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Original article

Validation of a French version of the thought control questionnaire-insomnia revised (TCQI-R)

Validation d'une version française du questionnaire révisé de contrôle mental-insomnie

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Abstract

Counterproductive strategies of mental control are assumed to contribute to excessive cognitive activity, thereby exacerbating sleep disturbances. The present study examined the psychometric properties of a French version of the thought control questionnaire-insomnia revised (TCQI-R; Ree, M.J., Harvey, A.G., Blake, R., Tang, N.K.Y., Shawe-Taylor, M., 2005. Attempts to control unwanted thoughts in the night: development of the thought control questionnaire-insomnia revised (TCQI-R). Behaviour Research and Therapy 43, 985–998.), a new instrument designed to capture different strategies of thought management that people use when trying to fall asleep. Analysis of the responses of 298 adults replicated the six-factor solution involving aggressive suppression, behavioral distraction, cognitive distraction, reappraisal, social avoidance, and worry. The corresponding subscales showed sound internal consistency. Further, all thought control strategies correlated significantly with some facets of insomnia, with aggressive suppression and worry being most strongly related to sleep disturbances. These findings suggest that the French TCQI-R constitutes a valuable instrument for investigating the implications of mental control in insomnia.

Résumé

L'utilisation de stratégies de contrôle mental contre-productives peut entraîner une activité cognitive excessive et, par cette voie, exacerber des problèmes de sommeil. La présente étude a examiné les propriétés psychométriques d'une version française du questionnaire révisé de contrôle mental-insomnie (Ree, M.J., Harvey, A.G., Blake, R., Tang, N.K.Y., Shawe-Taylor, M., 2005. Attempts to control unwanted thoughts in the night: development of the thought control questionnaire-insomnia revised (TCQI-R). Behaviour Research and Therapy 43, 985–998.), un nouvel instrument destiné à capter différentes stratégies de gestion de pensée couramment utilisées à l'endormissement. L'analyse des réponses de 298 adultes a répliqué la solution à six facteurs impliquant la suppression agressive, la distraction comportementale, la distraction cognitive, la réévaluation, l'évitement social et l'inquiétude. Les sous-échelles correspondantes ont montré une consistance interne satisfaisante. De plus, toutes les stratégies de contrôle mental, particulièrement la suppression agressive et la tendance à s'inquiéter, ont corrélé de manière significative avec certains aspects de l'insomnie. Ces données suggèrent que la version française du TCQI-R constitue un outil précieux pour étudier l'implication du contrôle mental dans l'insomnie.

Keywords: Insomnia; Mental control; Thought suppression; Worry

Mots clés : Insomnie ; Contrôle mental ; Suppression de pensées ; Inquiétude

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1. Introduction

A growing body of evidence suggests that unwanted intrusive thoughts are a common denominator of a wide range of clinical disorders, including post-traumatic stress disorder, phobias, depression, obsessive-compulsive disorder (OCD), and insomnia (for a review, see Clark, 2005). In an attempt to control unwanted cognitions, people spontaneously rely on thought management techniques such as suppression, distraction or reappraisal. While some of these strategies may prove helpful, others are likely to perpetuate or even exacerbate unwelcome mental experiences (e.g., Abramowitz et al., 2003; Harvey, 2001; Najmi et al., 2007; Salkovskis and Campbell, 1994).

With the intention of laying the foundation for a more systematic comparison of thought control strategies, Wells and Davies (1994) elaborated the thought control questionnaire (TCQ), which inquires about the frequency with which 30 different mental control techniques are used. As the authors report, a factor analysis on the initial version of the TCQ revealed a six-factor structure; the factors were labeled behavioral distraction, cognitive distraction, social control/reassurance, worry, punishment, and reappraisal. A subsequent factor analysis on the definite version of the TCQ yielded a five-factor solution, the behavioral and cognitive distraction items now combining to form a single subscale. In a later validation study involving a clinical sample, evidence for a distinction between cognitive and behavioral distraction was once again found (Reynolds and Wells, 1999). More recently, Fehm and Hoyer (2004) administered the TCQ to a clinical sample comprising various anxiety disorders and to two non-clinical samples; in subsequent exploratory factor analyses (EFAs), the five-factor structure could largely be replicated to a large extent, but several items showed low loadings (<0.40), did not load on the predicted factors, or loaded strongly on more than one factor (cross-loadings). Finally, in a study involving students and non-student adults from the general population, Luciano et al. (2006) performed a confirmatory factor analysis (CFA) on TCQ scores using the five-factor model as an a priori structure and found that several items did not significantly load on their theoretical factors. This finding led the authors to propose a 16-item short version of the TCQ; in a follow-up CFA, the five-factor model showed an adequate fit, and all items loaded significantly on their respective factors.

