



Brooding rumination as a mediator in the relation between early maladaptive schemas and symptoms of depression and social anxiety in adolescents



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ABSTRACT

Theory states that different cognitive constructs can be included in an integrated sequential model. This 3-wave longitudinal study assessed whether schema domains predict brooding rumination and brooding in turn predict depression and social anxiety symptoms among adolescents. A total of 1170 adolescents ($M_{age} = 13.44$ years old, $SD_{age} = 1.30$) completed measures of schema domains, brooding rumination, depression and social anxiety symptoms at baseline, 6- and 12-month follow-up (T1, T2, T3, respectively). Results revealed that the Disconnection and Rejection schema domain at T1 predicted prospective depression symptoms at T3 directly but not through brooding rumination. However, this schema domain did not predict social anxiety symptoms. The Other-Directedness schema domain at T1 predicted social anxiety symptoms at T3 both directly and through brooding at T2. Furthermore, this schema domain also predicted depression symptoms at T3 through brooding at T2. Identifying specific schema domains and the mechanisms through which these domains predict psychological symptoms has implications for interventions with adolescents.

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Adolescence constitutes a stage characterized by an increase of stressors in various life domains (Steinberg & Morris, 2001). This contributes to making adolescence a period of particular vulnerability for the development of maladaptive symptoms such as depression (e.g., for reviews see Avenevoli, Knight, Kessler, & Merikangas, 2008; Costello, Erlanki, & Angold, 2006) and anxiety (e.g., Adewuya, Ola, & Adewumi, 2007; Esbjom, Hoeyer, Dyrborg, Leth, & Kendall, 2010; Mann et al., 2011). Among the diverse anxiety disorders, social anxiety is one of the most frequent in adolescence (e.g., Beesdo-Baum et al., 2012; Khalid-Khan, Santibañez, McMicken, & Rynn, 2007). Adolescence is therefore a crucial stage for the study of the etiology of depression and social anxiety. Diverse models derived from cognitive therapy are important theories that account for the development and maintenance of these psychological problems. In this study, the objective was to assess the integrating aspects of two models: the schema therapy model of Young (Young, 1999; Young, Klosko, & Weishaar, 2003) and the Response Style Theory (Nolen-Hoeksema, 1991). Specifically, we tested whether schema domains from the Schema Therapy predict the residual increase in brooding rumination response style, which is a central component in the Response

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Style Theory, at a 6-month follow up, and this in turn predict the residual increase in depression and social anxiety symptoms at a 12 month follow up (See Fig. 1).

Early maladaptive schemas and depression and social anxiety

Schema therapy is an integrative therapy model developed by Young and colleagues (Young, 1990, 1999; Young et al., 2003) that expands on traditional cognitive-behavioural treatments and concepts. Early maladaptive schemas are the key concept within this model. These schemas are defined as broad, dysfunctional, and pervasive patterns consisting of memories, emotions, cognitions, and bodily sensations about oneself and relationships with others, developed in childhood or adolescence, and elaborated throughout lifetime (Young et al., 2003). When the schemas are activated, individuals often respond in ways that perpetuate the schemas (Young et al., 2003), which make them highly stable over time (Rijkeboer, van den Bergh, & van den Bout, 2005; Riso et al., 2006). Particularly important are the mechanisms through which early maladaptive schemas guide subsequent cognitive processes and behaviours. When individuals “surrender to a schema, they yield to it” (Young et al., 2003, p. 34). That is, they interpret reality as if the schema was true, and their responses contribute to perpetuating the schema.

In schema therapy, schemas are grouped into five domains or broad categories according to the basic needs that were not satisfactorily fulfilled in childhood: disconnection and rejection, impaired autonomy and performance, other-directedness, impaired limits, and overvigilance and inhibition. Although not all these domains have obtained empirical support in factor analyses (e.g., Calvete, Orue, & Gonzalez-Diez, 2013; Calvete, Estévez, López de Arroyabe, & Ruiz, 2005; Kriston, Schäfer, von Wolff, Härter, & Hölzel, 2012), substantial research has revealed associations among early maladaptive schemas and depressive and social anxiety symptoms. Overall, the available evidence suggests that three of those schema domains are the most relevant for these psychological problems (Calvete, Orue, & Hankin, 2013a, 2013b; Camara & Calvete, 2012; Lumley & Harkness, 2007; Pinto-Gouveia, Castilho, Gallardo, & Cunha, 2006; Van Vlierberghe, Braet, Bosmans, Rosseel, & Bogels, 2010): Disconnection and rejection, impaired autonomy and performance, and other-directedness. The domain of disconnection and rejection includes schemas involving the expectation that one's needs for security, acceptance, and respect will not be predictably fulfilled. The domain of impaired autonomy and performance consists of expectations that interfere with one's perceived capacity to function independently or perform successfully. The schemas within the domain of other-directedness consist of an extreme focus on others' desires, at the expense of one's own needs.

Recent studies with adolescents suggest that the disconnection and rejection and the impaired autonomy domains predict depressive symptoms (Camara & Calvete, 2012; Calvete, Orue, & Hankin, in press; Calvete, Orue, & Hankin, 2013b) and that the disconnection and rejection and other-directedness domains predict social anxiety symptoms (Calvete et al., in press; Calvete et al., 2013a).

Ruminative response style and depression and social anxiety symptoms

The Response Style Theory proposes the ruminative response style as a cognitive vulnerability factor for the development of depression and anxiety (McLaughlin & Nolen-Hoeksema, 2011; Nolen-Hoeksema, 1991). People who tend to ruminate as a response to depressive or anxious symptomatology are at higher risk of increasing or maintaining such symptomatology over time than people who seek distraction or solve the problem, as shown by diverse studies in adults (for a review, see Aldao & Nolen-Hoeksema, 2010; Aldao, Nolen-Hoeksema, & Schweizer, 2010; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Thomsen, 2006) and adolescents (McLaughlin & Nolen-Hoeksema, 2011; Muris, Fokke, & Kwik, 2009; Muris, Roelofs, Meesters, & Boomsma, 2004; Roelofs et al., 2009; Young, LaMontagne, Dietrich, & Wells, 2012; for a review, see Abela & Hankin, 2010; Rood, Roelofs, Bögels, Nolen-Hoeksema, & Schouten, 2009). Concerning social anxiety, the results of several studies have also shown that this type of disorder is consistently associated with high levels of rumination among adults and youth when faced with social events (Hofmann, 2007; Jose, Wilkins, & Spindel, 2012; Kashdan & Roberts, 2007; Kocovski, Mackenzie, & Rector, 2011; Perini, Abbott, & Rapee, 2006; Wong & Moulds, 2010).

More recently, researches have differentiated two components of rumination (Treyner, González, & Nolen-Hoeksema, 2003): brooding and reflection. Whereas brooding refers to a passive and contemplative attitude that compares the current situation with a standard unachieved situation from an outlook of lamentation and complaint, the reflection component

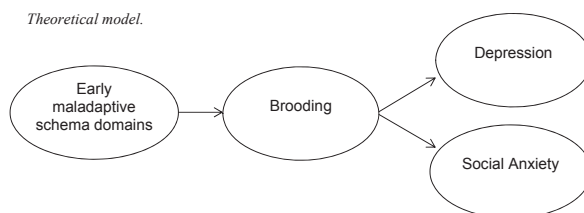


Fig. 1. Theoretical model.

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