological deficits, neurological disorders, severe or unstable medical conditions, any condition that interferes with the acquisition or interpretation of fMRI data, pregnancy, inability to speak or read English, lifetime psychotic disorder, lifetime bipolar disorder, and clinically significant substance or alcohol abuse or dependence in the past six months. The present study uses a subset of variables that were selected a priori in alignment with present study aims. Therefore, we do not report all measures used in the broader study, but rather, all measures pertinent to the constructs examined in the present study. We retained all available data for the present study. There were no manipulations in the present study.

*Ethical Approval*

Study procedures were approved by Institutional Review Boards at the University of California, Los Angeles (UCLA) (Protocol #13-001606) and Northwestern University (Protocol #STU00086226) and were carried out in accordance with the provisions of the Declaration of Helsinki.

**Method**

***Participants***

Young adults (*N* = 373) were recruited as part of the longitudinal, two-site Brain, Motivation, and Personality Development (BrainMAPD) study (R01MH100117), which employed a Research Domain Criteria (RDoC; Insel et al., 2010) approach, examining positive and negative valence systems, and was led by UCLA and Northwestern University. The transitional period from late adolescence to young adulthood was selected given that there is typically a peak onset of depressive and anxiety disorders during this age range, and the broader BrainMAPD study had a particular interest in understanding factors associated with the emergence of psychopathology in a non-clinical sample. The sample was recruited at UCLA and Northwestern through activity fairs, flyers, and posts on Facebook pages for incoming classes. Recruitment was based upon self-reported scores of trait Neuroticism (Eysenck Personality Questionnaire-Neuroticism (EPQ-N); Eysenck & Eysenck, 1975), and Reward Sensitivity (Behavioral Activation Scale (BAS); Carver & White, 1994). Participants were oversampled from the two diagonals of the bivariate space defined by the EPQ-N and BAS scales; those who fell in the high, mid, and low regions on each scale were represented in the sample to ensure inclusion of individuals at risk for the onset of depression and anxiety. Therefore, the sample comprised individuals with scores that were high, low, or mid-range on each measure, or high on one and low on the other.

At enrollment, participants were between 18-19 years old. However, average age at time of diagnostic interview was 19.43 (*SD* = 5.01). The sample was primarily female (67.0%) and racially diverse (33.1% White, 28.5% Asian, 18.5% Hispanic, 9.9% Black, 7.5% Multiracial, 2.2% American Indian/Native Alaskan, 0.3% Not Reported). Gross family incomes varied in the sample, although the majority reported higher incomes. Specifically, 18.2% of the sample reported gross household incomes below $19,999, 19.2% reported incomes between $20,000-$99,000, 18.0% reported incomes between $100,000-$199,999, and 29.7% reported incomes over $200,000. Participants provided written consent to participate in the study.

***Measures***

*Tri-Level Model Measures.* Participants completed self-report measures assessing anxiety and depressive symptoms (Prenoveau et al., 2010). Three subscales of the Fear Survey Schedule-II (Geer, 1965) assessed specific fears. The Albany Panic and Phobia Questionnaire examined fears of sensation-producing activities and agoraphobic situations (Rapee et al., 1994). The Self-Consciousness subscale of the Social Phobia Scale assessed social fears (Mattick & Clarke, 1998). The Inventory to Diagnose Depression probed anhedonia, dysphoria, hopelessness, and self-deprecation (Zimmerman et al., 1986). The Mood and Anxiety Symptom Questionnaire (Watson et al., 1995) assessed symptoms of anxiety, including generalized anxiety and panic, and symptoms of depression.

The tri-level model was derived using items on these self-report measures (see Prenoveau et al., 2010 for model specification). Factor scores were developed using Confirmatory Factor Analysis in M*plu*s version 5.0 (Muthén & Muthén, 1998-2007). Each factor was constrained to be orthogonal to all other factors. The three broadest factors of the model, General Distress (GD; *M* = .08; SD = .92), Anhedonia-Apprehension (AA; *M* = -.06; SD = .92), and Fears (*M* = -.02; SD = .80), were used in the present study. GD is the broadest factor of the tri-level model. GD is a general, transdiagnostic factor characterized by both depressive and anxious presentations captured by the two intermediate factors of the model, Fears and AA, given that all items in the tri-level model load onto GD directly; depression and worry are the strongest markers for this factor (Naragon-Gainey et al., 2016). AA is characterized primarily by positive affect (negative loadings), but also by depression and worry. The Fears factor is characterized by social, specific and interoceptive/agoraphobic fears, obsessive-compulsive symptoms, anxious arousal, and somatic tensions.

