

## Metacognitive Beliefs About Rumination in Anger

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*Rumination has been found to heighten angry mood and has been implicated in the maintenance of anger-control problems. Despite this, little is known about the nature of rumination in anger. In this study, 10 patients with anger-control problems were assessed using a semistructured interview to investigate whether they actively ruminated during and after an anger-instigating episode and whether they held positive or negative metacognitive beliefs about ruminating. All patients indicated that they ruminated both during and after an anger incident. Eight patients identified positive metacognitive beliefs concerning the benefits of rumination in improving understanding, preparation, and coping and promoting self-justification of one's behavior. All participants also identified negative metacognitive beliefs. These beliefs related to the adverse emotional impact of rumination and its detrimental effect on functioning and relationships. The conceptual and clinical implications of the study are discussed.*

PERSISTENT NEGATIVE THINKING is a key cognitive feature of disorders of emotion such as anger. Chains of anger-related cognitions, in the form of rumination, are an important component of angry mood and have been implicated in the maintenance of anger-control problems (Beck, 1976; Ellis, 1977; Novaco, 1975, 1979). Recent empirical evidence has demonstrated that rumination increases anger, whereas distraction decreases or has no effect on anger (Rusting & Nolen-Hoeksema, 1998). However, despite the negative consequences of rumination on anger, little is known about the nature of angry rumination. Psychometric and clinical assessment of cognition in anger focuses primarily on the content, frequency, and intensity of anger-related thoughts, but little attention, if any, is devoted to the actual process of angry rumination. Thus, knowledge of the nature of ruminative thinking in anger may contribute to our understanding of factors associated with the perpetuation of angry mood, and maximize the effectiveness of cognitive-behavioral interventions for anger-control problems. We believe that the exploration of ruminative mechanisms in anger may be facilitated within the context of information processing models of emotional disorders.

Wells and Matthews (1994) advanced an information processing model of emotional disorders, the Self-Regulatory Executive Function (S-REF) model, which views perseverative negative processing, such as rumination and worry, as central to the maintenance of disorder because it incu-

bates intrusive thinking (Wells & Papageorgiou, 1995), triggers negative self-beliefs, heightens self-focused attention, and primes selective attention to mood-congruent material. The S-REF model comprises three different levels of processing: (a) automatic and reflexively driven cognitive activity, (b) strategic processing that demands voluntary allocation of attention, and (c) stored knowledge or beliefs about the self. The intermediate level of processing involves the processes of rumination and worry. These processes are conceptualized as being under conscious control rather than automatic or "bottom-up" processes, and are supported by metacognitive beliefs about their functions and consequences. Metacognition refers to beliefs about one's thinking processes and one's ability to regulate them. Therefore, according to the S-REF model, individuals' metacognitive beliefs guide the selection of rumination or worry as coping strategies aimed at dealing with lower-level intrusive or negative thoughts.

Empirical evidence has shown that positive and negative metacognitive beliefs about rumination and worry appear to account for individual differences in the application of these processes (Cartwright-Hatton & Wells, 1997; Papageorgiou & Wells, 2001a, 2001b, in press; Wells & Papageorgiou, 1998). Metacognitive beliefs have also been implicated in the development as well as maintenance of generalized anxiety disorder (Wells, 1995, 1997) and major depressive disorder (Papageorgiou & Wells, 2001a, 2001b, in press). To date, however, no studies have examined whether rumination in anger is driven by the presence of positive and negative metacognitive beliefs. Our clinical observation suggests that patients with anger-control problems appraise their rumination as beneficial as well as distressing. Therefore, in the present study we set out to investigate whether patients with anger-control problems reported ruminating, and whether they held

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positive and negative metacognitive beliefs about this process.

