

## The Implicit Relational Assessment Procedure as a Measure of Implicit Depression and the Role of Psychological Flexibility

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*A broad implicit measure of depressive emotional reactions was created by mapping the content of the depression scale from the Depression Anxiety and Stress Scale (DASS) on to the Implicit Relational Assessment Procedure (IRAP). Participants were asked to relate pairings of antecedents and emotional reactions that followed the formula "When X happens . . . I feel Y." Groups of participants representing the low and high extremes of normative levels of depressive symptoms completed an IRAP before and after a sad mood-induction procedure. At baseline both groups produced a positive emotional response bias on the IRAP. After the sad mood induction, the "normal" group showed no change, whereas the "mild/moderate" depression group showed a significant decrease in the positivity of their emotional responses. A similar pattern of differential change was found when groups were created using scores on the AAQ-II. The findings are related to the broader literature on cognitive reactivity and implications for future research are considered.*

DEPRESSION is known to be a recurrent disorder that is characterized by negative biases towards the self, the world, and the future (Clarke, Beck, & Alford, 1999). Remitted depressed individuals who are no longer symptomatic remain to be at increased risk of future depressive episodes, which are triggered by increasingly small environmental stressors (Kendler, Thornton, & Gardner, 2000; Mitchell, Parker, Gladstone, Wilhelm, & Austin, 2003). Efforts to isolate the vulnerability factors and causal mechanisms involved in the onset, maintenance, and relapse of depression have continued to develop over the past 30 years.

Recently, particular attention has been paid to "cognitive reactivity," the idea that "sad moods [are] likely to reactivate thinking styles associated with previous sad moods" (Segal, Williams, & Teasdale, 2002, p. 19)—that is, dysfunctional patterns of behavior that emerge within the context of a sad mood state. Reactivity to sad mood state has been shown to predict relapse (see Lau, Segal, & Williams, 2004 for review) and, critically, appears to be malleable within the context of therapy. As such, cognitive reactivity appears to be a therapeutically useful construct. Indeed, Mindfulness-Based Cognitive Therapy (MBCT; Segal et al., 2002) was developed specifically to disrupt the link between cognitive

reactivity and depressive relapse. The development of so-called mindfulness skills involves learning to hold depressive thoughts and feelings nonjudgmentally, recognize their nonliteral nature, and undermine reactivity to such thoughts. This emphasis on how clients relate to their thoughts and feelings, rather than attempting to change the form or occurrence of such feelings, is representative of a broader trend within contextual cognitive behavioral therapy approaches such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999) and Dialectical Behavior Therapy (DBT; Linehan, 1993).

It therefore appears important to develop research tools to detect such small and subtle cognitive reactivity. There has been some success in this regard, in the development of the Leiden Index of Depression Sensitivity (LEIDS) questionnaire (Van der Does, 2002; Williams, Van der Does, Barnhofer, Crane, & Segal, 2008), which attempts to measure cognitive reactivity in those with a history of depression. However, all such self-report methods are limited by a client's ability to recognize their own reactivity and the role that it has in precipitating relapse. In effect, the utility of self-report measures is known to be limited in that individuals do not have complete introspective access to the causal processes that drive behavior (Nisbett & Wilson, 1977).

Research suggests that the tools used in studying so called "implicit" attitudes may be used to investigate psychopathological processes that may occur outside of conscious awareness or are susceptible to social influences (De Houwer, 2002; Wiers, Teachman, & De Houwer, 2007). The most frequently used measure of implicit attitudes is

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*Keywords:* IRAP; implicit cognition; psychological flexibility; mood induction

1077-7229/11/573-582\$1.00/0

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the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998) and its variants (see Roefs, et al., 2011, for review). Instead of requiring individuals to provide self-reports, these measures instead compare the relative ease (i.e., speed in milliseconds) with which individuals can associate certain pairs of stimuli relative to others. For example, individuals who are faster to pair “self” with “positive” than “negative” are said to have high implicit self-esteem (e.g., Gemar, Segal, Sagrati, & Kennedy, 2001). A recent review shows that implicit measures have shown utility in the study of a variety of *DSM-IV* Axis I diagnostic labels, including depression (Roefs et al.). The structure of implicit measures is consistent with the cognitive theory of depression, which stresses the role of unconscious and automatic private events (Clarke et al., 1999).

