Episteme: an online interdisciplinary, multidisciplinary & multi-cultural journal

Bharat College of Arts and Commerce, Badlapur, MMR, India

Volume 4, Issue 3 **December 2015**

A CORRELATIONAL STUDY ON RUMINATIVE RESPONSE STYLE AND ITS FACTOR COMPONENTS WITH DEPRESSION

By Sitara Kapil Menon

Abstract:

The present study is based on the Response style theory by Nolen Hoeksema & Morrow (1991) which suggests that people with Ruminative response Style have prolonged depressive episodes. Thus the response styles theory represents a shift from a focus on the determinants of individual differences in the onset of depression to a focus on the determinants of individual differences in the duration of depression. The present study investigates that if rumination and depression are related then to what extent are these variables correlated and whether the relationship is significant. The Study aimed to know the strength of relationship between Ruminative response style and Depression.

Key words: Ruminative Response Style, depression, self-isolation, self-blame.

Introduction:

Depression is one of the most common mental illnesses. Every man experiences at least once in his or her own life when everything seems to go wrong. The experience of depression one may express or describe varies in its conceptualization from person to person. The intensity though the same is perceived differently depending on a variety of factors in addition to the threshold level of the individual basically. Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM V) categorized depressive disorders into three specific types:

- Major depressive Disorder which is characterized by one or more major depressive episodes that is at least two weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression.
- Dysthmic Disorder which is recognized by at least two years of depressed mood for more days than not accompanied by additional depressive symptoms that do no meet the criteria for a major depressive disorder.
- The Residual Category : Depressive Disorder not otherwise Specified which is used for coding disorders with depressive features that do not meet criteria for major depressive disorder , dysthymic disorder,adjusment disorder with depressed mood or adjustment disorder

with mixed anxiety and depressed mood (or depressive symptoms about which there is inadequate or contradictory information).

Types of Depression: DSM divides the section of Mood disorders into depressive disorder (unipolar) and bipolar disorders (manic depressive and manic episode).

Unipolar depression refers to several patterns of depressive disorders which are characterized by the absence of any manic or any hypomanic symptoms.

In bipolar disorders presence of a manic or hypomanic episode with alternating depressive episodes depression and elation.

Primary and Secondary Depression : The diagnosis is made when there is no concurrent psychiatric disorder severe physical illness and no previous history of any other psychiatric disorder except the episode of depression. This applies to unipolar depression.

History of Depression:

The History of Depression can be divided mainly into six periods:

- In ancient Egypt (11^{th} century B.C.) as a psychological reaction to loss for centuries priests have been treating these patients
- The Greek scientists tried to look at depression, more scientifically by shifting their philosophical view to description of symptoms on the basis of origin in rather than divine causes of disorder. Hippocrates (460-377 B.C.) father of Medicine introduced the terms "mania & melancholia"
- Roman physician Aretans (120-180A.D.) for the first time introduced manic depressive as a single major disorder.
- In the middle ages melancholia became to be considered as a separate disease entity
- Emil Kraeplin in 1896 distinguished between manic depressive psychosis and schizophrenia. He described menopausal depression in women and late adulthood depression in men which was named as involutional melancholia
- In the present century a number of biological theories as well as psychological theories are proposed

Theories of Depression:

Biological Theory: Neurotransmitter factors: evidence demonstrated that our moods are regulated by neurotransmitters that transmit nerve impulses from one neuron to another. Deficiency or low secretion of norepiniprhine and serotonin or both of these lead to depression.

Genetic Factors: Many theories believe that some people inherit a predisposition to develop unipolar depression. Evidence has show that genetic factors have a vital role to play io bipolar disorders in particular. 50% Bipolar disorder patients have at least one parent afflicted with mood disorders as compared to unipolar depression.

Psychoanalytic theory: This view emphasizes the significance of morality and hostility in depression. Abraham (1924) stated that repression to the oral stage of development occurs whereby hostility (self-accusation, self-punishment b) was represented when one rejects the object that has frustrated him.

Behavioural Theory: This model focuses on the operant behavioral view. According to Lewinsohn & Shaffer (1971) "reinforcement contingencies play significant role in developing depression. This theory assumed that inactivity of the depressed person and feelings of sadness are due o low rate of positive reinforcement and high rate of unpleasant experiences.

Learned helplessness theory: Martin Seligman (1975) had proposed a theory which focuses on cognitions. This theory explains how people learn to be helpless ad depressed. When individuals believe that their action makes no difference in bringing about either pleasure or pain they don't try to change the situation. All these states results in their experiencing a sense of helplessness. Depression is thus caused by the expectation of future helplessness.

Cognitive Theory: Beck's Cognitive Model points out that in processing of information three classes of cognitive variables intervene between stimuli and responses. These are cognitive triads, Schemata and Cognitive errors. Depressed persons show negative biases at all these three levels of thinking.

Response Style Theory (Nolen Hoeksema & Morrow,1991): This theory suggest that people who engage in ruminative responses to depression focusing on their symptoms and the possible causes & consequences of their symptoms will show longer depression than people who take action to distract themselves from their symptoms.

