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The relative importance of rumination, experiential avoidance and mindfulness as predictors of depressive symptoms

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ABSTRACT

Past research has shown that rumination, experiential avoidance and mindfulness are important cognitive emotion regulation strategies in the aetiology of depressive symptoms. There is still little knowledge of their relative importance as predictors of depressive symptomology in a longitudinal design. Participants from a student-sample (N=208) completed measures of depressive symptoms, rumination, experiential avoidance and mindfulness at two assessments separated by a 12-month period. Results showed that in combination only more trait mindfulness was associated with less depressive symptoms at follow-up, even when taken into account baseline-depressive symptoms. The results suggest that trait mindfulness may be a more robust protective factor than rumination and experiential avoidance in the development of depressive symptoms over one year.

1. Introduction

Several different cognitive emotion regulation processes have been found to play an important role in the aetiology of depression and other psychopathology (Aldao, Nolen-Hoeksema, & Schweizer, 2010). The current study is concerned with rumination, experiential avoidance and mindfulness as possible predictors of depressive symptoms. The boundaries between rumination, experiential avoidance and trait mindfulness remain unclear (Chawla & Ostafin, 2007). There is little knowledge of their relative importance as prospective predictors of depressive symptoms since most studies are cross-sectional. The current study aims to enhance our knowledge about the relationship between these constructs.

Rumination is a maladaptive cognitive emotion-regulation strategy representing the way individuals respond to their experience of low mood. Rumination is defined as a negative form of repetitive focusing on the causes, meanings, and consequences of negative mood and depressive symptoms (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Rumination has been found to be predictive of the onset of depression and also plays a role in its maintenance and recurrence (see Nolen-Hoeksema et al. (2008) for a review). There is evidence to suggest that ruminative thinking is associated with depressive symptoms because it interferes with the direct experiencing of, and affective responses to, emotionally relevant information (Everaert, Koster, & Derakshan, 2012). Rumination is commonly measured using the Ruminative Response Scale (Nolen-Hoeksema, Larson, & Grayson, 1999). Factor analytic studies have shown that the scale taps into two different components, coined brooding and reflection (Treynor, Gonzalez, & Nolen-Hoeksema, 2003). In recent research brooding appears to be the more maladaptive form of rumination; reflection represents a more adaptive component of rumination (e.g. Aldao et al., 2010; Olatunji, Naragon-Gainey, & Wolitzky-Taylor, 2013; Schoofs, Hermans, & Raes, 2010). However, brooding is not consistently found to be the more maladaptive subtype; for example, reflection has been associated with suicidal ideation among attempters (Surrence, Miranda, Marroquin, & Chan, 2009).

Rumination in general is associated with an avoidant style of coping with negative emotions (Nolen-Hoeksema et al., 2008). Experiential avoidance refers to a maladaptive form of emotion regulation characterized by avoidance of disturbing emotions, thoughts, images, memories and physical sensations (Hayes et al., 1996). Research has demonstrated that maladaptive responses to negative mood such as rumination and experiential avoidance maintain negative mood and are associated with more persistent courses of depression (Barnhofer, Brennan, Crane, Duggan, & Williams, 2014). Furthermore rumination, self-focused attention and experiential avoidance have all been assumed to be transdiagnostic avoidant processes that may be involved in the maintenance of psychopathology (Baer, 2007; Hayes et al., 1996). Williams (2008) states that rumination and experiential avoidance are part of the same mental model or mode of processing which can become maladaptive in depression. When people process the discrepancy between the current sad state and a self-relevant high-

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order goal such as happiness a 'discrepancy-based' processing mode is activated in which rumination is used to attempt to solve this mismatch and experiential avoidance is used to reduce the distress; both failing to address the discrepancy (Williams, 2008).

The adaptive counterpart of rumination and experiential avoidance is mindfulness. There is consensus that mindfulness includes at least two distinct components: the self-regulation of attention towards the present moment and the adoption of an orientation marked by curiosity, openness and acceptance (Bishop et al., 2004). The first component fosters a none-elaborative awareness of thoughts, feelings, and sensations as they arise. In contrast to getting caught up in ruminative thoughts about these experiences, mindfulness involves a direct experience of events in the mind and body. Once acknowledged, attention is directed back to the breath, hereby preventing further elaboration or rumination (Bishop et al., 2004). The non-judgemental, observing stance of the second component of mindfulness is antithetical to the focus on past failures in rumination (Desrosiers, Vine, Klemanski, & Nolen-Hoeksema, 2013). It counters experiential avoidance by encouraging deliberate, open and accepting contact with emotions and events in the here and now (Hayes & Wilson, 2003). Mindfulness is both a skill and a naturally occurring characteristic (trait) that shows meaningful variation in non-clinical samples with no meditation experience and is associated with greater mental health and well-being without training (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Brown & Ryan, 2003). People with more trait mindfulness experience enhanced abilities to regulate emotional well-being through greater emotional awareness, understanding, acceptance, and the ability to adaptively cope with and correct unpleasant mood states (Edenfield & Saeed, 2012; Raes, Dewulf, Van Heeringen, & Williams, 2009). More trait mindfulness has been found to be associated with less cognitive reactivity (Raes et al., 2009), less rumination (Desrosiers et al., 2013; Paul, Stanton, Greeson, Smoski, & Wang, 2013), decreases in nonacceptance of aversive emotion (Kumar, Feldman, & Hayes, 2008) and less impact of ruminative reactions (Raes & Williams, 2010). More trait mindfulness is also associated with decreases in depressive symptoms and depression vulnerability (Edenfield & Saeed, 2012; Paul et al., 2013). Several mindfulness based interventions have proven effective in reducing depressive symptoms and promoting mental health (Desrosiers et al., 2013; Hofmann, Sawyer, Witt, & Oh, 2010).

