



Mindfulness facets and Big Five personality facets in persons with recurrent depression in remission



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ABSTRACT

Studies examining mindfulness in relation to personality traits have been mainly conducted in non-clinical samples and resulted in mixed findings. The present cross-sectional study examined which mindfulness facets are most strongly associated with Big Five personality domains and facets implicated in the onset and possible relapse/recurrence of recurrent depression. Using data from the MOMENT study, we included 278 adult persons with recurrent depression in remission (SCID-I), who had completed baseline measurements of mindfulness (FFMQ) and personality (NEO PI-R). Using exploratory factor analysis, we observed that the mindfulness facets of acting with awareness, non-judging and non-reactivity loaded positively and the neuroticism facets loaded negatively on the first factor (called self-regulation) and that the mindfulness facets of observing and describing and the openness to experience facets loaded positively on the second factor (called self-awareness) of the identified five-factor solution. Lower-level facet analyses taking the multidimensional nature of mindfulness and personality traits into account clearly show that mindful self-regulation skills are associated with neuroticism, which is a known risk factor for relapse/recurrence of depression in persons with recurrent depression. Future longitudinal studies are needed to assess whether these mindful self-regulation skills may constitute a protective factor in the relationship of neuroticism with depression.

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1. Introduction

Mindfulness as a state refers to nonjudgmental, present-moment awareness of internal and external stimuli (Kabat-Zinn, 2013). Mindfulness is also regarded as a dispositional characteristic and various self-report instruments have been developed to measure individual differences in trait mindfulness (Park, Reilly-Spong, & Gross, 2013). Of these, the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) is one of the most commonly used and most comprehensive measures, including the facets observing, describing, acting with awareness, non-judging, and non-reactivity. Mapping dispositional mindfulness onto well-established personality constructs is essential for developing and testing theoretical models of mindfulness (Rau & Williams, 2016). The construct validity of dispositional mindfulness has been examined in particular by relating it to the well-established and well-understood Big Five personality domains (i.e., neuroticism, extraversion, conscientiousness, agreeableness and

openness to experience) (McCrae & Costa, 2003). A meta-analysis of studies of dispositional mindfulness in relation to Big Five personality domains indicated that, although each of the domains displayed appreciable relationships with mindfulness, the strongest relationships were found with neuroticism and conscientiousness (Giluk, 2009).

A more recent integrative summary of theoretical and empirical literature on mapping dispositional mindfulness onto Big Five personality domains (Rau & Williams, 2016) confirms the opinion of the original developers of this scale (Baer et al., 2006) that it seems unwarranted to assess the relationship of mindfulness with personality domains using summary scores, as mindfulness seems to be multidimensional with relative independence at its facet levels. Mapping specific mindfulness facets (FFMQ) onto Big Five personality domains indeed showed differential relationships of mindfulness facets with personality domains, with acting with awareness, non-judging and non-reactivity showing the most reliable associations with neuroticism (Rau & Williams, 2016), and observing and describing with openness to experience (Bohlmeijer, ten Klooster, Fledderus, Veehof, & Baer, 2011; Hollis-Walker & Colosimo, 2011).

Although mindfulness is characterized by an open, receptive attitude toward experience, openness to experience may be differently

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conceptualized from a mindfulness and Big Five personality perspective. For example, the openness to experience facet of fantasy is conceptually similar to mind-wandering which is inversely associated with mindfulness (Mrazek, Smallwood, & Schooler, 2012), while other facets such as openness to inner feelings show more conceptual overlap. In order to better understand the associations between mindfulness and personality it may be necessary to adopt an even more fine-grained level of analysis by studying mindfulness facets in relation to Big Five personality facets. Studies examining these lower level associations of mindfulness facets with personality facets may help to interpret the mixed findings in the literature and may help to understand possible mechanisms by which individual differences in mindfulness and personality influence emotions and behaviors.

Moreover, most studies into the relationship of mindfulness facets with personality domains have been conducted in non-clinical samples and further studies in clinical samples are needed to assess whether results can be generalized across samples (cf., Elices et al., 2015). Patients with recurrent depression constitute a particularly relevant sample as the most robust evidence for the effect of Mindfulness-Based Cognitive Therapy (MBCT) for prevention of relapse or recurrence of depression up to now has focused on this population (Kuyken et al., 2016). In addition, the onset, severity, duration and possible relapse/recurrence of depression show a consistent relationship with the personality domains of neuroticism, conscientiousness and extraversion (Kotov, Gamez, Schmidt, & Watson, 2010). Moreover, high levels of mindfulness have been found to moderate the prospective relation between neuroticism and depressive symptoms (Barnhofer, Duggan, & Griffith, 2011). Given the widespread use of MBCT in recurrent depression, it is important to know more about the interplay between mindfulness and personality facets in this population at risk for relapse or recurrence of depression. Moreover, examining these relationships in this high risk group during an euthymic state has the advantage that personality assessments may be assumed to be less biased by state effects of depression (Karsten et al., 2012).