Critically, results obtained on implicit measures often do not correlate with those obtained using “explicit” measures such as questionnaires and semi-structured interviews (Roefs et al., 2011). This is the subject of some debate, with some authors questioning the validity of implicit measures (e.g., LeBel & Paunonen, 2011). Others, however, suggest that the real utility of such measures lies in the unique contribution they can make above and beyond traditional measures (e.g., Barnes-Holmes, Barnes-Holmes, Stewart, & Boles, 2010). For example, several studies have found higher levels of implicit self-esteem in remitted depressed individuals relative to healthy controls (De Raedt, Schacht, Franck, & De Houwer, 2006; Gemar et al., 2001). In addition, Steinberg, Karpinski, and Alloy (2007) found that implicit self-esteem interacted with stressful life events to predict depressive symptomology. This is significant as although the cognitive theory of depression predicts such an interaction (Clarke et al., 1999), it was not found for explicit self-esteem (using the Rosenberg Self-Esteem Scale). Importantly, Nock et al. (2010) found that implicit suicidal cognitions were significantly more predictive of suicide attempts within 6 months than traditional explicit measures, including questionnaires and clinician assessment. The study of implicit attitudes and cognitions within experimental psychopathology therefore appears to be a productive avenue of research warranting further study.

The current study differs from previous research within the area in its use of an implicit measure, the Implicit Relational Assessment Procedure (IRAP; Barnes-Holmes et al., 2010), which emerged directly from a modern behavioral account of human language and cognition, Relational Frame Theory (RFT; Hayes, Barnes-Holmes, & Roche, 2001). According to RFT, the core elements of human cognition are relational responses, that is, the coming to respond to events in certain ways based on their relationships to other events rather than their formal properties. For example, when asked to choose the “bigger one,” a child may choose a dime over a penny based on its arbitrary “value” rather than its physical size. This ability to engage in

“arbitrarily applicable” relational responding appears to be key to the emergence of higher cognitive abilities such as planning, thinking, and the verbal construction of self (see Hayes et al., 2001, for an in-depth account of RFT).

Relational responding, as defined by RFT, provides the basic building blocks for the model of psychopathology and therapy contained within ACT (Hayes et al., 1999). ACT focuses in part on transforming and undermining the functions of problematic verbal behavior within psychopathology (see Torneke, 2010, for a book-length treatment of RFT and ACT). ACT continues to benefit from an ongoing basic research program within the framework of RFT, such as the positive example set by Hooper, Saunders, and McHugh (2010) on the derived generalization of thought suppression.

According to RFT all verbal behavior is relational behavior (Hayes et al., 2001). As such, “explicit” assessment methods such as questionnaires involve relational responding, by definition. However, in standard verbal practice, individuals’ verbal reports (i.e., “extended and elaborated” relational responses; Barnes-Holmes et al., 2010) are under many sources of contextual control. For example, the phrase “How are you?” has a different function within a therapy session than when greeting a coworker. The IRAP was designed to target the relational responses defined in RFT. Responses on explicit measures, such as questionnaires, are similarly affected by contextual factors such as socially desirable responding (see Paulhus, 2002). As an implicit measure, the IRAP is designed to limit contaminating sources of contextual control such as socially desirable responding. In this manner it is said to specifically target relatively ‘brief and immediate’ relational responses (Barnes-Holmes et al., 2010).

The IRAP asks participants to relate words or phrases both quickly and accurately, in a similar manner to other response-latency-based measures such as the IAT (Greenwald et al., 1998). Unlike questionnaires, which explicitly ask for individuals’ self-reports, the IRAP’s output is based on the relative speed with which participants can relate a given pair of stimuli in a given way, and that these differences are due to participants’ history of relating these stimuli this way. For example, across a large number of trials, participants should be faster to respond that “happy” and “pleasant” are “similar” than they will that “happy” and “pleasant” are “different,” due to these responses being consistent or inconsistent with a participant’s history of relating these stimuli in this way. More formally, the IRAP asks participants to respond quickly and accurately in ways that either coordinate with or do not coordinate with their preexperimentally established verbal relations. The IRAP requires individuals to respond to large numbers of trials in alternate directions (i.e., consistent or inconsistent with their history of responding; “similar” and “different” in the

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