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Negative affectivity, depression, and anxiety: Does rumination mediate the links?

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ABSTRACT

Background: Negative affectivity (NA) is thought to be a vulnerability factor for depressive and anxiety symptoms; however, the mechanism through which this process takes place is yet to be fully ascertained. Rumination, a negative thought process, however, is believed a likely candidate in the association between NA and symptoms of depression and anxiety. Moreover, a thought-provoking advance in the understanding of rumination is the identification of a two-factor structure, with 'brooding' and 'reflection' as its subtypes. Thus, the present study sought to clarify the meditational effects of brooding and reflection in the relationships between NA and symptoms of depression and anxiety.

Method: Self-report questionnaires tapping rumination, NA, and symptoms of depression and anxiety were administered to a sample of 77 psychiatric patients aged 30–40.

Results: In line with study expectations, brooding, reflection, NA, anxiety, and depressive symptoms correlated substantially with each other. Both, brooding and reflection completely mediated the association between NA and depressive symptoms; however, the relationship between NA and anxiety was not mediated by either brooding or reflection.

Limitations: The current study is limited in terms of its cross sectional nature, sample size, sample selection, and methods of assessment.

Conclusions: Despite these limitations, the present study demonstrated that a temperamental construct NA significantly predicts brooding and reflection and these in turn predict depressive symptoms but not anxiety. Thus, NA, a temperamental construct, may be more related to anxiety rather than depression.

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1. Introduction

The study of how personality traits relate to psychopathology has flourished in the past three decades, with strong evidence for systematic links between the two fields. Negative affectivity (NA) is considered one of the personality traits most relevant to psychopathology, in particular depression and anxiety. It has been defined as 'the proneness to experience an array of negative emotional states, and to activate defensive motivational systems' (Craske, 2003). Put more simply, people who are seen as higher in NA tend to experience negative emotions more frequently than people who are lower in NA.

Rumination, a negative, repetitive thought process, is believed to be a likely candidate to mediate the relationships between NA and symptoms of depression and anxiety. Rumination is broadly defined as thinking repetitively and passively about negative emotions (Nolen-Hoeksema, 2000; Ward et al., 2003). A great feat in the conceptualization of rumination is the identification of a two-factor structure, with 'reflection' and 'brooding' as rumination subtypes (Treynor et al., 2003). Reflection refers to 'purposeful turning inward to engage in cognitive problem solving to alleviate one's depressive symptoms', whereas brooding involves 'a passive comparison of one's current situation with some unachieved standard' (Treynor et al., 2003).

When people experience NA, they engage in rumination. Watkins and Baracaia (2001) investigated why people ruminate despite its negative consequences and found that many individuals believed rumination could improve understanding, facilitate insight, and increase problem-solving ability. This suggests that negative affectivity might prompt individuals to ruminate because they think that it might minimize the proneness to experience an array of negative emotional states. However, when individuals engage in prolonged rumination, they might be at risk of experiencing poor psychological outcomes such as depressive and anxiety symptoms. There is a good support for the association between rumination and symptoms of depression (see for comprehensive reviews Lyubomirsky and Tkach (2004) and Nolen-Hoeksema (1998)). Interestingly, recent research has shown that a

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ruminative response style might not only be characteristic for depression but is also related to anxiety (e.g., Fresco et al., 2002; Muris et al., 2004b; Segerstrom et al., 2000). Taken together, the available researches suggest a mediational model in which NA is associated with rumination, which in turn is related to symptoms of depression and anxiety.

The present study sought to further investigate the mediational effects of brooding and reflection in the relations between NA and symptoms of depression and anxiety. Rumination is considered a multi-component process (e.g., Siegle, 2000), thus, there is a need for studies examining the associations between different components of rumination and symptoms of depression and anxiety. Thus, we hypothesized that (1) NA would be associated with symptoms of depression and anxiety; (2) NA would be related to the components of rumination (i.e., brooding and reflection); (3) the components of rumination would be related to symptoms of depression and anxiety; and (4) the associations between NA and symptoms of depression and anxiety would be reduced or eliminated when controlling for the mediating variables of brooding and reflection. With respect to the relations between the components of rumination and symptoms of depression and anxiety, we expected that the components of rumination would relate differently to symptoms of depression and anxiety.

