



Rumination and depressive symptoms: Evidence for the moderating role of hope

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ABSTRACT

The present study examines the effects of rumination and hope on depressive symptoms. It was hypothesized that hope would moderate the relationship between rumination and depressive symptoms, given that greater goal-directed activity in the face of obstacles may elicit beneficial aspects of rumination. Three hundred ninety-six undergraduate students completed measures of rumination, hope, and depressive symptoms. Main effects were found for both rumination and hope, and a two-way interaction between rumination and hope was found as hypothesized, indicating that high hope served as a buffer against the depressive effects of rumination. The results were significant for both the brooding and reflection subtypes of rumination, suggesting that hope may serve as an important framework for understanding the adaptive value of rumination.

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1. Introduction

Rumination has long been implicated as a cognitive risk factor for depression (e.g., Just & Alloy, 1997; Nolen-Hoeksema, 1991). In particular, those who ruminate are at an increased risk to develop depressive symptoms (Just & Alloy, 1997; Nolen-Hoeksema, Morrow, & Fredrickson, 1993). While rumination is often examined in terms of exacerbating depressive symptoms, few studies have focused on factors that may serve to decrease the severity of a depressive reaction. The present study focuses on hope as a factor that may buffer against the negative effects of rumination in predicting depressive symptoms.

1.1. Rumination

Research on rumination has focused primarily on its role in predicting depressive symptoms (e.g., Nolen-Hoeksema, 1987; Nolen-Hoeksema et al., 1993). Rumination has been defined as “behaviors and thoughts that focus one’s attention on one’s depressive symptoms and on the implications of these symptoms” (Nolen-Hoeksema, 1991, p. 569). Specifically, an individual who ruminates focuses excessively on their symptoms of depression, such as fatigue and difficulty concentrating, as well as the causes and consequences of such symptoms (Nolen-Hoeksema, 1987). As a result of this focus, rumination has been shown to predict the onset of depressive episodes (Nolen-Hoeksema & Morrow, 1991), as well as their severity (Just & Alloy, 1997) and duration (Nolen-Hoeksema, Larson, & Gray-

son, 1999). While those who actively distract themselves in response to stress tend to have less depressive outcomes, the ruminator passively focuses on their negative symptoms, which serves to further exacerbate a negative stress response (Nolen-Hoeksema, 1987).

More recently, research has focused on rumination as a two-factor model (Burwell & Shirk, 2007; Treynor, Gonzalez, & Nolen-Hoeksema, 2003). Initially posited by Treynor et al. (2003), the two-factor model distinguishes between two subtypes of rumination: brooding and reflective pondering (which we will refer to as “reflection” or “reflective rumination”). Brooding can be defined as a passive, cyclical focus on negative emotions, while reflection is a more active, problem-solving, and insight-finding process (Treynor et al., 2003). Results on brooding and reflection have yielded differential findings in terms of their effects on depressive symptoms, and have been somewhat difficult to interpret. Studies have found brooding to be associated with negative depressive outcomes both in the short term and over time (Burwell & Shirk, 2007; Treynor et al., 2003). Results regarding reflection are less clear; some studies suggest that reflection may lead to an increase in dysphoria in the short term, but may become adaptive over time, predicting overall decreases in depression in longitudinal studies (Burwell & Shirk, 2007; Treynor et al., 2003).

A ruminative response is to some extent related to goal-related thought (Martin & Tesser, 1989, 1996). Martin and Tesser assert that the opportunity for rumination presents itself when an individual’s goal progress is obstructed. When the goal is seen as being particularly important and the obstacle severe enough to thwart goal progress, an individual might begin to ruminate about the goal blockage. Specifically, the ruminative focus is on negative feelings in response to the goal blockage, on the reasons for the goal block-

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age, and on the potential outcomes of the blocked goal process. In this manner, rumination can be viewed as searching for a way to reach an unattained goal, or a means of reconciling a decision to not continue with goal progress. Rumination ceases only when the obstacle has been overcome and/or unobstructed goal-related thought process has resumed.

1.2. Hope

Hope has been proposed as another dispositional variable that relates to the pursuit of goals (Snyder et al., 1991). Conceptualized in a cognitive model, hope serves as a protective factor to stressful events (e.g., Curry, Snyder, Cook, Ruby, & Rehm, 1997). Hope is defined as a goal oriented process comprised two parts: agency and pathways (Snyder, 1994). The agency component of hope is the motivational agent that drives a person to achieve particular goals; the pathways component relates to beliefs regarding the route that one might take in order to get there. The combination of both the agency and pathways components of hope is essential to develop a full understanding of hope, what Snyder has coined the “will” and the “ways” (Snyder et al., 1991). A person who is high in hope will be highly motivated to achieve his or her goal(s), and will have determined the steps they will take in order to achieve such goals, often developing alternative routes.

