



“I Just Can’t Stop Thinking about It”: Depression, Rumination, and Forgiveness

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She is forty-something years old. She has achieved a certain amount of professional success in her career, earning the respect of many peers and colleagues. She does not have the body she had at twenty-something, but she takes reasonably good care of herself: walks three miles a day, watches her saturated fats. Most people, if asked, would say that they find her attractive—though attractiveness is probably not the first thing they think about in reference to her. The image she projects is more one of competence than of physical appeal.

The story she tells me over the telephone seems almost a cliché—but no less painful for its predictability. Her husband of fifteen years has just left her for a younger woman—one who makes him feel (so he says) more vibrant, more exciting, more alive; one who still has—it is hard not to think it—the body of a twenty-something-year-old.

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“I just feel so ashamed,” she says, sobbing into the receiver. “And I feel so stupid. I really had no idea. I thought he liked my professional status; I thought he respected my job and my accomplishments. But now I feel as if he thinks I’m *old* and *boring*.” She chokes back an even larger sob: “And *fat*...I can’t stand to look at myself in the mirror anymore; I can scarcely stand to show my face in public. I feel as if everyone must be talking about me; and about him; and about *her*. I hate it that I feel this way, that I’ve been reduced to this. He used to love me—I know he did. Now I can’t figure out what I’ve done wrong, except to get older, and I can’t help that. I don’t know that I can ever forgive him; or her; or *myself*.”

Sympathetic responses leap to mind. “No, you’re *not* fat. Yes, he *did* love you. No, you *haven’t* done anything wrong. Yes, some people probably *are* talking; people find all manner of things to talk about to distract themselves from the problems of their own lives. No, right now you probably *can’t* forgive him—or her; it’s too soon, the pain is too raw. But what you can or cannot do right now is not a particularly good gauge of what you may become able to do in time, with a little work and a lot of grace.”

But time passes—six months, a year, more. The grace still has not descended; the work still has not paid off (or perhaps the effort has simply seemed too onerous to sustain). My friend calls me back, sobbing again—or sobbing still. “I just can’t stop thinking about it,” she says. The meaning of “it” needs no further explanation. “I hate him so much. And I hate her. I *hate* her! Every time I think of the two of them together, I go crazy. And then I hate myself for hating them. I know this is eating me alive, but I just can’t seem to let it go. My minister says to pray about it, to forgive even if I can’t forget. But I *can’t* pray; I can’t even focus on anything but my

hurt and my anger. I'm all knotted up inside my head, and I don't know what to do."

I. RUMINATION

My friend has called me largely because I am her friend—but also, perhaps, because I am a theologian and pastor and counselor of sorts. I know her well enough to know that her anguish over being unable to forgive is not just rhetoric. She is a sincere and generous person; she has worked for years at “training her spiritual muscles” (studying, praying, attending to the needs of others, trying in small daily ways to look at the world through the eyes of Christ). But at this moment in her life, she feels as if those muscles have deserted her. She might as well be trying to trek the Himalayas a week out of back surgery. What should I tell her to do? Or what, for that matter, should any of us as pastors say to a person who “just can't stop thinking about” some offense and thereby finds it impossible to forgive?

A word comes to my mind for the obsessive thinking that my friend is doing: the word *rumination*. Originally, the word referred to the way cows and certain other animals eat, storing partially digested food in a stomach called a *rumen*, bringing that food up later to chew over more thoroughly. Even in the original Latin, however, it took on a vivid figurative meaning, describing the practice of

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bringing an idea back to mind for further working-over. Many of us mull over important matters in this way, digesting them a little at a time like cud-chewing cattle.

But in certain forms of depression, rumination becomes less a deliberate practice of extracting the juices from a savory issue, and more an involuntary and toxic spasm of thinking. The “jingle channel” (as psychologist Martin Seligman calls it)—that steady hum of phrases and images running constantly below the level of consciousness—gets taken over by an incessant drone of self-deprecation, tuned to an excruciating pitch.¹ To say to a depressed ruminator, “Just stop thinking about it”—whatever the “it” may be—is about as helpful as telling a person who is hyperventilating, “Just stop gasping for breath.” The advice may be patently correct, but the more important question remains, “How?”

