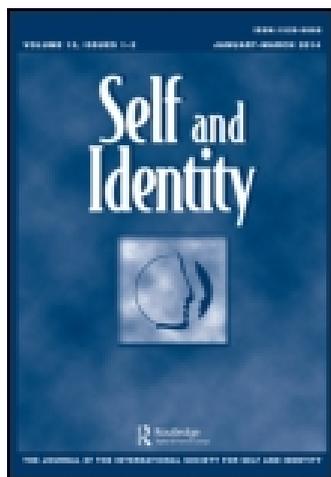


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Natasha Odou^a & Jay Brinker^a

^a Research School of Psychology, Australian National University, Canberra, Australia

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Exploring the Relationship between Rumination, Self-compassion, and Mood

Natasha Odou and Jay Brinker

Research School of Psychology, Australian National University, Canberra, Australia

Self-compassion and rumination have been conceptualized as emotion regulation strategies, the former effective and the latter maladaptive, however, the relationship between these two approaches is largely unknown. This relationship was explored in 186 participants who completed a negative mood induction, and were randomly allocated to write about a negative event in either a self-compassionate or emotionally expressive way. Results showed that self-compassionate writing significantly predicted improved mood more so than writing in an emotionally expressive way. Greater rumination inhibited the degree to which mood improvements were made after writing, while trait self-compassion significantly predicted mood improvements. The present findings suggest that interventions to increase self-compassion can be therapeutically beneficial.

Keywords: Rumination; Self-compassion; Emotion regulation; Cognitive processes; Therapeutic writing.

Rumination in response to negative life events increases the likelihood of experiencing depression and exacerbates current depressive symptoms (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Rumination has been conceptualized as a maladaptive emotion regulation strategy, in which negative emotions are exacerbated because they are not effectively processed (Smith & Alloy, 2009). One factor that might play a role in the facilitation of emotion processing is self-compassion. Self-compassion is a healthy self-attitude comprising self-kindness, an understanding that failure and inadequacies are common to all humans, and a mindful awareness of one's own suffering (Neff, 2003b). Self-compassion has been linked to the effective processing of negative emotions (Leary, Tate, Adams, Batts Allen, & Hancock, 2007). Working to strengthen self-compassion among those who are vulnerable to a ruminative cognitive style is a potential protective strategy. However, the extent that individuals who are prone to ruminate would benefit from adopting a self-compassionate attitude is yet to be empirically examined.

Rumination is a cognitive style involving repetitive, recurrent, intrusive, and uncontrollable thoughts, which has been implicated as an individual difference factor that predicts, maintains, and exacerbates depressive symptoms (Brinker & Dozois, 2009). Empirical evidence suggests that ruminating in response to negative life events increases the risk of developing a depressive episode (Just & Alloy, 1997). Rumination is also positively related to the length and severity of a current depressive episode (Just & Alloy, 1997; Nolen-Hoeksema, Morrow, & Fredrickson, 1993; Nolen-Hoeksema, Parker, & Larson, 1994).

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Correspondence should be addressed to: Natasha Odou, Research School of Psychology (Building 39), Australian National University, Canberra ACT 0200, Australia. Email: natasha.odou@anu.edu.au

Rumination has been conceptualized as a maladaptive emotion regulation strategy driven by positive metacognitive beliefs about its efficacy in reducing the gap between one's current and ideal state (Smith & Alloy, 2009). Focusing on the content of this gap in a repetitive and recurrent way, however, ignores related emotion, impeding the opportunity for effective emotional processing (Martin & Tesser, 1996). Liverant, Kamholz, Sloan, and Brown (2011) found that rumination was positively related to forms of emotional suppression, and negatively related to acceptance. In other words, rumination can be seen as a type of emotional avoidance that prevents effective processing of negative emotion. Emotional avoidance is problematic because it can act to maintain mood disorders (Moorey, 2010; Shahar & Herr, 2011) and is likely to result in the rebound and exacerbation of those emotions (Wegner & Wenzlaff, 1996). The Ruminative Response Styles theory (Nolen-Hoeksema, 1987) suggests that the healthy alternative to rumination is distraction but this too, in the long term, can be a form of avoidance (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Strategies of approaching (rather than avoiding) emotions with an open and accepting attitude may be more useful in reducing ruminative processes (Evans & Segerstrom, 2011). One strategy that involves such openness to and acceptance of emotions is the adoption of a self-compassionate attitude.

