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Personality and Individual Differences 40 (2006) 111–122

PERSONALITY AND  
INDIVIDUAL DIFFERENCES

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# Post-traumatic stress symptoms: Tests of relationships with thought control strategies and beliefs as predicted by the metacognitive model

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Received 14 December 2004; accepted 9 June 2005

Available online 29 August 2005

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## Abstract

The present study aimed to assess the contribution of metacognitive beliefs and coping strategies characterised by worry to the persistence of stress symptoms in a student population. Following Wells' (2000) metacognitive model of post-traumatic stress disorder (PTSD), it was hypothesized that worry and specific positive and negative metacognitive beliefs will be positively associated with stress symptoms. Furthermore, the association between specific positive metacognitive beliefs will be mediated by worry, whilst a direct relationship between negative metacognitions and stress symptoms was predicted. One-hundred and seventy-one students were assessed cross-sectionally. In accordance with predictions, thought control strategies of "worry", and positive and negative metacognitions were positively associated with stress symptoms. Mediation path analyses provided support for the mediational predictions, but relationships depended on the symptom measure used. These results are discussed in relation to previous findings in the domain of PTSD and metacognition.

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*Keywords:* Metacognition; Worry; Thought control strategies; Stress symptoms

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## 1. Introduction

Since post-traumatic stress disorder (PTSD) was officially included as a diagnostic category in the third edition of the Diagnostic and Statistical Manual of mental disorders (DSM-III, 1980), several theoretical formulations have been put forward in order to explain the nature and course of its symptoms. Socio-cognitive models (Horowitz, 1973, 1976, 1979, 1986; Janoff-Bulman, 1985, 1992) propose that persistent stress reactions, such as intrusions and arousal, result from ineffective attempts to integrate trauma-relevant information with pre-existing beliefs and assumptions about the self and the world, in general.

This account is shared to an extent by information-processing theories (e.g. Foa, Steketee, & Rothbaum, 1989), but these models seek also to explain how trauma is represented in memory and why attempts to integrate it with prior knowledge end up in failure. In doing so, they present common arguments and also distinct features. Foa and Rothbaum (1998) stress that beliefs and assumptions about the self and the world are likely to impede successful integration of trauma with the memory network, only to the extent that these assumptions are rigid and extreme, in their nature. Likewise, Brewin, Dalgleish, and Joseph (1996) view the rigidity and extremeness of prior assumptions and beliefs as an important factor in trauma resolution. However, they conceive of trauma memory as consisting of two separate memory systems with distinct functions, rather than as a single associative network, as suggested by Foa et al. (1989). More recently, Ehlers and Clark (2000) also assigned an important role to beliefs that predate trauma, coping strategies, the quality of trauma memory, and individual appraisals of the event. They proposed that situational processing of the event with a focus on its sensory attributes impedes the integration of trauma with the rest of the person's autobiographical memories, resulting in the formation of particularly strong associations in memory for trauma-related stimuli and responses. According to Ehlers and Clark (2000), this explains, at least partially, problematic intentional recall and re-experiencing phenomena in PTSD.

Each of the theoretical approaches reviewed above assign an important role to memory in the development or maintenance of PTSD. A somewhat different information-processing account of the onset and persistence of post-stress reactions is represented by Wells' (2000) metacognitive model (see also Wells & Matthews, 1994; Wells & Sembi, 2004). This model does not emphasize the quality of memory for trauma, but emphasizes levels of processing and the influence of metacognition and coping strategies on normal emotional processing.

According to Wells' model symptoms of intrusive thoughts, arousal, and attentional orienting responses are normal in the aftermath of stress, providing an impetus for emotional processing. Emotional processing is the development of a program or plan for guiding thinking and behaviour in future encounters with threat. This process normally proceeds unimpeded and is associated with the running of simulations of dealing with threat, such as imagining dealing with trauma in different ways. The acquisition of a plan requires flexible control over cognition. However, this normal process is thwarted by the person's coping strategies. In particular, the use of verbal worry/ruminative styles of coping, attempting to avoid/suppress thoughts of trauma, and coping by attentional strategies of threat monitoring are problematic. These strategies lead the person's processing to be locked onto threat such that anxiety and a sense of danger persist. They also impair flexibility of processing required for developing an internal program. Thus, the individual strengthens internal programs for detecting danger/threat rather than allowing cognition to return to the normal threat-free environment.

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