A number of psychologists have studied the phenomenon of “dysphoric rumination” which characterizes forms of both clinical and subclinical depression. Some of their observations merit consideration by the pastor confronted by a person for whom forgiveness is choked off at the root because she simply “can't stop thinking about” an offense. To be clear: the psychologists' analyses and recommendations—of cognitive behavioral therapy and occasionally of medical intervention—do not take the place of sustained spiritual work. Nor do they supplant that grace which restores relationships where reconciliation had formerly seemed impossible. But the various therapies do enable those in intolerable pain to untangle their mind- and soul-knotting hurt long enough to take on the further challenges of forgiveness. And who knows? Perhaps they even serve as “secular sacraments” through which grace can flow anew into our lives.

II. RUMINATION AND DEPRESSION

Susan Nolen-Hoeksema at Stanford University is foremost among the psychologists to analyze rumination as both a characteristic of and a response to depression. She defines rumination as “chronic, passive focus on one's negative emotions” which manifests itself in such

behaviors as “isolating oneself” and thinking about one’s wounds rather than engaging in constructive coping activity or “worrying about the consequences of one’s distress (e.g., ‘What if I don’t get over this?’).”² Women are statistically more likely than men to ruminate following a significant loss or other stressful situation, which may partially account for their higher incidence of depression.³ Certainly, the repetitive negative spiral of ruminative thinking acts to prolong depression in identifiable ways.

¹Martin E. P. Seligman, *What You Can Change...And What You Can’t* (New York: Fawcett Columbine, 1993) 84.

²Susan Nolen-Hoeksema, Louise Parker, and Judith Larson, “Ruminative Coping with Depressed Mood Following Loss,” *Journal of Personality and Social Psychology* 67/1 (1994) 92.

³Susan Nolen-Hoeksema and Jannay Morrow, “Effects of Rumination and Distraction on Naturally Occurring Depressed Mood,” *Cognition and Emotion* 7/6 (1993) 563. This greater incidence of depressive rumination in women than in men is one reason I have elected to use the feminine pronoun throughout this article in referring to the person who has been injured and finds herself unable to forgive. Neither this pronoun usage nor this statistic, however, should suggest that *forgiveness itself* is a greater problem for women than for men. I suspect, rather, that the phenomenology of the problem differs: where women are unable to “stop thinking about” an injury, men may refuse to think about it at all, preferring to distract themselves (occasionally with destructive measures, such as alcohol or aggression). Neither strategy constructively tackles the tasks necessary for forgiving: tasks of creatively reconstructing one’s vision of the injuring person or provocation in such a way as to enable a reconciliation.

For example, Nolen-Hoeksema notes that rumination reinforces “greater access to unhappy memories, enhanced sensitivity to negative information about one’s current situation, [and] the probability of making negative interpretations.”⁴ A “semantic network” which links thoughts with the same emotional tone strengthens the likelihood that calling one of them to mind will dredge up others of a similar resonance. Thus, once a person begins thinking about the ways she has been wronged, her memory becomes negatively selective, gathering injuries to itself like paper clips to a magnet. All she can recall are wounds and slights; all she can let herself anticipate are more of the same.

In the midst of this dismal assessment of past and future, concentration inevitably suffers. The ruminator becomes unable to solve problems constructively, or even to complete simple tasks. As a result, a further spiral of helpless and self-defeating attitudes ensues. She finds herself ultimately unable to think about anything but herself and her problems; as my friend so eloquently put it, she feels “knotted up” inside her own head. Such “self-focus,” the psychologists tell us, has woeful consequences. In a pertinent sidelight, Nolen-Hoeksema refers to a study in which depressed psychiatric patients, made self-aware by the presence of a mirror in the room with them, reported far more negative mood than patients who were not so prompted to self-consciousness—a datum which seems to confirm the deep wisdom of the Jewish practice of covering mirrors during a time of mourning.⁵

The experiential connection between “dysphoric rumination” and forgiveness thus seems plain. Theologians reaffirm what psychologists have attested. In *Forgive and Forget*, Lewis Smedes describes the tenacity of unforgettable hurt: “We let it assault us every time it comes to mind. It travels with us, sleeps with us, hovers over us while we make love, and broods over us while we die.”⁶ In *Embodying Forgiveness*, Gregory Jones (not otherwise disposed to agree much

with Smedes) acknowledges that some people are “condemned to struggle with memories that have a life of their own, making each day’s most serious task that of beating back the past.”⁷ Even C. S. Lewis in his *Letters to Malcolm* observes that forgiving “for the moment,” in a burst of good intentions, may not be so difficult: “but to go on forgiving, to forgive the same offence again every time it recurs to the memory—there’s the real tussle.”⁸

⁴Susan Nolen-Hoeksema, *Sex Differences in Depression* (Stanford: Stanford University, 1990) 164.

