

### **Reflections on Depressive Rumination.**

Papageorgio, C. & Wells, A. (Eds.). Hoboken, NJ: Wiley & Sons ([www.wiley.com](http://www.wiley.com)), 2003, pp. 296, \$130.00 (hardcover).

*Depressive Rumination*, edited by Costas Papageorgio and Adrian Wells, constitutes a comprehensive review of the growing literature on rumination. It is organized in the broad domains of empirical, conceptual, and theoretical work, and includes a variety of perspectives. It also ties basic empirical data on rumination into specific cognitive behavioral treatment approaches. In general, the work aims to support the hypothesis that rumination is an important component of depression.

The concept of rumination originated in the earliest writings on cognitive therapy:

*The moderately or severely depressed patient has a tendency to brood or ruminate over a few characteristic ideas.... The idiosyncratic schemas continually grind out the depressive cognitions that crowd out the nondepressive (cognitions)...the patient loses control over his thinking processes, i.e., even when he tries to focus on other subjects, the depressive cognitions continue to intrude and to occupy a central position... (Beck, 1967).*

By interweaving a variety of theoretical approaches, ranging from cognitive to physiological, *Depressive Rumination* encourages broad and flexible thinking about the nature of rumination and its correlates. Part I addresses the phenomenology of ruminative thought and its associated outcomes. In Part II, a number of different theories of rumination are presented. The third and final section of the book presents several treatments aimed towards ameliorating rumination in and of itself, and within the context of depression.

Part I presents a number of differing conceptualizations of ruminative thought, ranging from cognitive to physiological accounts, and the empirical research associated with each. Papageorgiou and Wells distinguish rumination from worry, and discuss its relationship to depression and metacognition. Lyuborski and Tkach, as well as Alloy and colleagues address rumination as a pernicious consequence of stressful life events. Wenzlaff explores the association between thought suppression and the inadvertent intensification of ruminative thinking.

Part II presents three dominant theories of the development of rumination. Nolen-Hoeksema describes at length a “response styles” theory and describes potential paths for children to become ruminators. Matthews and Wells present an “information-processing” theory in which rumination is conceptualized as an unworkable coping strategy for addressing faulty metacognitive beliefs. Martin and colleagues discuss ruminative thought in the context of cerebral lateralization in “goal progress” theory. Brotman and DeRubeis knit together the similarities and highlight differences among these theories in an integrative chapter.

Part III consists of chapters addressing how to measure and treat rumination, especially in the context of depressed mood. Luminet’s chapter on measures of rumination, their psychometric properties, as well as methodological issues pertinent to the development of psychometric measures may be useful to researchers in this area. Purdon describes a number of

treatments for rumination across a variety of clinical presentations, and McMillan and Fisher present a more traditional cognitive behavioral approach to modifying the content of ruminative thinking. Finally, Papageorgiou and Wells present a metacognitive treatment for rumination, which relies on attention control, cognitive restructuring, and socialization.

One of the strengths of the book is that the authors define rumination in numerous, heterogeneous ways. This reveals disparities across researchers, and highlights opportunities for clarification and better construct specification of rumination. For example, Papageorgiou & Wells discuss rumination as meaningfully distinct from worry, yet having a significant degree of overlap (16 – 21% shared variance across non-clinical and clinical samples). Then there's dysphoric rumination, which is distinct from depressive rumination. Spasojevic and colleagues describe "reactive rumination" as a consequence of perceived or experienced stress. Still other conceptualizations include rumination as both antecedent and a consequence of depression. Rumination is differentiated from negative automatic thoughts, yet is implicated in schemas and core beliefs. Although both rumination and worry are considered at least somewhat distinct, both constitute coping strategies, and are often difficult to disentangle in the empirical literature, given the high comorbidity of anxiety with depression. It is unclear if rumination and worry are functionally or phenomenologically different, or if such distinctions are in fact meaningful.

The issue of whether rumination is an automatic process or a purposeful, voluntary coping strategy is raised, but not fully resolved. Some authors attribute individuals' engagement in ruminative thinking to a rational choice, based on their unfounded belief that such engagement is actually effective in problem-solving. For example, Papageorgiou & Wells comment, "Despite these consequences of rumination, it is puzzling to understand why people choose to ruminate." Others describe rumination as more akin to an automatic, somewhat involuntary propensity. This underscores another opportunity for further research, and continued growth in both the nature and correlates of ruminative thinking.

As one might guess, one general theme of the book is that conceptualizations of rumination may have important implications for treatment. Individuals who "choose" to ruminate may benefit from psychoeducation regarding its relative benefits -- or the lack thereof -- and be nudged to discover and practice alternative strategies. Then again, individuals who over-engage in rumination may benefit from learning to allocate their attention elsewhere, as in Mathew's & Wells S-REF model.

