

The relationship between rumination, avoidance and depression in a non-clinical sample

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Abstract

Recent commentaries have proposed conceptualizations of rumination in terms of both cognitive and behavioral avoidance. This study examined the relationship between rumination, avoidance and depression using a newly developed self-report measure of avoidance in depression, the Cognitive-Behavioral Avoidance Scale (CBAS) [Ottenbreit, N.D., & Dobson, K.S. (2004). Avoidance and depression: The construction of the cognitive-behavioral avoidance scale. *Behaviour Research and Therapy*, 42, 293–313]. A non-clinical sample ($N = 104$) of undergraduate students completed self-report measures of depression, anxiety, rumination and avoidance. Rumination, avoidance and depression were all significantly correlated. Rumination and behavioral avoidance remained intercorrelated when anxiety was controlled, confirming an association that is independent of anxiety. By contrast, the relationship between cognitive avoidance and rumination disappeared when anxiety was partialled out. Notably, avoidance predicted unique variance in depression scores, over and above anxiety and rumination. Consistent with the proposal of Ottenbreit and Dobson [Avoidance and depression: The construction of the cognitive-behavioral avoidance scale. *Behaviour Research and Therapy*, 42, 293–313], our findings support the value of clinicians and psychopathologists giving consideration to avoidance in their conceptualization of depression.

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Introduction

Avoidance, in an array of forms, is central to the conceptualization and diagnostic criteria of DSM-IV Axis I anxiety disorders (American Psychiatric Association (APA), 1994). For example, in posttraumatic stress disorder (PTSD), an individual may avoid situational and contextual reminders of a traumatic event, may use strategies such as thought suppression to cognitively avoid trauma-related content, and may engage in behaviors (e.g., abuse drugs or alcohol) in order to avoid emotional and affective responses to the trauma. In the short term, avoidance functions to reduce distress; in the long term, avoidance contributes to the maintenance of anxiety. Accordingly, cognitive-behavioral treatment protocols for anxiety disorders emphasize exposure-based approaches to counter cognitive and behavioral avoidance.

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The construct of avoidance has received less consideration in the context of depression. As noted in recent commentaries (Ottenbreit & Dobson, 2004; Martell, Addis, & Jacobson, 2001), Ferster (1973) outlined the role of avoidance in a functional analysis of depression. The thesis of Ferster's model is that depressed individuals engage in avoidance and escape behaviors (e.g., making complaints, withdrawing), in addition to reduced frequency of positively reinforced behavior. As noted by Ottenbreit and Dobson (2004), the literature has only recently seen renewed theoretical and clinical interest in the role of avoidance in the clinical conceptualization of depression. The development of Behavioral Activation as a treatment for depression (BA; Jacobson, Martell, & Dimidjian, 2001; Martell et al., 2001) reflects this revived interest. The theoretical basis of BA is that depression is characterized by dysfunctional patterns of avoidance, withdrawal and inactivity. Driven by this model, the emphasis of BA intervention is on teaching clients strategies to counter their problematic behavioral patterns. This approach represents a notable departure from traditional cognitive therapy for depression (e.g., Beck, Rush, Shaw, & Emery, 1979), in which depressogenic thought content and maladaptive patterns of thinking are the central focus of treatment.

The BA model acknowledges the role of ruminative thinking in depression. Rumination is conceptualized as '... an escape or avoidance behavior. It keeps the individual separated from others and prevents true problem solving' (Martell et al., 2001, p. 121). Although rumination is distinctive in form from other (perhaps more obvious) types of avoidant behaviour (e.g., social withdrawal), the BA framework proposes that the function of both may be the same. That is, rumination similarly functions to avoid active engagement with the environment, and to avoid engaging in active problem solving. Proponents of the BA framework propose that rumination is potentially reinforced in two main ways; first, complaints about life circumstances may be reinforced by others in the depressed person's environment, and/or second, by operating as an alternative to actively addressing problems, thereby avoiding dealing with difficult circumstances and the distress that may be associated with doing so (Martell et al., 2001).

Arguably the most influential and most-researched model of rumination is the response styles theory of depression (Nolen-Hoeksema, 1991; Just & Alloy, 1997). This model posits that the duration, severity and course of depressive illness are a consequence of how one responds to depressive symptoms; specifically, individuals who ruminate about the causes and implications of symptoms are more likely to become depressed and remain depressed for longer. Prospective studies support the role of depressive rumination in the onset (Nolen-Hoeksema, Morrow, & Fredrickson, 1993) and maintenance (Nolen-Hoeksema, 2000) of depression. Experimental studies have linked rumination to a range of cognitive correlates of depression, including impoverished problem solving (Lyubomirsky & Nolen-Hoeksema, 1995; Watkins & Moulds, 2005) overgeneral autobiographical memory (Watkins & Teasdale, 2004; Watkins, Teasdale, & Williams, 2000) and negative cognition (Lavender & Watkins, 2004). These studies found impaired performance in these domains in dysphoric and clinically depressed participants who received a rumination induction compared to a distraction induction prior to the completion of the experimental tasks, confirming a role of rumination in the maintenance of depression-related deficits.

A recent development in the rumination field is the attempt to dismantle the rumination construct (e.g., Treynor, Gonzalez, & Nolen-Hoeksema, 2003; see also Watkins, 2004; Watkins & Moulds, 2005) in an attempt to specify the maladaptive component of this cognitive process. For example, a recent factor analysis (Treynor et al., 2003) of the gold standard measure of rumination, the Ruminative Response Scale (RRS; Nolen-Hoeksema & Morrow, 1991) identified that this measure indexes two distinct factors, labeled by the authors as brooding and reflection. Treynor et al. (2003) proposed that the items that comprise the brooding factor index a tendency toward moody pondering (e.g., Think about a recent situation, wishing it had gone better), while the reflection factor captures a tendency to contemplate and reflect (e.g., Go someplace alone to think about your feelings). Interestingly, these factors appear to have differential relationships with depression. Treynor et al. (2003) found that brooding was associated with greater depression concurrently and longitudinally, while reflection was associated with greater concurrent depression but less depression over time. Although preliminary, this finding suggests that the brooding factor may be most closely linked to the maladaptive outcomes of rumination.

In accord with the BA model, the proposal that rumination serves an avoidance function has also been advanced from a cognitive perspective. On the basis that rumination and worry share overlapping features (Segerstrom, Tsao, Alden, & Craske, 2000; Watkins, Moulds, & Mackintosh, 2005), Watkins and Moulds

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