The Role of Rumination in Psychopathology: A Review Study

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In recent years, the study of patterns of thinking in emotional disturbances and the study of unwanted thoughts and their role in the durability of emotional disturbances have attracted researchers. One of the types of unwanted thoughts is rumination. Rumination is a general term to refer to a variety of recurring thoughts. Chronic ruminants behave in ways that are unproductive in their relationship to family, friends, and even strangers. Rumination correlates with many unpleasant personality traits, such as interpersonal style and aggressive tendencies that may lead to a lack of social support. The rumination has also been correlated with desire for revenge after a personal offense with humiliation or aggression. Several theories of this structure are presented. One of the research trends in this structure is its association with psychopathology. In the present article, while presenting various theories about rumination, its relationship with psychopathology is discussed. At the end of the article, suggestions for future research and guidelines for reducing rumination are presented.

Keywords: rumination, psychological pathology, emotional disturbances.

Introduction

In recent years, the study of thinking patterns in emotional disturbances and the evaluation of unwanted thoughts and their role in the durability of emotional disturbances has been considered by researchers. One of the types of unwanted thoughts is rumination. Although various definitions have been proposed for rumination, various tests have been used to measure it, but there is still a huge difference between researchers in the exact definition of this phenomenon. It seems that one of the reasons for the differences in the definition of rumination is the existence of different theories about this phenomenon.

Martin and Tesser [1] believed that rumination was a general term used to refer to a variety of recurring thoughts, and also includes thoughts that tend to recur. In their view, rumination is conducted in order to achieve the goal or to eliminate the discrepancy between the goals and the status quo, and rumination is a potential focus, present and future.

Nolen-Hoeksema considers rumination as a reference to recurrent and recurring thoughts about depressive symptoms and the meaning of these symptoms and the possible outcome of these symptoms. Rhymes are actually defined as thoughts and behaviors that focus on
the person's attention to the symptoms of depression, the causes and possible implications of those symptoms [2].

The sharp-skinned rumination is a kind of self-centered state. He categorizes his own state of mind into two types of self-centered analytic and empirical self-concentration. In my opinion, rumination is synonymous with its state of analytic concentration, which is a kind of analytical thinking about itself and its symptoms of discomfort. Also, in its sharp focus, the empirical focus is on concentrating on the direct experience, emotions and emotions of the moment. In its view, analytic focus is ineffective in dealing with depression, and on the contrary, empirical focus is an effective way of confronting depression [3].

Papajorjio and Wales [4] consider rumination as a series of duplicate and non-purposeful thoughts that their content relates to the current discomfort of a person, and does not create an attitude for designing programs for corrective actions, and ultimately a negative mood. Auto-negative thoughts are short and brief assessments of failures and losses in depressed patients, while long-chain thinking of rumination is a recurring, self-centered thoughts and a response to early negative thoughts [4]. In their view, auto-negative thoughts are related to failures and losses in the past, but their intellectual rumors are concentrated and responses to the onset of negative mood. Though rumination seems to be a concern, concern is a chain of risk issues or threat predictions, while rumination focuses on issues related to past or individual defeat. Considering the existing definitions and large theories such as response light theory, meta-cognitive theory of rumination of Papajorjio and Wells, the theory of the progression of the goal, suggests that there are different perspectives on rumination, but all of these texts suggest that depression with rumination begins. This difference in view also contributes to the measurement of this psychological structure and has created various tools for rumination [5].

Paizsonsky and Greenberg argue that self-centered depressor is based on reducing the inconsistencies between the ideal state and the real state, but rumination is more hypothesized to deal with the problem in a problem-solving manner that does not necessarily occur after failure. Self-awareness allows individuals to assess how they behave to achieve their goals and ideals [6].

Chronic ruminants behave in ways that are unproductive in their communication with family, friends, and even strangers. Rhyming correlates with many unpleasant personality traits, such as interpersonal style and aggressive tendencies that may lead to a lack of social support. Rhubarb has also been correlated with desire for revenge after a personal offense, with humiliation or aggression, for stimulation [7].

Theories of Ruminating
In the case of rumination, three major theories have so far been formulated and completed: Response style theory, rumination meta-cognition theory and self-regulation performance model rumination theory as performance improvement, the aim of cerebral hemisphere activity [4].

Response style theory
One of the ideas of rumination, which has a significant effect on the formation and growth of research is the theory of response light. This theory was formed by Nullen-Huxma [2]. He sought to answer the difference in the prevalence of depression among women and men, and introduced rumination as the cause. He believed that people encountered depression in three ways: rumination, decentralization of depressed mood and problem solving.
**Ruminative response style theory**

Ruminative response can be defined as repetitive thoughts and behaviors that focus on the depressed person's attention to the symptoms of depression, its causes and consequences. For example, focus on the feeling of anesthetization (I feel like I do not like to do), the focus is on finding the cause of depression (what's wrong with me that I feel) and worries about the consequences of symptoms (when I feel like I cannot do my work). In this theory, it is emphasized that rumination responses are the opposite of the problem-solving that is effective and structured; it prevents effective behaviors that can contribute to the treatment of depression [2].

**Sensory Distraction Responsive Style Theory**

Sensory distracting responses are defined as thoughts or behaviors that give the mind the opportunity to get rid of depressive symptoms and divert the individual to pleasurable and neutral activities, such as working with friends in collective activities or engaging in entertainment that needs to be focused. Sensory distracting responses do not include risky and self-destructive behaviors (such as drug abuse, fighting, high-speed driving, and aggressive behaviors) that just keep the mind away from focusing on the problem for a short time. Based on research findings, people who use the distracting behaviors in the way of responding to depressed mood are more likely to use effective problem solving to overcome the problems that led to depression [2].