Much of the research has focused on the positive outcomes for those who are high in hope. Specifically, high hope individuals have been found to have superior academic performance (Curry et al., 1997; Snyder, Cheavens, & Michael, 1999), better psychological adjustment (Kwon, 2002; Snyder et al., 1991), lower depressive symptoms (Kwon, 2000, 2002; Reff, Kwon, & Campbell, 2005), and better problem-solving skills (Chang, 1998) than their low-hope counterparts. Additionally, those who are high in hope have more positive coping skills than those who are low in hope (Chang, 1998; Chang & DeSimone, 2001), and experience fewer depressive symptoms during times of stress (Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007; Needles & Abramson, 1990). Of note are the emotions that result when an individual encounters goal-related obstacles. Over the course of goal pursuit, an individual will often encounter obstacles to their goals, or goal-directed thinking. Results have shown that those who successfully pursue their goals experience positive emotions, while those who encounter goal-related barriers experience negative emotions (Snyder, Sympson, Ybasco, & Borders, 1996).

1.3. Rumination and hope

Both rumination and hope can be conceptualized as cognitive processes related to the pursuit of goals, and we also know that depression can result from experiences of failure. Thus, it not surprising that both rumination and hope have been found in previous research to be related to depression. As noted earlier, rumination has been shown to predict depressive symptoms (Nolen-Hoeksema & Morrow, 1991). In addition, past studies have shown that hope related to lower levels of depressive symptoms both concurrently (Kwon, 2000, 2002) and prospectively in response to a negative event (Reff et al., 2005).

Going beyond the finding that rumination and hope are both related to depression, one can additionally speculate that there is likely to be an interaction between these two variables in accounting for depressive symptoms. This interaction may stem from the fact that despite the similarities between rumination and hope, the former is retrospective whereas the latter is forward-looking. Consider first an individual who has high rumination and high hope. When faced with a goal-related obstacle, the individual is likely to dwell on this obstacle as a result of the rumination process. However, the presence of high hope will allow the individual

to devise an alternative plan to overcome the obstacle, and will also provide sufficient motivation to institute such a plan. Thus, the rumination process for this individual may not involve the passive thinking typically associated with rumination (Nolen-Hoeksema, 1987). The individual who is high in hope is able to generate positive expectations and positive affect about overcoming the goal-related obstacle, buffering the typical negative consequences of rumination.

Conversely, consider the individual who has encountered a barrier to his or her goal, ruminates in response to that barrier, and is low in hope. This individual is unlikely to develop an alternative route to achieve their goal, or have the drive to continue with goal-directed thinking. This individual is likely to exhibit the type of passive thinking that previous work has identified as a depressogenic ingredient in rumination.

Given the theoretical link between rumination and hope, hope may be critical in illuminating the distinction between brooding and reflective rumination. As previously discussed, results regarding the difference between brooding and reflective rumination have been mixed, and difficult to interpret (Burwell & Shirk, 2007; Treynor et al., 2003). By interpreting these differences in light of hope, however, the distinctions between the two types of rumination may become clearer. According to the Brooding subscale of the Ruminative Response Scale (RRS; Treynor et al., 2003) an individual who engages in brooding rumination might “think about a recent situation, wishing it had gone better” (item 13). The low hope individual who ruminates in this manner is likely to give up, and to stop goal pursuit as a result of low motivation and lack of alternative routes to continue with goal progress. This response is typical of what has been conceptualized as “brooding” rumination because it is characterized by maladaptive thought and will likely lead to dysphoria. On the other hand, the high hope individual who ruminates in this manner is likely to resolve to overcome their negative thinking, and generate the motivation to pick themselves back up and continue with goal pursuit. Such a response is still labeled as “brooding” rumination, but does not capture the essence of a maladaptive, brooding response because of its adaptive nature.

In a similar manner, although reflection has been conceptualized as primarily adaptive, reflection items on the RRS may tap into either adaptive or maladaptive processes. According to the subscale, a reflective ruminator might want to “go away by [themselves] and think about why [they] feel this way” (item 11). The high hope individual who ruminates in this way is likely to use this opportunity as motivation to continue with goal pursuit. Such a response is typical of what has been conceptualized as “reflective” rumination because it is characterized by adaptive thought, and will ultimately lead to decreases in dysphoria. On the other hand, the low hope individual who ruminates in this manner is likely to feel that they cannot go on, and give up goal pursuit. This response is still characterized as “reflective” rumination, but is maladaptive and is at odds with the proposed “adaptive” nature of a reflective ruminative response.

As a result of the proposed differential ruminative responses of those who are high versus low in hope, we propose a conceptualization of rumination in which the distinction between brooding and reflective rumination is not the key determinant in determining whether rumination is adaptive or maladaptive. Rather, we believe that for both subtypes of rumination, the adaptive value of the cognition will be associated with the level of hope involved.

To our knowledge, previous research has not attempted to integrate hope and rumination theory in the manner we have suggested. Although Michael and Snyder (2005) examined a relationship between hope and rumination, hypothesizing that hope would predict low levels of rumination among bereaved individuals, results showed no relationship between hope and

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