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On the measurement of rumination: A psychometric evaluation of the ruminative response scale and the rumination on sadness scale in undergraduates

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Abstract

Rumination is considered a specific cognitive vulnerability factor that is thought to play a prominent role in the maintenance of depressive symptoms. The present study investigated the psychometric properties of two measures of rumination, the ruminative response scale (RRS) and the rumination on sadness scale (RSS) in undergraduates (N = 331). A joint factor analysis yielded three factors, 'rumination on causes of sadness', 'symptom-based rumination', and 'rumination on sadness'. The internal consistency of the rumination factors was good and the test–retest stability over a 6-month period of time was moderate. Support was also found for the construct validity of the rumination factors. Finally, the 'rumination on the causes of sadness' factor was found to moderate the relation between depression measured at baseline and at 6-month follow-up. More specifically, baseline depression was a strong predictor of future depression but this was particularly true for high ruminating individuals. Implications of the results and directions for future research are provided. © 2006 Elsevier Ltd. All rights reserved.

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1. Introduction

Mood regulation strategies refer to thoughts and behaviors intended to maintain, change, or eliminate emotional states (Rusting & Nolen-Hoeksema, 1998). Coping strategies can be applied to regulate mood by acting externally on the world (problemfocused coping) or acting internally to change beliefs or attention (emotion-focused coping). Depression has been associated with excessive use of emotion-focused coping strategies, in particular rumination (Nolen-Hoeksema, 1998). Ruminative responses involve a pattern of behaviors and thoughts that focus one's attention on depressive symptoms and the implications and consequences of these symptoms for the individual in order to gain insight (Nolen-Hoeksema, 1991). The response styles theory was originally developed to account for gender differences in responding to negative mood (e.g., depression), with women being more likely to engage in ruminative responses thereby amplifying their symptoms and extending the depressive episode, and men being likely to distract themselves from depressed mood, thereby dampening their symptoms (Nolen-Hoeksema, 1987, 1990, 1991; Nolen-Hoeksema, Larson, & Grayson, 1999). Meanwhile, it is generally accepted that individual differences in ruminative responses to negative mood may account for differences in duration and severity of these moods (e.g., Teasdale & Dent. 1987).

Rumination can be conceptualized as a dimensional construct allowing for examination in clinical as well as non-clinical samples. Several longitudinal, correlational, and experimental studies conducted in clinical and non-clinical populations have supported the proposition of the response styles theory that a ruminative response style may not only predict the onset of depressive symptoms but may also be predictive of longer duration and more severe depressive symptoms (e.g., Just & Alloy, 1997; Lyubomirsky & Nolen-Hoeksema, 1993; Nolen-Hoeksema, 1991, 1997; Nolen-Hoeksema & Morrow, 1991, 1993; Nolen-Hoeksema, Morrow, & Frederickson, 1993; Nolen-Hoeksema, Parker & Larson, 1994). Empirical support for the mood-improving effects of distraction is less convincing (e.g., Lam, Schuck, Smith, Farmer, & Checkley, 2003; Kuehner & Weber, 1999; Nolen-Hoeksema & Morrow, 1993). The ambiguous effects of distraction on the relieve of depressive mood can be explained by Wegner's theory, which posits that suppressing thoughts via distraction may increase, rather than decrease, the severity of emotional symptoms (Muris, Merckelbach, & De Jong, 1993; Wegner, 1994; see also Wegner, Schneider, Carter, & White, 1987).

The measurement of rumination as conceptualized by Nolen-Hoeksema and co-workers was advanced by the development of the ruminative response scale (RRS), which is a subscale of the response styles questionnaire (RSQ; Nolen-Hoeksema & Morrow, 1991). The RRS consists of 22 items that assess responses to dysphoric mood that are focused on the self, on symptoms, and on possible causes and consequences of moods. Over the years, the RRS has undergone some changes but the different forms are highly similar. Several studies have addressed the factor structure and the psychometric properties of the RRS. To begin with, Roberts, Gilboa, and Gotlib (1998) conducted an exploratory factor analysis on RRS scores of 299 undergraduates and retained a three-factor model of which the factors were labeled 'symptom-based rumination', 'introspection and self-isolation', and 'self-blame'. In the same study, a confirmatory factor analysis showed an adequate fit for this three-factor model in a second sample of 317 undergraduates.

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