Metacognitive beliefs mediate the relationship between mind wandering and negative affect

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A B S T R A C T

Two studies (Ns = 254 and 130, aged 18–28) aimed to investigate associations between mind wandering and metacognitive beliefs, and whether these beliefs are involved in the relationship between mind wandering and negative affect. Participants completed questionnaire measures of metacognitive beliefs, mind wandering, daydreaming, negative affect, mindfulness, and sleep quality. Study 2 also included the Sustained Attention to Response Task, with thought-probe assessment of task-unrelated thought (mind wandering/daydreaming). The frequency of mind wandering/daydreaming/task-unrelated thought was found to positively correlate with the metacognitive dimensions of less cognitive confidence, more endorsement of belief in the uncontrollability/danger of thoughts, and more endorsement of belief in the need to control thoughts. Multiple-mediator analysis was undertaken with three main models where either mind wandering, daydreaming frequency, or task-unrelated thought was the predictor for negative affect. Metacognitive beliefs, mindfulness and sleep quality were simultaneously entered as potential mediators. Results showed that metacognitive belief in the uncontrollability/danger of thoughts was a consistently significant mediator, while mindfulness and sleep quality were less consistent. Overall, the current research indicates that metacognitive beliefs are an important consideration in the study of mind wandering/daydreaming, and a possibly key factor in understanding the association with negative affect.

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1. Introduction

Mind wandering, or daydreaming, involves attention becoming focused on mentation unrelated to the external environment or to any ongoing task (Schooler et al., 2011; Singer, 1966). There are wide individual differences, but mind wandering/daydreaming seems to occur frequently: thought-sampling of participants engaged in daily activities has found mind wandering occurring in around 20–50% of samples (e.g., Killingsworth & Gilbert, 2010; McVay, Kane, & Kwapil, 2009; Song & Wang, 2012). Mind wandering/daydreaming can occur with meta-consciousness/self-awareness (involving explicit awareness of the ongoing conscious experience), but may also occur without meta-consciousness (Schooler et al., 2011; Smallwood & Schooler, 2006).

Meta-consciousness is a core aspect of mindfulness. Although there remains some disagreement about how to define mindfulness (Grossman & Van Dam, 2011), a central aspect is “... being attentive to and aware of what is taking place in the present” (Brown & Ryan, 2003, p.822). Mindfulness negatively correlates with the frequency of mind wandering/daydreaming (rs ranging —0.24 to −0.46: Carciofo, Du, Song, & Zhang, 2014a; Mrazek, Smallwood, & Schooler, 2012; Stawarczyk, Majerus, Van der Linden, & D’Argembeau 2012), and they have been seen as opposing concepts, at least in relation to attentional control (Mrazek et al., 2012).

Mindfulness is associated with better sleep quality (Howell, Digdon, Buro, & Shepptycki, 2008). In contrast, the frequency of mind wandering/daydreaming is related to difficulty in sleep initiation (Ottaviani & Couyoumdjian, 2013), and other aspects of poor sleep quality, including more reported sleep disturbances, lower ratings of subjective sleep quality, and more daytime dysfunction (Carciofo, Du, Song, & Zhang, 2014b). Also, while mindfulness is associated with positive affect and well-being (Brown & Ryan, 2003; Giluk, 2009), mind wandering and daydreaming frequency are associated with negative affect and depression (e.g., Giambra & Traynor, 1978; Killingsworth & Gilbert, 2010; Smallwood, Fitzgerald, Miles, & Phillips, 2009). For example, in an experience sampling study with >2000 participants, the experience of mind wandering was a significant predictor of later negative mood (Killingsworth & Gilbert, 2010).

The attention of many recent studies has focused on this relationship between mind wandering/daydreaming and negative affect (e.g., Marchetti, Koster, & De Raedt, 2012; Mason, Brown, Mar, &
Mind wandering and daydreaming were assessed with the following scales from the Imaginal Processes Inventory (Singer & Antrobus, 1972; Chinese versions: Carciofo et al., 2014a, 2014b): the Daydreaming Frequency scale (DF; e.g., “I lose myself in active daydreaming”), the Mind Wandering scale (MW; e.g., “I am the kind of person whose thoughts often wander”), and the Problem-Solving Daydreams scale (e.g., “My daydreams offer me useful clues to tricky situations I face”). Each scale has 12 items (6 reverse-scored on the MW scale; 3 reverse-scored for Problem-Solving Daydreams), each scored on 5-point Likert scales, giving scores ranging 1–60, with higher scores indicating more daydreaming frequency/mind wandering/problem-solving daydreams. While the DF and MW scales are associated with negative affect and depression, the Problem-Solving Daydreams scale has not shown such correlations (Carciofo et al., 2014b; Giambra & Traynor, 1978), so it was investigated whether this form of daydreaming is also differentially associated with metacognitive beliefs.

Mindfulness was assessed with the 12-item Mindful Attention Awareness Scale (MLO; e.g., “I find myself doing things without paying attention”). This is a shortened version of the 15-item Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), which omits one item related to driving (and so less relevant to students) and two items not related to lapses (Carriere, Cheyne, & Smilek, 2008; Chinese version: Carciofo et al., 2014a). Each item is scored on a 6-point Likert scale: total scores range 12–72, with higher scores indicating more frequent mindful states. The 12-item MLO scale correlates strongly with the 15-item MAAS (r = 0.961; Mrzek et al., 2012).

Sleep quality was assessed with the Pittsburgh Sleep Quality Index (PSQI; Buysse, Reynolds, Monk, Berman, & Kupfer, 1989; Chinese version: Liu, Tang, Hu, et al., 1996), with components of: Subjective Sleep Quality, Sleep Latency, Sleep Duration, Sleep Efficiency, Sleep Disturbances, Use of Medication, and Daytime Dysfunction. Scale items are used to calculate a score (ranging 0–3) for each component, with higher scores indicating poorer quality sleep. Summing the seven components gives a global score (ranging 0–21). Participants completed the PSQI for their sleep over the preceding month.

Affect was assessed with the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988; Chinese version: Huang, Yang, & Ji, 2003): 10 items assess positive affect, with higher scores indicating more energy and ‘pleasurable engagement’, and 10 items assess negative affect, with higher scores indicating more general distress and ‘unpleasurable engagement’. Negative affect has shown moderate/strong positive correlations with measures of general psychological distress, depression and anxiety (Crawford & Henry, 2004; Watson et al., 1988). Each PANAS item is scored on a 5-point Likert scale, giving a range of 10–50 for each subscale. In Study 1, participants were instructed to complete the PANAS according to how they had felt over the preceding 3–4 weeks. In Study 2, participants were instructed to complete the PANAS according to how they felt “now”/at this moment.
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