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Positive beliefs about rumination in depression—a replication and extension

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Abstract

Papageorgiou and Wells (2001) reported that positive beliefs about rumination were elevated in depressed patients, using the Positive Beliefs about Rumination Scale (PBRS). However, this study had a relatively small sample and there is a possibility that there were confounds within this measure between the severity of depressed mood and endorsement of beliefs. This study attempted to replicate these findings within a larger sample, and to extend these findings to recovered depressed patients, who are known to demonstrate elevated rumination. Furthermore, a version of the PBRS adapted to reduce confounds with mood state and valence was also used. Consistent with predictions, both currently depressed and recovered depressed patients had elevated scores on both the original and adapted PBRS compared to never-depressed controls. The present findings confirm that positive beliefs about rumination are genuinely associated with elevated levels of rumination in depression-prone groups and indicated that previous similar positive findings (Papageorgiou & Wells, 2001) were not the result of methodological confounds such as criteria contamination in the PBRS or small sample size.

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1. Introduction

Depressive rumination (Nolen-Hoeksema, 1991) has been defined as thoughts and behaviours that repetitively focus an individual's attention on his or her negative feelings, and the nature and implications of these feelings. Theoretical models (e.g. Teasdale & Barnard, 1993) and empirical findings have suggested that rumination may be a core cognitive process in depression. Thus, depressed patients and recovered depressed patients report more rumination than never-depressed controls (Nolen-Hoeksema, 2000; Roberts, Gilboa, & Gotlib, 1988), with rumination predicting the maintenance of depressive symptoms in clinically depressed groups (Kuehner & Weber, 1999; Nolen-Hoeksema, 2000) and the onset of depression in non-depressed groups (e.g. Just & Alloy, 1997; Nolen-Hoeksema, Parker, & Larson, 1994; Spasojevic & Alloy, 2001). Furthermore, in experimental studies, compared to distraction, rumination exacerbates depressed mood and negative cognition in volunteers in either a naturally occurring or induced dysphoric mood (e.g. Lyubomirsky & Tkach, 2004; Nolen-Hoeksema & Morrow, 1993).

Given the empirical findings suggesting that rumination is depressogenic, why do some people show a persistent tendency to ruminate (Nolen-Hoeksema, 1991)? One potential explanation is that people who ruminate hold beliefs about rumination that encourage their tendency to ruminate. Beliefs about thinking processes, such as how thinking works, how controllable and how normal it is, and about the functions and the consequences of particular types of thinking are known as metacognitive beliefs. Recently, metacognitive beliefs have been hypothesised to be involved in the development of negative recurrent thinking such as worry and rumination. Indeed, theoretical models such as the Self-Regulatory Executive Function model (Wells & Matthews, 1994) have hypothesised that metacognitive beliefs are involved in the development and persistence of emotional disorders in general. The evidence to date is consistent with these hypotheses. Thus, patients with Generalised Anxiety Disorder (GAD) have positive metacognitive beliefs about worry, which emphasise the advantages of worry, e.g. worry is helpful for problem solving (Borkovec & Roemer, 1995; Freeston, Rheaume, Letarte, Dugas, & Ladouceur, 1994), and negative metacognitive beliefs, which emphasise the risks and negative consequences of worry, e.g. that worry is uncontrollable (Davis & Valentiner, 2000; Wells & Carter, 1999). The positive metacognitive beliefs are hypothesized to increase the selection of worry as a strategy in response to a difficulty, and then the negative metacognitive beliefs are hypothesized to lead to further "worry about worry" itself (Wells, 1995). Given the similarities observed between worry and rumination (Borkovec, Ray, & Stoeber, 1998; Fresco, Frankel, Mennin, Turk, & Heimberg, 2002; Segerstrom, Tsao, Alden, & Craske, 2000; Watkins, Moulds, & Mackintosh, in press), it is perhaps not surprising that positive and negative metacognitive beliefs about rumination are also found in dysphoric and depressed people.

Lyubomirsky and Nolen-Hoeksema (1993) reported that dysphoric students who ruminated about their mood felt that they were gaining insight into their problems and their emotions. Watkins and Baracaia (2001) found that 80% of dysphoric ruminators reported at least one perceived benefit of rumination, such as increasing self-awareness, understanding depression and/or solving problems, and 98% reported at least one disadvantage of rumination. Using a semi-structured interview, Papageorgiou and Wells (1999) found that depressed patients believed that rumination was helpful for solving problems and understanding depression, but also that rumination was uncontrollable and dangerous. Papageorgiou and Wells (2001) developed and validated the

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