

The problem with rumination

Matthew Coxon with the third in our series for budding writers (see www.bps.org.uk/newvoices for more information)

Maybe I'm over-thinking it, but rumination sucks. If you are in a bad mood already, why keep thinking about why it happened and what it means? Unfortunately, we may all do it to an extent – some of us pathologically, some of us less so. In some cases, the consequences are negative for both our mental health and our physical health. Thankfully, research has shown there are a number of ways in which some of these outcomes can be avoided.

Let's start with a definition. By and large, rumination is considered to be a special style of thinking about things. Specifically, it is considered by some to be a style of thinking about causes and consequences of one's negative moods. These moods are thought about in a way that is repetitive, focusing upon why they happened and what it all means. How often people ruminate, or how intense these ruminations are, may vary according to the events in their lives yet the extent to which you consider yourself to be a ruminator tends to remain fairly constant across time (Nolen-Hoeksema & Davis, 1999). Whilst some rumination could be viewed as positive, such as repetitively thinking about the causes of positive life-affirming moods (Johnson et al., 2008), research has generally focused on those that are negative and repetitive. For these reasons, rumination is often referred to as depressive rumination. Indeed, it is this link between depression and rumination that has captured the most attention over the past 20 years.

It has consistently been shown that depressive rumination is related to episodes of depression, and depressive symptoms. For example, self-reports of rumination are good predictors of the beginning of a depressive episode, and sometimes how long it lasts (Nolen-Hoeksema & Morrow, 1991). Even after the depressive episode has gone, continuing rumination is a useful predictor of it occurring again at least three months later (Kuehner & Weber, 1999). Links have also been made between depressive rumination and other problems, such as worry, neuroticism and anxiety, to name but a few. However, these relationships are more consistent, and more robust, with depressive symptoms than with any other psychopathological problems.

It is not clear exactly why we ruminate, although there are strong reasons for thinking that it may simply be an unsuitable strategy adopted to try and cope with these emotions (Smith & Alloy, 2009). Whatever the purpose, the consequences of frequent and intense ruminations are clearly negative, possibly leading to poorer mental health.



Women who find a lump in their breast, and who ruminate, are taking longer to seek medical help

Whilst research has focused upon rumination and psychopathologies, there are a number of effects on human memory that are worth observing. There are clear indications that rumination makes a difference to our long-term memories. In particular, rumination makes a clear difference to how we remember things about our own lives. This occurs in at least two ways. If someone is both depressed and ruminating then, when recalling personal memories, they tend to focus on those events that are negative rather than those that are positive (Lyubomirsky et al., 1998). Importantly, this doesn't happen with depressed individuals who aren't ruminating. This negative memory bias is unlikely to help break the cycle of repetitive negative thinking about negative events.

Furthermore, when remembering events from our lives generally we may focus upon specific single events or experiences (such as birthdays, tragedies, or other unique events), or we may talk about more overgeneral memories. An overgeneral memory is when someone recalls summaries of incidents that have happened many times over, rather than more unique events from a particular time and place. Curiously, when asked to recall some specific instances from their lives, people with depression who are made to ruminate will produce more overgeneral memories than similar people who are not (Watkins, 2008). As well as focusing on negative content, people with depression are therefore remembering events in quite different ways when ruminating.

Finally, people with depression, who also ruminate, have difficulties with some aspects of dealing with new information. For example, a ruminator

may find it difficult to forget or ignore information that they have seen recently, even when they are asked to. In a simple memory test, people were presented with two lists of emotional words but asked to ignore one of them. In later tests depressed individuals found it harder to forget this irrelevant information and this was strongly related to rumination (Joormann & Gotlib, 2008). Interestingly, this was found when the emotional words were negative, but not when the emotional words were positive. As with the recall of negative long-term memories, this suggests that depressive rumination may be related to biases in memory focused on negative information, at least in part.