Thus ruminative response style is conceived as a pattern of behavior and thoughts that focus the individual's attention on his or her emotional state and inhibit any actions that might distract the individual from his or her mood. Research generally has supported the hypothesis of the response styles theory that a ruminative response style is associated with a greater severity of depressive episodes.

Literature review

Response Style and depression: The response style describes how people typically respond to their sad mood. "Ruminative Responses involve repetitively focusing on the fact that one is depressed; on one's symptoms of depression; and on the cause, meaning and consequence of depressive symptoms" (Nolen – Hoeksema, 1991). The response style theory was proposed originally to explain why women are twice as a likely as men to show depression (Nolen – Hoeksema, 1987,1990).A number of self report studies found that women are significantly more likely to ruminate in response to their depressed mood than men and in turn the women experienced longer and more severe periods of depressed mood. Several previous theorists have argued that one way depressed mood is maintained is through the effects of depressed mood on information processing (Blaney et. al., 1986). Ruminative response style may exacerbate depression by its influence on information processing which may then lead to interference with instrumental behavior.

Further Ruminative Responses may interfere with effective problem solving and an inability to solve problems that could help maintain the low mood. In a study by Morrow(1990) sad mood was induced in subjects and then had them engage in ruminative or distracting tasks. Following these tasks subjects were asked to generate as many possible solutions to some life problems. It was found that subjects who had engaged in the ruminative tasks generated half as many possible solutions to the problems than subjects who had engaged in the distracting tasks. Thus a number of recent laboratory and prospective field studies suggests that the tendency to ruminate about dysphoric moods is associated with more severe and persistent negative emotional experiences.

Later studies also found that rumination might reflect important cognitive manifestations of neuroticism that increases vulnerability to episode of persistent dysphoria. Researchers over the years had also been interested in exploring the origins of this response style which lead to the following points:

Parents might influence the development of their children's style of responding to negative affect through the styles the parents display when they are sad and through their socialization practices. Parents might model a ruminative style Children might develop ruminative passive styles because they have not been taught a repertoire of more adaptive strategies for handling negative affect such as benign distractions or appropriate problem solving

The literature sex role socialization suggests that parent's expectation of types of emotional expression is appropriate for their male and female children may influence children's styles of affect regulation. Biological factors also play a role n the development of response styles to depressed moos. Some appear to have greater physiological reactivity to stress than other people. More reactive people may find their negative emotional states more compelling and thus may be more likely to focus on those states. If they frequently become upset when others do not they may also begin to question their negative emotionality. This focusing on emotion and questioning it may develop into a ruminative style of responding to negative mood.

Thus the response styles theory represents a shift from a focus on the determinants of individual differences in the onset of depression to a focus on the determinants of individual differences in the duration of depression. Even among people whose depression appears to be attributable to similar causes there appear to be large individual differences in the duration of depression (Windholz et. al.1985). Thus the present study investigates that if rumination and depression are related then to what extent are these variables correlated and whether the relationship is significant.

Hypothesis:

1. There is positive correlation between scores on Ruminative Response Style Scale ad Scores on Depression Inventory
2. There is positive correlation between symptom based rumination and Depression
3. There is positive correlation between Introspection /Self Isolation and Depression
4. There is positive correlation between Self Blame and Depression

Methodology:

Design: A Quasi Experimental Design

Operational definition of variables:

Variables Correlated are:

1. Ruminative Response Style Scale and Scores on Depression Inventory
2. Symptom based rumination and Depression
3. Introspection /Self Isolation and Depression
4. Self Blame and Depression

Controls:

- Participants were in the age group of 20-25 years

- Only literate individual participated in the study

Sample:

The Sample consisted of 30 individuals

Measures:

1. The Zung Self rating Depression Scale: This is a 20item report scale., The scale provides a global index of the intensity of a patient's depressive symptoms including the affective expression of depression rating had to be given in any of the following – none or a little of the time, some of the time, a good part of the time and most of the time.

2. Ruminative Response Scale : The Ruminative Response Scale was used to assess the ruminative response style. The scale consists of 21 items which included 3 factor components of rumination.

- Factor 1 consists of seven items and was labeled Symptom Based Rumination
- Factor 2 was composed of net fie items and was labeled as Introspection/ Self Isolation
- Factor 3 consisted of 3 items and was labeled as Self Blame

Procedure:

Forty eight individuals participated in this study. The following procedure was followed:

Participants were asked to complete the Zung Self Rating depression scale and following instructions were given.

"This is a 20 item scale. You have to read each one carefully and decide how much of the statement describes how you have been feeling during the past week and mark in the appropriate column" Participants were then administered Ruminative Response Scale and following instructions were given:

People generally think and do many different thing when they feel sad. I am going to read a list of possibilities. Please tell e if you never sometimes often or always think or do each one when you feel sad. Please indicate what you generally do and not what you think you should do."

30 individual scores were then randomly selected for further analysis.