## Method

### Participants

Ten patients (1 woman, 9 men) who were consecutively referred to the Department of Clinical Psychology at North Manchester General Hospital for treatment of anger-control problems participated in the study. All patients identified anger as their primary problem for which they were seeking psychological treatment. The mean age of the sample was 34.4 years ( $SD = 8.8$ ) and age ranged from 23 to 55 years. The mean duration of the problem was 13.7 years ( $SD = 9.1$ ) and duration of anger problems ranged from 7 to 37 years. None of the patients had previously received cognitive-behavioral treatment for anger.

### Procedure

All patients received a detailed psychological assessment. During this assessment, a brief semistructured interview was conducted with each patient. The interview was extracted from a specific section of the metacognitive profiling interview developed by Wells and Matthews (1994). This section is designed to elicit metacognitive beliefs about perseverative negative thinking.

Initially, patients were asked to recount either a recent anger-instigating episode or one that was very clear in their mind. To determine whether or not they ruminated about the incident, they were asked "Did you dwell on details of the event?" and, if so, whether they dwelled on thoughts, images, memories, or bodily sensations. In order to examine positive metacognitive beliefs about rumination, patients were asked to identify the perceived advantages of dwelling on these thoughts or sensations, and then whether they viewed any disadvantages of giving up this process. Negative metacognitive beliefs were elicited in the same way, but on this occasion patients were asked to reflect on the possible disadvantages of dwelling on thoughts or sensations, or to consider any advantages of giving up their rumination. On completion of the interview, all patients were appropriately debriefed.

## Results

All patients were able to identify an anger-instigating episode. Patients indicated that they had dwelt during and after the episode. Eight out of 10 patients endorsed advantages of angry rumination (i.e., positive metacognitive beliefs), whilst all of the patients reported disadvantages (i.e., negative metacognitive beliefs) associated with this process. The content of each patient's beliefs is shown

in Table 1. Positive metacognitive beliefs appear to broadly reflect themes of self-justification, preparation, coping with angry mood, and gaining insight and understanding difficulties. However, the predominant theme associated with negative beliefs concerned the adverse emotional impact of rumination and its detrimental effect on functioning and interpersonal situations.

## Discussion

This study offers preliminary evidence that individuals with anger-control problems hold positive and negative metacognitive beliefs about rumination. The results are consistent with Wells and Matthews's (1994) S-REF model and previous findings linking positive and negative metacognitive beliefs to worry in generalized anxiety disorder (Cartwright-Hatton & Wells, 1997; Wells, 1995, 1997) and rumination in major depressive disorder (Papageorgiou & Wells, 2001a, 2001b, in press). Future research may focus on identifying possible thematic overlap in these metacognitive beliefs between disorders of anger, anxiety, and depression.

Negative metacognitive beliefs reflected concerns about the role of rumination in heightening angry mood and interfering with functioning and interpersonal situations. Such beliefs may play a key role in propagating angry mood once ruminative thinking has been activated (Wells & Matthews, 1994). The results also revealed that rumination was perceived as a helpful process in modulating angry mood, helping the individual prepare for similar future situations, gaining insight and understanding problems, and justifying the angry individual's response to an anger-instigating situation. Self-justification has previously been identified as a possible factor that distinguishes anger from anxious and depressive states (Averill, 1982, 1983; Frijda, 1986). People are more likely to believe that they have a right to be angry as opposed to feeling depressed or anxious (Rusting & Nolen-Hoeksema, 1998). For example, in a study examining the retrospective accounts of angry offenders, Baumeister, Stillwell, and Wotman (1990) found that these individuals were more likely to believe that the other person involved was in the wrong and that their anger was justified.

The findings of this study may have important implications for the treatment of anger problems. DiGiuseppe and colleagues (Brondolo, DiGiuseppe, & Tafrate, 1997; DiGiuseppe, 1999; DiGiuseppe, Tafrate, & Eckhardt, 1994) have argued that, since anger and anxiety share a number of clinical features, therapeutic approaches that have been effectively employed in the treatment of anxiety disorders (e.g., exposure-based interventions) may also be used in the treatment of anger problems. Moreover, a recent treatment approach to generalized anxiety disorder

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