



Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety

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ABSTRACT

The mediating effects of rumination (with brooding and reflection components) and worry were examined in the relation between self-compassion and depression and anxiety. Two hundred and seventy-one nonclinical undergraduates completed measures of self-compassion, rumination, worry, depression and anxiety. Results showed that for the relation between self-compassion and depression, only brooding (rumination) emerged as a significant mediator. For anxiety, both brooding and worrying emerged as significant mediators, but the mediating effect of worry was significantly greater than that of brooding. The present results suggest that one way via which self-compassion has buffering effects on depression and anxiety is through its positive effects on unproductive repetitive thinking.

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1. Introduction

Self-compassion is a relatively new concept in the field of personality psychology (Neff, *in press*; also see Gilbert, 2005; Leary, Tate, Adams, Batts Allen, & Hancock, 2007). Neff (2003a, p. 224) describes self-compassion as “being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one’s inadequacies and failures, and recognizing that one’s experience is part of the common human experience”.

According to Neff (2003a, b), self-compassion consists of three interacting components: self-kindness (the tendency to treat oneself with understanding and care rather than with harsh self-judgment), a sense of common humanity (the ability to recognize that all humans fail at times, rather than feeling cut off from others by one’s own failures), and mindfulness (being aware of present moment experience in a balanced way rather than overidentifying with one’s emotions).

Growing evidence suggests that self-compassion is related to psychological well-being and it is considered a potentially important protective factor, promoting emotional resilience. A particularly robust finding in this respect is that greater self-compassion is associated with less depression and anxiety (e.g., Leary et al., 2007; Neff, 2003a; Neff, Rude, & Kirkpatrick, 2007). For example, higher scores on the Self-Compassion Scale (SCS; Neff, 2003a) are consistently related to lower scores on various kinds of depression

and anxiety self-report scales (e.g., Neff, 2003a). Additionally, recent research shows that self-compassion moderates people’s emotional reactivity to negative events. So it has been shown that self-compassion – both trait-based and experimentally induced – attenuates people’s sad and anxious reactions to naturally occurring, hypothetical, and experimentally induced negative events (Leary et al., 2007; Neff, Hsieh, & Dejitterat, 2005).

Whereas the literature is clear that self-compassion is related to positive psychological outcomes such as less depression and anxiety, far less is known about the mechanisms involved. What potential mediating processes can explain the buffering/beneficial effects of self-compassion on depression and anxiety? Although some ideas have been put forward in the literature (Allen & Knight, 2005; Leary et al., 2007; Neff, *in press*), very little research has tested this key question empirically. Nevertheless, the importance of such research cannot be overstated, as knowledge of underlying mechanisms can further our understanding of the construct of self-compassion and can improve applied efforts to implement self-compassion interventions (e.g., Germer, 2009; Gilbert & Proctor, 2006). Leary et al. (2007), for example, concluded that the current base of research findings suggest that “self-compassion holds promise as an important and interesting construct that facilitates resilience and coping, but with only a few previous studies on the topic, many key questions have not been addressed” (p. 888). One such outstanding key question is, thus, which potential processes account for the relationship between self-compassion and depression/anxiety?

A likely candidate to mediate the relationship between self-compassion and depression is depressive rumination. Depressive

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rumination can be generally described as a repetitive form of thinking, in which one repeatedly and in an abstract-evaluative way ponders about oneself, and about the possible causes, meaning, and implications of one's sad and depressed feelings (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Watkins, 2008). First of all, it is a robust finding that such ruminative thinking prolongs and deepens sad and depressed mood, as observed in experimental studies, and predicts the maintenance of clinical depression and the onset of new episodes of depression, as observed in naturalistic prospective studies (for recent reviews, see Nolen-Hoeksema et al., 2008; Watkins, 2008). Second, Neff (2003a, Study 2; Neff & Vonk, 2009) provided first evidence that greater self-compassion is related to less rumination. The combined observations of rumination's relation with both self-compassion and depression support the idea that rumination might mediate the relation between self-compassion and depression. In fact, Leary et al. (2007) recently suggested that self-compassionate people may experience less negative (i.e. depressed and anxious) affect following a negative event because they ruminate less or not about possible negative implications of such an event. Along the same line, Allen and Knight (2005), in discussing mechanisms by which self-compassion may alleviate or protect against depression, proposed that self-compassion may reduce ruminative thinking. Furthermore, it should be mentioned that rumination has been found to mediate the relationship between depression and a series of other protective, vulnerability or risk factors (e.g., Raes et al., 2006; Spasojevic & Alloy, 2001).