**The theory of rumination metacognition and self-regulation performance model**

The metacognitive approach to depression attempts to explain the production of rumination in a three-level model called self-regulation performance. In this model, emotional rumination is correlated with self-control and emotional ineffectiveness in a three-level structure, and in fact, rumination is a kind of depressed mood. According to this model, meta-cognitive beliefs supporting rumination are effective in the onset and durability of this thinking style, providing a model of self-regulating performance. The purpose of this model is to communicate between the schematics theory, information processing and self-regulation. In this model, Wales and Mathias in 1996 introduced spontaneous and bidirectional interactions between multiple levels of cognition. These are multiple components, beliefs, metacognition, attention control, continuous processing, and self-discipline. The structure of the performance model has three levels of self-regulation. The lowest level is the information processing networks, which are triggered by negative emotions of negative beliefs and schemas. This level acts automatically and activates once the stimulus arrives and its activity is immediate. Beck's schematics conform to this level in the self-regulation performance model.

An incident or external stimulus activates specific thoughts related to that stimulus. At the bottom of the external stimulus, thoughts and body sensations (such as the definition of the palm) are represented, and automatic thoughts are activated. This level works continuously and includes schemas. Auto-negative thoughts refer to this level in Beck's theory, stimulating their particular thoughts at this level of excitement and external events. When these particular thoughts begin to work, the second level, where the executive level is dependent on the monitoring, activates the methods of coping with depressed mood, including rumination. This is done by close links between the two levels. At the second level, the external stimulus with internal thoughts is evaluated according to individual goals and social constraints. After this evaluation of the search for the choice of the coping strategy begins, and a specific coping strategy is accepted according to the situation. Again, the second-line coping strategies are monitored and used to deal with the external stimulus by the low level. According to this model, there are two types of coping strategies:
problem-oriented coping and counteraction. The third level is based on its knowledge of which meta-cognitive beliefs supporting rumination are at this level [5].

**Gender Differences in Rumination**
Nullen Hoeksma [2] showed that women tend to ruminate more than men. In the response style theory, gender differences in the tendency to rumination are considered as an intermediate for gender differences in depression, that is, by controlling gender differences in rumination, is not significant.

Nullen Hoeksma et al. [7], based on community-based research findings, suggest a component-oriented personality pattern that can contribute to gender differences in rumination. These include:
First, women's beliefs about the negative emotions and the difficulty in controlling them are related to rumination. Women believe that negative emotions are more severe than they can be controlled. Such women may believe that severe emotions in them are more dependent on factors than uncontrollable than men.
Second, women are more likely to feel their feelings for the emotional state of their relationship, and all the time to bear the positive relationships of others. This belief is associated with increased rumination. The responsibility of feeling in determining the emotional state of relationships leads to the fact that women have the slightest change in sensitive relationships and always for the problem, always care about the opinions and behaviors of others, always think how to make others happy.
Third, women feel less likely to control life events than men, and people with less control feel more ruminant reports.

**Rumination and Psychopathology**
Nullen Hoeksma and some other scholars have suggested that rumination is present in many psychiatric disorders and is a risk factor in Fractal Diagnostic Models [6]. The rumination involves a cognitive representation of stress-causing, real or imaginative representations that are usually negative [8] and include a maladaptive focus and an exhilarating experience.
In connection with depression, rumination exacerbates this disorder, and this issue has been examined extensively in research [7, 9]. Rhyming leads to depression and severity in at least three ways. First, rumination strengthens the two-way route between negative creativity and negative cognition. In fact, rumination, when faced with negative people and increased emotional response, increases the access to negative cognition, which leads to negative results for them. Second, rumination conflicts with problem solving and leads to an increase in the sense of pessimism in the individual. Third, the rumble reduces social protection [10].
According to the advancement of the goal, the rumination of thought is about this important subject, and even intellectual rumors arise in the absence of urgent and urgent environmental demands, and although there is no need for direct stimulation from the environment, the environment is an indirect indication that implies relevant concepts with the goal. From this point of view, rumination appears in response to a failed goal and is a way to achieve the goal. This process in depressed patients often exacerbates rumination [11].
Rhymes can also be involved in anxiety and severity [6]. Like depression, rumination in anxious people also interferes with problem solving and useful behaviors. Although depressed people tend to act in a passive way, while anxious people tend to be more
abusive. In addition, numerous studies have shown that rumination plays a role in various psychiatric disorders, including over-consumption of substances, eating disorders, and many other disorders [10].

Conclusion
In this article, research literature on rumination and its relationship with the field of psychiatric pathology were studied. Sexual differences were also mentioned in a part of the article. According to past researches, rumination among women has been reported more than men, clinical attention to this disorder is recommended in women. Also, considering the importance of issues related to rumination, it is suggested that the effects of therapeutic and educational approaches on this variable be proposed in future research.

It is recommended that high-risk girl students be identified with a high degree of rumination and that individual or group interventions be carried out. It is also suggested that group life skills training for students in schools be implemented. Providing educational brochures on topics related to rumination and providing group life skills and curriculums is a model for school advisers with other useful suggestions to reduce students' rumination among students.

REFERENCES