According to recent models of insomnia, negatively toned excessive cognitive activity plays a key role in the development and maintenance of this disorder (e.g., Espie, 2002; Harvey, 2002; Morin, 1993). Insomniacs typically complain of a "racing mind" when trying to get to sleep (e.g., Harvey, 2001), and they attribute their sleep disturbances to cognitive arousal up to 10 times more often than they do to somatic arousal (e.g., Espie et al., 1989; Harvey, 2000; Lichstein and Rosenthal, 1980). In further support of a link between excessive cognitive activity and insomnia, a number of correlational studies have found a significant positive association between measures of presleep cognitive activity and sleep-onset latency (e.g., Kelly, 2002; Nicassio et al., 1985; Van Egeren et al., 1983). In addition, experimental induction of worrisome cognitive activity during the presleep period by telling participants that they would have to give a speech after sleep has been found to increase sleep-onset latency (e.g., Gross and Borkovec, 1982; Hall et al., 1996; Tang and Harvey, 2004).

A number of studies suggest that counterproductive thought management strategies may fuel this sleep-incompatible state of mind (for a review, see Harvey, 2005). To facilitate research into the involvement of thought control in insomnia, Harvey (2001) developed a new version of the TCQ specifically adapted to sleep disturbances. This 43-item questionnaire, labeled thought control questionnaire-insomnia (TCQI), differed from the TCQ in four respects:

- the instructions of the TCQI asked respondents to indicate the frequency with which they employ each thought control strategy "while being kept awake by thoughts";
- the TCQI featured a new introductory question that asked respondents to rate the frequency with which thoughts keep them awake at night;
- the TCQI contained new items pertinent to insomnia (e.g., "I decide to put them on hold until the morning");
- the TCQI incorporated a suppression and a replacement scale in place of the original distraction scale of the TCQ, with new items being added to both of these scales.

This modification was inspired by the findings of Salkovskis and Campbell (1994) supporting a clear differentiation between "simple distraction" and "focused distraction". Simple distraction refers to attempts to divert attention away from unwanted thoughts without using specific contents to replace them; this strategy is captured by the suppression items of the TCQI (e.g., "I tell myself not to think about the thought"). Focused distraction involves diverting attention away from unwanted thoughts through concentration on specific alternative contents; this strategy is evaluated by the replacement items of the TCQI (e.g., "I call to mind positive images instead").

In a follow-up validation study, the thought control questionnaire-insomnia revised (TCQI-R) was elaborated (Ree et al., 2005). An initial item selection procedure led to the elimination of six of the 43 items of the TCQI; specifically, items were discarded if they were not easily interpretable in the context of insomnia (e.g., "I find out how my friends deal with these thoughts"), if the respondents did not employ the full response range when answering the items (e.g., "I slap or pinch myself to stop the thought"), or if the items were considered redundant (e.g., "I don't talk about the thought to anyone" and "I keep the thought to myself"). A principal component analysis conducted on the remaining 37 items revealed a six-factor solution. The corresponding subscales, which all showed satisfactory internal consistency, were labeled as follows: aggressive suppression (e.g., "I get angry at myself for having the thought"), cognitive distraction/suppression (e.g., "I think pleasant thoughts instead"), behavioral distraction/suppression (e.g., "I try to block them out by reading, watching TV, or listening to the radio"), social avoidance (e.g., "I avoid discussing the thought"), worry (e.g., "I worry about more minor things"), and reappraisal (e.g., "I try to reinterpret the thought"). Two items ("I count sheep" and "I get out of bed and write about them") did not show any load-