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The Relationship between Positive and Negative Affect, Narcissism, and Distress Tolerance with Rumination in Adolescent

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Abstract

Aim: The main objective of the current study was to examine the link between positive and negative emotions, narcissism, and distress tolerance about rumination among adolescent.

Method: The study adopted a descriptive correlational approach. The participants were selected from a population of 3000 students based on statistics provided by the education department for the academic year 2022-2023 in Behshahr city. 341 female high school students were selected using convenience sampling in the latter half of the academic year. The sample collected data using Watson, Clark, and Telger's (1988) positive and negative affect scales, Simonzo Gahr's (2005) distress tolerance scale, Nolen-Hoeksema's (1998) rumination scale, and Ames's (2006) narcissism scale. Data analysis was carried out using SPSS 24 software, with Pearson correlation coefficient tests and stepwise regression being utilized.

Results: The results of this study showed that rumination was predicted by negative affect, narcissism, and distress tolerance, and there was a moderate relationship between these variables. Distress Tolerance explained 23.9% of the variance in rumination, while the combination of negative affect strengthened this relationship, and Distress Tolerance and negative affect together explained 33.7% of the variation in rumination, and increased negative affect led to more rumination. Finally, when Narcissism was added to the model, it explained 51.6% of the variance.

Conclusion: Adolescents who feel happy and positive tend to be more social and have better physical health, leading to greater life satisfaction. Positive emotions help reduce stress and negative thinking, while negative emotions can lead to mental health problems like depression and anxiety.

Keywords: Positive and negative affect, Narcissism, Distress tolerance, Rumination, Adolescent

Introduction

Recent years have seen increased focus among clinical experts and researchers on thought patterns, particularly rumination, and their influence on the persistence of emotional disorders. This cognitive pattern is prevalent in conditions such as depression, obsessive-compulsive disorder, generalized anxiety disorder, and posttraumatic stress disorder (Jansson-Fröjmark, Sunnhed, Carney, & Rosendahl, 2024). This thinking style undermines the cognitive foundation of patients with depression, prolonging and intensifying depressive episodes. Rumination, a term that encompasses various stubborn, cyclical, and distressing thoughts triggered by low mood, has been extensively studied since the late 1980s (Tang, Xiong, Shi, Chen, Liu, Zhang, & Yao, 2021). Additionally, rumination disorder negatively impacts both mental and physical health (Escobar & Perez, 2023). Rumination, characterized by the repetitive and passive analysis of problems, worries, or distressing feelings without taking action, is prevalent among adolescents (Nolen-Hoeksema, 1998). Therefore, understanding the underlying factors and consequences of rumination disorder is crucial, as it can negatively impact students' academic performance and interpersonal relationships (Watkins, & Roberts, 2020). Additionally, rumination contributes to increased pessimism, leading to persistent depression, heightened anxiety, irrational beliefs, self-harming behaviors, and suicidal tendencies (Navya, 2021).

Many adolescents engage in rumination due to inadequate mastery and control over their emotions (Schunk, Trommsdorff, & König-Teshnizi, 2022). Emotion is functionally understood to include both positive and negative aspects, recognized as stable factors supported by numerous studies (Clark, & Watson, 2019). Consequently, positive and negative emotions are typically assessed as separate dimensions of emotional experience (Casuso et al., 2016). Positive affect refers to the experience of pleasant emotions, active energy, focused attention, and engagement in enjoyable activities. In contrast, negative affect encompasses inner despair and disengagement, alongside avoidant moods like anger, sadness, disgust, contempt, guilt, fear, and irritability (Jansson-Fröjmark et al, 2024). The link between these emotional dimensions and various mental disorders, including anxiety, depression, and personality disorders, has been explored. Research indicates that positive affect is a critical factor in studies on well-being and health maintenance (Gautam et al, 2024). Individuals with higher positive emotions tend to engage in more social interactions and are less prone to physical illnesses. Positive emotions correlate with life satisfaction, well-being, and healthy social relationships, whereas negative emotions are linked to psychological distress and challenges in coping (Acoba, 2024). Conversely, negative emotions can lead to issues such as adolescent depression and its recurrence in adulthood, unacceptable behaviors, conduct disorders, anxiety, and low self-esteem. Persistent negative emotions can create automatic negative thoughts that further exacerbate these emotions, resulting in maladaptive behaviors like rumination (Kökönyei, Kovács, Szabó, & Urbán, 2024).

