

Linking Rumination with Behavioral Disengagement and Self-Blame Coping

Evan M. Kleiman, B.A.², Bridget A. Marley, B.A.¹, Jeannette Giorgio, Ph.D.³, Richard T. Liu¹, M.A., Rachel E. Bender, M.A.¹, Clara Wagner, M.A.¹, & Lauren B. Alloy, Ph.D.¹

Department of Psychology, Temple University, Philadelphia, PA; Department of Psychology, George Mason University, Fairfax, VA; Salisbury VAMC, Salisbury, NC



Background

Nolen-Hoeksema (1991) describes rumination as a response style characterized by dwelling on the symptoms, causes, and consequences of a depressed mood. A study of individuals with depression found that those who ruminate have longer periods of depressed states than non-ruminators (Nolen-Hoeksema, 1991). Although Nolen-Hoeksema conceptualizes rumination in response to negative affect (ruminating about the causes of a depressed mood), it may be that rumination is also a way of coping with stress in general (ruminating over the causes of general life stressors as a method of coping).

Folkman and Lazarus (1980) describe two broad categories for responding to stress; emotion focused and problem focused coping. Each method focused either on the stressor itsendi (problem focused coping) or the affective response from the stressor (emotion focused coping). Those who engage in emotion focused coping responses, such as self blame, and behavioral disengagement have been found to not fare as well as those who use problem-focused approaches. This study aimed to establish a link between rumination and other maladative emotion-focused coping styles, specifically self-blame and behavioral disengagement. Behavioral disengagement is a coping style that involves not taking action in response to a stressful situation (Carver, Scheier, & Weintraub, 1989). Similarly, self-blame coping is the tendency to place blame on oneself for life stressors (Folkman and Lazarus, 1980). Individuals who ruminate may be more likely to behaviorally disengage and use self-blame coping in stressful situations, unintentionally prolonging the duration of the depressed state. It is expected that high ruminating individuals will be more likely to show behavioral disengagement and self-blame coping styles than low ruminators.

Method

Procedures and Participants

This study occurred during the screening and first phases of a larger study. Participants consisted of students enrolled at a large, ethnically diverse, urban university. Individuals were invited to participate if they were one standard deviation above or below the mean on the Response Style Questionnaire (RSQ; Nolen-Hoeksema & Morrow, 1991). Individuals with a clinical diagnosis of depression, as determined by completion of the Schedule for Affective Disorders and Schizophrenia, Lifetime version (SADS-L; Spitzer & Endicott, 1978) were excluded from the study. The final sample consisted of 130 undergraduates identified as high or low ruminators. Table 1 lists sample demographics.

The majority of high ruminators were Caucasian and African American and the majority of low ruminators were also Caucasian (see Table 1). Since respondents with Mixed ethnic background, Hispanic Americans, Other, and Unknown did not approach significant levels, their percentages and mean scores were collapsed for Table 1.

Measures

Rumination: Rumination was measured using the Response Style Questionnaire (RSQ; Nolen-Hoeksema & Morrow, 1991). The RSQ assess responses to depressed mood using 33 four-point Likert scales and contains two scales; a 21-item Ruminative Response Scale (RRS) and an 11item Distracting Response Scale (DRS) that assess responses to depressed mood. The RRS assesses tendencies to focus on the self, the symptoms, and the possible consequences and causes of moods. The DRS assesses how often participants engage in pleasant, non-dangerous activities in response to depression.

Coping Styles: Individual coping styles were then assessed using the Brief COPE (Carver, 1997) during the following phase of the study. The Brief COPE is a 28-item self report measure that uses a 4-point likert scale to use a variety of coping methods, including self blame and behavioral disengagement.

Table 1. Sample Demographics by Rumination Status

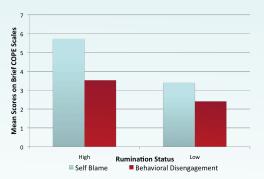
	Ruminati	Rumination Status		
	High	Low		
# in group	68	62		
Gender (% female)	40.7	40		
Mean age	19.8	18.96		
Ethnicity %:				
Caucasian	54.8	67.6		
African American	32.3	10.3		
Other	12.9	22.1		

Table 2. Results of Independent t-tests

		High Ruminator	Low Ruminator	t	df
	Behavioral Disengagement	3.53 (1.34)	2.41 (.72)	5.13***	129
	Self Blame Coping	5.72(1.8)	3.39 (1.31)	3.83***	129

Note: *** = p < 001

Figure 1. Mean Scores on Brief COPE Scales for High and Low Ruminators



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Results

It was expected that high and low ruminators would differ on subscales of self-blame and behavioral disengagement, specifically, we expected that high ruminators would endorse more of both than low ruminators. Both HR and LR groups were first examined for potential demographic differences. A Pearson chi-square test showed there were significant differences between HR and LR groups in age (f (128) = -2.844, p < .005) and ethnicity, χ^2 (6) = 14.146, p < .01 and was controlled for the study's analyses.

Two independent t-tests were conducted to examine differences in self-blame and behavioral disengagement between the two rumination groups. As predicted, individuals with high rumination status employed self-blame and behavioral disengagement more often than LR (see Table 2). Rumination status was significantly related to scores on the behavioral disengagement, t (129) = 5.13, p < .001, and self-blame, t (129) = 3.83, p < .001) COPE subscales. Overall, HR were more likely to practice behavioral disengagement and self-blame than LR.

Discussion

A key finding in this study is that high ruminators were more likely to engage in both behavioral disengagement and self-blame coping styles than low ruminators (see Figure 1). If the present study had an equal amount of each ethnicity, it may be that the cultural norms each grew up with may contribute to an ethnic difference. These findings are consistent with previous studies that suggest that rumination is related to emotion-focused coping (e.g., Matheson, & Anisman, 2003), specifically self-blame (Garnefski et al., 2001; Nolen-Hoeksema, & Jackson, 2001) and behavioral disengagement (Lyubomirsky & Nolen-Hoeksema, 1995). Although most of our participants were female, the results are consistent with studies finding women are more likely to use emotion-focused coping (Nolen-Hoeksema, 1987; Ptacek, Smith, & Dodge, 1994).

Future Directions

This configuration of coping styles (behavioral disengagement X self blame X rumination) suggested in this study might confer increased risk for Anxiety, Depression, and other psychopathology as well as suicide. Future studies should explore the specific risk inferred by this potential vulnerability configuration.

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