



# Rumination and overgeneral autobiographical memory as mediators of the relationship between attachment and depression



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## ABSTRACT

This study examined the potential mediating roles of the cognitive risk factors of rumination and overgeneral memory in explaining the relationship between insecure attachments (avoidant and anxious) and depression. One hundred African American outpatient psychiatric patients completed the Experiences in Close Relationships Scale, the Ruminative Response Scale, the Diagnostic Inventory for Depression, and the Autobiographical Memory Test. Results supported a mediating role for rumination, but not for overgeneral memory. Implications of the findings for African Americans are considered.

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## 1. Introduction

Maladaptive emotion regulation strategies, such as rumination (Aldao, Nolen-Hoeksema, & Schweizer, 2010), and overgeneral autobiographical memory retrieval (Williams et al., 2007), result in suboptimal emotional states and risk for developing various psychopathologies, including depression. Attachment theory (Ainsworth, 1989; Bowlby, 1988) may be useful for examining the developmental antecedents of maladaptive emotion regulation. Early childhood caregivers who are sensitive and attentive to children foster *secure* attachment in children, who grow up believing that the world is a safe place, that others are reliable and trustworthy, and that the self is genuinely good. However, inconsistent caregiving fosters *insecure* attachment. *Ambivalently* attached children develop beliefs that the world is unsafe, others are unreliable, and the self is unlovable. *Avoidant* attachment may develop if caregivers consistently ignore a child's calls for help, protection, and relief from distress, leading to "compulsive self-reliance."

After formed during childhood, attachment styles tend to remain relatively stable into adolescence and adulthood (Waters, Hamilton, & Weinfield, 2000) and are associated with depressive phenomena (among many psychopathologies; Dozier, Stovall-McClough, & Albus, 2008), for example, depressive attributional style (Kennedy, 1999), utilization of maladaptive, self-blaming strategies (Meyers, 1998), and negative self-worth (Kenny & Sirin, 2006). In addition, adult attachment styles are associated with the ability to regulate distress (Marganska, Gallagher, & Miranda, 2013). Securely attached individuals tend to

employ adaptive strategies such as support-seeking (Florian, Mikulincer, & Bucholtz, 1995), problem-focused coping (e.g., Mikulincer & Florian, 1998), appraising challenging events in stress-relieving ways (Birnbaum, Orr, Mikulincer, & Florian, 1997), and acceptance of events that cause distress (Sbarra, 2006). In contrast, avoidantly-attached individuals engage in a *deactivating* emotion regulation style (Shaver & Mikulincer, 2007) characterized by emotional inhibition and suppression (e.g., Mikulincer, Birnbaum, Woddis, & Nachmias, 2000). Although also insecurely-attached, ambivalently-attached individuals usually develop *hyperactivating* strategies (Shaver & Mikulincer, 2007), so as to elicit support, but with the negative effect of intensifying distress (e.g., Mikulincer et al., 2000).

Two relevant depressive cognitive styles are *ruminative response style* (RRS) and *overgeneral autobiographical memory* (OGM). RRS consists of a relatively stable (Bagby, Rector, Bacchiochi, & McBride, 2004) tendency to engage in repetitive, passive, and non-productive thinking about symptoms and their possible causes and consequences (Nolen-Hoeksema & Morrow, 1991). Although individuals who employ rumination often believe that repetitive thinking is helpful, rumination actually leads to the amplification and persistence of negative mood (Donaldson & Lam, 2004), negative distortions of the personal past, present, and future (Lavender & Watkins, 2004), and difficulties with concentration (Lyubomirsky, Kasri, & Zehm, 2003) and memory (Park, Goodyer, & Teasdale, 2004). RRS is also associated with onsets of new depressive episodes (Nolen-Hoeksema, 2000) and deficits in interpersonal functioning, such as excessive dependency on others (Gorski & Young, 2002), hostility in interpersonally stressful situations (McCullough, Bellah, Kilpatrick, & Johnson, 2001), and impaired social problem-solving (Watkins & Moulds, 2005). Evidence suggests that

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rumination is negatively associated with secure attachment (Lindsay, 2007) and that rumination mediates the relationship between secure attachment and symptoms of depression (Ruijten, Roelofs, & Rood, 2011).

OGM refers to the retrieval of autobiographical memories as categories rather than as specific events, for example “whenever my Mom yells at me” rather than “when my Mom yelled at me last Tuesday”. OGM is associated with a variety of types of psychopathology, including suicidality (Pollock & Williams, 2001) and a history of trauma (McNally, Lasko, Macklin, & Pitman, 1995) and abuse (Kuyken & Brewin, 1995). Regarding mood disorders, OGM has been found in individuals with unipolar depression (e.g., Wessel, Meeren, Peeters, Arntz, & Merckelbach, 2001), bipolar depression (Scott, Stanton, Garland, & Ferrier, 2000), and postnatal depression (Croll & Bryant, 2000), as well as related to the maintenance of affective disturbance (Dalgleish, Spinks, Yiend, & Kuyken, 2001). Several studies indicate that OGM is a stable cognitive style, and thus is a risk factor rather than simply an aspect of depressive symptomatology (Peeters, Wessel, Merckelbach, & Boon-Vermeeren, 2002).

