



The Role of Sadness Rumination in Self-Harm and Suicidality

Shelly C. Zhou, Maya Peled, & Marlene M. Moretti



Introduction

Rumination is a maladaptive process whereby one repetitively engages in thoughts about negative emotional states. Peled and Moretti (2007) found that consequences of rumination depend on the affect in question. Specifically, ruminating on anger predicts both relational and overt aggression whereas sadness rumination predicts depression.

The current study extends the work of Peled and Moretti (2007) by investigating how sadness rumination relates to self-harm (SH), suicidal ideation (SI), and suicidal behaviour (SB). Specifically, given the link between depression and SH, SI, and SB, sadness rumination should predict these three factors directly. This notion receives support from research (Slee, Garnefski, Spinhoven, & Arensman, 2008) linking other difficulties of emotional regulation and SH independent of depression. In addition, because SI and SB are indicators of depression, it would be useful to look at the relationship between sadness rumination and suicidality independent of depression. We were therefore interested in examining unique links between sadness rumination and SI, SB and SH while controlling for depression. This study also examined interactions between anger and sadness rumination in predicting SH and suicidality.

Hypotheses were that sadness rumination would directly predict SH, SI, and SB independent of depression. There were no hypotheses regarding interaction effects.

Method

Participants were 121 adolescents from a youth correctional facility ($n=63$) or an assessment program for difficult conduct problems ($n=58$). This sample included 65 girls and 56 boys who ranged in age from 12 to 18 ($M = 15.18$, $SD = 1.43$). Sixty four percent of participants were Caucasian, 23% were First Nations, 1% was African Canadian, and 12% indicated mixed ethnic backgrounds.

Measures:

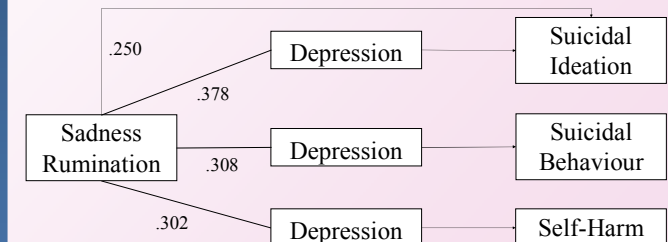
Rumination. The Sadness and Anger Rumination Inventory consists of two subscales that measure the two forms of rumination. Each subscale contains 11 analogous items, with “angry” in the anger rumination subscale replaced with “sad” in the sadness rumination subscale.

Depression. The depression subscale of the Ontario Child Health Study Scales (Offord et al., 1992, 1987) consists of nine items which are rated on 3-point scales.

Self-harm and Suicidality. The Suicide Ideation Questionnaire includes three subscales that assess SH, SI and SB. The SH and SB subscales each contain one yes or no item. SI consists of 3 items that ask about the frequency of suicidal thoughts at varying degrees of severity. All three subscales ask about the frequency of target behaviours in terms of lifetime and the past month.

Results

Regression analyses indicated that sadness rumination predicted SH ($\beta = .302$, $p = .011$), SI ($\beta = .378$, $p = .001$), as well as lifetime SB ($\beta = .308$, $p = .014$). In addition, sadness rumination predicted lifetime SI independent of depression ($\beta = .250$, $p = .011$), but this was not true for SH or SB. Finally, there was no interaction between anger and sadness rumination in predicting any dependent variables.



Conclusion

The current research extends that of Peled and Moretti (2007) by looking at behavioural outcomes of sadness rumination to parallel those associated with anger rumination in their model. Results indicated that, similar to the relationship between anger rumination and overt aggression, sadness rumination predicts aggression towards the self in the form of SH and suicidality. However, future research is required to explain why SI is the only factor that relates to sadness rumination independent of depression.