



# **The SAGE Encyclopedia of Abnormal and Clinical Psychology**

## **Rumination: Treatment**

Contributors: Bilge Uzun & Sara LeBlanc

Edited by: Amy Wenzel

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Rumination refers to the tendency to think repetitively about the causes and consequences of negative emotional experiences. Chronic rumination has been documented in people with generalized anxiety disorder, social anxiety, eating disorders, posttraumatic stress disorder, and depression. Because of its widespread association with psychopathology, it is imperative to identify effective treatment options. Accordingly, over the past two decades, psychotherapeutic approaches that specifically target rumination have been developed. Research has demonstrated that targeted, cognitive behavioral therapeutic interventions can significantly reduce the degree to which clients rely on it as a coping strategy. A unifying thread across efficacious treatment methods for rumination is habit re-formation, in which more adaptive coping strategies than rumination are developed and implemented when rumination-triggering cues are elicited.

### **Rumination-Focused Cognitive Behavioral Therapy**

In rumination-focused cognitive behavioral therapy (RFCBT), rumination is conceptualized as a form of learned avoidance behavior propagated by negative reinforcement, such that rumination provides temporary relief because it prevents the person from facing painful life circumstances. In this treatment, both the triggers and the consequences of rumination are examined, as well as the situations in which rumination does not occur, to determine the function of the ruminative behavior (i.e., functional analysis). Other key components of RFCBT include behavioral experiments to determine whether rumination and alternative strategies are adaptive, increased activity to facilitate behavior consistent with clients' values, and the use of imagery and visualization exercises to move toward an adaptive thinking style. Preliminary research shows that RFCBT is efficacious in reducing depression relative to treatment as usual and that it does so specifically by changing rumination.

### **Concreteness Training**

Chronic rumination is associated with overgeneral autobiographical memory retrieval, or the tendency to retrieve personal memories of something that occurred on one discrete occasion. Both rumination and an overgeneral memory style are vulnerability factors for depression, and it has been hypothesized that these two modes of processing reciprocally reinforce each other. Concreteness training was developed to address these risk factors; it is an important strategy used in RFCBT, and it has been evaluated as an intervention in its own right. It involves repeated training implementing audio-recorded exercises in which the client is encouraged to focus on explicit details of a negative experience, identifying the context in which it occurred and the sequence of events in response to pre-identified ruminative triggers.

It is hypothesized that training alters maladaptive, abstract thinking habits, replacing them with adaptive, specific, concrete thinking. Research suggests that concreteness training indeed increases concreteness of thinking in clients with depression and, in some cases, reduces rumination. However, research also shows that it is no more efficacious than other treatments like relaxation and that its benefits are limited to concreteness of thinking, not necessarily generalizing to other maladaptive cognitive processes.

### **Metacognitive Therapy**

Metacognition refers to a person's underlying beliefs regarding his or her cognitive patterns, such as "Worrying will help me find the answers to my problems." When a person holds

positive beliefs about cognitions such as rumination or worry, he or she may minimize or deny the deleterious impact of this behavior. The goal of metacognitive therapy is to modify maladaptive metacognitions relating to rumination while refocusing attention on external stimuli when the ruminative cycle is activated. As in RFCBT, a key intervention technique in metacognitive therapy is the behavioral experiment, where clients test out the accuracy of their metacognitive beliefs. It also incorporates attention training to enhance attentional flexibility, and detached mindfulness, or the awareness of internal thoughts and beliefs. Randomized controlled trials have demonstrated metacognitive therapy's efficacy in reducing maladaptive metacognitions, including false beliefs about rumination, in clients with generalized anxiety disorder, depression, posttraumatic stress disorder, obsessive-compulsive disorder, medication-resistant psychosis, and schizophrenia, as well as in survivors of cancer.

### **Mindfulness Based Cognitive Behavioral Therapy**

Mindfulness based cognitive behavioral therapy is a treatment program in which clients cultivate the practice of mindfulness to prevent the relapse of depression-related symptoms. Mindfulness is defined as a focus on the present moment in an intentional, nonjudgmental way. It allows clients to alter their relationship with their thoughts by helping them take a figurative step back from their thoughts, seeing them as mental representations of the mind rather than as concrete facts and refraining from engaging with, or attaching meaning to, them. When clients practice mindfulness, it is expected that they will detect negative internal experiences, like rumination, more quickly than they might have otherwise; observe them in a curious and compassionate manner, rather than in a judgmental manner; and take skillful action in response. Numerous empirical studies have demonstrated the benefit of mindfulness based cognitive behavioral therapy in preventing relapse of depression and reducing symptoms of depression and anxiety, and lower levels of rumination have been demonstrated to partially explain the association between mindfulness practice and improvements in depression.

### **Cognitive Bias Modification**

Cognitive bias modification is a technique employing systematic training that modifies cognitive deficits and biases by enhancing cognitive control and altering the direction of information processing, which may foster more flexible processing and regulation, thereby decreasing one's tendency to engage in rumination. Some of the interventions already discussed in this article would be considered, broadly, as instances of cognitive training, such as concreteness training and attention training that is incorporated into metacognitive therapy. In other approaches to cognitive bias modification, clients may be trained to modify an attentional bias toward negative information at the expense of neutral information, to disengage from negative stimuli, or to modify the tendency to make negative interpretations at the expense of neutral interpretations.

Data supporting the efficacy of cognitive bias modification on reduction of rumination are mixed, with some studies demonstrating that people who ruminate benefit from these interventions and other studies finding no benefit. However, it is suggested that cognitive bias modification interventions may be particularly useful for people who are both depressed and demonstrate the tendency to ruminate.

**See also** [Psychological Constructs: Overview](#); [Rumination](#); [Worry](#)

Bilge UzunSara LeBlanc

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### Further Readings

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