From a psychodynamic perspective, narcissism involves fragile self-esteem, a grandiose self-concept, inadequate parenting, and a lack of appropriate responses to a child's developmental needs. This can lead individuals to internalize affection and compensate for deep-seated feelings of inferiority (Green, MacLean, & Charles, 2022). Those with narcissistic personality disorder seek admiration from others and can become angry if they do not receive it, often humiliating those they target (di Giacomo, Andreini, Lorusso, & Clerici, 2023). Ultimately, narcissistic individuals struggle with self-perception, presenting an idealized and unrealistic self-evaluation when asked (Krizan, & Herlache, 2018). In this disorder, individuals constantly seek the approval of others, a behavior known as rumination. This stems from the narcissist's inflated self-image, where they perceive themselves as royalty. They believe it is others' responsibility to fulfill their desires while feeling no obligation to assist others. With a low sense of responsibility, they often resist following rules and traditions. Since reality contradicts their exaggerated self-view, narcissists inhabit a distorted fantasy world filled with self-deception, accompanied by intense rumination. They maintain idealized images of unlimited success, power, brilliance, attractiveness, and perfect love, which give them a sense of uniqueness and control. These fantasies help shield them from emptiness and inner shame (Gautam et al, 2024).

Many adolescents struggle with low distress tolerance, leading to various pathological symptoms and maladaptive behaviors such as anxiety, depression, and rumination (Carbonate, 2019). Those with low distress tolerance often resort to behavioral disorders as a misguided way to cope with negative emotions. Distress tolerance reflects one’s perceived ability to withstand unpleasant emotional states and to endure internal distress caused by stressors (Ahangaran, Dortaj, Ghaemi, & Nasrolahi, 2024). Consequently, adolescents with lower distress tolerance are more likely to respond maladaptively to distressing situations, which can perpetuate rumination (Slabbert, Hasking, & Boyes, 2018). Distress tolerance relates to managing disturbing internal experiences, such as negative thoughts and physical feelings like restlessness, tension, stress, fear, and irritability. Low distress tolerance in adolescents increases psychological vulnerability, leading them to react more severely to stress and employ weaker coping strategies. Consequently, they tend to avoid negative emotions through methods that suppress these feelings, resulting in heightened rumination and compulsive behaviors (Slabbert, Hasking, Notebaert, & Boyes, 2022).

Research on rumination among adolescent girls in Iran, particularly regarding the influences of positive and negative affect, narcissism, and distress tolerance, is limited. Existing studies provide insufficient information on how these factors relate to rumination, highlighting the need for further investigation due to the complexity of these concepts. This study aims to offer practical solutions for counselors, teachers, families, and educational planners to improve adolescent rumination management. Ultimately, it seeks to explore the relationships between positive and negative affect, narcissism, distress tolerance, and rumination in adolescent girls.

Methodology

This descriptive correlational study examined female second-year high school students in Behshahr city (government and non-government schools) during the 2022-2023 academic year. Using convenience sampling, a sample of 341 students was selected according to Krejcie and Morgan's table. Participants (N = 341) were aged 16-18 years (M = 16.53, SD = 0.78), with 33% in grade 10, 36% in grade 11, and 31% in grade 12. Most participants studied experimental science (241), followed by mathematics (185) and humanities (100). The majority (82.11%, n = 280) came from two-child families, and both parents predominantly held bachelor's degrees. Table 1 presents the demographic information of the students regarding age and parental education levels.

Table 1: Demographic information

Variables	Groups	Frequency	%
Age	16 years old	114	33%
	17 years old	123	36%
	18 years old	104	31%
Mother's Education	Diploma	25	1%
	Associate degree	110	32%
	Bachelor's degree	193	56%
	Master's degree and above	13	11%
Father's Education	Diploma	82	24%
	Associate degree	74	22%
	Bachelor's degree	146	43%
	Master's degree and above	39	11%

Inclusion criteria included being a female secondary school student, willingness to participate, informed consent, and absence of mental or physical disorders. Exclusion criteria were incomplete questionnaires. After obtaining approval from the university and Behshahr City Education Department, the researcher visited schools to explain the study's purpose and confirm participants' understanding of the negligible risks involved. After obtaining parental consent, students completed informed consent forms, guaranteeing confidentiality. Participants completed two self-report measures in 15-20 minutes. Standard questionnaires were distributed over three weeks and then collected, scored, and analyzed using appropriate statistical methods.

