



Research paper

## The metacognitions about self-critical rumination questionnaire

Daniel C. Kolubinski<sup>a</sup>, Ana V. Nikčević<sup>b</sup>, Jacqueline A. Lawrence<sup>a</sup>, Marcantonio M. Spada<sup>a,\*</sup><sup>a</sup> Division of Psychology, School of Applied Sciences, London South Bank University, London, UK<sup>b</sup> Department of Psychology, Kingston University, Kingston upon Thames, UK

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### ABSTRACT

**Background:** Self-criticism refers to a series of persistent and negative self-judgements, often involuntary, that an individual makes about themselves. Recent research has explored the possibility that self-criticism can lead to a more perseverative style of thinking called self-critical rumination. There is evidence that self-critical rumination may be a separate construct from other forms of rumination, such as depressive rumination and post-event processing. Research has indicated that metacognitions, beliefs that individuals have about their internal experiences and how to control them, may play a role in self-critical rumination. The aim of our work was to develop a measure to assess metacognitions related to self-critical rumination.

**Method:** In Study 1, a community sample of 178 participants completed the newly developed Metacognitions about Self-Critical Rumination Questionnaire (MSCRQ) and results were subjected to a Principal Components Analysis. In Study 2, a community sample of 247 participants completed a battery of questionnaires including the MSCRQ. A Confirmatory Factors Analysis was performed on the MSCRQ and validity was ascertained by correlating with other measures.

**Results:** In Study 1, a 15-item two-factor structure was identified. A 10-item two-factor structure was confirmed in Study 2. Results also indicated that the MSCRQ has acceptable levels of reliability, and good concurrent and incremental validity.

**Conclusions:** The MSCRQ appears to be a reliable and valid measure of metacognitions about self-critical rumination whilst the MCQ-30 is a better predictor of general emotional distress.

## 1. Introduction

### 1.1. Rumination and psychopathology

Rumination is the process of perseveratively thinking about one's emotions or problems without actively problem-solving or changing the circumstances for the better (Nolen-Hoeksema et al., 2008; Treynor et al., 2003). The response styles theory proposed by Nolen-Hoeksema (1991) highlights the role that rumination plays in generating symptoms of depression, including low mood and social withdrawal, where several mechanisms are involved in activating, exacerbating and maintaining levels of distress. First, the act of ruminating enhances the effect of mood on cognitive processes, leading one to draw on negative thoughts and memories when contextualizing the present moment. In an attempt to improve mood, attention is then focused on trying to understand the emotional state and its potential causes, which then interrupts one's ability to effectively problem-solve; increasing social isolation and leading to further distress (Nolen-Hoeksema, 2004; Nolen-Hoeksema et al., 2008).

Research has also explored the role that the process of rumination has on other content-based thoughts aside from depression, such as anger (Baer and Sauer, 2011; Bushman et al., 2005; Sukhodolsky et al., 2001), post-event processing (Abbott and Rapee, 2004; Brozovich and Heimberg, 2011, 2013) and worry (Rector et al., 2008). In each case, the content of the thought, when engaged in the process of rumination, can intensify the related emotion, such as anger and anxiety, and also have a negative impact on behavior.

### 1.2. Self-criticism and self-critical rumination

Recent research has started to explore the role that the process of rumination plays in maintaining levels of self-criticism (Kolubinski et al., 2015; Smart et al., 2015). Self-criticism is an intense and persistent form of internal dialogue that expresses hostility toward the self when one is unable to attain one's own high standards (Shahar, 2015). High levels of self-criticism have been associated with several mental health disorders, including depression (Blatt, 1995; Blatt et al., 1976), social anxiety (Cox et al., 2000, 2004a, 2004b), PTSD (Cox et al.,

\* Corresponding author.

E-mail address: [spadam@lsbu.ac.uk](mailto:spadam@lsbu.ac.uk) (M.M. Spada).

2004a, 2004b; Littleton and Henderson, 2009), psychosomatics (Rudich et al., 2008) and eating disorders (Dunkley and Grilo, 2007). However, high self-criticism is not necessarily specific to mental health disorders and can also decrease self-efficacy and impair long-term adjustment (Stoeber et al., 2008; Zuroff et al., 1994).

Previous studies have found that individuals displaying high levels of self-criticism are less likely to engage in problem-solving and are more likely to feel helpless or hopeless in stressful situations (Dunkley and Blankstein, 2000; Flett et al., 1996); characteristics also found in those who also engage in the process of rumination (Nolen-Hoeksema et al., 2008; Treynor et al., 2003). This has been highlighted in the findings that rumination appears to mediate the relationship between self-criticism and both depression and suicide ideation (O'Connor and Noyce, 2008; Spasojević and Alloy, 2001).

Smart et al. (2015) postulated that self-critical rumination may be a construct that is distinct from other forms of rumination, which is similar to what Verplanken et al. (2007) had earlier described as a mental habit of negative self-thinking. Depressive rumination, for example, contains elements of self-criticism; however, it primarily involves the process of perseveratively thinking about the causes and implications of one's symptoms of depression in an attempt to understand and change that emotional state (Nolen-Hoeksema and Morrow, 1991; Nolen-Hoeksema et al., 2008; Treynor et al., 2003). Self-critical rumination, on the other hand, is the process of focusing attention specifically on self-critical thoughts, aspects of the self of which one is ashamed and one's overall self-worth, rather than on emotions. These thoughts can be considered transdiagnostic and are entirely self-focused.