*Life Events Interview.* A modified version of the UCLA Life Stress Interview (LSI; Hammen et al., 1987; Hammen, 1991) probed chronic and episodic life events. The present study used episodic events, as positivity ratings were not collected for chronic events.

Highly trained doctoral-level and post-baccalaureate interviewers inquired about significant events (date, nature and surrounding context) that occurred in the year prior to the interview. The measure was designed to inquire about events only within the last year or less, given reductions in accuracy of recall of life events beyond that time. Training entailed multi-day sessions, which included reviewing the goal and administration of interview prompts, practicing administering the interview, and reliability practice in which interviewers completed ratings of clinical vignettes and were required to meet a standard of reliable ratings for both negativity and positivity ratings before being certified to conduct interviews. Given that positivity ratings were novel, interviewers received additional training that reviewed events with positive features common to college populations (e.g., starting a new relationship, recognition for accomplishments, getting into an academic program or receiving a job), and how to probe for the positive impact of these events on participants’ lives.

Interview prompts were general, such that events reported could be positive or negative. For example, in assessing events related to social life, the interviewer asked, “Have there been any particular events that have occurred in your relationships with any of your friends over the past 12 months?” Probes were added to capture potentially positive events, including accomplishments, improvements, or new relationships, and interviewers queried about the circumstances to clarify the context. The interviewer subsequently presented a narrative account of each life event to a team of two or more independent raters, who were blind to participant’s diagnoses, and made consensus ratings on events that significantly impacted participants’ lives. Ratings were provided by the consensus team, rather than the participant, in order to obtain objective impact rather than participants’ subjective interpretations of events potentially biased by their emotional reactions. Raters provided four ratings for significant events: “severity” (positivity; negativity), domain, and code.

The consensus team rated events for both negativity *and* positivity. Therefore, each life event received two “severity (impact)” ratings: one of positivity and one of negativity. Negativity ratings were consistent with the original conception of LSI severity ratings, which measured the severity or harm of the impact of significant life events. Negativity was rated on a scale from 1 (not or only minimally negative) to 5 (extremely negative, most catastrophic conditions imaginable) in half-point increments. Positivity ratings were developed to mirror the ratings of negativity, and therefore, were also rated on a 1 (minimally positive or not at all positive) to 5 (extremely positive) scale in half-point increments. Ratings of 4 or 5 are exceptionally rare by design. Positivity ratings were intended to capture the objective beneficial features of major life events but were not designed to measure participants’ subjective emotional responses to events. For example, graduating high school with good grades would typically be scored as more positive than simply meeting graduation standards (i.e., passing grades), due to the possibility that higher achievement may afford better post-graduation opportunities, including financial benefits. However, graduation from high school may also typically be seen as mildly negative, depending upon how challenging the transition from school might be given an individual’s circumstances. In the same example, a participant endorsing relief at graduating with marginally passing grades would not impact ratings of positivity, given that the ratings were meant to extract participants’ emotional experiences from the objective impact of events founded in context and facts. Importantly, positivity is a broad construct and could also be considered to represent discontinuation of a harmful life circumstance. For example, an abusive romantic relationship ending, while potentially emotionally evocative for a participant, would be rated as more positive than a non-abusive relationship ending due to the objective positive impact on a person’s life (e.g., increased safety). Of note, positivity and negativity ratings may not be entirely independent because context surrounding events was considered for both positivity and negativity ratings.

Events were considered within ten domains: close friendships, social life, romantic relationships, family relationships, neighborhood/dorm environment, school/academic experiences, work, finances, health, miscellaneous. The first four domains were considered interpersonal and the latter six were considered non-interpersonal, consistent with prior work (e.g., Uliaszek et al., 2010). We examined these domains given evidence that interpersonal and non-interpersonal events differentially predict depression and anxiety (Hammen, 2005; Uliaszek et al., 2010).