Data collection tools

The Positive and Negative Affect Scale (PANAS): The Positive and Negative Affect Scale (PANAS), developed by Watson, Clark, and Tellegen (1994), consists of 20 self-reported questions—10 measuring positive affect and 10 measuring negative affect. Half of the questions evaluate positive affect/temperament (items 1, 3, 5, 9, 10, 12, 14, 16, 17, and 19), while the other half evaluate negative affect/temperament (items 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20). The answers are graded on a five-point Likert scale ranging from "not at all" to "very much" (1–5 points). Validity was established through correlations with the Life Satisfaction Questionnaire, showing values of 0.27 for positive affect and 0.36 for negative affect (Sharifi, Bashardoust, & Emami, 2012). The internal consistency, measured by Cronbach's alpha, was 0.79 for positive affect and 0.82 for negative affect. Confirmatory factor analysis further confirmed the scales' validity, with factor loadings of 0.41 to 0.68 for positive affect and 0.57 to 0.81 for negative affect, and a root mean square error of approximation of 0.05.

Distress Tolerance Scale(DTS): The scale developed by Simons, & Gaher (2005) is a self-report measure of emotional distress tolerance that has 15 items and four subscales as follows. Tolerance (tolerance of emotional distress), absorption (being absorbed by negative emotions), appraisal (mental estimation of distress), and regulation (regulation of efforts to relieve distress) are measured. The statements in this questionnaire are scored on a five-point scale (1- strongly agree, 2- slightly agree, 3- neither agree nor disagree, 4- slightly disagree, 5- strongly disagree), and each of these options has 1, 2, 3, 4, and 5 points, respectively. The alpha coefficients for Tolerance, Absorption, Appraisal and Regulation subscales were 0.75, 0.77, 0.70 and 0.75, respectively (Azizi, 2010). In this investigation, the reliability of the instrument was examined, yielding a Cronbach's alpha of 0.95.

Nolen-Hoeksema Rumination Questionnaire (RQ): The questionnaire was designed and developed by Nolen-Hoeksema and Maro in 1991 to measure rumination. It has 22 questions and measures the rumination based on a four-point Likert scale. It has three subscales: reflection, brooding, and depression. The minimum score will be 22, and the maximum will be 88. A score between 22 and 33 indicates low rumination, a score between 33 and 55 indicates moderate rumination and one higher than 55 indicates high rumination. According to a study conducted on students of the Ferdowsi University of Mashhad, depression and anxiety questionnaires and the Nolen-Hoeksema rumination questionnaire scale were investigated. Cronbach's alpha coefficient equal to 0.88% was calculated as an index of internal consistency for the scale of rumination responses

(Bagherinezhad and Salehi, 2010). Also, Cronbach's alpha of the questionnaire was reported to be 0.92.

Narcissism Questionnaire

The tool used to measure narcissism was a 16-question survey created by Ames in 2006. Participants were required to choose between two item pairs, with one point awarded for selections from row A and zero points for selections from row B. Narcissists have a score over .5. The 16 pairs are scored 0 or 1, and the score on the scale is the mean of all the answers. The scores run from 0 to 1, from low to high on narcism. The domain total score is the product of the frequency score multiplied by the severity score for that behavioral domain. A NPI total score is obtained by summing all the individual domain total scores. Experts in Mohammadzadeh's 2009 study confirmed the questionnaire's validity, while its reliability was deemed to be 87% based on Cronbach's alpha coefficient (Mohammadzadeh, 2009). This study also revealed a Cronbach's alpha of 0.92 for the questionnaire.

Data Analysis Method

This study utilized descriptive statistics to organize tables, graphs, frequencies, and percentages concerning the demographic characteristics of the subjects and to conduct a descriptive analysis of the research data. In the inferential statistics analysis, the Kolmogorov-Smirnov test confirmed normality, while the Pearson correlation coefficient and stepwise regression were used to evaluate the research hypotheses with SPSS-24 software.

Results

In Table 2, the researcher examined the descriptive statistics of the research variables.

