



Contents lists available at ScienceDirect

Personality and Individual Differences

journal homepage: www.elsevier.com/locate/paid

Adaptive and maladaptive rumination in alexithymia and their relation with depressive symptoms

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ARTICLE INFO

Article history:

Received 7 April 2010

Received in revised form 27 July 2010

Accepted 2 August 2010

Available online 24 September 2010

Keywords:

Alexithymia

Rumination

Abstract

Concrete

Processing modes

Maladaptive thinking

ABSTRACT

Alexithymia and ruminative thinking style are two dispositions typically associated with depression. Alexithymia encompasses difficulties identifying feelings (DIF), difficulties describing feelings (DDF) and externally oriented thinking (EOT). Rumination consists of repetitive thinking about one's own state, which has adaptive or maladaptive consequences, depending on the processing mode involved. This is maladaptive when the mode is abstract-analytic and adaptive when it is concrete-experiential (Watkins, 2008). In order to investigate the combined contribution of alexithymia and rumination in depression, the present study investigated correlations between the multiple dimensions of alexithymia and rumination before and after controlling for depressive symptoms. The aim was to see which alexithymia dimensions are associated with abstract-analytic rumination, which ones with concrete-experiential rumination, and which dimensions are not related to rumination at all. Self-report measures of depressive symptoms, alexithymia and rumination were administered to a non-clinical sample ($N = 174$, $M_{age} = 21.40$). After controlling for depression, two complementary patterns emerged, and a null association: DIF positively correlated with abstract-analytic rumination, EOT negatively correlated with concrete-experiential rumination, whereas no association was found between DDF and any rumination component. Causal models compatible with observed associations are discussed.

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1. Introduction

A considerable amount of research indicates that some people are more vulnerable to depression than others; such people possess stable ways to react or to process negative emotional events and information. Among others, alexithymia and ruminative thinking style are two dispositions typically associated with depression (Luminet, Bagby, & Taylor, 2001; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). In the present paper, we investigated the association between alexithymia, rumination and depression, to explore reciprocal inter-relations among their dimensions. The relation between depression and alexithymia on one hand, and between depression and rumination on the other hand, have been already researched for decades. These streams will be summarized in the next two paragraphs, and then hypotheses about the combined contribution that alexithymia and rumination can give to depression will be stated in the third paragraph.

1.1. Alexithymia and depression

Alexithymia is a personality trait characterised by a deficit in the processing of emotional information (Taylor, Bagby, & Parker, 1997). It is traditionally defined by the following salient features: difficulty identifying feelings (DIF), difficulty describing feelings (DDF) and externally oriented thinking (EOT). In the late 1980s, preliminary studies based on self-report measures provided evidence about an association between alexithymia and depression (Haviland, Mac Murray, & Cummings, 1988). Since then, a large amount of cross-sectional (Grabe, Spitzer, & Freyberger, 2004; Honkalampi, Hintikka, Saarinen, Lehtonen, & Viinamaki, 2000) and longitudinal studies on clinical populations (Honkalampi et al., 2000; Luminet, Rokbani, Ogez, & Jadoulle, 2007; Luminet et al., 2001) have provided further support for this association. Consequently, alexithymia has gained increasing attention as a possible vulnerability factor for depression. These studies also showed that alexithymia measures are relatively stable over time, compared with measures of depression. This observation suggests that alexithymia represents a stable risk factor, and that depression and alexithymia are different constructs (Honkalampi et al., 2000; Luminet et al., 2001, 2007). However, mechanisms underlying the association between alexithymia and depression are not clear yet.

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Moreover, given the multi-faceted nature of alexithymia, differential effects of its dimensions have been generally highlighted: in some studies, an association with depression was found only for DIF and DDF, but not for EOT (Haviland et al., 1988; Hendryx, Haviland, & Shaw, 1991). In other studies, only an association between DIF and depression or negative affect has been found (cf. Bailey & Henry, 2007; De Berardis et al., 2008; Grabe et al., 2004), whereas the association between DDF and depression turned out to be much more unstable (Bailey & Henry, 2007). Taken together, this body of evidence suggests that the association between alexithymia and depression needs to be further specified, so as to comprehend which could be the process responsible of higher risk for depression in association with some dimensions of alexithymia and not with others. In the present paper, we suggest that different rumination modes are a possible path of investigation.

1.2. Ruminative thinking and depression

It is well known that depressed individuals have a typical mindset, which consists of repetitively thinking about one's own condition, its causes and consequences, defined as rumination (Nolen-Hoeksema, 1991). Numerous studies have shown that rumination rather maintains depressive symptoms, impairs one's ability to solve problems and ushers in a host of negative consequences that exacerbate negative mood and cognition (for a review, see Nolen-Hoeksema et al. (2008)).