It is unclear whether rumination causes these biases or these biases cause rumination; however, it is clear that depressive ruminators may both remember things differently and process new information differently when compared to non-ruminators.

But isn't ruminating about causes and consequences just a good way of problem-solving? Not really, or at least not by these definitions. Interestingly, it is often believed by people who ruminate that it is a way to help solve their problems (Papageorgiou & Wells, 2001). However, when rumination is negative and focused on thoughts such as 'why' (rather than practical thoughts such as 'how') it may make someone a poorer problem-solver, not a better one (Watkins & Baracaia, 2002). Not only that, but ruminators are more likely to judge their problems as more difficult than non-ruminators, and are more likely to believe that they may be unable to solve them (Lyubomirsky et al., 1999). This may lead to both lower satisfaction and less confidence in the solutions to problems, as well as less confidence in presenting them to others (Ward et al., 2003).

A particularly worrying example has emerged from research on how ruminators respond to doubts or uncertainties about their physical health. It has been found that females who find

a lump in their breast, and who ruminate, are taking longer to seek medical help than similar females who don't ruminate (Lyubomirsky et al., 2006). Even once help has been sought, a tendency to ruminate may lead to less compliance with a treatment regime, at least with cancer patients (Aymanns et al., 1995).

So, repeatedly thinking about the causes and consequences of negative moods really isn't a good way to solve problems, and may stop people from seeking or maintaining medical help. When combined with psychopathological problems and memory biases, it is clear that rumination can be problematic. So what can be done?

If someone is repeatedly thinking negatively about the causes and consequences of a negative mood, then there may be some solutions to assist in breaking this pattern of thinking. The first step is to work out what is not good advice. Friends and family of a ruminator may suggest that they simply 'try not to think about it'. As helpful as it sounds, research has consistently shown that trying *not* to dwell on something tends to lead to *more* thoughts about it (Wenzlaff & Wegner, 2000). Thankfully, there are a number of other things that may be more effective than this. Let's focus here on two: mindfulness training, and distraction.

Changing how someone thinks about their thoughts may be the first step in the right direction. The main rule of mindfulness training (also known as mindfulness-based cognitive therapy) is that the individual should not be trying to suppress their thoughts. Instead they should become more aware of their thoughts and feelings, but in a more controlled and more intentional way (Teasdale et al., 2000). This comes from the belief that negative ways of thinking may have become strongly associated with a depressed mood. It is believed that they may become so strongly related that the occurrence of a depressed mood may automatically intensify a repetitive, and negative, way of thinking. Research shows

that there may be therapeutic benefits, through mindfulness training, of being aware how a particular mood may be changing the way in which one thinks about it. Interestingly, this mindfulness training has been most effective when the individual has a history of several episodes of depression (Ma & Teasdale, 2004). But how about people not in this situation?

Short-term distraction may also be a way to reduce ruminating and get things back on track. When it comes to distraction it is about quality rather than quantity: it may be most effective when people do things that they consider to be enjoyable, they feel completely absorbed in, and that they find uplifting (Nolen-Hoeksema et al., 2008). Indeed, if people do activities that aren't enjoyable, they aren't absorbed in, and that they don't find uplifting, it will be no surprise if their mind wanders back to the negative mood they wanted to avoid thinking about. Crucially, after distraction it is important that the person tries to solve any problems that need to be addressed, preferably in ways which focus on long-term practical solutions (Nolen-Hoeksema et al., 2008).

So rumination clearly sucks. It is associated with depression, worry, anxiety, neuroticism and other personal issues. It may also lead to biases in memory and problem solving. However, it isn't all bad news – there are ways of avoiding these negative consequences. An awareness of the links between a person's mood and their thoughts may help them respond in an intentional and controlled way.

The problem with rumination is clear, but let's not dwell on that. The solution? Well, we're getting there.



Matthew Coxon is a lecturer at York St John University m.coxon@yorksja.ac.uk

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