

An Investigation of the Relationship Between Cognitive Reactivity and Rumination

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Teasdale's (Teasdale, J.D. (1988). Cognitive vulnerability to persistent depression. *Cognition and Emotion*, 2, 247–274) differential activation hypothesis refers to the ease with which maladaptive cognitive processes are triggered by mild dysphoria as *cognitive reactivity*. Supporting this model is evidence of a differential association between sad mood and dysfunctional cognitions in formerly depressed and never-depressed individuals and the finding that cognitive reactivity predicts depression recurrence in remitted depressives. The Leiden Index of Depression Sensitivity–Revised (LEIDS-R; Van der Does, A.J.W., Williams, J.M.G. (2003). Leiden Index of Depression Sensitivity–Revised (LEIDS-R). Retrieved September 4, 2007, from http://www.dousa.nl/publications_depression.htm#LEIDS) is a recently developed self-report measure that provides clinicians and researchers with a time-efficient means by which to assess cognitive reactivity. This study investigated the relationship between cognitive reactivity (indexed by the LEIDS-R) and depressive rumination in a nonclinical sample ($N=324$). As predicted, partial correlations between the LEIDS-R (subscale and Total scores) and the Ruminative Response Scale (RRS; Nolen-Hoeksema, S., and Morrow, J. (1991). A prospective study of depression and posttraumatic stress symptoms after a natural disaster: The 1989 Loma Prieta earthquake. *Journal of Personality and Social Psychology*, 61, 115–121) were significant after controlling for current depressive symptoms. A subsample of participants ($n=130$)

was administered a structured interview to determine current and past depression diagnostic status. Recovered depressed individuals scored more highly on the LEIDS-R Total and LEIDS-R Rumination subscale; however, the groups did not differ on the remaining subscales. Regression analyses indicated that (across all participants) LEIDS-R Total made a unique contribution to the prediction of depression over and above trait level of depressive rumination. Overall, the LEIDS-R is a time-efficient self-report index of cognitive reactivity that demonstrates promise in distinguishing recovered and never-depressed individuals.

BIOLOGICAL, BEHAVIORAL, AND COGNITIVE MODELS have been advanced to account for the processes and features that underpin vulnerability to the onset and recurrence of depression. Teasdale's (1988) differential activation hypothesis offers a cognitive account of depression vulnerability. The central premise of this model is that the cognitive processes and content that are activated when an individual experiences sad mood are the critical determinants of whether the mood disturbance is transient or, alternatively, whether it persists and develops into an episode of clinical depression. The degree to which negative cognitive content and maladaptive patterns of cognitive processing are triggered by mild dysphoric states is referred to as *cognitive reactivity*. Teasdale (1988) posits that mild or transient dysphoria will persist and become clinical depression if “a vicious cycle based on the reciprocal relationship between the depressed state and negative thinking” (Teasdale, 1988, p. 254) has been established.

Preliminary support for this model comes from the finding that, whereas initial depressive episodes are typically precipitated by negative life events, the relationship between environmental stressors and

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depression progressively diminishes with recurrent episodes (Kendler, Thornton, and Gardner, 2000). Cognitive theorists have proposed that cognitive reactivity can account for the onset of depression in the absence of a precipitating event. That is, maladaptive cognitive processing becomes increasingly likely to be activated as more depressive episodes are experienced, and thus, over time, serves to trigger depressive relapse in the absence of external stressors (Segal, Williams, & Teasdale, 2002; Segal, Williams, Teasdale, & Gemar, 1996).

More direct support for the differential activation hypothesis has been provided by studies that demonstrate that although recovered depressed patients and never-depressed controls do not differ on self-report of dysfunctional cognitions (e.g., "If I fail at my work, then I am a failure as a person") in neutral mood, following a sad mood induction, recovered depressed patients report elevated levels of such cognitions compared to controls (Miranda & Persons, 1988). This finding supports a differential association between sad mood and dysfunctional cognitions for formerly depressed and never-depressed groups; however, its correlational nature precludes interpretations about the causal role of this mood-cognition relationship in the maintenance of depression. An important validation of Teasdale's (1988) model was the observation that the degree of activation of dysfunctional beliefs following a mood induction predicted depressive relapse by formerly depressed patients at 30-month follow-up (Segal, Gemar, & Williams, 1999).

The index of cognitive reactivity employed by Segal et al. (1999) involved participants completing the Dysfunctional Attitudes Scale (DAS; Weissman & Beck, 1978) prior to and following a sad mood induction procedure. In this mood induction, participants listened to a piece of sad music while recalling a negative autobiographical memory. This methodology is recognized as the gold standard procedure for indexing cognitive reactivity and has been used in numerous studies. Nonetheless, the procedure is time-consuming, and moreover, it involves either repeated administration of the DAS in one testing session or administration of parallel forms of the DAS. The latter option is problematic, given that the degree to which the two forms are comparable has been questioned (Van der Does, 2002a).

In order to address these challenges, Van der Does (2002a) developed the Leiden Index of Depression Sensitivity (LEIDS) as an alternative self-report and time-efficient tool with which clinicians and researchers can measure cognitive reactivity, independent of the standard mood induction procedure described above. Examples of

LEIDS items include: "When in a sad mood, I become more bothered by perfectionism" and "When I feel sad, I feel less able to cope with everyday tasks and interests." The original LEIDS was a 52-item self-report measure. Initial investigation of its psychometric properties indicated that the LEIDS was best described by four factors comprised of 26 items (Negative Self-Evaluation, Acceptance/Coping, Indifference, and Risk Aversion) and that these factors possessed good psychometric properties (Van der Does, 2002a). Importantly, analyses confirmed that, as intended, the 26-item LEIDS predicted cognitive change (as measured by the DAS) in response to the standard mood induction procedure (see also Van der Does, 2002b). By comparison, baseline depression and cognitive dysfunction did not predict cognitive change. Van der Does therefore concluded that the LEIDS "is a promising measure of cognitive reactivity" (2002a, p.105). A more recent form of this measure, the LEIDS-R (Van der Does & Williams, 2003) contains 34 items on six subscales (Hopelessness/Suicidality, Acceptance/Coping, Aggression, Control/Perfectionism, Risk Aversion, and Rumination). This version of the LEIDS-R has now been used in a number of studies (e.g., Merens et al., 2005; Williams, Van der Does, Barnhofer, Crane, & Segal, in press), and Van der Does recommends use of this version (personal communication, May 20, 2005).

Despite the advantages of employing a validated self-report instrument to index cognitive reactivity, to date the LEIDS-R has not been used widely. Moreover, it has not been extensively applied to compare formerly and never-depressed individuals. In part one of the initial validation study, participants were asked to indicate whether they had experienced a period of sad mood and/or anhedonia, and to clarify whether it lasted 2 or more weeks. This question provided a probable index of depression history. Under this classification, the formerly depressed and never-depressed groups differed as expected on all of the LEIDS subscales (Van der Does, 2002a). In the second part of this study a structured clinical interview was administered to establish the presence of a history of depression. Eight of the 48 participants in this part of the study reported a previous depressive episode (Van der Does, 2002a). Accordingly, Van der Does highlighted the need for future research to employ the LEIDS to examine cognitive reactivity in these two groups. To our knowledge, only two additional studies in the published literature (Merens et al., 2005; Van der Does, 2005) have compared recovered and never-depressed participants on the LEIDS. Van der Does (2005) reported higher LEIDS

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