INITRODUCTION

Many psychological traditions, both historical and contemporary, posit that the ability to observe thoughts objectively contributes to a more functional outlook on life. Similar notions are present in contemporary cognitive-behavioral perspectives in terms of “decentering” or “reflective awareness” (Segal, Williams, & Teasdale, 2002). Behavioral traditions in terms of “cognitive defusion” or “cognitive distancing” (Hayes, Strosahl, & Wilson, 1999).

Soham and Segal (1998) define decentering as the ability to observe one’s thoughts and feelings as temporary, objective events in the mind, as opposed to reflections of the self that are necessarily true. In a decentered perspective, the reality of the moment is not absolute, immutable, or unalterable. (Soham & Segal, 1998, p.117). For example, an individual engaging in decentering would say, “I am thinking that I am depressed right now,” instead of, “I am depressed right now.” This allows the individual to separate thoughts and feelings from the self, to step back, and not to identify with them. This decentering ability is characterized as an important psychological mechanism that facilitates the process of cognitive therapy (Roth & Shaw, 1977; Enna, 1976).

Beyond traditional cognitive therapy, the concept of decentering has also played a part in other third-wave behavioral therapies, such as Acceptance and Commitment Therapy (ACT: Hayes, Strosahl, & Wilson, 1999). ACT represents a set of interventions that aim to reduce symptoms of psychological distress by teaching clients skills in decentering, as well as other strategies, such as acceptance, mindfulness, defusion, and values-based action.

The Experiences Questionnaire (EQ) was developed as a means of operationalizing the ability to adopt a decentered perspective, in the context of a broad range of depressive symptoms, especially in those cases in which the patient is fully self-referential, preoccupied with negative thoughts, and unable to function. The Test-Retest Reliability of the EQ in two consecutive samples of college students (Sample 1: n=519) and one aggregate clinical sample (Sample 3: n=229) was 0.85. The EQ rumination subscale was included as a control against the possibility that any increases in mindfulness would be merely a result of a reduction in rumination.

RESULTS

The current study investigated the factor structure of the EQ in both undergraduate and clinical populations. A single, unifactorial decentering construct emerged using two undergraduate samples. This structure was replicated in a clinical sample of individuals in remission from depression. The convergent and discriminant validity of this decentering factor was established in negative relationships with measures of depressive symptoms, rumination and behavioral inhibition and a positive relationship with a measure of behavioral approach.

METHODS

Participants

Sample 1 (n=519) was a sample of college students from a large Midwestern university. Sample 2 (n=218), and one aggregate clinical sample (Sample 3, n=229). The clinical sample was composed of participants who were recruited from inpatient and outpatient settings.

Table 1

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arousal</td>
<td>3.42 (0.67)</td>
</tr>
<tr>
<td>Ruminative thoughts</td>
<td>10.28 —</td>
</tr>
<tr>
<td>Behavioral inhibition</td>
<td>2.92 (0.58)</td>
</tr>
<tr>
<td>Behavioral approach</td>
<td>3.19 (1.04)</td>
</tr>
</tbody>
</table>

DISCUSSION

Although the original, theoretically-identified factor structure of the EQ was not supported, an unifactorial decentering model was found to have good fit. Adequate fit was found in both college student and patient samples, illustrating the generalizability of the factor structure found. Decentering was found to possess both adequate internal consistency as well as theoretically-consistent relationships with extra-test variables.

REFERENCES


Tsay, A. M., & Segal, Z. V. (2004), “Mentalization” or “reflective functioning” is defined as the act of understanding or describing behavior in terms of mental states such as thoughts, feelings, wishes, hopes, beliefs, etc. It is thought to develop as parents become able to provide a partial representation of that which is viewed as a child. The process has its roots in infancy (Kabir, 1982; Krebs, 1982) and Attachment Theory (Bowlby, 1980).

The Experiences Questionnaire (EQ) was developed as a means of operationalizing the ability to adopt a decentered perspective, in the context of a broad range of depressive symptoms, especially in those cases in which the patient is fully self-referential, preoccupied with negative thoughts, and unable to function. The Test-Retest Reliability of the EQ in two consecutive samples of college students (Sample 1: n=519) and one aggregate clinical sample (Sample 3, n=229) was 0.85. The EQ rumination subscale was included as a control against the possibility that any increases in mindfulness would be merely a result of a reduction in rumination.

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