



Initial Psychometric Properties of the Experiences Questionnaire

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INTRODUCTION

Many psychological traditions, both historical and contemporary, posit that the ability to observe thoughts objectively will contribute to a more functional outlook on life. Similar notions are present in contemporary cognitive-behavioral perspectives in terms of "decentering" or "metacognitive awareness" (Segal, Williams, & Teasdale, 2002), behavioral perspectives in terms of "cognitive defusion" (Hayes et al., 1999), and psychodynamic perspectives in terms of "reflective functioning" or "mentalization" (Fonagy et al., 2002).

Safran and Segal (1990) 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..." (Safran & Segal, 1990, p. 117). For example, an individual engaged in decentering would say "I am thinking that I feel depressed right now" instead of "I am depressed". Decentering involves taking a non-judgmental stance in regards to thoughts and feelings and accepting them, and is present-focused. Safran and Segal (1990) emphasize decentering as an important potential mechanism of change in cognitive therapy (Beck, Rush, Shaw, & Emery, 1979).

Beyond traditional cognitive therapy, the concept of decentering has also played a part in other third-wave behavior therapies, such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). ACT represents a set of interventions that aims to reduce symptoms of psychological distress by changing the impact of thoughts, which is in turn accomplished by changing the cognitive networks that the thoughts reside in. One of the ACT techniques is called "cognitive defusion" and is accomplished by teaching the individual to use language, including thoughts, as objective events in the mind, an objective similar to the decentering techniques described above.

Fonagy and his colleagues (2002) have described a construct that is similar to the idea of decentering, but arises from distinctly psychodynamic origins. "Mentalization" or "reflective functioning" is defined as the act of understanding or describing behavior in terms of mental states such as thoughts, feelings, hopes, beliefs, etc. It is thought to develop as parents mirror their child's affective expression, and so provide a symbol or representation of that affect that is stored and utilized in similar contexts later. This process has its roots in both Object Relations (Kernberg, 1982; Winnicott, 1965) 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 the Mindfulness-Based Cognitive Therapy (MBCT; Segal et al., 2002) for depression trials, mentioned previously— with possible application to psychological treatments of depression. Insofar as mindfulness training was believed to teach patients how to "decenter" from depressive thinking patterns, it would be important to have a measure of the extent to which patients actually did so. By allowing the individual to recognize that their dysfunctional thoughts are temporary and have no inherent truth value (i.e. become more decentered) it is thought these thoughts will no longer result in negative affect. The full scale was constructed to have two subscales, one measuring decentering and a second measuring rumination. The EQ rumination subscale was included as a control against the possibility that any increases in mindfulness would be merely due to patients thinking less, altogether.

The current investigation attempted to replicate the two-factor solution for the EQ in two consecutive samples of college students from a large Midwestern university (Sample 1, $n = 1150$; Sample 2, $n = 519$), and one aggregate clinical sample (Sample 3, $n = 220$). The clinical sample was composed of participants who were recruited from media advertisements and three community health care facilities. All data was obtained from participants involved in trials of MBCT (Ma & Teasdale, 2004; Teasdale et al., 2000) and represented pre-treatment data. Exploratory and Confirmatory Factor Analysis were utilized for this purpose.

Participants in Sample 2 also completed concurrent validity measures of depressive rumination (brooding; Treynor et al., 2003), behavioral inhibition, behavioral approach, as well as a self-report measure assessing diagnostic criteria for generalized anxiety disorder. Participants in Sample 3 completed measures of depression (both clinician-assessed and self-report) that also served to establish the concurrent validity of decentering.

ABSTRACT

Decentering is defined 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. The Experiences Questionnaire (EQ) was designed to measure both decentering and rumination in the context of mood disorders. The factor structure of the EQ has not been empirically validated and 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 depression symptoms, rumination and behavioral inhibition and a positive relationship with a measure of behavioral approach.

METHODS

Participants
Sample 1 ($n = 1150$)
 • Recruited from a large, Midwestern university
 • 765 females (66.5%), 385 males (33.5%)
 • Mean age of 19.1 years ($SD = 4.1$)
Sample 2 ($n = 519$)
 • Recruited from a large, Midwestern university
 • 335 females (64.5%), 184 males (35.5%)
 • Mean age of 19.3 years ($SD = 2.4$)
Sample 3 ($n = 220$)
 • Recruited from advertisements and community health care facilities
 • All formerly depressed individuals in remission
 • 165 females (75.0%), 55 males (25.0%)
 • Mean age of 43.7 years ($SD = 9.6$)
Measures
 • Experiences Questionnaire (EQ)
 • Response Styles Questionnaire (RSQ; Nolen-Hoeksema & Morrow, 1991)
 • BIS/BAS Scales (Carver & White, 1994)
 • Generalized Anxiety Disorder Questionnaire – IV (GAD-Q-IV; Newman et al., 2002)
 • Hamilton Rating Scale for Depression (HRSD; Hamilton, 1960)
 • Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979)