Neff (2003b) 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, non-judgemental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (p. 224). This definition of self-compassion comprises three distinct elements; self-kindness, a sense of a common-humanity, and mindfulness. According to Neff (2003b), self-compassion should protect against the negative consequences of self-judgment, isolation, and rumination. Being self-compassionate is related to general well-being and other traits including greater life satisfaction, wisdom, personal initiative, and social connectedness and negatively related to variables associated with poor mental health such as rumination, self-criticism, depression, and anxiety (Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2009). Studies have shown that self-compassion interventions and therapy produce improvements in mood (Leary et al., 2007; Shapira & Mongrain, 2010), self-soothing, and generating feelings of warmth and reassurance, and lead to reductions in psychopathology, including reduced anxiety and depression, self-criticism, and shame (Gilbert & Procter, 2006; Neff, Kirkpatrick, & Rude, 2007).

In one study, writing in a self-compassionate way was shown to improve mood, compared to writing in a way proposed to boost self-esteem or in an emotionally expressive way (Leary et al., 2007). All participants described in writing an event that made them feel badly about themselves and were then randomly assigned to one of the writing tasks. After writing, participants in the self-compassion condition experienced significantly reduced negative mood compared to participants in the other groups. This study, however, did not report the duration participants spent writing, limiting our understanding of the effort and time needed to generate a change in emotional well-being. Furthermore, it did not examine other variables, such as rumination, which may impact upon the relationship between self-compassion and mood.

Like rumination, self-compassion has also been labeled as an emotion regulation strategy (Neff, 2003b). Self-compassion can be seen as an *emotional approach* coping strategy in which individuals maintain awareness of, explore, and understand their emotions. People who ruminate may believe they are doing this, as evidenced by the positive metacognitions held about rumination, but instead, exacerbate symptoms as their focus is conceptual and evaluative, rather than experiential (Teasdale, 1999; Watkins,

2004). Neff, Hsieh, and Dejjterat (2005) found that students higher in self-compassion were less likely to suppress their emotions following a failure, instead using acceptance and reinterpretations. Similarly, increases in self-compassion were found to be significantly correlated with decreases in thought suppression, from before to after completing a Gestalt two-chair dialogue, suggesting that self-compassion promotes and enables one to approach, and thereby effectively process, thoughts and emotions (Neff et al., 2007).

Research has demonstrated that self-compassion interventions are associated with decreases in negative mood and depression, however, the role of rumination in this relationship is unknown. It may be that due to their existing high levels of negative affect, individuals prone to ruminate will benefit more (i.e., experience greater decreases in negative affect) from adopting a self-compassionate attitude compared to individuals who tend not to ruminate. Alternatively, these individuals may have less ability in shifting their cognitive processing style due to the trait-like nature of rumination, and thus remain stuck (to some degree) in a ruminative cycle (Lyubomirsky & Tkach, 2004).

The current study will add to the existing literature by demonstrating the role the process of rumination plays in the relationship between self-compassion and negative mood. It is hypothesized that writing in a self-compassionate way will predict greater mood improvements compared to writing in an emotionally expressive way due to the greater processing of emotions. It is predicted that greater dispositional rumination will predict greater negative affect after completing a therapeutic writing task. Further it is hypothesized that trait self-compassion will significantly predict improvements in mood after engaging in either writing task.

Method

Participants

Participants were 187 undergraduate students (133 female) from an Australian University, recruited via posters and the University portal. Ages ranged from 17–59 years old ($M = 20.90$, $SD = 4.72$), with the majority being first-year psychology students. The majority of participants were single and had never married (76%) and were not employed (55%). Most participants had never been diagnosed with depression, while 3.7% reported a past diagnosis, and 3.7% reported a current diagnosis of depression. English was the first language of 57% of participants, with the second most common being Chinese (Cantonese or Mandarin, 24%). Three-quarters of participants with English as a second language had been speaking English for 10 or more years.