Table 2: Descriptive statistics of variable subscales

Variables	Mean	SD	Min	Max
Tolerance	13.05	1.27	9	15
Absorption	13.19	1.31	9	16
Evaluation	13.19	1.30	9	16
Regulation	13.16	1.30	9	16
Distress Tolerance	52.60	5.06	36	61

Positive affect	23.28	1.07	20	30
Negative affect	27.79	1.17	29	29
Rumination	27.3	0.54	27	29
Narcissism	7.84	0. 84	3	9

As shown in Table 2, means and standard deviations were: distress tolerance, 50.60±5.06; positive affect, 28.23±1.07; negative affect, 27.79±1.17; rumination, 27.3±0.54; and narcissism, 84.7±0.84.

Table3: Pearson correlation coefficient matrix between positive and negative affect with rumination in adolescent girls

Variable	1	2	3
1. Positive Affect	1		
2. Negative Affect	**-0.167	1	
3. Rumination	**-0.188	**0.50	1

*** *Significant at the 0.01 level. *Significant at the 0.05 level.**

Pearson correlation tests ($p < 0.01$, 99% confidence) revealed a significant relationship between effect and rumination in adolescent girls. Positive affect was significantly negatively correlated with rumination ($r = -0.188$), suggesting a possible exacerbating effect. Negative affect showed a significant positive correlation ($r = 0.506$) with rumination, indicating a potential reinforcing effect.

Table 4: Pearson correlation coefficient matrix between narcissism and rumination in adolescent girls

Variable	1	2
1. Narcissism	1	
2. Rumination	** 0.668	1

*** *Significant at the 0.01 level. *Significant at the 0.05 level.**

Table 4 shows a significant positive relationship between narcissism and rumination in adolescent girls, indicating that narcissism plays a notable role in their tendency to ruminate.

Table 5: Pearson correlation coefficient matrix between distress tolerance and rumination in adolescent girls

Variable	1	2	3	4	5	6
1. Tolerance	1					
2. Absorption	**0.88	1				
3. Appraisal	**0.89	**0.99	1			
4. Regulation	**0.87	**0.97	**0.97	1		
5. Distress Tolerance	**0.93	**0.99	**0.99	**0.98	1	
6. Rumination	**- 0.28	**- 0.32	**-0.31	**-0.29	**-0.31	1

*** *Significant at the 0.01 level. *Significant at the 0.05 level.**

Table 5 shows a significant relationship between distress tolerance and rumination in adolescent girls, highlighting the positive influence of distress tolerance on their rumination. Based on these results, the Tolerance variable had a positive and significant relationship with Absorption (r=0.88, p<0.01), Appraisal (r=0.89, p<0.01), Regulation (r=0.87, p<0.01), and Distress Tolerance (r=0.93, p<0.01). However, the Tolerance variable had a negative and significant relationship with Rumination (r=- 0.28, p<0.01). Similarly, the Rumination variable had a negative and significant relationship with Absorption (r=- 0.32, p<0.01), Appraisal (r=-0.31, p<0.01), Regulation (r=-0.29, p<0.01), and Distress Tolerance (r=-0.31, p<0.01).

Table 6: regression coefficients, coefficient of determination, standard error of estimate, and data collinearity

Model	**Predictor variables**	B	Std. Error	Beta	t	**P**	**Collinearity indicators**		**Model Summary**		
							Tolerance	**VIF**	**R^2**	**adjusted R^2**	**Durbin-Watson**
۱	Distress Tolerance	-0.612	۰.078	-0.493	-7.805	0.001	1.000	1.000	۰.243	۰.239	۱.426
۲	Distress Tolerance	-0.290	۰.094	-0.234	-3.080	۰.002	۰.602	1.662	۰.344	۰.337	
	Negative Affect	۰.514	۰.095	0.410	5.400	0.001	۰.602	1.662			
۳	Distress Tolerance	-0.282	۰.094	-0.227	-3.006	۰.003	۰.600	1.666	۰.355	۰.345	