Insecure attachment has been suggested as one factor that may predispose a person to develop OGM (Valentino, 2011) through how insecure attachment influences how people process social information (Dykas & Cassidy, 2011). When information has the potential to inflict psychological pain, insecurely attached individuals are likely to suppress its further processing. When social information is perceived as emotionally non-threatening, insecurely attached persons are likely to process it further but in a biased manner in accordance with their negative internal working models or schemas. Consistent with this model, avoidant individuals have demonstrated difficulties recalling emotionally threatening information (Edelstein, 2006) and ambivalent participants choose to focus on negative information related to their own traits and behaviors regarding their relationships (Rholes, Simpson, Tran, Martin, & Friedman, 2007). Although suppression of threatening information is considered to be a function of OGM, no studies have directly examined the association of insecure attachments and OGM.

Based on the research presented, we propose that rumination and OGM are attachment-related cognitive processes utilized by insecurely attached individuals as a means of managing distress. Specifically, we hypothesized that rumination and OGM mediate the relationship between ambivalent and avoidant attachments and depression. In other words, insecurely attached individuals experience depression, at least in part, because they tend to use rumination and OGM as emotion regulation strategies.

## 2. Methods

### 2.1. Participants and procedures

One-hundred outpatients (60 women and 40 men) were recruited at an outpatient psychiatry department at an urban county hospital of a large Midwestern city. To participate, patients needed to identify themselves as African Americans, the predominant group in the hospital

and a group in which the constructs in the study are understudied. Additionally, needed be born in the USA, be 18 years or older, and be able to read, write, and understand English. Patients were excluded if there was evidence of a failure to understand the protocol/consent form, delusional thinking, or hallucinations. Participants' ages ranged from 19 to 69 years ( $M = 46.60$ ,  $SD = 10.43$ ) and their education ranged from 6 to 20 years ( $M = 12.46$ ,  $SD = 2.42$ ).

Potential participants were approached by one of the investigators (IB) before or after the patient's visit to a psychiatrist. Patients were asked if they would be willing to take part in a research studying a person's attachment to people in his/her life and how recollection of different life events affect a person's mood. The patients were also told that participation in the study should take approximately one hour and would take place after his/her psychiatrist visit.

Patients were assessed individually, beginning with obtaining informed consent. Measures were administered in the following fixed order: Experiences in Close Relationships Questionnaire (ECR), Ruminative Response Scale (RRS), Diagnostic Inventory of Depression (DID), Autobiographical Memory Test (AMT). At the end of testing sessions, participants received an \$8 Target store gift card and were provided with a psychoeducational handout about how to boost their mood through modification of their thinking.

### 2.2. Measures

#### 2.2.1. Experiences in Close Relationships Questionnaire (ECR; Brennan, Clark, & Shaver, 1998)

The ECR is a self-report measure of adult attachment consisting of two subscales measuring anxious attachment and avoidant attachment. Each of 36 items is rated using a 7-point Likert scale (1 = disagree strongly, 2 = disagree, 3 = disagree slightly, 4 = neutral/mixed, 5 = agree slightly, 6 = agree, 7 = agree strongly). Higher scores indicate higher levels of attachment anxiety and attachment avoidance. Examples of items measuring anxious attachment anxiety include “I worry about being rejected or abandoned” and “I worry a lot about my relationships.” Examples of items measuring avoidant attachment include “I prefer not to show others how I feel deep down” and “Just when someone starts to get close to me, I find myself pulling away.” The ECR has demonstrated strong internal consistency and construct validity (Britton & Fuendeling, 2005) and high predictive and discriminant validity (Crowell, Fraley, & Shaver, 2008). Test–retest reliabilities for avoidant and anxious subscales have been reported to be .68–.71, and .93–.95, respectively (Lopez & Gormley, 2002; Wang & Mallinckrodt, 2006). In the present study, the internal consistencies for the anxious and avoidant attachment scales were 0.91 and 0.88, respectively.

#### 2.2.2. Ruminative Response Scale (RRS; Nolen-Hoeksema & Morrow, 1991)

The RRS is a 22-item self-report measure that assesses respondents' typical responses to sad or depressed moods. Participants rate the items using a 4-point Likert scale (1 = almost never, 2 = sometimes, 3 = often, 4 = almost always). In a factor analysis, Treynor, Gonzales, and Nolen-Hoeksema (2003) found that 5 RRS items formed a “brooding”

**Table 1.**  
Descriptive statistics and correlations of study variables.

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Avoidant attachment	4.01	1.15	–					
2. Anxious attachment	4.19	1.33	.46**	–				
3. Rumination	2.69	0.77	.47**	.60**	–			
4. Overgeneral memory	4.99	3.80	.10	.08	.10	–		
5. Specific memory	9.97	4.54	–.06	–.01	–.02	–.90**	–	
6. Depression score	30.63	15.98	.42**	.33**	.44**	0.09	–.11	–
7. Depression diagnosis	.34	.48	.24**	.17	.26**	–.01	–.01	0.81**

\*\*  $p < .01$ , two-tailed.

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