Materials

Self-compassion scale

The Self-Compassion Scale (SCS; Neff, 2003a) is a 26-item scale, with items measured on a five-point Likert scale from 1 (*Almost never*) to 5 (*Almost always*) and was used to measure self-compassion. The complete scale can be found on Kristen Neff's website (<http://www.self-compassion.org/>). The scale has six subscales; Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification, however, these were not used in the current study as we were interested in the global trait of self-compassion. A total self-compassion score was made by summing the six subscale scores with Self-Judgment, Isolation, and Over-Identification subscales reverse scored. For the overall scale, the internal consistency is .92 (.91 in the current study).

Ruminative thought style scale

The Ruminative Thought Style scale (RTS; Brinker & Dozois, 2009) consists of 20 items designed to measure a general tendency for ruminative thought (e.g., “I find myself reliving events again and again”) and was used to measure trait rumination. Participants indicate on a seven-point Likert scale how well each item describes them from 1 (*Not at all*) to 7 (*Very well*). The RTS displays good internal reliability (.92) and construct validity (Brinker & Dozois, 2009). The alpha coefficient for the current sample was .91.

Positive and negative affect schedule

The Positive and Negative Affect Schedule (PANAS) rates participants on 20 feelings and emotions they experienced in the past week (or other temporal measure, e.g., right now), scored on a five-point Likert scale from 1 (*Very slightly or not at all*) to 5 (*Extremely*) (Watson, Clark, & Tellegen, 1988). Scores for PA and NA range from 10 to 50, with higher scores indicating higher affect levels. Alpha coefficients of .86 (PA) and .87 (NA) indicate good internal consistency of the PANAS (Watson et al., 1988). Using the current study’s data, Cronbach’s alpha for PA was .89 and for NA was .87. Mood was operationalized in the current study as scores on NA and the visual analogue scale.

Visual analogue scale

A 100 mm visual analogue scale (VAS), weighted with happy (1) and sad (100) anchors was used to measure state mood. Visual analogue scales have the advantage of reducing response bias as there are no visible numbers, reducing the likelihood that participants will base their responses on previous answers. Lower numbers indicate more happiness (than sadness).

Negative mood induction

A negative mood induction was used to simulate the low mood of a clinically depressed sample. The negative mood induction took three minutes and involved listening to *Russia Under the Mongolian Yoke* by Prokofiev at half speed and reading negatively valenced Velten mood statements (Jennings, McGinnis, Lovejoy, & Stirling, 2000) that were presented in a “movie” slideshow. Each statement was on the screen for approximately nine seconds and 24 statements were shown.

Demographic questions

Participant’s age, gender, marital status, student status, employment status, years of education, and their first language were obtained. Further, participants were asked to indicate whether or not they had a diagnosis of depression, either currently or in the past.

Other measures

The Zung Self-Rating Depression Scale (Zung, 1965) and Rumination Response Scale (Nolen-Hoeksema, 1991) were also given to participants at baseline, however, were not used in the analyses for the current paper.

Procedure

Participation comprised two parts. Approximately one week transpired between Part 1 and Part 2 depending on participant availability. Participants completed all baseline measures online using Qualtrics survey provider for Part 1. Part 2 involved participants attending a computer research lab and undertaking a negative mood induction, writing tasks, and a mood repair (a three-minute comedy audio recording). Mood was measured, using the

PANAS and VAS, between each of these components. The procedure for the writing tasks was adapted from Leary et al. (2007) and the specific instructions for the emotionally-expressive task were adapted from Pennebaker and colleagues (e.g., Pennebaker, 1997; Pennebaker, Colder, & Sharp, 1990). Participants initially thought of an unpleasant and negative event they experienced in the past or currently and then wrote a detailed description of this event in 3–4 minutes. Participants were then randomly allocated to write in either a self-compassionate or emotionally expressive way for 8–10 minutes.

Results

Preliminary Analyses

Data were analyzed using SPSS Statistics 20. While 187 participants completed Part 1, only 146 completed Part 2. As such, 41 participants with incomplete data were deleted from the analyses, except baseline correlations (see Table 1). Missing values were missing completely at random as measured by Little's MCAR $p = .48$, and were less than 5%. Expectation maximization was used to replace missing values. Fifteen univariate outliers were identified from box plots, however the mean and 5% mean trimmed scores were similar, suggesting that these outliers would make little difference to outcomes and as such these cases were retained without truncation (Pallant, 2007, p. 65). No multivariate outliers were found using the Mahalanobis statistic. Based on examination of the Kolmogorov-Smirnov statistic, all variables were normally distributed or aligned with previous findings supporting a slight skew towards positive mental health for Australians in non-clinical populations (Cummins, Eckersley, Pallant, van Vugt, & Misajon, 2003).

