



Reduced concreteness of rumination in depression: A pilot study

Ed Watkins^a, Michelle L. Moulds^{b,*}

^a *School of Psychology, University of Exeter, UK*

^b *School of Psychology, The University of New South Wales, Sydney, NSW 2052, Australia*

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Abstract

We hypothesized that the reduced concreteness theory of worry (Stöber & Borkovec, 2002) would be applicable to negative recurrent thinking in general, including depressive rumination. To test this prediction, the current study compared the concreteness of problem descriptions of currently depressed ($n = 30$), recovered depressed ($n = 29$) and never-depressed ($n = 30$) individuals. Participants provided open-ended descriptions of two current major problems about which they repeatedly dwell. Blind ratings demonstrated reduced concreteness of the problem descriptions and associated perceived consequences reported by the depressed group relative to the recovered depressed and control groups, which did not differ from each other. These findings are consistent with the hypothesis that recurrent thinking in depression involves reduced concreteness, paralleling the findings in GAD.

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1. Reduced concreteness in depressive rumination

Depressive rumination, defined as repeated focus on depressive symptoms, their causes and their meanings (Nolen-Hoeksema, 1991), predicts the onset and duration of major depression

* Corresponding author. Tel.: +61 2 9385 3425; fax: +61 2 9385 3641.

E-mail address: m.moulds@unsw.edu.au (M.L. Moulds).

in prospective studies (e.g., Nolen-Hoeksema, 2000; Spasojevic & Alloy, 2001) and exacerbates negative mood and negative thinking in experimental studies (e.g., Lyubomirsky & Nolen-Hoeksema, 1995; Watkins & Moulds, 2005). Despite this convergent evidence that rumination plays a key role in depression, the processes contributing to the maintenance of rumination require further elucidation. This paper proposes that the reduced concreteness theory of worry may be relevant to accounting for the maintenance of rumination in depression.

The reduced concreteness theory (Stöber, 1998) was developed following observations that anxious worry is experienced primarily in verbal rather than image form (see review in Borkovec, Ray, & Stöber, 1998). It proposes that worry is characterized by reduced concrete thinking, which in turn produces less vivid and less frequent imagery. Concrete thought is operationalized as “distinct, situationally specific, unequivocal, clear, singular” (e.g., “I was rude to my friend John yesterday evening”) and abstract thought as “indistinct, cross-situational, equivocal, unclear, aggregated” (e.g., “I always find it hard to get on with people”) (Stöber & Borkovec, 2002, p. 92). Consistent with this account, problems that are reported as being repeatedly worried about have more abstract descriptions in both patients with GAD (Stöber & Borkovec, 2002) and students (Stöber, Tepperwien, & Staak, 2000).

Importantly, the reduced concreteness theory suggests two mechanisms to explain the maintenance of worry. First, reduced concreteness is proposed to impair problem solving by limiting the production of the detailed, specific elaborations necessary to generate alternative plans or guide actions. Second, by minimising the amount of imagery produced in response to difficulties, reduced concreteness of thinking will reduce physiological and emotional responses (e.g., Borkovec & Hu, 1990; Hazlett-Stevens & Borkovec, 2001; Vrana, Cuthbert, & Lang, 1986), thereby preventing emotional processing, which requires sufficient activation of emotional responses in order to be successful (Foa & Kozak, 1986). Thus, this theory explains how pathological worry can develop and persist: worry in response to a potential threat will be maintained and exacerbated when attempts to resolve or come to terms with the threat are unsuccessful.

In this paper, like Stöber and Borkovec (2002), we hypothesise that reduced concreteness theory applies to both rumination and worry. First, we note considerable overlap between anxious worry and depressive rumination: both are elevated in psychiatric populations, associated with adverse mood and involve prolonged, negative recurrent thinking. Measures of depressive rumination and anxious worry are highly correlated (Fresco, Frankel, Mennin, Turk, & Heimberg, 2002; Segerstrom, Tsao, Alden, & Craske, 2000). These similarities have led to a debate as to the differences between rumination and worry, with some researchers proposing that worry and rumination share similar processes but involve different content (e.g., Segerstrom et al., 2000; Watkins, Moulds, & Mackintosh, 2005).

Second, we note the similarities between the definitions of reduced concreteness (abstract thinking) and overgeneral memory retrieval, defined as the tendency to recall categorical summaries of repeated past experiences (e.g., always making mistakes). Overgeneral memory recall is elevated in depressed patients compared to controls (for review see Williams, 1996). Furthermore, experimental studies implicate rumination in the maintenance of overgeneral memory (e.g., Watkins & Teasdale, 2001; Watkins, Teasdale, & Williams, 2000) suggesting that rumination may be associated with reduced concreteness of thought. However, given the different methodologies and theoretical constructs associated with overgeneral memory and reduced concreteness, testing whether depressed patients demonstrate reduced concreteness on the problem elaboration paradigm used

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