Event codes described event content more specifically (e.g., changing schools, traffic accident, becoming engaged), based upon a modified Paykel and Mangen (1980) event list. See Table 1 for most common events in this sample.

Four life event variables were considered in analyses: interpersonal positivity (*M* = 1.39, *SD* = 0.48), interpersonal negativity (*M* = 1.73, *SD* = 0.51), non-interpersonal positivity (*M* = 1.83, *SD* = 0.59), and non-interpersonal negativity (*M* = 1.63, *SD* = 0.46).

Reliability ratings were performed on a subset of interviews (*N* = 33) across sites; interviewers at each site listened to recordings from the alternate site and presented to their team for consensus ratings. Reliability raters were blind to the other site’s consensus ratings. Analyses demonstrated good to excellent reliability (Koo & Li, 2016): ICC (2,2) for interpersonal positivity was 0.89, for non-interpersonal positivity was 0.95, for interpersonal negativity was 0.89, and for non-interpersonal negativity was 0.86.

***Analyses***

Analyses were conducted in Stata 16 (StataCorp, 2019). We used linear regressions to predict the three broadest (GD, AA, Fears) tri-level model factor score estimates from positivity and negativity of life events. We estimated two models for each tri-level model factor: the first model probed an interaction between positivity and negativity associated with interpersonal events and the second model tested this relationship among non-interpersonal events.[[1]](#footnote-1) Significant interactions were followed with tests of simple effects. Non-significant interactions were followed by tests of main effects of positivity and negativity simultaneously within interpersonal or non-interpersonal domains. We also conducted two exploratory post-hoc analyses for significant effects, in which we controlled for the effect of the two tri-level model factors not included in the original model (i.e., for a model that originally predicted GD, the post-hoc analysis controlled for AA and Fears). Significant results were those with *p*-values < .05.

Participants varied in number of life events; some participants had one life event, while others had more than ten. To account for clustering of life events within participants, and to avoid collapsing data within participants, models used cluster robust-standard errors, which account for non-independence of observations within individuals (McNeish et al., 2017). Therefore, analyses took clustering into account without necessitating computation of sum scores within each life event domain.

**Results**

*General Distress*

See Table 2 for regression results. Interactive and main effects in the interpersonal domain were non-significant (*p*s > .50). However, there were significant main effects of non-interpersonal positivity (*p* = .004) and negativity (*p* = .002), and a significant interaction (*β* = -.39; 95% CI = [-.62,-.15]; *p* = .002). Tests of simple effects demonstrated that at low levels of non-interpersonal negativity (i.e., negativity ratings of 1.5), a one-unit change in positivity did not significantly predict GD (*p* = .06). However, at moderate to high levels of negativity (i.e., ratings > 2.5), increases in positivity were significantly associated with lower GD (*p*s < .01; Figure 1). Results remained significant (all *p*s < .01) in an exploratory post-hoc analysis controlling for Fears and AA.

*Anhedonia-Apprehension*

Interactive and main effects of interpersonal positivity were non-significant (*p*s > .25). There was a main effect of interpersonal negativity (*p* = .04). A one unit increase in negativity was associated with a .18 unit increase in AA, over and above the effect of positivity. This effect remained significant (*p* < .05) in a supplementary analysis controlling for GD and Fears. Effects in the non-interpersonal domain for AA were non-significant (*p*s > .16).

*Fears*

All effects within interpersonal (all *p*s > .14) and non-interpersonal (all *p*s > .52) domains were non-significant for Fears.