Prior studies have shown a relationship between trait mindfulness, experiential avoidance and rumination. For example Kumar et al. (2008) found in a sample of patients with a depressive disorder undergoing exposure-based cognitive therapy that an increase in mindfulness from pre to post treatment was associated with reductions in experiential avoidance and rumination as well as with a decrease in depressive symptoms.

Although prior research has shown a relationship between rumination, experiential avoidance, mindfulness and depressive symptoms, there is still little knowledge about their relative importance as prospective predictors of depressive symptomology. Previous research has been predominantly cross-sectional in nature and focused mainly on one of these different concepts. Enhancing knowledge on this issue is important to shed more light on the cognitive processes in the aetiology of depression and can help to refine interventions targeting depressive symptoms. Accordingly, the aim of the current study is to investigate the effect of rumination (both brooding and reflection), experiential avoidance and trait mindfulness on depressive symptoms in a longitudinal design. More specifically, we aimed to assess the relative importance of these different cognitive-affective processes as a predictor of depressive symptomatology.

2. Method and materials

2.1. Participants and procedure

Participants were 208 Dutch-speaking undergraduate students from the Faculty of Social Sciences at Utrecht University, who participated in a large on-going online survey study. Participants were recruited via posters in university buildings and announcements on the university internet website. Initially, 716 participants participated of which, because of missing contact details, 528 were invited for participation at Time 2. Of the people invited, 320 (60.6%) did not respond and 208 (39.4%) participants completed the questionnaires. There was no difference in age, gender or mean scores on the questionnaires at Time 1 between the research participants who completed both measurements and research participants that were invited for the participation at Time 2 but did not respond at Time 2.

The research sample consisted of 185 women (88.9%) and 23 men (11.1%) with a mean age of 21.5 years (SD=2.2; range=18–31). At Time 1 participants participated in return for course credits. One year later at Time 2 participants received a €5 financial compensation for participation. When a participant failed to answer an item of a scale, this item score was replaced with the mean score on the other items from this scale.

2.2. Measures

2.2.1. Beck Depression Inventory II (BDI-II)

The Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996) is a 21-item self-rating measure assessing depressive symptomatology. It possesses strong psychometric properties, including internal consistency of .92 with psychiatric outpatients and .93 with college students (Beck et al., 1996). Possible scores on this measure range from 0 to 63. We used the Dutch version by Van der Does (2002).

2.2.2. Ruminative Response Scale (RRS)

The Ruminative Response Scale (RRS; Nolen-Hoeksema et al., 1999) is a 22-item self-report measure that assesses trait responses to depression symptoms; specifically, the tendency to ruminate in response to depressed mood. The RRS possesses good internal consistency and construct validity (Nolen-Hoeksema & Morrow, 1991). Responses are scored on 4-point Likert scales, from 1 ('almost never') to 4 ('almost always'), resulting in a possible range of scores from 22 to 88. Treynor et al. (2003) demonstrated that the RRS, after removing confounded depression content, is comprised of two distinct factors of five questions each—named brooding and reflective pondering respectively. In a community sample of adults, coefficient alphas for the brooding and reflection subscales were .77 and .72, respectively (Treynor et al., 2003). The Dutch 10-item version of the RRS was used for which adequate psychometric properties have been reported (Schoofs et al., 2010).

2.2.3. Acceptance and Action Questionnaire I (AAQ-I)

The Acceptance and Action Questionnaire (AAQ-I; Hayes et al., 2004) is a 9-item self-report measure assessing attempts to avoid negative subjective experiences (e.g., experiential avoidance). Responses are scored on a Likert scale ranging from 1 ('never true') to 7 ('always true') resulting in a possible range of scores from 9 to 63. Using data from samples of patients, students and the general population Hayes et al. (2004) found the AAQ-I to have an adequate internal consistency (.70). We used the Dutch version, that has satisfactory reliability and validity (Boelen & Reijntjes, 2008).

2.2.4. Mindful Attention Awareness Scale (MAAS)

The Mindful Attention Awareness Scale (MAAS; Brown & Ryan,

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