

Can't Quit Thinking About AIDS: Ruminations, Depression & HIV



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A General Form of Rumination proposed by Trapnell & Campbell (1999)

they define it as a maladaptive type of **recurrent thinking** about the self prompted by **threats, losses, or injustices** and the associated feelings of anxiety, depression, or anger.

Ruminative thinking leads people to:

Feel even more **sad, anxious, angry,** and **depressed**
Think more negatively and pessimistically about themselves, their problems, and their futures
Use **fewer effective problem-solving strategies**
Feel **less motivation to act**
Have a **reduced ability to concentrate**
Experience even **more stress** and more problems

*Teach: We all have an inner predator but
we are not our feelings!
Patients/clients "awfulize"*



Ruminating: A Toxic Process

Rumination is a toxic process that leads to **negative self-talk** such as, "It's my own fault I got AIDS" or "Who would ever want me a friend now that I have HIV?"

A major component of depression is rumination, which involves dwelling and **brooding about themes like loss and failure** that cause you to feel worse about yourself.

Rumination makes things larger...



Difference between a rumination & Obsession/OCD

Ruminators typically dwell on matters that are **real happenings** that are meaningful to most people (e.g., one's accomplishments or other measures of self-worth). "**I'm bad, I'm being punished**"

A depressed patient often is preoccupied with happenings, mistakes and regrets, whereas the person with **OCD** is more concerned about recent events or **averting future harm**. They focus on why they feel compelled to behave in such a manner such as engaging in hand washing.

Difference in Rumination & Worry



Rumination is similar to **worry** except **rumination focuses on bad feelings and experiences** from the past, whereas **worry is concerned with potential bad events in the future.**

More on Worry

D. Barlow (the big guy on anxiety)

Barlow (2002) noted that worry could be conceptualized as a maladaptive attempt to cope with the “*anxious apprehension*” or chronic anxiety elicited by **anticipated** or future negative events.

Mathews (1990) described worry as “the persistent awareness of **possible future danger**, which is **repeatedly rehearsed** without being resolved”

Thinking, Thinking, Thinking doesn't make for problem solving!

Despite the individual's belief that ruminating will lead to problem solving, **repetitive thinking** is a **passive activity** that rarely leads to action or change!

Teach the individual that (the research shows) ruminating leads no where & just fuels **more negative thinking**.

An Eye Test or Ruminative Response Scale (Nolen-Hoeksema)

Table 1. 22 Item Ruminative Responses Scale

Number RRS item Item type

- 1 Think about how alone you feel D
- 2 Think “I won't be able to do my job if I don't snap out of this.” D
- 3 Think about your feelings of fatigue and achiness D
- 4 Think about how hard it is to concentrate D
- 5 Think “What am I doing to deserve this?” B
- 6 Think about how passive and unmotivated you feel D
- 7 Analyze recent events to try to understand why you are depressed R
- 8 Think about how you don't seem to feel anything anymore D
- 9 Think “Why can't I get going?” D
- 10 Think “Why do I always react this way?” B
- 11 Go away by yourself and think about why you feel this way R

More on Ruminative Response Scale

- 12 Write down what you are thinking and analyze it R
- 13 Think about a recent situation, wishing it had gone better B
- 14 Think “I won't be able to concentrate if I keep feeling this way.” D
- 15 Think “Why do I have problems other people don't have?” B
- 16 Think “Why can't I handle things better?” B
- 17 Think about how sad you feel D
- 18 Think about all your shortcomings, failings, faults, mistakes D
- 19 Think about how you don't feel up to doing anything D
- 20 Analyze your personality to try to understand why you are depressed R
- 21 Go someplace alone to think about your feelings R
- 22 Think about how angry you are with yourself D

Note. R D Reflection; B D Brooding; D D Depression-Related.

Ruminations & Deeper Level (CBT) Core Beliefs

Listen for repetitive themes:

Why did I get AIDS? (CBT: Core belief could be: "See I am a failure, I got AIDS")

Why did my partner give me AIDS? (Core belief could be: "See, I am unlovable").

How did this happen to me? (Core belief could be: "See, I'm such a screw-up, I can't do anything right")

More Ruminations....

When Distorted or Exaggerated Thinking =

Depression

My life is over (Core Belief could be: "I'm useless, I'm really worthless")

Suicide risk!



Whose at Risk...?

Nolen-Hoeksema et al (1999) showed that people who had a lesser sense of mastery over important events in their lives, and who were more beset by chronic stress and strain, were more likely to ruminate (based on scores on the Rumination Scale).



Let's talk interventions....

Cognitive Behavioral Therapy

STOP-avoid thought suppression as its shown to increase negative thoughts not extinguish them!

Distraction-a back door, more effective thought suppression where one is distracted with ideally a pleasurable activity

Mindfulness-learning to observe one's thoughts rather than judge them.

Behavioral Activation

Cognitive Behavioral Therapy

Challenging Distorted Thinking/self schemas



Identifying ANTS: Automatic Negative Thoughts



Mindfulness-Based Therapy



Listing thoughts....

Use the Pen



Focus on pleasant memories

Write down pleasant thoughts. Sometimes you need specific direction. **Having a list of pleasant thoughts can help one move from ruminations. List things** like an upcoming vacation, spending the weekend with friends, going out to dinner....



Setting aside a small amount of time to ruminate

Rather than suppressing ruminations, **set aside time** in the day, say 15-30 minutes solely to ruminate.



Many of our patients use spirituality, especially prayer to dispel ruminations!

(ask about a favorite prayer source...Serenity Prayer, Ps. 23, Quran, etc.)



Sometimes Medications may be needed (biological component)!

Never, under any circumstances, take a sleeping pill and a laxative on the same night.



When skills aren't enough to quell suffering....there's Zoloft! *(there's no happy pills)*



Stamping out ruminations: Early interventions with teens!

- Kuyken, W., Watkins, E., Holden, E., & Cook, W. (2006). Rumination in adolescents at risk for depression. *Journal of Affective Disorders, 96*, 39-47.



More on Teens

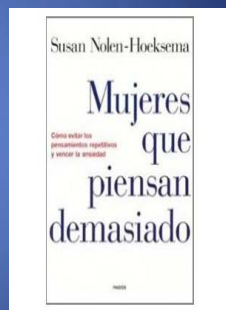
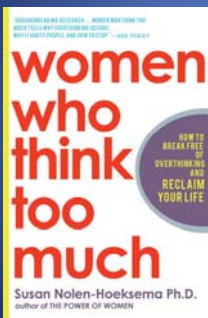
Rumination on Anger and Sadness in Adolescence: Fueling of Fury and Deepening of Despair

Maya Peled and Marlene M. Moretti

Department of Psychology, Simon Fraser University (Canada)

Journal of Clinical Child and Adolescent Psychology 2007, Vol. 36, No. 1, 66–75.

Women Who Think Too Much: How to Break Free of Overthinking and Reclaim Your Life



ANAC: 25 Years Later....

For all that has been: Thanks!
For all that shall be: Yes!

Dag Hammarskjöld

