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## Development and validation of the thought control ability questionnaire

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### Abstract

Previous research suggests that an individual difference factor could account for the divergent findings across thought suppression studies. The present study reports on the development and validation of the Thought Control Ability Questionnaire (TCAQ), a self-report measure of individual differences in the perceived ability to control unwanted, intrusive thoughts. The TCAQ and a battery of instruments that assess emotional vulnerability, psychopathological symptoms and thought control strategies were administered to 211 Spanish university students. Data analysis yielded a unidimensional instrument with 25 items that showed high internal consistency and test–retest reliability. In addition, the TCAQ had significant negative relationships with trait anxiety (STAI-T), neuroticism (EPQ-N), depressive symptomatology (BDI), guilt feelings (SC-35), worry (PSWQ), obsessive–compulsive symptoms (MOCI) and with the use of self-punishment as thought control strategy (TCQ). The implications of these results are discussed in relation to thought suppression and clinical research.

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**Keywords:** Thought suppression; Thought control; Unwanted intrusive thoughts; Emotional vulnerability; Psychopathological symptoms; Cognitive processes

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## 1. Introduction

Thought suppression was defined by Wells and Davies (1994) as an effort “not to think about” a particular thought. Current diagnostic criteria (American Psychiatric Association, 1994) and thought suppression research (for reviews see Abramowitz, Tolin, & Street, 2001; Purdon, 1999; Rassin, Merckelbach, & Muris, 2000; Wenzlaff & Wegner, 2000) suggest that certain patients have deficient ability to suppress unwanted intrusive thoughts and impulses, but rely on thought suppression as a general mental control strategy. Thus, since the Wegner, Schneider, Carter, and White (1987) white bear study, a body of work has found robust evidence for the implication of thought suppression in depression (Wenzlaff, Wegner, & Roper, 1988), addiction (Palfai, Monti, Colby, & Robsenow, 1997), primary insomnia (Harvey, 2003), obsessive–compulsive disorder (Tolin, Abramowitz, Przeworski, & Foa, 2002) and spider phobia (Wenzel, Barth, & Holt, 2003). To sum up, thought suppression seems to play an important role in the etiology and maintenance of some mental disorders. However, Purdon (1999) and Rassin et al.’s (2000) reviews suggested little reason to believe that thought suppression is implicated in the etiology or the maintenance of trauma-related symptoms, worry-related ruminations or other psychopathological conditions. Tolin et al. (2002) pointed out that excessive thought suppression attempts are a common characteristic of anxiety disorders, whereas low thought suppression ability might be limited to a smaller group of mental disorders.

Few investigations have focused on the effects of thought suppression with clinical samples. In fact, research on thought suppression has occurred mainly with normal populations that suppressed thoughts of neutral stimuli (e.g. Clark, Ball, & Pape, 1991; Clark, Winton, & Thynn, 1993). As in clinical studies, a great number of experiments with non clinical participants have yielded null effects and authors investigating thought suppression think that an individual difference factor could explain the divergent findings across studies. To date, we only know that subjects high in reactance (Kelly & Nauta, 1997) and low-hypnotizable individuals under hypnosis (Bowers & Woody, 1996) experience more intrusions than subjects low in reactance and highly suggestible ones respectively when they are instructed to suppress a thought. Recently, Brewin and Beaton (2002) pointed to another individual difference that determines successful suppression. These researchers found that more effective thought suppression was related to higher fluid intelligence and working memory capacity.

Some researches have used self-report measures in order to study individual differences in thought control. To this end, Wegner and Zanakos (1994) developed the White Bear Suppression Inventory (WBSI), which is a 15-item self-report questionnaire that measures people’s dispositional tendency to suppress thoughts. Participants have to indicate on a five-point scale the extent to which they agree (1 = strongly disagree; 5 = strongly agree) with each item. Total WBSI scores vary from 15 to 75, with higher scores indicating more tendency to suppress. On the other hand, the Thought Control Questionnaire (TCQ; Wells & Davies, 1994) is a 30-item self-report questionnaire that was developed to provide a measure of the various techniques which individuals use to control unpleasant and unwanted thoughts. The TCQ measures five factors: Distraction (e.g. “I think pleasant thoughts instead”), Social Control (e.g. “I find out how my friends deal with these thoughts”), Worry (e.g. “I dwell on other worries”), Punishment (e.g. “I punish myself for thinking the thought”) and Re-appraisal (e.g. “I analyse the thought rationally”). The following anchors are used for frequency ratings: 1 = never, 2 = sometimes, 3 = often; 4 = almost al-

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