T-tests conducted on baseline rumination (RTS, $t(145) = -1.12$, $p = .27$), self-compassion (SCS, $t(145) = -.32$, $p = .75$), and mood (NA, $t(145) = -1.90$, $p = .06$; PA, $t(145) = -1.02$, $p = .31$; VAS, $t(145) = 1.16$, $p = .25$), indicated no significant differences between experimental groups prior to manipulations. Paired samples *t*-tests confirmed that both the negative mood induction ($t(146) = -12.36$, $p < .01$) and mood repair ($t(146) = 12.80$, $p < .01$) were successful in significantly modifying mood in the desired directions. Table 1 shows means, standard deviations, and correlations between all variables.

Main Analyses

Hierarchical multiple regressions were used to assess the ability of rumination, self-compassion, mood, and group (expressive writing or compassionate writing) to predict negative affect and visual analogue mood scores. For analysis of the group variable, the compassionate writing group was coded as 1, and the expressive writing group was coded as 2. Negative affect after the writing task had a mean of 16.27 and standard deviation of

TABLE 1 Descriptive Statistics and Zero-order Correlations for all Measures at Baseline

Measure	M (SD)	1	2	3	4	5
SCS	76.06 (15.72)	–				
RTS	84.29 (20)	–.40**	–			
NA	21.03 (7.54)	–.31**	.42**	–		
PA	29.81 (7.65)	.21**	.06	.02	–	
VAS	30.13 (20.77)	–.33**	.19**	.35**	–.32**	–

Note: $N = 187$; SCS = Self-Compassion Scale; RTS = Ruminative Thought Style Questionnaire; NA = Negative Affect; PA = Positive Affect; VAS = Visual Analogue Scale. ** $p < .01$ (2-tailed).

6.32. VAS after the writing task had a mean of 45.19 and standard deviation of 21.98. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity, and homoscedasticity. Interaction terms between mood measures and rumination and self-compassion respectively, and group and rumination and self-compassion respectively, were included as exploratory analyses to understand the potential complexities of the relationships between these variables. These interactions were chosen for analysis due to the focus on how these trait variables interact with the manipulation to predict changes in mood.

Negative Affect (NA)

NA before writing, group, rumination, and self-compassion were entered at Step 1 explaining 58% of the variance in NA after writing. NA, rumination, and group were significant predictors. Greater negative affect before writing and greater rumination predicted greater negative mood after writing (see Table 2). Participants in the emotionally-expressive writing group (compared to the self-compassionate writing group) were more likely to experience a worse mood following the writing task (see Table 2).

TABLE 2 Standard and Non-standardized Regression Coefficients for NA and VAS

NA	<i>B</i>	Std. Error	Beta	Sig
Model 1				
NA 1	.58	.05	.63**	<.01
RTS	.05	.02	.15*	.02
GRP	1.86	.70	.15*	.01
SCS	-.04	.02	-.11	.09
Model 2				
NA 1	.31	.45	.33	.49
RTS	-.10	.08	-.34	.20
GRP	.84	5.96	.07	.88
SCS	.05	.10	.14	.60
RTSxGRP	.03	.04	.29	.38
SCSxGRP	-.03	.05	-.19	.61
RTSxNA1	.006	.003	.75*	.05
SCSxNA1	-.004	.003	-.30	.30
VAS				
Model 1				
VAS 1	.55	.09	.46**	<.01
RTS	.04	.08	.04	.59
GRP	4.32	3.02	.10	.16
SCS	-.28	.10	-.22**	<.01
Model 2				
VAS 1	1.17	.64	.98	<.07
RTS	.55	.33	.52	.10
GRP	47.85	26.16	1.09	.07
SCS	.48	.42	.37	.25
RTSxGRP	-.26	.17	-.65	.12
SCSxGRP	-.29	.22	-.63	.19
RTSxVAS1	-.002	.004	-.20	.62
SCScVAS1	-.006	.005	-.37	.29

Note: VAS = Visual Analogue Scale; NA = Negative Affect; VAS1 and NA1 = Mood Score Before the Writing Task.