Result:

TABLE A

Correlation of Depression with :	Mean	Standard Deviation	r
Ruminative Response Style	30.1	8.70	0.61**
Symptom Based Rumination	9.1	3.67	0.71**
Introspection / Self Isolation	5.7	2.92	0.51**
Self Blame	4.9	2.09	0.21 (NS)

**- $p<0.01$, NS – Not Significant

Table A consists of mean scores, standard deviation and the values of correlation coefficient of depression and ruminative response style scores. Pearson Product Moment correlations were carried out to test the significance of correlation.

The hypothesis 1 stated that there is positive correlation between scores on ruminative Response Style and Depression Inventory which is found to be validated. The correlation coefficient was 0.61 and was found to be positive and significant($r(28)=0.61, p<0.01$).

Further the correlation between depression scores and factor components of ruminative response style questionnaire were tested. It could be seen that the correlation coefficient of Depression scores (M= 41.6, SD= 9.57) and Symptom based rumination (M= 9.1, SD=3.67) was positive and significant ($r(28)=0.71$, $p<0.01$). The correlation between scores on Depression (M= 41.6, SD= 9.57) and Introspection (M=5.7, SD=2.92) was also found to be positive and significant. Thus Hypothesis 2 and Hypothesis 3 are validated.

Hypothesis 4 which states that there is positive correlation between scores on Depression and the third factor component of Ruminative Response Style that is Self Blame was not validated as it could be seen that the correlation coefficient between Depression Scores(M= 41.6,SD= 9.57) and Self Blame (M= 4.9, SD= 2.09) was not Significant($r(28)=0.21, p>0.05$).

Thus Hypothesis 1, 2 & 3 are validated in the study.

Discussion:

The present study tried to investigate the strength of relationship between Depression and Ruminative Response Style and also Depression with factor components of Ruminative Response Style which included Symptom based rumination, Introspection and Self blame.

Results have shown that there is positive correlation between Depression and Ruminative Response Style and also with factor components of rumination except for self blame; where the correlation was found to be insignificant.

The results further lead to a interesting finding that although Depression ad ruminative response style were correlated the correlation between depression and the first factor component that is Symptom based rumination was quite high comparatively which indicates that rumination in individuals would be constituted of a symptom based rumination which includes " thinking how passive and unmotivated you feel", " think how hard it is to concentrate" which could be suggestive of the reason behind the finding that people with ruminative responses are less likely to engage in active structured problem solving that is rumination can affect the actual behaviour.

Thus this finding that rumination on thinking that "one cannot do something" will influence the actual behavior is best supported by an interesting study conducted by Kuhl.Kuhl (1981) investigated the effects of state orientation that is the tendency to think about recent events and about one's physical state and the action orientation that is the tendency to take action following negative events on performance following uncontrollable cognitive tasks. It was found that the state oriented subjects showed more helpless behaviors on subsequent tasks than did the action oriented subjects. The state oriented subject's excessive rumination about their failures on the first set of tasks appeared to interfere with learning in subsequent tasks which lead to the finding that if a person is obsessively thinking about the problems associated with depression this thinking will inhibit even the simplest of behaviors such as eating.

In contrast, distracting responses such as recreating with friends or playing basketball can provide positive reinforcement that can reduce depressive affect (Heiby, 1983). Miller (1975) reviewed studies showing that periods of distracting activity can lead to improvement in depressed people's performance at motor tasks. Subsequent studies have shown that having depressed people engage in distracting tasks reduces the effect of helplessness (Frankel, 1981).

Thus some depressed individuals with a ruminative response style may recover as a result of learning to control ruminative responses through distractions over the course of therapy.

Conclusion:

The Study aimed to know the relationship between Depression and Ruminative Response Style and as it was found that there is significant positive correlation it could be concluded that one major factor in a depressive episode is the type of response individuals engage in when they are depressed. Thus the more researchers understand these underlying factors the more clinicians can help depressed patients manage their symptoms and avoid de moralization from the depression itself. Then the patients could themselves address more effectively the reasons they initially became depressed.

References:

1. American Psychiatric Association, Diagnostic & Statistical manual of Mental Disorders (5th edition), Washington DC
2. John E. Roberts ,Eva Gibboa and Jan h. Gotlib (1998) Ruminative response Style and vulnerability to episodes of Dyphorias Gender neuroticism and episode duration , cognitive therapy and research ,22,pg.401-423.
3. Michael A. Young & Omar A. Azam (2003) Ruminative Response Style and the severity of seasonal affective disorder , cognitive therapy and Research ,27,p.223-23
4. Nolen – Hoeksema S. (1991)Responses to depression and their effects on duration of depressive episodes, Journak of Abnormal psychology, 100,pg.569-582
5. Nolen – Hoeksema S. & Morrow J. & Fredickson B.L. (1993) Response Styles and the durations of episodes of depressed mood ,Journal of Abnormal Psychology ,102,pg. 20-28
6. Nolen Hoeksema S., Parker. & Larson ,J. (1994) Ruminative coping with depressed mood following loss, Journal of Personality and Social psychology ,67,pg.92-104

Bio:

Sitara Menon is the Faculty & Coordinator,MA (Psychology) at R.D.National College, Bandra. She can be contacted at sitararaghavan@gmail.com