	Negative Affect	۰.502	۰.095	0.401	5.301	0.001	۰.599	1.669			
	Positive Affect	-0.129	۰.072	-0.106	-1.788	۰.075	۰.982	1.018			
۴	Distress Tolerance	-0.102	0.084	-0.082	-1.218	0.225	0.559	1.789	0.527	0.516	
	Negative Affect	0.313	0.085	0.250	3.701	0.001	0.555	1.802			
	Positive Affect	-0.078	0.062	-0.064	-1.245	0.215	0.972	1.029			
	Narcissism	0.538	0.065	0.498	8.233	0.001	0.692	1.446			
5	Distress Tolerance*Narcissism	0.007	0.001	0.381	5.676	0.001	1.000	1.000	0.145	0.140	۱.216
6	Distress Tolerance*Negative Affect	0.004	0.002	0.176	2.468	0.014	1.000	1.000	0.031	0.026	۱.207
7	Distress Tolerance*Positive Affect	-0.006	0.001	-0.430	-6.562	0.001	1.000	1.000	0.185	0.180	۱.344
8	Narcissism *Negative Affect	0.010	0.001	0.706	13.729	0.001	1.000	1.000	0.498	0.495	۱.446
9	Narcissism *Positive Affect	0.007	0.001	0.424	6.450	0.001	1.000	1.000	0.180	0.175	۱.315
10	Positive Affect *Negative Affect	0.005	0.001	0.287	4.134	0.001	1.000	1.000	0.083	0.078	۱.260

VIF: Variance Inflation Factor**;** SE: Standard Error

Table 6 presents a series of regression models predicting rumination. Model 1 indicated that Distress Tolerance significantly and negatively predicted rumination (Beta = -0.493, P = 0.001). Model 2 showed that Distress Tolerance (Beta = -0.234, P = 0.002) and Negative Affect (Beta = 0.410, P = 0.001) significantly predicted rumination, with Distress Tolerance negatively and Negative effect positively associated with rumination. Model 3 demonstrated that while distress tolerance and negative effects remained significant predictors of rumination, positive effects did not. Model 4 revealed that Narcissism also significantly and positively predicted rumination (Beta = 0.498, P = 0.001).

The adjusted R-squared values increased from Model 1 (0.243) to Model 4 (0.527), indicating an increasing amount of variance explained in rumination as predictors were added. The Durbin-Watson statistic (ranging from 1 to 3) suggested independence of residuals. VIF values and tolerance coefficients indicated non-collinearity and model fit. Although interaction effects were initially examined, high collinearity necessitated separate models for each interaction. All interaction effects were significant: Distress Tolerance x Narcissism (P=0.001, positive), Distress Tolerance x Negative Affect (P=0.014, positive), Distress Tolerance x Positive Affect (P=0.001, negative), Narcissism x Negative Affect (P=0.001, positive), Narcissism x Positive Affect (P=0.001, positive), and Negative Affect x Positive Affect (P=0.001, positive). However, given the small regression coefficients associated with the interaction models, the researcher focused on the main effects.

In summary, the results suggest that rumination is predicted by Distress Tolerance, Negative Affect, and Narcissism. Distress Tolerance alone explained 23.9% of the variance in rumination. Adding Negative Affect increased the explained variance to 33.7%, with increased Negative Affect associated with increased rumination. The inclusion of Narcissism further increased the explained variance to 51.6%.

Discussion

This study aimed to explore the relationship between positive and negative affect, narcissism, and distress tolerance with rumination among adolescent girls. The first hypothesis examined whether there is a link between positive and negative affect and rumination in this population.

The first hypothesis of the study revealed a significant negative relationship between positive affect and rumination and a significant positive relationship between negative affect and rumination in adolescent girls. These findings align with research by Verhees et al (2021), Tumminia, Colaianne, Roeser, & Galla, (2020), Zuzama, Fiol-Veny, Roman-Juan, & Balle, (2020)., and Mohammadkhani, Foroutan, Akbari, & Shahbahrami, (2022). Emotions are often broadly classified into two categories: positive and negative. Positive emotions are characterized by feelings of pleasure, contentment,

and well-being. These encompass experiences such as love, a deep sense of affection and connection; joy, a state of happiness and delight; and laughter, a physical expression of amusement and mirth (Verhees et al., 2021). Conversely, negative emotions are associated with discomfort, distress, and unease. This category includes emotions such as anxiety, a state of worry and apprehension; depression, a persistent feeling of sadness and loss of interest; anger, a strong feeling of annoyance, displeasure, or hostility; jealousy, a feeling of envy or resentment toward someone else's achievements or advantages; fear, an unpleasant emotion caused by the perception of danger; guilt, a feeling of remorse or regret for having done something wrong; frustration, a feeling of being upset or annoyed as a result of being unable to change or achieve something; and sadness, a state of unhappiness or sorrow (Verhees et al, 2021).

