

A longitudinal study of rumination and distraction in formerly depressed inpatients and community controls.

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Abstract

The response styles theory (S. Nolen-Hoeksema, B. E. Wisco, & S. Lyubomirsky, 2008) supposes that ruminative coping is a cognitive risk factor for the course of depression, whereas distractive coping has protective effects. The authors present a longitudinal study on reciprocal relations between coping styles and depressive symptoms. They investigated 82 formerly depressed inpatients 4 weeks, 6 months, and 3.5 years after hospital discharge together with 76 age- and gender-matched community controls. Depressive symptoms predicted future symptom-focused rumination over the initial short-term interval in both samples. In former inpatients, this predictive effect was also significant over the subsequent long-term interval. Symptom-focused rumination and distraction were significant predictors of future depressive symptoms across both intervals, with sample-specific effects. In the community sample, symptom-focused rumination predicted more depressive symptoms, whereas in former inpatients, distractive coping predicted fewer depressive symptoms over time. The authors conclude that interventions aimed at reducing rumination should preferably be applied in preventive and early intervention settings, although in individuals with a history of more severe and long-standing depression rumination might gradually lose its capacity to predict the further illness course. In these persons, interventions should particularly strengthen distractive coping.

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