**Discussion**

This study was the first to examine positivity and negativity of episodic life events in predicting symptoms of depression and anxiety. We found an interactive effect in the non-interpersonal life event domain for General Distress, the broadest tri-level factor related to both anxiety and depression, with positivity buffering against high levels of negativity. Interactive and main effects in the interpersonal domain for General Distress were non-significant. Additionally, we found a main effect of interpersonal negativity predicting increases in Anhedonia-Apprehension, which is characterized primarily by low positive affect, depression, and worry, and is more closely tied to depression than to anxiety. Effects for interpersonal positivity and non-interpersonal positivity and negativity predicting Anhedonia-Apprehension were non-significant, as were all interactive and main effects for Fears. Our results demonstrate that positivity of life events moderate the association between negativity of events and depression and anxiety. Findings also highlight the importance of holistic life event measurements that incorporate positivity ratings. Previously focusing almost exclusively upon negativity of significant life events limited our capacity to elucidate the complex relationships between events and psychopathology.

Results demonstrated that positivity of non-interpersonal life events moderated the impact of negativity in predicting General Distress. Broadly, this finding suggests that the experience of high levels of positivity of events is protective against the impact of negativity of events, which has previously been found to confer risk for psychopathology, and in particular, depressive presentations (e.g., Hammen, 2005). One explanation for this finding is that positive events generate positive affect (Clark & Watson, 1988), which may offset negative affect generated by negative events (Moberly & Watkins, 2008). Another possibility is that positive events may reduce negative appraisals or perceived consequences of negative events (Zautra & Reich, 1983; Garland et al., 2009), a process potentially related to increased positive affect and broadened awareness after experiencing positive events (Fredrickson, 1998). We did not find significant interpersonal buffering effects. Interpersonal life events might be more likely to recur or entail a more chronic element, in part because of a tendency for individuals with or at risk for depression, even when asymptomatic, to select into stressful environments (Hammen, 2003). This may include selecting romantic partners or close friends with whom conflict is more likely. In turn, positivity of interpersonal events may be overshadowed by a chronically stressful interpersonal environment. Future work is needed to explore this possibility and to replicate effects observed in the present study.

We also found that negativity of interpersonal events predicted greater Anhedonia-Apprehension, consistent with prior work linking negative interpersonal, rather than non-interpersonal, events to depression (e.g., Hammen, 2005). The absence of a significant main effect of positivity or interactive effect of positive events upon negative events might be attributable to various diatheses for depression. The depressive tendency to attribute negative events to self and positive events to external factors (e.g., Alloy et al., 1988; Rubenstein et al., 2016) may reduce the potency of positive events to counteract negativity. Deficits in reward sensitivity among individuals with depression may also explain results (e.g., Pizzagalli et al., 2009). Depression and anhedonia have been linked to decreased reports of positive emotions and anticipatory pleasure (Hallford et al., 2020) as well as aberrant physiological responses to emotional content (i.e., lack of association with heart rate in response to positive and negative emotional stimuli; Fitzgibbons & Simons, 1992). Emerging evidence also points to both blunted (e.g., nucleus accumbens) and increased (e.g., amygdala) neural or neurotransmitter activity related to anhedonic states (Wang et al., 2021). Deficits in reward sensitivity may undercut the impact of positivity of life events. Lastly, the depressive tendency towards rumination (Vanderlind et al., 2021) may hinder attentional disengagement from negative stimuli (Whitmer & Gotlib, 2012). Therefore, individuals with depression may be more likely to ruminate about negativity of events and have difficulty shifting their attention to something more benign or positive, again undermining the impact of event positivity.

We did not observe significant effects for the Fears factor, characterized by social and interoceptive/agoraphobic fears, and specific phobias. This finding is supported by prior evidence for buffering effects for depression but not anxiety (Kandler & Ostendorf, 2016). However, there is a dearth of evidence on positivity of events and fears. Regardless, relative to anhedonic depression and general distress, specific fears often emerge through specific learning events around to-be-feared stimuli, rather than generic life events (e.g., Mineka & Zinbarg, 2006), which may explain null findings. Findings may also be explained by low statistical power.