Interaction terms were entered in Step 2 and explained an additional 3.5% of the variance in NA after writing ($F(4, 136) = 3.14, p = .02$). No interactions were significant except for NA and rumination, where high rumination interacted with high negative affect prior to the writing task, to produce greater negative affect after the writing task compared to participants with low rumination (see [Figure 1](#)).

Visual Analogue Mood Scale

VAS before writing, group, rumination, and self-compassion were entered at Step 1, explaining 35.9% of the variance in VAS after writing. Better VAS mood before writing and greater self-compassion significantly predicted better VAS mood after writing (see [Table 2](#)). Interaction terms were entered in Step 2, however, this model was not significant ($F(4, 136) = 1.09, p = .37$).

Discussion and Conclusions

The current study adds to the existing literature showing that self-compassion effectively reduces negative affect, and expands on this literature by demonstrating the role rumination plays in this relationship. Specifically, it was found that writing in a self-compassionate way predicted greater improvements in mood (measured by NA) compared to writing in an emotionally expressive way. This finding suggests that not only can self-compassionate writing tasks improve mood, they do so more than other more general writing tasks. This finding is consistent with previous literature showing that writing in a self-compassionate way improves mood (Gilbert & Procter, 2006; Leary et al., 2007; Shapira & Mongrain, 2010). Particularly interesting about this change in mood is how quickly it occurred; after a brief period of 10 minutes. This finding may have implications for clinical practice and interventions, and suggests that directing individuals to adopt a self-compassionate attitude soon after a negative or distressing event may provide timely relief from negative emotions and promote effective emotional processing. This may in turn inhibit the activation of a ruminative cycle. These findings add to the evidence base for the fast-acting benefits of self-compassion in a non-clinical population. Future research is needed to explore whether similar benefits are found for people experiencing mood disorders. The above finding was only demonstrated when measuring mood with NA, not VAS.

This finding is also consistent with research demonstrating that self-compassionate writing is more therapeutically effective than writing in an emotionally expressive way (Leary et al., 2007). Self-compassion may enable more effective emotional processing

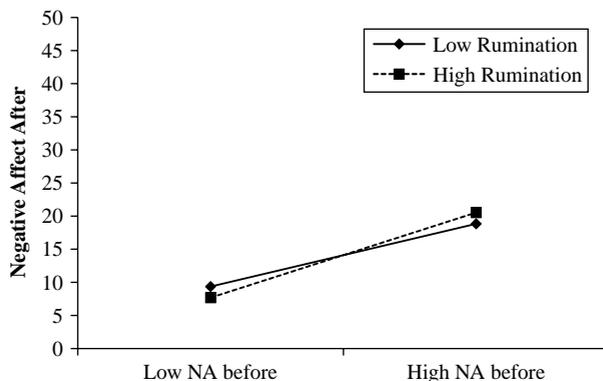


FIGURE 1 Interaction between rumination and negative affect before writing.

than does broad emotional expression. Leary et al. (2007) suggest that taking on a self-compassionate attitude seems to allow people to acknowledge that they are the type of people who make mistakes but do not have to feel badly about something that is a common human experience. This experience may be a key to being able to more effectively process negative emotion, compared to emotional expression which may build on the negative affect without providing any tools for coming to terms with the experience and successfully processing it. Furthermore, self-compassionate writing may provide an additive benefit, such that the writing process and mindfulness promote a mode of processing that is more linear than non-mindful thinking, and self-kindness and a common humanity enable individuals to approach and cope with difficult emotions. This dual process counteracts both the circular and repetitive processing that occurs in rumination as well as common ruminative content of depressive symptoms and their consequences.

The hypothesis that greater dispositional rumination would predict greater negative affect after writing was supported when mood was measured using NA (but not VAS). This result is consistent with the existing literature that rumination predicts worsening of mood and depressive symptoms (Nolen-Hoeksema et al., 2008). The significant interaction between negative affect and rumination predicting negative affect after writing adds support to this and specifically highlights the process whereby engaging in ruminative thinking, when focusing on a negative event and experiencing existing negative affect, increases the negative mood one experiences, creating a depressive ruminative cycle (Lyubomirsky & Tkach, 2004). It may be the case that those people with a disposition for rumination continue to engage in ruminative processing despite using the more linear and structured framework of a writing task (compared to just thinking) (Lyubomirsky, Sousa, & Dickerhoof, 2006). While individuals prone to ruminate can benefit from therapeutic-writing tasks, they do so to a reduced degree compared to people who do not tend to ruminate, at least in the short term. Rumination processes may take more time to shift to thinking in a self-compassionate way, suggesting the use of more intensive therapeutic strategies rather than a one-off writing task.