Darwinian evolution suggests emotions are not just subjective feelings but adaptive mechanisms that promote survival by guiding behavior toward well-being and away from threats (Reeve, 2024). Emotions, therefore, act as internal signals that prompt individuals to approach rewarding experiences and avoid dangerous ones, thereby enhancing their chances of survival and reproduction.Extensive research has been conducted to explore the intricate relationship between various emotional dimensions and the development and manifestation of different mental disorders. These investigations have revealed significant connections between emotional regulation and experiences of anxiety, depression, and the presence of personality disorders. The ability to effectively manage and process emotions is often compromised in individuals struggling with these conditions, leading to a cyclical pattern of emotional dysregulation and mental health challenges. Positive emotions are not only desirable but also essential for overall well-being and health (Gautam et al., 2024).

The importance of positive emotions is underscored by research conducted by Boehm (2021), who demonstrated that individuals who consistently experience higher levels of positive emotions tend to enjoy more frequent and fulfilling social interactions, cultivate stronger interpersonal relationships, and exhibit reduced susceptibility to physical illness. Positive emotions appear to bolster the immune system and promote healthy lifestyle choices. Furthermore, positive emotions are strongly correlated with increased life satisfaction and the development and maintenance of extensive and supportive social networks. Conversely, the experience of negative emotions can significantly contribute to psychological distress and present considerable challenges in coping with life's stressors (Gautam et al, 2024). Individuals who frequently experience negative emotions are more likely to encounter issues such as adolescent depression, engage in unacceptable behaviors, exhibit conduct disorders, struggle with anxiety, and suffer from low self-esteem.

The persistent experience of negative emotions can lead to the development of negative automatic thoughts, which are spontaneous and often irrational thoughts that exacerbate feelings of distress and contribute to a negative self-perception. This vicious cycle can result in maladaptive behaviors, such as rumination (Paulus, Ohmann, Möhler, Plener, & Popow, 2021). Rumination, characterized by repetitive and passive thinking about negative feelings and problems, is a significant concern, particularly during adolescence, a developmental period marked by heightened emotional sensitivity and vulnerability. The intensity of rumination is often influenced by the overall balance between positive and negative emotions, with a greater prevalence of negative emotions contributing to more intense and prolonged rumination. In conclusion, emotions, as both biological and psychological reactions to internal and external stimuli, play vital and multifaceted roles in human adaptation and are integral to a wide range of behavioral responses, encompassing various dimensions of human experience (Boehm, 2021). They are fundamental to how we navigate the world, interact with others, and respond to challenges and opportunities.

The study found a significant positive correlation between narcissism and rumination in adolescent girls, consistent with findings by Mason and DeShong (2024), Nasiri and Noury (2021), Hamilton (2019), Şahin, Altinok, and Duy (2022), and Riaz, Bano, Ahmed, and Naz (2021). Narcissism is a personality trait that ranges from unhealthy to healthy, ultimately linked to self-esteem (Nasiri and Noury, 2021). Psychodynamic theories suggest that narcissism can be a developmental stage leading to the ability to love others. However, in pathological narcissism, a child may withdraw to find affection and security in response to feelings of rejection and inadequacy (Mason & DeShong, 2024). Adolescent narcissism, characterized by selfishness from inadequate self-other differentiation (Hamilton, 2019), is linked to rumination (Chiako and Chen, 2020). The psychodynamic perspective emphasizes fragile self-esteem, a grandiose self-image, inadequate parenting, and insufficient responses to early developmental needs, resulting in inward-directed affection and compensatory behaviors for feelings of inferiority. Unstable self-esteem significantly contributes to the development of narcissism (Şahin, Altinok, & Duy, 2022). Narcissists typically have a distorted self-perception, presenting an idealized image that starkly contrasts reality (Mason & DeShong, 2024). They are preoccupied with seeking approval from others, a behavior termed rumination. Narcissists possess an inflated self-image, viewing themselves as superior and believing it is others' duty to meet their needs without any obligation to reciprocate. They demonstrate a lack of responsibility and often resist conforming to societal norms. Constantly surrounded by images of limitless success, power, and ideal love, narcissists feel uniquely special and in control, using rumination as a defense against underlying feelings of emptiness and shame (Riaz, Bano, Ahmed, & Naz, 2021).