Our findings have implications for assessment of life events and interventions for depression and anxiety. Results demonstrate that positivity of life events can be effectively and reliably measured using an adapted version of the Life Stress Interview, a well-validated measure for assessing significant events. Treatment targets for depression and anxiety have been overly focused upon reducing negative events instead of increasing positive events. Our data point to the potential value of treatments designed to increase engagement with and appreciation for positive aspects of life events. For example, Positive Affect Treatment (PAT; Craske et al., 2016; Craske et al., 2019), which targets attending to, anticipating and savoring rewarding experiences, may augment positive experiences related to life events. Similarly, training individuals to recall positive memories of life events more thoroughly and preferentially, as well as amplifying positive aspects of memories of life events, hold promise as interventions for promoting positive mood, given extant support for approaches that include more extensive recall or amplification of positive memories (Dunn, 2012). Future work should examine how cognitive and behavioral interventions for deficits in the appetitive system may bolster the effects of positivity and reduce the impact of negativity of life events on internalizing disorders.

The present study had several strengths. This study was the first to our knowledge to simultaneously assess positivity and negativity of episodic life events, enabling direct comparisons of valence of events within the same measure, and reducing the likelihood that methodological differences between events assessed account for results. Additionally, life event ratings were made by independent consensus raters, allowing for more objective assessments than would self-report measures. Furthermore, we used dimensional measures to assess psychopathology, capturing sub-clinical as well as clinical presentations. Finally, the sample was relatively large and racially diverse.

A limitation of our study was its cross-sectional design, which prevented causal conclusions about whether positivity and negativity life events protect against or confer risk for symptom exacerbation prospectively. Cross-sectional methodology may also conflate causal effects of stress with stress generation effects to an unknown degree (Hammen, 1978). The age range was narrow; it is unclear how results may generalize to other age groups, especially because students may experience a higher number of positive events, given the salience of academic striving and achievement focus among college students. Many participants also reported higher incomes, again, limiting generalizability. Also, negativity and positivity ratings in the current sample contained very few extremely negative or positive events; samples that experienced higher levels of extremely negative or positive scores might reveal somewhat different results. Additionally, assigning events to interpersonal and non-interpersonal domains may preclude the ability to effectively capture contextual features of events that span domains (e.g., an interpersonal conflict at the workplace). Lastly, although we accounted for the variable quantity of life events across participants, it is possible that individuals with more life events are meaningfully distinct from those who report fewer.

While the present study represents a novel contribution to the life event literature, it also highlights several important avenues for future work. Future studies should test both prospective effects of positivity and negativity of events on symptomology and prospective effects of symptomology on positivity and negativity of events to clarify the direction of moderation. It may also be important for future work to compare effects of objective ratings of positivity and negativity to subjective ratings, to elucidate whether individuals’ experience of events differentially predicts outcomes. Such an analysis may also shed light on the validity of the positivity measure used in this study. Given that this study examined only episodic life events, in which duration of events was not reported, future work should also examine the degree to which findings generalize to chronic life events.

This study demonstrated that positivity of life events may buffer against the impact of negativity in predicting transdiagnostic depression and anxiety. We also replicate prior work, demonstrating that negativity of events is associated with Anhedonia-Apprehension, a factor closely tied to depression. These findings represent an important step in considering both positive and negative valence associated with life events, even among events that may be stressful.

Author Contributions

K.T. and C.L.H. developed the positivity ratings of episodic events for the Life Stress Interview. J.S.Y, A.V.M, and M.G.C developed the study concept with support from R.E.Z, R.N., C.L.H, N.J.K., and S.B. All authors contributed to the study design. J.S.Y performed data analyses and interpretation under the supervision of M.G.C., R.E.Z., and R.N. J.S.Y drafted the paper. A.V.M, R.E.Z, R.N., K.T., C.L.H, N.J.K., S.B., and M.G.C. provided critical revisions of the manuscript. All authors approved the final version of the manuscript.

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1. We conducted an exploratory analysis in which we examined the relationship between positivity and negativity of life events broadly, that is, not separated into interpersonal and non-interpersonal domains, and symptom factors. Results mirrored those when life events were separated by domain. Specifically, no significant results emerged for Fears (all *p*s > .05), there was a main effect of negativity on AA (*p* = .04), with higher levels of negativity predicting greater levels of AA, and positivity buffered against negativity in predicting GD (*p* = .01). We opted to present domain specific results given the importance of separating into interpersonal and non-interpersonal for this sample. [↑](#footnote-ref-1)