In a similar way, worry might be hypothesized to mediate the relationship between self-compassion and anxiety. Anxious worrying can be described as repeatedly thinking about potential future threats, risks, uncertainties, and imagined catastrophes (Watkins, 2008; also see Borkovec, Robinson, Pruzinsky, & Depree, 1983). On the one hand, worry has been found to predict anxiety, both concurrently and prospectively (e.g., Hong, 2007; for a review, see Watkins, 2008) and it is a central feature of generalized anxiety disorder (APA, 1994). On the other hand, self-compassion can be reasonably expected to be inversely related to worrying, given that prior research has shown that both concepts are moderately to highly associated with anxiety. However, only one study to date has directly examined the relationship between self-compassion and worry, reporting a moderate correlation between higher levels of self-compassion and lower levels of (academic related) worry in undergraduates (Williams, Stark, & Foster, 2008). Related to that observation, Leary et al. (2007) reported that self-compassionate people react to hypothetical negative scenarios with thoughts that reflect less catastrophizing, the latter being a typical component of anxious/worrisome thoughts (Vasey & Borkovec, 1992).

Although worry and rumination very clearly share common aspects, in that they are both forms of unproductive repetitive thinking focused on negative events, both cognitive processes also have specific aspects (for a review, see Watkins, 2008). For example, whereas ruminative thinking is typically associated with sad/depressed feelings over past events (e.g., failures), worrisome thoughts are intimately associated with anxiety about potential future events (Papageorgiou & Wells, 1999).

Notwithstanding the frequent observation that rumination is indeed related to depressed affect and worry to anxious affect, it remains unclear whether rumination and worry – given their many commonalities – are really differentially and specifically related to depression and anxiety, respectively, when all constructs involved are simultaneously considered, that is, controlled for (see Hong, 2007). First of all, there are not many studies around considering both worry and rumination in one and the same study, examining their associations with both depression and anxiety. Second, those studies that did explore the associations between worry, rumination, anxiety and depression, paint a mixed picture. Whereas some

studies did find that worry and/or rumination had unique associations with anxiety and depression (e.g., Hong, 2007; Muris, Roelofs, Meesters, & Boomsma, 2004), others report more undifferentiated patterns of associations (e.g., Calmes & Roberts, 2007; Fresco, Frankel, Mennin, Turk, & Heimberg, 2002; Muris, Roelofs, Rassin, Franken, & Mayer, 2005).

In conclusion, there seem to be indications in the literature suggesting that repetitive thinking might mediate the relationship between self-compassion and depression/anxiety (Hypothesis 1). However, this hypothesis has not yet been directly tested, and was the central aim of the present study. The second aim was to study the uniqueness of the mediating status of two specific forms of repetitive thinking, namely rumination and worry, as results of previous studies were mixed as regards the specificity of their associations with depression and anxiety. In light of the mixed findings, the present study also tested whether there are specific relationships between rumination and depression, and between worry and anxiety. However, consistent with, for example, Hong (2007), it is hypothesized that rumination rather than, or to a greater extent than, worry would mediate the relationship between self-compassion and depression, whereas worry rather than, or to a greater extent than, rumination would mediate self-compassion's relation with anxiety (Hypothesis 2).

Finally, two forms of ruminative thinking were distinguished and examined in the present study. Treynor, Gonzalez, and Nolen-Hoeksema (2003) identified two distinct rumination components, labeled *brooding* (referring to self-critical moody pondering) and *reflection* (capturing emotionally neutral pondering). Recent studies suggest that brooding represents the more maladaptive component of rumination; reflection, on the other hand, appears a more adaptive form of rumination (e.g., Burwell & Shirk, 2007; Treynor et al., 2003). These subtypes of rumination have not been studied in relation to self-compassion previously. It is predicted that if rumination is found to mediate the relation between self-compassion and depression (and possibly anxiety), it will be the brooding rather than the reflection subtype emerging as a significant mediator (Hypothesis 3; cf. O'Connor and Noyce, 2008; Raes & Hermans, 2008; Roelofs, Huibers, Peeters, Arntz, & van Os, 2008).

2. Method

2.1. Participants

Respondents were 271 first-year psychology undergraduates at the University of Leuven (214 women); all participated in return for course credit. The sample's mean age was 18.14 years ($SD = 1.25$).

2.2. Measures

2.2.1. Self-compassion scale (SCS)

The SCS (Neff, 2003a) consists of 26 items assessing six different aspects of self-compassion: self-kindness (e.g., "When I'm going through a very hard time, I give myself the caring and tenderness I need"), self-judgment (e.g., "I'm intolerant and impatient toward those aspects of my personality I don't like"), common humanity (e.g., "When things are going badly for me, I see the difficulties as part of life that everyone goes through"), isolation (e.g., "When I'm feeling down, I tend to feel like most other people are probably happier than I am"), mindfulness (e.g., "When I'm feeling down I try to approach my feelings with curiosity and openness"), and over-identification (e.g., "When I fail at something important to me I become consumed by feelings of inadequacy"). Adequate validity and reliability is reported (Neff, 2003a). The Dutch version

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