2. Methods

2.1. Participants and procedure

A total number of $N=77$ clinical sample (35 men and 42 women) were recruited on an outpatient basis from the Government Psychiatric Diseases Hospital, Srinagar, from April to July, 2014. Their ages ranged from 30 to 40 (mean [M]=34.67, standard deviation [SD]=3.61). Half of the participants 37 (48%) had less than senior secondary (12th) schooling, 20 (26%) had vocational/technical degrees, 11 (14%) had bachelor degrees, and 9 (12%) had masters degrees. Regarding participants' domicile, 40% were urban, 16% were semi-urban, 32% were rural, and 12% were semi-rural. In terms of marital status, 21 (27%) were single, 38 (49%) were married, 11 (14%) were widowed, and 6 (8%) were divorced. All the participants reported depressive and anxiety symptoms and were diagnosed by a licensed clinical psychologist using the Structured Clinical Interview for DSM-IV-TR disorders (SCID-I). The recruited patients satisfied the DSM-IV-TR criteria for pure depression and anxiety symptoms. The clinical groups were composed of 36 participants with the diagnoses of depression, and 41 with anxiety. Individuals with comorbid diagnoses were excluded from participation. Written informed consent was obtained after providing participants with a full description of the study.

2.2. Measures

2.2.1. Structured Clinical Interview for DSM-IV-TR

The Structured Clinical Interview for DSM-IV-TR (SCID-I; Michael et al., 2002) is a semi-structured interview for making major DSM-IV-TR Axis 1 diagnoses. It is administered by a clinician or trained mental health professional who is familiar with the DSM-IV-TR classification and diagnostic criteria (APA, 2000). It is designed for use with subjects who are identified as psychiatric patients. The SCID-I is an ideal choice for research purpose due to its brevity and psychometrics (Lobbestael et al., 2010).

2.2.2. Beck anxiety inventory

The Beck anxiety inventory (BAI; Beck et al., 1988) is a 21-item questionnaire that assesses the severity of anxiety. Respondents rate descriptive statements of anxiety symptoms on a 4-point scale ranging from 0 to 3, with higher numbers indicating symptoms of anxiety. Initial validation studies (Beck et al., 1988) reported high internal consistency estimates, with coefficient alphas of .92 in a sample of outpatients and .94 in a clinical sample. Test–retest correlations after one week equaled .75, $p<.001$ (Beck and Steer, 1993). Cronbach's alpha for this sample equaled .91.

2.2.3. Beck depression inventory

The Beck depression inventory (BDI; Beck et al., 1996) is a 21-item questionnaire that assesses the affective, cognitive, behavioral, and somatic symptoms of depression. Each of the items is scored on a four-point Likert scale ranging from 0 to 4, with higher numbers indicating symptoms of depression. This measure has good test–retest reliability ($r=.91$–$.93$) and excellent internal consistency ($\alpha=.92$; Beck et al., 1996). Cronbach's alpha for this sample equaled .90.

2.2.4. Positive and negative affect schedule

The positive and negative affect schedule (PANAS; Watson et al., 1988) is a 20 item self-report scale used to measure positive and negative affect. Each item is rated on a 5-point scale ranging from 1 (very slightly or not at all) to 5 (extremely). The measure has good test–retest reliability ($r=.89$ for positive affect (PA) and .85 negative affect (NA); Crawford and Henry, 2004). In the present study, Cronbach's alpha of .82 and .89 was observed for positive affect (PA) and negative affect (NA), respectively. However, only the negative affect (PANAS-NA) scale was used in data analysis.

2.2.5. Ruminative response scale

The ruminative response scale (RRS; Treynor et al., 2003) is a 10-item scale which measures ruminative responses to depressed mood (Treynor et al., 2003). Items are rated on a 4-point scale (almost never to almost always) for the extent to which they reflect respondents' thoughts or actions when feeling sad, down or depressed. The 10-item RRS consists of two subscales, each assessing a distinct rumination component using five items: Brooding (referring to self-critical moody pondering) and Reflection (capturing emotionally neutral pondering). Cronbach's alpha for the Brooding and Reflection subscales in the present study were .75 and .74, respectively.

2.3. Data analysis

The statistical analyses were performed using SPSS 20.0 (SPSS Inc.). Continuous variables were expressed as mean (SD), and the scores given in this study are sum scores of single items. Pearson's correlation analysis was used to investigate relationships between outcome variables and gender comparisons were analyzed using independent samples t-test. The hypothesized multiple mediator models were assessed with SPSS Macro syntax for bootstrap developed by Preacher and Hayes (2008). We used bootstrapping because it is known as the most powerful and reasonable method of obtaining confidence limits for specific indirect effects (Briggs, 2006; Williams and MacKinnon, 2008). Bootstrapping involves repeatedly sampling from the data set and estimating the indirect effect in each resampled date set, thus bootstrapping generally is appropriate for small to moderate samples.

3. Results

3.1. Descriptive statistics

Prior to address main results, two general remarks are in order. First, descriptive statistics of the self-report measures for the total sample as well as for men and women separately are presented in

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