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## Research Project

### The causal effects of ruminative thinking on obsessive-compulsive symptom severity: An experimental study

#### Third-party funded project

**Project title** The causal effects of ruminative thinking on obsessive-compulsive symptom severity: An experimental study

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#### **Organisation / Research unit**

Departement Psychologie / Klinische Psychologie und Epidemiologie (Lieb)

#### **Department**

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Background: According to Nolen-Hoeksema (1991) a ruminative thinking style, in the following rumination, is characterized by repetitively and unproductively thinking about symptoms, their causes and consequences. The past years of research into rumination have demonstrated nearly consistently that it is involved in the maintenance and symptom severity of various mental disorders (Ehring & Watkins, 2008). Surprisingly, however, its role in obsessive-compulsive disorder (OCD) has been neglected and remains unclear so far. This is particularly unsatisfactory since co-morbidity between depression and OCD is high (23% current and 63% life-time co-morbidity; Adam, Meinschmidt, Gloster & Lieb, 2012; Schuurmans et al., 2012), and various studies have demonstrated that rumination is involved in the onset and worsening of depression and also comorbid depression (e.g. Drost, Van der Does, VanHemert, Penninx, & Spinhoven, 2014; Just & Alloy, 1997; Olantunji, Naragon-Gainey, & Wolitzky-Taylor, 2013). This study aims to evaluate data on the imminent and intermediate effects of rumination on obsessive-compulsive symptom severity and depressive mood. Do OC symptoms and depressive mood exacerbate after rumination? Methods: The effects of rumination on OC symptom severity and depressive mood will be examined in an experimental study, followed by three additional ambulatory assessments of OC symptoms and depressed mood. Following an activation of obsessional thoughts, individuals diagnosed with OCD (N=90) will be asked to monitor the frequency of their obsessive thoughts, associated distress, urge to neutralize and depressed mood before and after an experimental manipulation. During the experimental phase, they will be instructed to either think about their individual symptoms in a repetitive, unproductive way ('rumination'), or to think about neutral images and scenes ('distraction') for 8 minutes. Experimental conditions will be randomly allocated, stratified by gender. Frequency of thoughts will be measured with a counter app, accompanying distress, urge to neutralize and depressed mood on appraisal ratings (1-10). Symptoms will also be measured in the first twelve hours after the session using ambulatory assessments with smartphones. Expected outcomes: We hypothesize that rumination has an immediate negative effect on OC symptom severity. This means we expect increases in frequency of obsessive thoughts, associated distress, urge to neutralise and also in depressed mood in comparison to distraction. We also expect the effects to persist beyond the experimental session. The study has the potential for highly relevant theoretical and ultimately also clinical implications. OCD and OC symptoms are common in the general population but psychopathological mechanisms are still not sufficiently understood. If results were confirmed, rumination might have to be included in the cognitive-behavioural

model of OCD (e.g. Salkovskis, 1999) as an additional dysfunctional strategy that maintains the disorder in the long term. Ultimately, therapeutic interventions specifically targeting rumination in OCD would have to be developed and applied as useful supplements to established cognitive-behavioural techniques. Background: According to Nolen-Hoeksema (1991) a ruminative thinking style, in the following rumination, is characterized by repetitively and unproductively thinking about symptoms, their causes and consequences. The past years of research into rumination have demonstrated nearly consistently that it is involved in the maintenance and symptom severity of various mental disorders (Ehring & Watkins, 2008). Surprisingly, however, its role in obsessive-compulsive disorder (OCD) has been neglected and remains unclear so far. This study aims to evaluate data on the imminent and intermediate effects of rumination on obsessive-compulsive symptom severity and depressive mood. Do OC symptoms and depressive mood exacerbate after rumination? Methods: The effects of rumination on OC symptom severity and depressive mood will be examined in an experimental study, followed by three additional ambulatory assessments of OC symptoms and depressed mood. Experimental conditions will be randomly allocated, stratified by gender. Frequency of thoughts will be measured with a counter app, accompanying distress, urge to neutralize and depressed mood on appraisal ratings (1-10). Symptoms will also be measured in the first twelve hours after the session using ambulatory assessments with smartphones. Expected outcomes: We hypothesize that rumination has an immediate negative effect on OC symptom severity. This means we expect increases in frequency of obsessive thoughts, associated distress, urge to neutralise and also in depressed mood in comparison to distraction. We also expect the effects to persist beyond the experimental session. The study has the potential for highly relevant theoretical and ultimately also clinical implications.

**Keywords** OCD, Rumination, Experimental study

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