Although conceptualizations of rumination presented in the book are diverse, one common theme is that the described differences are topographic. In other words, the vast majority of authors make distinctions among types of ruminative thought in terms of content or phenomenology. Given all of these contrasting descriptions of rumination, one would expect that a) meaningfully different outcomes would be associated with these types, and/or b) there are substantive *functional* differences across these types that would point scientist-practitioners to particular treatment approaches.

To this end, a number of authors call attention to the need for more sophisticated thinking on rumination. In Chapter 1, Papageorgiou and Wells argue that attention to the content of ruminative thought is not enough, and that research should consider its nature, flexibility, believability, and dismissability. Alas, although such pursuits are reflected in other empirical literatures, they have not been given due attention in this book. For example, Borkovec's account of worry in GAD is an excellent example of how attention to the function of worry as an avoidance behavior arguably has led to significant advances in the treatment of adult GAD. It is exciting to consider what such an approach to rumination might yield. In order to do so,

however, a higher bar should be set: the utility of making very subtle content-based distinctions in ruminative thinking perhaps should be measured by the effectiveness of that activity in pointing to different treatment approaches, techniques or modalities. What is missing is a cogent discussion of the *functions* of rumination, and empirical investigation of that might advance this fragmented literature.

So why is rumination so interesting? Why does it merit a book-length treatment? Despite some methodological shortcomings, some experimental and prospective studies appear to provide robust findings. For example, data have suggested that rumination impairs problem-solving in depressed individuals (Lyubomirski, Kasri & Zehm, 2004; Lyubomirsky & Nolen-Hoeksema, 1995; Lyubomirsky et al., 1999). One prospective study found that ruminative non-depressed individuals are more likely to have a depressive episode from 1 to 2.5 years later (Just & Alloy, 1997; Nolen-Hoeksema, 2000; Nolen-Hoeksema et al., 1999; Spazojevic & Alloy, 2001). Another found that women who ruminated delayed appointment for breast cancer diagnosis compared to those who ruminated less, and that this was not mediated by health fears (Lyubomirsky, Kasri & Chang, 2003).

One particularly rich and novel view is presented by Siegle and Thayer, who discuss the physiological correlates of rumination. The authors point out that there is a paucity of data linking physiological constructs specifically to depressive rumination. However, they review a number of studies suggesting that ruminative thought and worry have been associated with differences in amygdalar activity, cortical inhibition, blood pressure, latency of blood pressure recovery from emotional tasks, and speed and duration of pupil dilation. However, data from other studies, in particular, on dysphoric vs. non-dysphoric individuals have not shown meaningful differences on physiological correlates. Given these few, compelling and sometimes contrasting findings, Siegle and Thayer suggest the value of investigating ruminative thought using neuroimaging techniques, monitoring vagal tone, sustained processing of emotional information, and difficulty recovering from emotional stimuli. Thus, the data presented in this chapter are tied specifically to specific methods, and hint at exciting advances in our understanding of rumination, and its role in psychopathology.

Despite these intriguing findings, the authors point out that “the ultimate consequence of dysphoric rumination may be continued dysphoric rumination.” A number of authors point out that the consequence of rumination is not specifically depression, but rather, that it is related to a constellation of poor outcomes. If that is indeed the case, why ruminate on rumination? Does it occur with greater frequency, or with more dire consequences, in depressed or anxious populations? Unfortunately, the base rates at which rumination occurs in non-clinical populations are unclear. Moreover, little is known about when rumination becomes clinically significant, or has crossed some unknown threshold that may tip individuals into dysthymia or depression, or might prevent them from bouncing back from life stresses. Finally, contextual factors that make rumination more likely or more pernicious have not been carefully evaluated.

Papageorgiou’s & Wells’ “Depressive Rumination” is conceptually interesting, as it draws on a broad range of perspectives exploring the nature of rumination, its correlates, and emerging treatments. In its admirable attempt to bind together a number of contrasting accounts of rumination, *Depressive Rumination* highlights the disparity and competition among these different conceptualizations. Such a diversity of perspectives points out the fact that the literature on rumination does not have a single, coherent, unifying theory. These different accounts of rumination compete with each other rather than leading to an integrated perspective. While failing to point toward a coherent, consensual view of what constitutes rumination, it at

the same time reminds us that the cognitive behavioral therapies remain continually evolving perspectives, with immense creativity and diversity of perspective. It is precisely this heterogeneity that hopefully will result in further refinement of rumination and the development of the empirically based psychological treatments.

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