⁵See *ibid.*, 162-164. The “mirror” study on self-focus and depressed mood is by Gibbons et al., 1985.

⁶Lewis Smedes, *Forgive and Forget: Healing the Hurts We Don’t Deserve* (New York: Pocket Books, 1984) 41.

⁷Gregory Jones, *Embodying Forgiveness: A Theological Analysis* (Grand Rapids: Eerdmans, 1995) 282.

⁸C. S. Lewis, *Letters to Malcolm* (New York: Harcourt, Brace and World, 1964) 30.

III. BREAKING THE CYCLE

If the “real tussle” lies with recurrent memories, then the pastor’s challenge is to help find ways to interrupt the cycle of recurrence—silencing and ultimately supplanting those images which the unforgiving person initially “just can’t stop thinking about.” Here again, the psychologists offer recommendations to supplement their analyses. Since social isolation or “low quality social support” intensifies a person’s proneness to dwell on grievances, help in countering such propensities comes when other people are willing to “allow one to confide emotional distress,” to “provide practical support,” to “encourage...active coping strategies,” and to “challenge...negative ruminative thoughts.”⁹ Clearly, the church as a supportive community has the potential to offer much in these areas.

Beyond social supports, individual therapies are also critical in breaking the ruminative cycle of recurrent memories. Cognitive behavioral therapists are specifically trained in helping people learn ways to combat patterns of dwelling on hurts and angers to the exclusion of all other attitudes. Seemingly simple suggestions can prove genuinely effective: suggestions like splashing cold water in one’s face or snapping a rubber band on one’s wrist whenever the obsessive loop that one “just can’t stop thinking about” intrudes.¹⁰ Before too quickly disparaging the place of such techniques in pastoral ministry, we might recall the story of Naaman’s chagrin when instructed by Elisha simply to wash seven times in the Jordan to be healed of his leprosy. As his servants wisely remonstrated: “If the prophet had commanded you to do some great thing, would you not have done it?” (2 Kings 5: 8-14).

In some cases, “dysphoric rumination” may need more than interpersonal and cognitive therapies; it may even require medical treatment, although attitudes toward such treatment remain reluctant—perhaps especially within the religious community. The term “pharmacological Calvinism,” coined by Gerald Klerman and popularized in Peter Kramer’s best-selling *Listening to Prozac*, aptly names a widespread suspicion of the use of medication to treat “mental” or “emotional” disorders.¹¹ Pharmacological Calvinists see drug use as a facile way out of the hard work of spiritual discipline, a cheap substitution of pill-popping for prayer-without-ceasing. Yet such criticisms verge on becoming a modern-day gnosticism, denying the involvement of the body (including brain chemistry) in the health of the soul. On the eve of the twenty-first century, they—and we—would do well to remember Robert Burton’s seventeenth-century counsel on the use of “physick” in treating spiritual afflictions: “’Tis God’s instrument, and not unfit.”¹²

Indeed, recent research on depression suggests that early medical interven-

⁹Nolen-Hoeksema et al., “Ruminative Coping,” 94.

¹⁰Martin E. P. Seligman, *Learned Optimism* (New York: Pocket Books, 1990) 276. Aaron Beck is the acknowledged founder of cognitive therapy. See, for example, his *Diagnosis and Management of Depression* (Philadelphia: University of Pennsylvania, 1973).

¹¹Peter Kramer, *Listening to Prozac* (New York: Viking, 1993) 274-275 and 365n.

