Cognitive theories of depression (Abramson et al., 1989; Beck, 1967; 1976) have described and evaluated the role that cognitive styles (e.g., explanatory style & dysfunctional attitudes) play in the etiology, onset, maintenance, and recovery from depression. However, one aspect common to both theories and to their respective cognitive diatheses is their emphasis on the content of an individual’s cognitions.

Fresco and colleagues (Fresco & Craighead, 2005; Fresco, Schumm, & Dobson, 2005) have recently begun to supplement the research on cognitive styles by proposing a cognitive process counterpart to explanatory style, called explanatory flexibility. In contrast to explanatory style, which emphasizes the content of one’s explanations for negative events, explanatory flexibility emphasizes the responsiveness of the individual to variations in situational context in arriving at explanations of events. Individuals who view each situation separately and contextually are considered to be flexible in their assigning of causes to events.

In explanatory style, explanatory flexibility is computed from the Attributional Style Questionnaire (Peterson et al., 1982). However, instead of summing or averaging a participant’s responses to the stable and global items, an intra-individual standard deviation is derived for each participant’s responses to these items. In their initial report, Fresco and Craighead (2005) found that explanatory flexibility was negatively correlated with depression and moderated the relationship between negative life events and depression. The form of this moderation was such that negative life events were strongly related to depression when flexibility was low (rigid) and relatively unrelated to depression when flexibility was high (flexible).

Like explanatory style, explanatory flexibility is considered to be a cognitive risk factor for depression as measured by self-report measures. The Kastan Attributional Style Questionnaire (CASQ; Kastan, Tanelbaum & Seligman, 1978) includes 48 items asking participants to select one of two causes for a hypothetical event. Negative global and stable attributions formed an index of explanatory style. Nine items from the Dysfunctional Attitudes Scale (DAS; Weissman & Beck, 1978) assessed dysfunctional attitudes.

Depressive and Anxiety Symptoms: Two common self-report measures assessed depressive symptoms: the BDI (Beck, Rush, Shaw & Emery, 1979) and the CES-D (Radloff, 1977). Anxiety was measured using 10 items from the State-Trait Anxiety Inventory (Spiegelberger et al., 1970).

Prior Diagnostic Status: Prior history of psychopathology was assessed with a diagnostic interview combining features of the K-SADS epidemiologic and present episode versions (Orvaschel et al., 1982).

Participants and Procedures. In three randomly selected cohorts from high schools in Oregon, participants completed an initial assessment and a follow-up one year later. The current analyses included 1501 participants: 808 girls and 693 boys. (for more details about the study sample and procedures, see Lewinsohn et al., 1993).