To conclude, our main research aim was to study the relationship of mindfulness facets with Big Five personality domains and facets in a clinical sample of participants with recurrent depression in remission in order to clarify which mindfulness facets are most strongly associated with personality domains and facets implicated in the onset and maintenance of recurrent depression. We expected that analyses on a facet level would allow a more meaningful interpretation of the association of mindfulness with personality than analyses using summary scores.

2. Method

2.1. Participants

Three hundred and seventeen participants were recruited in twelve universities and secondary mental health centers across the Netherlands between September 2009 and January 2012. Patients were referred by mental health care professionals or recruited by advertisements in the media (TV, magazines and newspapers). A research interview was conducted to assess whether the patients met the study qualifications. The inclusion criteria at the time of study entry were: (a) history of at least three depressive episodes according to the Diagnostic and Statistical Manual of Mental Disorders - 4th edition (DSM-IV) (APA, 1980); (b) in full or partial remission, which was defined as not currently fulfilling the DSM-IV criteria for MDD; (c) currently treated with a stable dose of maintenance antidepressant medication (mADM) for at least six months; (d) 18 years or older; (e) appropriate cognitive ability for study participation; and (f) native Dutch speaker. Exclusion criteria were: bipolar disorder, psychotic disorder, neurological disorder, somatic disorder, currently dependent on alcohol and/or drugs, electric convulsive therapy during the past three months, previous MBCT or mindfulness training, and current psychological treatment with a frequency of at

least once per three weeks. The study was approved by the Medical Ethics Committee Arnhem-Nijmegen (nr. 2008/242) for all participating sites. After discussing the study, written informed consent was obtained from all participants.

2.2. Design and procedure

The present study population was derived from two Randomized Clinical Trials (RCTs), together referred to as the 'MOMENT' study, which investigated the effectiveness of MBCT, mADM and the combination of both to prevent relapse/recurrence in patients with recurrent depression in remission (for study details and outcomes of both RCTs see Huijbers et al., 2012; Huijbers et al., 2015; Huijbers et al., 2016). All measures used in the present study were collected before treatment allocation.

2.3. Measures

2.3.1. The Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I)

The SCID-I is a semi-structured interview for establishing the presence of major DSM-IV Axis I diagnoses, including major depressive disorder (First, Spitzer, Gibbon, & Williams, 1995). The number of previous episodes was counted by trained research assistants on the basis of the SCID-I interview data. Research interviews were performed by independent, trained research assistants. They received 2 days of training in using the SCID, and subsequently there were regular meetings to discuss possible difficulties and questions about the assessments.

2.3.2. Inventory of Depressive Symptomatology-Clinician rated (IDS-C)

Depression severity was rated by trained research assistants using the 30-item IDS-C (Rush, Gullion, Basco, Jarrett, & Trivedi, 1996). The IDS-C includes all diagnostic symptoms for major depressive disorder, and each item is equally weighted on a 0 to 3-point scale. The total score ranges from 0 to 84, and higher scores indicate greater symptom severity (Rush et al., 1996). The internal consistency and inter-rater reliability of the IDS-C were shown to be adequate (Rush et al., 1996). Cronbach's α in the present study was 0.85.

2.3.3. NEO Personality Inventory - Revised (NEO PI-R)

The 240-item NEO PI-R is a measure of the five major domains of personality, i.e. neuroticism, extraversion, conscientiousness, agreeableness, and openness to experience, which are all comprised of six facets (Costa & McCrae, 1992). See Table 2 for a description of these facets. Patients answered each question on a 5-point Likert-type scale ranging from 1 to 5 (1 = strongly disagree to 5 = strongly agree). Domain scores were calculated by summing the six facets in each domain. The psychometric properties of NEO facet scales are robust and seem generalizable across genders, ages, and methods of measurement (McCrae, Kurtz, Yamagata, & Terracciano, 2011). Internal consistencies for the domain scores in the present study were good (neuroticism: $\alpha = 0.92$; extraversion: $\alpha = 0.90$; openness: $\alpha = 0.86$; altruism: $\alpha = 0.88$; conscientiousness: $\alpha = 0.91$). The range of consistency estimates of the facet score was 0.61–0.88 comparable to the range of 0.56–0.81 as reported in the NEO PI-R manual (Costa & McCrae, 1992) (see Table 2 for the internal consistency estimates of the facet scores).

2.3.4. Five Facet Mindfulness Questionnaire (FFMQ)

To assess mindfulness skills the 39-item, self-report FFMQ was administered (Baer et al., 2006). The FFMQ measures five facets of mindfulness skills in daily life: observing, describing, acting with awareness, non-judging and non-reactivity. Participants were instructed to rate the degree to which statements were true for them on a 5-point Likert-type scale ranging from 1 (never or very rarely true) to 5 (very often or always true). The summary and facet scores were determined by summing the scores of each statement, with higher

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