¹²Robert Burton, *The Anatomy of Melancholy* (New York: W. J. Widdleton, 1867) 497-498.

tion may be crucial for staving off an ever-worsening spiral of suffering. By means of a phenomenon known as “kindling,” nerve pathways in the brain change anatomically in response to stress, “hard wiring” reactions which become increasingly easy to trigger and increasingly difficult to reverse. Thus, seemingly minor depressive episodes can lead *physiologically* to the establishment of more and more serious mood disorders. Kramer cautions:

What is [too little] appreciated, especially in the case of mental health, are the unanticipatable consequences of failure to treat. Living with rejection-sensitivity and inevitably sustaining a series of perceived losses may lead to continued and worsening injury, further enhanced sensitivity and even severe depression.¹³

The health risks of such failure to treat are severe—physically, emotionally, socially, and even spiritually.

To be sure, I must also caution in turn: Prozac—or Zoloft or Serzone or Effexor or any of the other highly touted new medical treatments for depression—is not *shalom* in a bottle. I am not suggesting, nor is Kramer (nor Michael Norden, author of *Beyond Prozac*, most recent in the “Serotonin and Son series”) that any kind of pill—or diet or light therapy or exercise routine—is an easy road to “salvation.” What I *am* suggesting is that false and unnecessary stumbling blocks on that road should be cleared away, wherever and however possible, to enable full-bodied and whole-souled encounter with the real stumbling block, the genuine *skandalon* of forgiveness. The person who “just can’t stop thinking about” an injury may well be describing her mental condition accurately: emotional and physiological stresses may have caused certain thought patterns and neural pathways to become biochemically “tangled.” If a medication can “untangle” them, the discipline of spiritual retraining is freer to proceed; if the lead weights can be taken off, the person is more fit to run the race to its finish.

IV. CHRISTIAN FORGIVENESS

Then, when the weight of depression begins to lift, the spiritual work of silencing and supplanting resentful ruminations can proceed in earnest. Then—and perhaps *only* then—can the pastor or counselor or friend effectively help the “unforgiving” person to shift her perspective in the radical ways which constitute the practice of forgiveness. Once the pain-knots begin to loosen, the injured person can begin to see that the one who has injured her is also a child of God—gifted in some ways and guilty in others; redeemed by the suffering of Christ even as he or she is still struggling under the burden of sinning.

Moreover, once the injured person begins to grow physically and emotionally stronger,

she can begin truly—rather than self-destructively—to ponder *her own* weaknesses: the fact that she, too, has been guilty of injuring others; that she, too, stands in need of grace. As Marilyn McCord Adams has written, Christian forgiveness “involves a *process* of letting go of one’s own point of view (regarding

¹³Kramer, *Listening to Prozac*, 125.

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the situation, one’s self...and the offender) and entering into God’s point of view.”¹⁴ From a godly point of view, to see oneself uniquely as victim and the other uniquely as victimizer *is* distorting; to focus on one’s private injuries to the exclusion of public problems—or accomplishments—is destructive as well. Genuine forgiveness entails a slow process of coming to recognize and remedy these limits in one’s own vision, a process of learning to look at the world—including the injurer—through the compassionate eyes of Christ.

But ultimately, genuine forgiveness remains more gift than achievement. Gregory Jones, author of *Embodying Forgiveness*, would agree. Forgiveness, he writes, is less a deliberate accomplishment and more “a *retrospective* judgment made from the standpoint of the new life...[which] comes to us as a gift.”¹⁵ In other words, one day we “tune in to the jingle channel” and discover—to our amazement—that we are no longer blasted by a steady current of hurt and hatred. We simply *have* stopped thinking so obsessively about the injury which once consumed us. In the sweet silence that follows, we are able to reconstrue—and perhaps even to restore—relationships. Compound creatures, molded of dust and spirit, we receive grace in compound ways: from physicians of our bodies and physicians of our souls, from medications and from ultimate mystery. The old unsnarls from our hearts and minds. Behold, the new weaves its way into our being, through the manifold healing arts and agencies of an ever-incarnating God.

¹⁴Marilyn McCord Adams, “Forgiveness: A Christian Model,” *Faith and Philosophy* 8 (1991) 293.

¹⁵Jones, *Embodying Forgiveness*, 235. Jones would, however, disagree with much of the rest of my argument in this paper, finding it excessively “therapeutic”—overly concerned with psychological “technique.”

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