

Abnormal psychology: rumination and depression assignment

[Psychology](#)



Abnormal Psychology Ruminating and Depression Ruminating is defined as the “ engagement in contemplation or reflection. It also can be equivocally understood by going over in the mind repeatedly and often casually or slowly. ” However, depression on the other hand is “ a state of unhappiness and hopelessness that can lead up too lack of energy, inability to sleep, and, sometimes, suicidal tendencies. ” After the dissection of these denotations, individuals can conclude that the theory of rumination is linked to depression.

Ultimately, this becomes a big factor within the majority of patients and their overall cognitive ability regarding ruminating thoughts. Due to the fact that questions arose pertaining to the methods tested, mentally ill patients were compared to healthy and stable patients that led to the discovery of outcomes within these methods. (Being; Webster) According to Sketches, “ depressed individuals show impairments in inhibiting irrelevant emotional material. Cognitive inhibition, however, is not a unitary construct but consists of several components which operate at different stages of information processing. The perceivable interpretation that is understood relates to he ability of the mind being able to block out irrelevant information when trying to focus on a task at hand. Nevertheless, lacking cognitive inhibition likely translates to the mind drifting from time to time, creating a more difficult problem to the actual task at hand. Depending on the consistency, the lack of cognitive inhibition can lead the mind into an excessive state of rumination. Through this process, the mind will get so frustrated to the extent that it doesn’t remember what to focus on.

After so much frustration, the mind will begin to doubt its productive capabilities leading it into severe cases of depression. (Sketches Relation)

Although the average individual has more mental inhibition to irrelevant information than someone in a depressive state, this doesn't necessarily mean everyone can mentally blockade what ever they wanted to with ease or even within the same time frame. When you look at patients with depressive backgrounds, the ability to mentally inhibit irrelevant information is lacking compared to those in a much more sane states of mind. Recent research has material and that these difficulties are linked to rumination. "

This can play a big factor within depressed patients in many ways. Through excessive rumination, a depressed person's mentally incapacitated state will lead the brain to ponder on the most extreme memories throughout their life. Although these memories can be positive, the fair assumption that can be made is that most of these memories will be traumatic.

Having traumatic thoughts in your head on repeat day in and out would make even the most positive person a bit of a head case. (Sketches interference)

Rumination within depressed patients can cause lack of self-esteem, thinking with negativity about the most rudimentary encounters and even stress. The lack of Self-esteem comes from different angles. Some might wonder how they're perceived by others or even if others like them. This can bother someone so much to the point that they'd rather not live than grasp the concept of why they're not tolerable.

Ruminating negatively all the time causes the body to breakdown over time and build up UN-wanted stress. When combined with a poor self image,

depressed individuals can't stand the look of themselves in a mirror. They also would rather tend to be alone than associate with people since their flaws can be more easily pointed out, asking them more intolerable to society than they already think they are. The methods of testing vary from study to study. However, mentally ill patients are tested in comparison to healthy stable people. In the first study, twenty-two individuals diagnosed with a current depressive episode and 27 never-disordered control participants were presented in a study designed to assess two components of inhibition and examine their relation to depression and rumination in a sample of clinically depressed and healthy control participants. Participants completed an Emotional Flanker Task to assess individual differences in interference control and a modification of the Working Memory Selection Task to assess individual differences in the ability to discard no longer relevant emotional material from working memory.

Participants completed self-report measures to assess depressive symptoms and rumination. These specific methods would allow for conductors to gain a sufficient amount of knowledge when relating components of inhibition to depression and rumination by determining the major or minor roles it can play, in conjunction with who would be affected more expos factor. (Sketches Relation) As a result, " clinically depressed compared to control participants showed significantly reduced interference control of irrelevant negative information.

