

# How does thought suppression impact upon beliefs about uncontrollability of worry?

Andrew McLean\*, Niall M. Broomfield

*Department of Psychological Medicine, University of Glasgow, Academic Centre, Gartnavel Royal Hospital,  
1055 Great Western Road, Glasgow G12 0XH, UK*

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## Abstract

According to Wells' metacognitive model of generalised anxiety disorder (GAD; [Wells, A. (1995). Meta-cognition and worry: A cognitive model of generalised anxiety disorder. *Behavioural and Cognitive Psychotherapy*, 23, 301–320]), GAD patients attempt to suppress intrusions that trigger worry. Wells postulates that these attempts are rarely effective and may increase the frequency of worry triggers. These apparent failures are interpreted as evidence for loss of mental control, thereby exacerbating beliefs about worry uncontrollability. The current study tested these predictions. Sixty-two high worriers completed a naturalistic experiment comprising two sessions separated by 1 week. In Session 1, participants recorded their beliefs about worry in general, including its uncontrollability. They then selected a current worry and recorded how often it came to mind over the following week. The Suppression group ( $N = 32$ ) suppressed their chosen worry during the week. The Mention group ( $N = 30$ ) simply monitored its occurrence. In Session 2, Session 1 measures were repeated. Contrary to prediction, the Suppression group reported a significant increase in worry controllability in general. No shift was demonstrated by the Mention group. In addition, relative to the Mention group, the Suppression group reported more success at suppressing their chosen worries, spent less time thinking about them, and found them more controllable and less distressing. Findings are discussed within the context of Wells' model.

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## Introduction

### *Thought suppression*

An investigation by Wegner, Schneider, Carter, and White (1987) has had a remarkable impact upon subsequent conceptualisations of psychological problems. Their study comprised two 5-min experimental periods. For the first period, participants were randomly assigned to one of two conditions, suppression and expression. In the suppression condition, participants verbalised their thoughts whilst trying not to think

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\*Corresponding author. Present address: Department of Clinical Psychology, Zone 3, Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF, UK. Tel.: +44 141 201 2598; fax: +44 141 201 1978.

E-mail address: [andy94@cantab.net](mailto:andy94@cantab.net) (A. McLean).

about a white bear. In the expression condition, participants tried to think of a white bear. In the second period, instructions were swapped between groups.

Two important findings emerged from this work. First, participants were not able to suppress white bear thoughts entirely. Second, comparison of performance under expression instructions revealed that participants who had already suppressed in the first period recorded significantly more white bear thoughts relative to those who expressed in the first period. This was termed a “rebound effect” since suppression led to a subsequent surge in thoughts. These observations suggested that thought suppression can have paradoxical effects as a self-control strategy (Wegner et al., 1987).

Difficulties in interpreting the Wegner et al. (1987) findings are well documented. In particular, employment of a crossover design and use of an expression, rather than a mention, control condition have been questioned (Clark, Ball, & Pape, 1991; Lavy & van den Hout, 1990). Even so, this work stimulated experimental research into thought suppression. Many authors have assessed effects of suppressing neutral thoughts. Some noted rebound effects (e.g. Clark, Winton, & Thynn, 1993), others did not (e.g. Merckelbach, Muris, Van den Hout, & De Jong, 1991). In addition, some found that suppression led to “immediate enhancement” whereby, whilst suppressing, participants experience more target thoughts than controls (e.g. Lavy & van den Hout, 1990). Other studies did not demonstrate this effect (e.g. Clark et al., 1991).

Immediate enhancement and rebound effects have clear relevance for understanding psychological disorders characterised by persistent unwanted thoughts. Accordingly, studies have examined suppression of worry-related (e.g. Becker, Rinck, Roth, & Margraf, 1998), anxious (e.g. Koster, Rassin, Crombez, & Naring, 2003), trauma-related (e.g. Shipherd & Beck, 2005), and obsessional thoughts (e.g. Purdon, Rowa, & Antony, 2005). Most studies have been conducted in non-clinical populations, again with rather inconsistent results (for reviews, see Abramowitz, Tolin, & Street, 2001; Purdon, 1999, 2004).

A recent meta-analysis, incorporating studies of neutral and clinically relevant thoughts, confirmed a small-to-medium rebound effect, although no immediate enhancement (Abramowitz et al., 2001). Overall, these data may, to some extent, justify the inclusion of thought suppression in cognitive conceptualisations of psychological disorders, including obsessive-compulsive disorder (OCD; Salkovskis, 1989), post-traumatic stress disorder (PTSD; Ehlers & Clark, 2000), and generalised anxiety disorder (GAD; Wells, 1995).

### *Wells' metacognitive model of GAD*

Metacognition refers to cognitive factors that appraise, control, and monitor thinking. Wells (2005) argues that styles of thinking and real or experienced uncontrollability and intrusiveness of thoughts will only be understood by recourse to metacognitive levels of explanation. This view is embraced in his metacognitive model of GAD (Wells, 1995), which attempts to explain the difficult-to-control, excessive, distressing, and generalised nature of worry that is the central feature of this diagnosis.

Wells' model of GAD distinguishes two types of worry, termed Type 1 and Type 2. Type 1 worry concerns external daily events such as finances, and non-cognitive internal events such as bodily sensations. Type 2 worry is worry about the nature and occurrence of thoughts themselves; in essence, *worry about worry*. Wells' model places especial importance upon the role of Type 2 worry in GAD.

Upon encountering an intrusive thought, often in the form of a “What if...?” question, Wells argues that a person with GAD activates positive beliefs about using worry as a coping strategy (e.g. worrying helps solve problems). This instigates a Type 1 worry sequence in which various negative outcomes are contemplated and possible ways of coping are conceived. During this sequence, negative beliefs about worry are triggered. These beliefs fall into two broad domains concerning (1) uncontrollability of worry and (2) dangers of worry for mental, physical, or social well-being. Once negative worry beliefs become activated, the person negatively appraises the occurrence of worry; Type 2 worry or *worry about worry*. When established, Wells argues that additional factors escalate and maintain *worry about worry*. One factor is thought control. It is the purported role of thought control that provides the focus for the current study.

According to Wells, by having conflicting beliefs about worry, individuals with GAD are left in a state of cognitive dissonance. Patients attempt to overcome this conflict by trying not to think thoughts that might trigger worry. In other words, they try to suppress these thoughts. Pointing to findings from the experimental

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