Mindfulness Moderates the Relationship Between Depressive Affect and Negative Cognitions

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Mindfulness Moderates the Relationship Between Depressive Affect and Negative Cognitions

**Description**
The main finding of this study is that varying levels of mindfulness are predictive of the strength of the relationship between depressive affect and negative cognitions. This finding supports the existing literature on affect-reactive modes of information processing, which indicate that a ruminative style of thinking in the presence of depressive affect serves to exacerbate and maintain depression (Scher et al., 2005; Segal et al., 2006). These results also support the theoretical underpinnings of mindfulness interventions in the treatment of depression (Segal et al., 2002). That is, not ruminating on affective experience in a way that validates or invalidates the self as an object may lead to improved mental health. Indeed, this attitudinal stance is emphasized in many of the “third wave” therapies (e.g. ACT, DBT, MBCT).

**Keywords**
mindfulness

**Disciplines**
Psychiatry and Psychology | Psychology

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Mindfulness Moderates the Relationship Between Depressive Affect and Negative Cognitions
Brennan D. Gilbert, M.S. & Michael S. Christopher, PhD
Pacific University

PREDICTORS OF DEPRESSIVE RELAPSE

- Research on cognitive pathways in depression has demonstrated that cognitive reactivity to depressive affect, including both the style of thinking (i.e., ruminative) and the content of thoughts (i.e., negative cognitions) are the strongest risk factor in predicting depression and depressive relapse (Scher, Ingram, & Segal, 2005; Segal et al., 2006).
- The differential endorsement of negative cognitions between never depressed and formerly depressed individuals in affect induction research suggests that it is the activation of rumination in the presence of negative affect in formerly depressed individuals which characterize vulnerability to recurrent depressive episodes (Gemar et al., 2001).
- Therefore, in preventing depressive relapse, it is important to identify factors that may moderate or disrupt the link between depressive affect, rumination, and negative cognitions. One such factor may be mindfulness.

ROLE OF MINDFULNESS

- Mindfulness has broadly been defined in the psychological literature as a type of awareness to present-moment experience with an attitude of acceptance or non-judgementality (Bishop et al., 2004).
- Preliminary support exists for mindfulness interventions in the treatment of active and remitted depression (Kenny & Williams, 2007b; Ma & Teasdale, 2004; Teasdale et al., 2000), however, mindfulness per se has not been isolated as the active component in these interventions.
- The Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003) has demonstrated negative relationships with depressive symptoms (Brown & Ryan, 2003), depressive affect (Brown & Ryan, 2003; Zvolensky et al., 2006), and rumination (Brown & Ryan, 2003).

HYPOTHESES

- Mindfulness was expected to moderate the relationship between depressive affect and negative cognitions such that depressive affect would be more positively related to negative cognitions when mindfulness is low than when mindfulness is high.

METHOD

- Participants in this study were 278 (199 female, 79 male) undergraduate students recruited from a large public and a small private university, both located in the Pacific Northwestern U.S.
- Participants completed a questionnaire packet containing a number of scales, including the MAAS, the Crandell Cognitions Inventory (CCI – Crandell & Chambless, 1986), and the Center for Epidemiologic Studies Depression Scale (CES-D – Radloff, 1977). Only the Depressive Affect factor of the CES-D (CES-Daff) was used in this study.

RESULTS

Table 1: Zero-Order Correlations between Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>CES-Daff</th>
<th>MAAS</th>
<th>CCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>CES-Daff</td>
<td>.86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAAS</td>
<td>-.37**</td>
<td>.84</td>
<td></td>
</tr>
<tr>
<td>CCI</td>
<td>.70</td>
<td>-.48*</td>
<td>.96</td>
</tr>
</tbody>
</table>

Note. CES-Daff = Center for Epidemiologic Studies Depression Scale – Depressive Affect Factor. *p < .01 (2-tailed). Cronbach's alpha is on the diagonal.

Table 2: Hierarchical Multiple Regression Analyses Predicting Negative Cognitions from Depressive Affect, Mindfulness, and Their Interaction

<table>
<thead>
<tr>
<th>Variable</th>
<th>β</th>
<th>ΔR²</th>
<th>FΔ</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressive Affect</td>
<td>-.60**</td>
<td></td>
<td>156.52</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>-2.62**</td>
<td>5.90</td>
<td>.016</td>
<td></td>
</tr>
</tbody>
</table>

Note. Results are presented based on values at the final step. *p < .05, **p < .001

Figure 1: Simple Relationship Between Depressive Affect and Negative Cognitions at Different Levels of Mindfulness

As expected individuals low in mindfulness (one SD below the MAAS mean) evinced a strong positive relationship between depressive affect and negative cognitions. Individuals higher in mindfulness (one SD above the MAAS mean) demonstrated a weaker relationship between these two variables.

DISCUSSION

The main finding of this study is that varying levels of mindfulness are predictive of the strength of the relationship between depressive affect and negative cognitions. This finding supports the existing literature on affect-reactive modes of information processing, which indicate that the rumiative style of thinking in the presence of depressive affect serves to exacerbate and maintain depression (Scher et al., 2005; Segal et al., 2006). These results also support the theoretical underpinnings of mindfulness interventions in the treatment of depression (Segal et al., 2002). That is, not ruminating on affective experience in a way that validates or invalidates the self as an object may lead to improved mental health. Indeed, this attitudinal stance is emphasized in many of the “third wave” therapies (e.g., ACT, DBT, MBCT).

These results support the theory that experiencing depressive affect in a mindful manner allows for more flexible processing of emotional stimuli, enhancing adaptive responses to established depressive predictors. Mindfulness is supported here as an alternative way to relate to negative affect, which ordinarily serves to perpetuate and exacerbate negative feelings (i.e., ruminative self focus).

REFERENCES