The groups, however, did not differ in their ability to discard no longer relevant negative information from working memory. In contrast, rumination

was associated with difficulty removing no longer relevant negative material from working memory but not with deficits in interference control. Although the study contained a controlled group and compared it to those who are clinically depressed, the total number of participants didn't mentally preferential in their ability to discard no longer relevant negative information from working memory. Besides showing signs of depression, it's possible that the controlled group could've actually had some sort of over looked depression, causing for there to be a stalemate between the two. (Sketches Relation) The second study " examined the relation among tasks that assess different aspects of interference control, depressive symptoms, and rumination, cross-sectional and in a 6-months differences in resolving interference from simultaneously presented irrelevant stimuli.

In addition, participants also completed two negative affective priming tasks using word and face stimuli to assess difficulty controlling interference from internal representations of previously rejected material. Six months after the initial session, depressive symptoms and rumination were re-assessed. As a result, depressive symptoms at time 1 were related to individual differences in negative priming for verbal as well as pictorial material, but not to individual differences in interference resolution from simultaneously presented external stimuli in the flanker task.

Individual differences in negative priming at time 1 further predicted depressive symptoms and rumination at time 2. These results suggest that depressive symptoms are related to impaired interference control for verbal and pictorial information and provide first evidence that individual

differences in interference control predict the maintenance of depressive symptoms and rumination over a period of six months. ” (Sketches interference) Due to the controlled group adding up to more participants in the first study, the results could've varied much more if both groups happened to be matched evenly rather than not being equivalent.

Allowing for the number of participants to be equivalent in both the controlled and clinically depressed groups creates a better understanding of rumination and depression through more concrete results. However, in the second study, individual differences varied so much between time 1 and 2 that further predictions regarding depressive symptoms and rumination are questionable. One would question why individual differences in negative priming for verbal as well as pictorial material were so closely related to time 1, but not to individual differences in interference resolution from multitudinously presented external stimuli in the flanker task.

Due to the fact that the study was only re-assessed after six months, the results weren't as efficient as they could've been if the study were re-assessed more frequently for a longer duration. For future research, one would make this recommendation. Instead of re-assessing after six months, make it at least every month or two, so that the future yielded results are able to be reflected upon more accurately. Not only will results vary but there will be a deeper understanding as times goes along.

More participants can be incorporated as well which will lead to a better overall understanding of not only rumination but the role it plays within depression as well. Therefore, rumination and depression travel together

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hand in hand. Although depression can stand alone, it has been proven to have a subsidiary which aides in its manipulation and control. However, through more research and a slight tweak of procedure, psychology will be able to challenge this dynamic duo head on.

Trial and error will have never looked so good because patients will soon be given a chance to overcome that which makes hem self-intolerable and secretes low self-esteem. They will learn how to deal with their flaws and even transform them into innovative development. Sooner or later, the build up of so many stepping stones will give individuals faith to not only better themselves but change the world for the better to something we never thought was imaginable. *Depression and rumination: relation to components of inhibition. 1 .

What is the depressed individuals show impairments in inhibiting irrelevant emotional material, and that these impairments are linked to rumination. 2.

What are the study aims/objectives and specific hypotheses? The present study was designed to assess two components of inhibition and examine their relation to depression and rumination in a sample of clinically depressed and healthy control participants. 3. Describe the study sample Twenty-two individuals diagnosed with a current depressive episode and 27 never- disordered control participants. 4. What methods are employed?

Participants completed an Emotional Flanker Task to assess individual differences in interference control and a modification of the Working Memory Selection Task to assess individual differences in the ability to cards no longer relevant emotional material from working memory. Participants

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completed self-report measures to assess depressive symptoms and rumination. These specific methods would allow for conductors to gain a sufficient amount of knowledge when relating components of inhibition to depression and rumination by determining the major or minor roles it can play, in conjunction with who would be affected more expos factor. . What are the findings/results? Clinically depressed compared to control participants showed significantly reduced control. 6. Critically evaluate the results Although the study contained a controlled group and compared it to those who are clinically depressed, the total number of participants didn't mentally differentiate in their ability to discard no longer relevant negative information from working memory.