The study found a significant negative correlation between distress tolerance and rumination in adolescent girls, consistent with research by Ahangaran et al. (2024), Slabbert et al. (2022), and Slabbert et al. (2018). Distress tolerance refers to an individual's capacity to withstand discomfort and emotional distress caused by psychological pressures and trauma, which can manifest as depression and anxiety, adversely affecting personal and social functioning (Brown, Burton, & Abbott, 2022). Individuals with low distress tolerance may resort to maladaptive responses when faced with negative emotions, leading to rumination (Ahangaran et al., 2024). Distress tolerance pertains to one's perceived capacity to endure distressing stimuli and seeks to alter the frequency or nature of unpleasant internal experiences, such as negative thoughts and physical sensations, often through emotional suppression (Slabbert et al., 2018). Distress tolerance, characterized by anxiety and depression-like symptoms such as restlessness, tension, stress, fear, and irritability, can increase psychological vulnerabilities like rumination (Salbert et al., 2022). Adolescents with ow distress tolerance tend to have stronger reactions to stress and employ less effective coping strategies. This often leads them to avoid distressing emotions through methods that relieve negative feelings, which impairs their emotional regulation in difficult situations and contributes to increased rumination (Ahangaran et al., 2024).

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The findings show that narcissism, negative affect, and distress tolerance significantly influence rumination. This is consistent with research by Neshat, Farah Bijari, & Dehshiri (2024), Blay, Cham, Duarte, & Ronningstam (2024), Urbonaviciute (2021), and Wadman, Webster, Mawn, & Stain (2019), which indicates that distress tolerance is a predictor of rumination. Furthermore, the conclusions of Mason & DeShong (2024)

suggest that negative emotions intensify rumination in adolescents. Studies by Green, MacLean, & Charles (2022), Krizan & Herlache (2018), and Nasiri & Noury (2021) indicate that narcissism is the strongest predictor of rumination in this group. Rumination involves involuntary, repetitive thoughts about problems or distress without taking action to promote positive change (Wadman, Webster, Mawn, & Stain, (2019). Individuals with narcissistic traits often experience heightened perceived stress and depressive symptoms, leading to increased worry and rumination (Blay, Cham, Duarte, & Ronningstam, (2024).,). Negative emotions contribute to rumination in adolescents due to their focus on distressing issues, resulting in depression, impaired concentration, and poor problem-solving skills (Mason, & DeShong, (2024). Adolescents experiencing mental turmoil from negative emotions may struggle more with challenges and engage in rumination. Distress tolerance also plays a crucial role, as stressful life events, particularly during puberty, may prompt negative thoughts and behaviors, with rumination serving as an internal catalyst (Neshat et al.,2024). Ultimately, adolescents with positive emotions tend to engage in less rumination and respond more effectively to stressors, allowing them to maintain stable thoughts and behaviors.

This study had limitations due to the reliance on a self-report instrument rather than interviews, which may have introduced response bias. Caution is advised when generalizing the results to other cities and educational levels. To leverage the role of positive affect in reducing rumination among adolescent girls, families should create joyful experiences, establish a strong support network, focus on positive emotions, integrate enjoyable daily activities, and spend quality time sharing memorable moments with their children. In schools, teachers and officials can mitigate the effects of rumination by fostering positive affect. Given the influence of narcissism and negative emotions on rumination, psychologists, therapists, and school counselors should consider workshops aimed at enhancing self-esteem, utilizing cognitive-behavioral therapy, reframing stressful situations positively, and visualizing desirable outcomes to alleviate rumination. Future researchers are encouraged to include control variables such as mental fatigue, anxiety, and self-esteem, which may impact rumination, in similar studies.

In conclusion, adolescents with higher positive emotions engage in more social interactions and are less prone to physical illnesses. Positive emotions correlate with life satisfaction, well-being, and extensive social connections. They also help reduce psychological distress when facing challenges and decrease the likelihood of rumination. In contrast, those with negative emotions often face issues like depression, behavioral disorders, anxiety, and low self-esteem. Persistent negative emotions lead to the development of negative automatic thoughts, further intensifying negative feelings and fostering rumination through maladaptive behaviors and emotions.

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