Originally, the depressive effect of rumination was attributed to the fact that ruminators dwell on negative contents more than other people, and thereby experience negative emotions more frequently (Lyubomirsky & Tkach, 2003). This perspective was put forward by Nolen-Hoeksema and her co-workers: It implied that rumination could only be maladaptive and consistently the phenomenon was labelled as “depressive rumination”. However, recent conceptualizations have proposed a distinction between different modes of rumination, which could be either adaptive or maladaptive.

Watkins (2008), for example, distinguished two modes of rumination: abstract-analytic and concrete-experiential. The abstract-analytic mode is focused on evaluating the higher-level causes, meanings and implications of self-experience. By contrast, the concrete-experiential mode is focused on lower-level, specific, contextual and concrete moment-by-moment details of how does self-experience unfold.

This dichotomy parallels other theories such as the one proposed by Kross and colleagues (Kross, Ayduk, & Mischel, 2005), who distinguished between the “why” and the “what” focus” cognitive processes, and the one proposed by Trope, Liberman, and Wakslak (2007), who distinguished between “high level of construal” and “low level of construal” cognitive processes. Notwithstanding differences in labels, these distinctions correspond to similar processes: the one consists in generalizing across different events and gives global representations, focused on the general meaning of the situation, whereas the other goes deeply into objective and subjective details of a specific event and gives representations that are more concrete, detailed and imaginative. However, investigation relationship between these two modes and rumination was mainly put forward by Watkins (2008), for which reason his distinction will be the one we will refer to in the following of this paper.

According to his definitions, individuals in an abstract-analytic mode of rumination may experience thoughts such as “what does this mean for my life?”, “why do I react this way?”, or “I just can't cope with anything”. On the contrary, in the concrete-experiential mode one may experience thoughts such as: “how did this happen?”, “how could I intervene to fix this problem?”, “what are my feelings here and now?”.

Research shows that the experimental induction of abstract-analytic and concrete-experiential modes of processing results in significant variations in emotional regulation (for a review, see Philippot, Neumann, and Vrielynck (2007)). The abstract-analytic variant increases negative global self-evaluations (Rimes & Watkins, 2005), impairs social problem solving (Watkins & Moulds, 2005), leads to problems in emotional recovery from prior failure and increases emotional vulnerability to subsequent failure (Moberly & Watkins, 2006). Conversely, it has been found that experimental induction of a concrete-experiential mode through specific training reduces emotional reactivity to stressors (Watkins, Moberly, & Moulds, 2008), depressive symptoms and negative self-judgment (Watkins, Baeyens, & Read, 2009). Based on this evidence, the abstract-analytic mode is considered to be maladaptive, whereas the concrete-experiential mode is considered to be adaptive, regardless the positive or negative valence of contents they apply to.

1.3. Adaptive and maladaptive rumination in alexithymia

In the present paper, we explore rumination modes associated with alexithymia, suggesting that high alexithymia scorers might be more prone to develop depressive symptoms, as long as they engage more easily in dysfunctional rumination processes. This hypothesis relies on the assumption that alexithymics have less information available to guide their behaviour in an emotional context because of their deficit in the identification and elaboration of their internal emotional state. Therefore, they are supposed to engage in more repetitive and analytic thinking towards external emotional targets as a strategy to obtain the information that is lacking from their emotions.

However, the few studies conducted so far on this topic displayed unclear results. For instance, Luminet and colleagues (2000, 2004) investigated emotional responding in alexithymia by examining cognitive, social and physiological responses to emotional events. In these studies, cognitive and social responses consisted of rumination and social sharing of emotions, respectively. It was found that alexithymia did not predict the amount of rumination after the most negative personal emotional event in the last 3 or 6 months (Luminet, Zech, Rimé, Wagner, 2000) or an experimentally induced emotional episode (Luminet, Rimé, Bagby, Taylor, 2004); only a significant negative effect was found of DDF on the amount of social sharing. Such results are surprising if we consider that both alexithymia and rumination contribute to depression. However, we consider these findings as just preliminary since rumination measures only consisted of self-rated frequency of thoughts, degree of intrusion and search for meaning; these measures were not theoretically driven and did not distinguish between adaptive and maladaptive dimensions of rumination.

The present study investigated the relation between alexithymia, rumination and depression, looking at the relationships between sub-dimensions of the first two constructs, before and after controlling for depressive symptoms as captured by self-reported measures. It was assumed that a multidimensional investigation should enable one to disentangle which dimensions of alexithymia are associated with which dimensions of rumination.

Concerning the hypotheses, at a general level we expected to replicate earlier results, which are an association between depressive symptoms and alexithymia on the one hand, and an association between depressive symptoms and rumination modes on the other hand, positive for abstract-analytic and negative for concrete-experiential rumination. Second, alexithymia being a deficit in the identification and elaboration of internal emotional states, it was also expected to be associated with a dysfunctional rumination pattern, that is more abstract-analytic and less concrete-experiential. However, after controlling for depressive symptoms, there were theoret-

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