Additionally, Trapnell and Campbell (1999) distinguish between the tendency to ruminate on past mistakes or disappointing moments from the ability to engage in reflection, where the latter refers to a process of introspection and self-analysis without negative judgement. The Rumination and Reflection Questionnaire (RRQ) was created in order to measure this distinction. Smart et al. (2015), however, demonstrated that their Self-Critical Rumination Scale (SCRS) predicted levels of distress over and above the RRQ-rumination scale. They also stated that although the two measures were highly correlated ( $r = .81, p < .001$ ), the RRQ focuses on rumination that is self-focused, but is not entirely self-critical.

### 1.3. Metacognition in self-critical rumination

A theoretical framework that could be used to explain the process of self-critical rumination is the Self-Regulatory Executive Function (S-REF) model described by Wells and Matthews (1994, 1996). In this model, emphasis is placed not on the content of one's intrusive thoughts and experiences, but rather on the mechanisms that generate, monitor and maintain them (Wells, 2009). Psychological distress is linked to the activation of a particularly toxic style of thinking, consisting of worry and rumination, an over-developed sense of threat and unhelpful coping mechanisms, such as thought suppression and avoidance. This style of thinking, referred to as the Cognitive Attentional Syndrome (CAS), is based on metacognitions, which are the beliefs that we hold about our cognitive experience and how to control it.

To date, metacognitions have helped to understand the processes involved in problem drinking (Caselli and Spada, 2013; Spada and Wells, 2006), problem gambling (Spada et al., 2014), nicotine use (Nikčević and Spada, 2010), procrastination (Fernie and Spada, 2008), anger (Simpson and Papageorgiou, 2003) and depressive rumination (Papageorgiou and Wells, 2001a, 2001b). The S-REF model is also central to Metacognitive Therapy (MCT), which has been successfully applied to the treatment of psychological disorders (Normann et al., 2014; Wells, 2009).

More recently, Kolubinski et al. (2015) interviewed individuals with low self-esteem, who did not qualify for a diagnosis of a mental health disorder, about their perceptions of, and experience with, their self-critical thoughts. In doing so, they identified several justifications for

why individuals might engage in self-critical rumination. According to the S-REF model, these justifications are defined as positive metacognitions, which include: 'Because it will keep one from becoming lazy or complacent,' or 'Because it will keep one from making mistakes in the future'.

Equally, however, the participants in this study also acknowledged that dwelling on self-critical thoughts for too long could potentially be emotionally damaging and that they were unable to shift the focus of their attention away from their self-critical thoughts. This perspective represents an individual's negative metacognitions and demonstrates that whilst self-criticism may be a common experience for most people (Gilbert et al., 2004; Noordenbos et al., 2014), there may be an inherent contradiction between the justification of engaging in self-critical rumination on the one hand and an inability to control or detach from self-critical thoughts on the other. This contradiction, coupled with the perceived inability to control this process, acts to maintain the focus of attention on the unpleasant intrusive thoughts, leading to an increase in rumination and inability to shift attention away or engage in a more productive activity, such as problem-solving (Wells, 2009).

The content of these metacognitions were similar in nature to some of those found in the Positive Beliefs about Rumination Scale (PBRS) by Papageorgiou and Wells (2001a) regarding depressive rumination. For example, in both instances, individuals indicated that ruminating on the past could help one to improve performance in the future, demonstrating similar justifications for ruminating. The difference, however, is the content of the rumination that follows. In the case of depressive rumination, the individual focuses attention on the symptoms of depression (Nolen-Hoeksema, 1991; Nolen-Hoeksema and Morrow, 1991), whereas self-critical rumination involves focusing on one's lack of self-worth and self-critical thoughts, independent of a specific psychological disorder or emotional state (Smart et al., 2015).

### 1.4. Aims of our study

The aim of our two studies was to develop and validate a measurement of metacognitions involved in the process of self-critical rumination. Based on the Metacognitions Questionnaire (Cartwright-Hatton and Wells, 1997; Wells and Cartwright-Hatton, 2004) and the responses from the interviews garnered in Kolubinski et al.'s (2015) study we hypothesized that both positive and negative metacognitions would be correlated with established measures of self-esteem, self-criticism, self-critical rumination, negative affect and general metacognitions, and that they would predict self-critical rumination and levels of general distress independently of these established measures.

#### Study 1: Construction of the metacognitions about self-critical rumination questionnaire

## 2. Method

### 2.1. Participants

A convenience sample of 178 participants (138 female; mean age = 39.51 years [SD = 11.83; range 18–75 years]) was recruited for this study and completed the preliminary version of the Metacognitions about Self-Critical Rumination Questionnaire (MSCRQ). Participants were required: (1) to be at least 18 years of age; and (2) to consent to participate. Eligibility criteria were minimal to attract a sample that represented a broad range of individuals. However, despite this, the ethnic background of this sample was heavily skewed with 87.1% stating their ethnicity as Caucasian, followed by 5.1% Asian, 2.8% Mixed Race, 1.7% each of Black, Other Background and Not Stated.

### 2.2. Materials

Fifteen items pertaining to metacognitions about self-critical rumination were derived from a review of transcriptions of an earlier

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