

The Effects of Worry and Rumination on Affect States and Cognitive Activity

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The effects of worry and rumination on affective states and mentation type were examined in an unselected undergraduate sample in Study 1 and in a sample of individuals with high trait worry and rumination, high rumination, and low worry/rumination in Study 2. Participants engaged in worry and rumination inductions, counterbalanced in order across participants to assess main and interactive effects of these types of negative thinking. During mentation periods, the thought vs. imaginal nature and the temporal orientation of mentations were assessed 5 times. Following mentation periods, negative and positive affect, relaxation, anxiety, and depression were assessed. Both worry and rumination produced increases in negative affect and decreases in positive affect. Worry tended to generate greater anxiety, and rumination tended to generate greater depression. Interactive effects were also found indicating that worry may lessen the anxiety experienced during subsequent rumination. Moreover, worry lessened the depressing effects of rumination. Worry was associated with significantly greater thought than imagery, compared to rumination. Rumination involved a progression from mentation about the past to mentation about the future over time. Implications for understanding the generation of negative affect and comorbid anxiety and depression are discussed.

CONSIDERABLE RESEARCH indicates extensive comorbidity of anxiety and mood disorders (Brown & Barlow, 1992; Brown, Campbell, Lehman, Grisham, & Mancill, 2001; Kessler et al., 1994; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Kessler et al., 1998), especially for generalized anxiety disorder (GAD) and major depression (Brown et al., 2001; Kessler, DuPont, Berglund, & Wittchen, 1999; Kessler et al., 1996). Two causal explanations for such high comorbidity of anxiety and mood disorders have been put forth (see Barlow, 2002). Having one disorder may serve as a risk factor for developing another. Alternatively, anxiety and mood disorders may develop from the same underlying predisposition. Negative affect is a stable dispositional characteristic that involves experiencing negative emotional states (Watson & Clark, 1984) that may serve as this underlying predisposition to the development of anxiety and mood disorders. Within Clark and Watson's (1991) tripartite model, negative affect represents a non-specific distress factor common to both anxiety and depression and is considered to be a predisposing factor to the experience of both (Clark, Watson, & Mineka, 1994). Despite their co-occurrence and mutual association with high negative affect, depression has been uniquely associated with low positive affect, and anxiety has been uniquely associated with autonomic arousal (Clark & Watson, 1991).

Evidence for this model has consistently been found in studies using factor analysis of mood and anxiety symptom questionnaires with student, community, and clinical samples (Watson, Clark, et al., 1995; Watson et al., 1995b), as well as with children and adolescents in psychiatric inpatient facilities (Joiner, Catanzaro, & Laurent, 1996). Congruent with the construct of negative affect,

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Zinbarg and Barlow (1996) factor-analyzed self-report measures of anxiety symptoms in a large clinical sample and found one higher-order factor (vulnerability to anxiety and depression) that discriminated individuals with an anxiety disorder or a mood disorder from individuals with no psychopathology.

Another investigation using a large clinical sample provided compelling support for the importance of negative affect and positive affect as higher-order dimensions relevant to emotional disorders (Brown, Chorpita, & Barlow, 1998). Structural modeling techniques revealed three higher-order factors among patients meeting criteria for major depression, GAD, social phobia, panic disorder/agoraphobia, and obsessive-compulsive disorder, namely, (a) negative affect, (b) positive affect, and (c) autonomic arousal. Negative affect had significant paths to all of the disorders, whereas positive affect had paths only to major depression and social phobia. Autonomic arousal was significantly related only to panic disorder/agoraphobia and GAD, and the relationship with GAD was negative in direction, in line with research documenting autonomic suppression in GAD (Borkovec & Hu, 1990; Borkovec, Lyonfields, Wisner, & Deihl, 1993; Thayer, Friedman, & Borkovec, 1996). GAD and major depression had the strongest relationship with negative affect in this study.

The role that negative affect plays as a potential predisposing factor to anxiety and depression is thus well supported. Less well documented are the actual causal processes associated with the construct of negative affect that may explain the high comorbidity between anxiety and mood disorders and that may lead an individual to become anxious or depressed at a given moment in time.

A specific type of mental activity, recurrent negative thinking, is likely to be an important mediator of the relationship between trait negative affect and state experiences of anxiety and depression. Two types of such thinking importantly related to anxiety and depression are worry and rumination, respectively. In the case of worry, Barlow and DiNardo (1991, p. 115) proposed that GAD and worry are “fundamentally a presenting characteristic of all anxiety disorders with the possible exception of simple phobia.” Worry also occurs frequently in major depression (Chelminski & Zimmerman, 2003), thus suggesting that this mental process may contribute to co-occurring anxious experience in depressed individuals. On the other hand, Watson and Clark (1984) describe individuals high in negative affect as also having the tendency to ruminate and dwell on their mistakes. Both rumination about past events and worry about

potential future events may thus play a causal role in the creation of depressed and anxious affect, respectively, and may represent important mechanisms by which trait negative affectivity leads to state depression and anxiety within both chronically depressed and chronically anxious individuals.

Worry predominantly involves anxious affect during repetitive thought about possible future threats (Borkovec, Robinson, Pruzinsky, & DePree, 1983) but has also been demonstrated to elicit feelings of depression (Andrews & Borkovec, 1988). Rumination, on the other hand, typically involves repetitive thought about past events, current mood states, or failure to achieve goals (Martin & Tesser, 1996; Nolen-Hoeksema, 1991). Different types of rumination have been posited in the literature, and depressive rumination as defined by Nolen-Hoeksema (1991) has undoubtedly received the most attention. This type of rumination is defined as “thoughts that focus one’s attention on one’s depressive symptoms and on the implication of these symptoms” (Nolen-Hoeksema, 1991, p. 569). Rumination from this point of view represents a repetitive and passive response to depressed or dysphoric mood and has been demonstrated to be a vulnerability factor in the development of depression (Just & Alloy, 1997), to prolong the length of depressive episodes (Nolen-Hoeksema, Morrow, & Fredrickson, 1993), and to exacerbate negative mood (Nolen-Hoeksema & Morrow, 1993). Evidence also suggests that rumination predicts the future occurrence of anxiety and is an important factor in anxious depressed comorbid conditions (Nolen-Hoeksema, 2000).

Depressive rumination represents one type of rumination that involves thought specifically about depressive symptoms. While depressive rumination is clearly an important contributor to the generation of negative affect for individuals who are already experiencing depressive symptoms, other types of rumination are likely common and may be experienced by individuals who are not already experiencing dysphoric mood. Martin and Tesser (1996) conceptualize rumination as a thought process related to failure to achieve or make progress toward goals. Rumination in this sense emerges from self-regulation theories (see Carver & Scheier, 1990; Pyszczynski & Greenberg, 1987) that credit the generation of negative affect to attention focused on discrepancies between current states and desired goals. This type of global rumination has been demonstrated to occur following failure feedback in laboratory studies (DiPauli & Campbell, 2002) and to maintain negative affect (McIntosh & Martin, 1992).

Global rumination may be a construct that is useful to examine in relation to the generation of

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