The hypothesis that trait self-compassion will significantly predict improvements in mood was supported. This is consistent with previous research demonstrating the efficacy of people high in self-compassion to process negative emotions (Leary et al., 2007; Neff et al., 2005; Neff et al., 2007) and supports self-compassion as an effective emotion regulation strategy. Participants higher in self-compassion were likely to approach both writing tasks in a more compassionate way, being mindful of their current experience, thinking about how they can be kind to themselves, and how their experiences are similar to others'. In this way, they were able to effectively process their emotions by maintaining awareness of, exploring, and understanding their emotions through writing about a specific negative event. This finding was only demonstrated when measuring mood with VAS, not NA.

One limitation of this study is the use of simulated negative mood meaning results may not generalize to clinical samples. Depression includes symptoms beyond negative mood and thus may change the pattern of results found. Also, while changes in mood were statistically significant, the clinical significance (i.e., the practical value) of the writing tasks was not measured and therefore unknown. Participants may not have experienced a change in their mood that they would describe as meaningful despite the statistical change. One way to measure this would be through self-report of the benefits experienced following writing, whether it was the same day, or during that week. Despite these limitations, a notable strength of this study was that it used an experimental design with randomization to groups. This allowed us to test the causal relationship between writing task and mood and ensure no selection bias. This means that we can say with certainty that

the reported results are not due to confounding variables, and be confident that mood changed as a result of the writing tasks.

While not having long-term data might be considered a limitation, the current study did not set out to measure the long-term effects of self-compassion, but instead to measure changes in mood in the short term. As such, the long-term effects on emotional processing after completing a one-off self-compassionate writing task are not known. As is true when learning any skill, learning to respond to oneself with compassion is likely to take time and repeated practice before large and long-term benefits and changes in emotional processing occur. In a community sample, Shapira and Mongrain (2010) demonstrated that writing a self-compassionate letter once a day for seven days resulted in greater happiness and reduced depression symptoms three and six months later. As such, with repeated practice in self-compassion it appears that some longer-term gains can be made. Future research is needed to explore longer follow-up periods and a variety of self-compassion fostering activities in producing lasting changes.

Future research might explore the degree to which rumination influences mood using two different modes of processing: Thinking versus writing. While the current results suggest that people who ruminate do not benefit as much from therapeutic writing as those who do not ruminate, it may be that they benefit even less, or not at all, when trying to process emotions through thinking alone. Writing may lead to greater well-being because ruminative processing is reduced when using this structured and more linear way to derive new meaning compared to thinking. This would be consistent with Lyubomirsky et al.'s (2006) findings. The current results suggest that even if this is the case, rumination still provides a barrier to experiencing maximum benefit from therapeutic writing. This has implications for individuals with a ruminative disposition who may find it difficult to fully engage with therapeutic writing due to coming back to the same point, over and over again. Measuring clients' tendency to ruminate using the Ruminative Thought Style scale (RTS) will allow for psycho-education around the client's ability to engage in certain tasks and common difficulties such as recurrent repetition of ideas that may inhibit making new meaning.

In conclusion, the current results demonstrate a consistent pattern of relationships between rumination, self-compassion, and negative mood. Self-compassionate writing can significantly improve mood after only 10 minutes of writing and can do so to a greater degree than emotionally expressive writing. Furthermore, the results suggest that while individuals who are self-compassionate benefit from either a specific self-compassionate or broad emotionally-expressive writing task, in general, individuals are likely to benefit more from being directed to a specific self-compassionate task. Individuals with a tendency to ruminate can benefit from self-compassionate writing tasks, however, they do so less than people not prone to ruminate in the short term. These results support the use of self-compassion for ameliorating mood and promote the use of rumination measures to provide information about the likely success of such interventions.

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