RESULTS

Factor Structure
 Exploratory factor analysis (EFA) with Maximum likelihood (ML) estimation and varimax rotation was undertaken in Sample 1. The solution essentially replicated the original, rationally-derived 2-factor structure. Exceptions were that item 4 loaded more highly onto Rumination than Decentering, item 2 did not load significantly on any factor (higher than .32; Correy & Lee, 1992), and item 20 was a crossloading item (loadings on both factors were greater than .32; Tabachnick & Fidell, 2001). The Decentering factor possessed an adequate degree of internal consistency in sample 1 ($\alpha = .82$), however, the Rumination factor did not ($\alpha = .69$). To confirm the presence of a 2-factor solution, Confirmatory Factor Analysis (CFA) was utilized in a second sample of college students (Sample 2) using ML estimation. However poor fit resulted when testing the 2-factor solution ($CFI = .78$, $RMSEA = .09$), so the model was re-run using only the Decentering factor. The Decentering factor was identical to the EFA with three exceptions: the items which loaded most poorly during the EFA, and an item which the initial CFA indicated did not load significantly, were omitted, and item 20 was added as it was the single item determined theoretically to best represent the factor. The model converged in 4 iterations and indicated an acceptable fit ($CFI = .95$, $RMSEA = .06$; see Table 1 for factor loadings) and adequate internal consistency ($\alpha = .83$). CFA was used again in Sample 3, and the model fit the data reasonable well ($CFI = .94$, $RMSEA = .09$; see Table 1 for factor loadings) and possessed good internal consistency (Sample 3: $\alpha = .90$).

Concurrent and Clinical Validity
 Concurrent and discriminant validity data was also obtained in Samples 2 and 3. As depicted in Table 2, findings from Sample 2 indicated that decentering was significantly and negatively correlated with brooding and behavioral inhibition whereas it was significantly and positively correlated with behavioral approach. In Sample 3, among the previously depressed patients, decentering was significantly and negatively correlated with concurrent self-report ($r = -.46$) and clinician-assessed ($r = -.31$) levels of depression symptoms.

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.

Future Studies

- Determining if decentering as defined in the EQ has universal relevance for other operationalizations of decentering or mindfulness.
- Determining generalizability to US clinical samples.
- Determining generalizability to individuals currently in a depressive episode.

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Table 1

Item	Sample 1		Sample 2	Sample 3
	Factor 1	Factor 2		
Factor 1 (Decentering)				
EQ03 I am better able to accept myself as I am.	.618	.088	.567	.694
EQ15 I can observe unpleasant feelings without being drawn into them.	.600	.079	.618	.704
EQ14 I can feel myself kindly.	.582	.170	.619	.719
EQ10 I can observe myself from my thoughts and feelings.	.674	.019	.564	.726
EQ09 I realize that I don't take difficulties as personally.	.564	-.138	.498	.757
EQ18 I have the sense that I am fully aware of what's going on around me and inside me.	.523	.277	.448	.517
EQ06 I can see my thinking as things in the world.	.489	.054	.504	.667
EQ11 I can actually see that I am not my thoughts.	.463	.203	.534	.687
EQ08 I can not so easily carried away by my thoughts and feelings.	.460	-.058		
EQ16 I am consciously aware of a sense of my body as a whole.	.451	.273	.586	.551
EQ12 I take time to respond to difficulties.	.429	.317	.486	.644
EQ20 I view things from a wider perspective.			.542	.699
Factor 2 (Rumination)				
EQ11 I analyze why things turn out the way they do.	.080	.619		
EQ13 I think over and over again about what others have said to me.	-.231	.671		
EQ19 I think about the ways in which I am different from other people.	.055	.552		
EQ04 I notice all sorts of little things and details in the world around me.	.174	.528		
EQ01 I think about what will happen in the future.	.000	.501		

Table 2

Measure	Mean (SD)	2	3	4
1. Decentering	3.40 (0.67)	-.37*	-.34*	.18*
2. Brooding	10.28 (3.86)	—	.35*	.09*
3. Behavioral Inhibition	2.92 (0.58)	—	—	.01
4. Behavioral Approach	3.19 (0.44)	—	—	—