Using item response theory to examine the White Bear Suppression Inventory

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Abstract

The White Bear Suppression Inventory (WBSI; Wegner & Zanakos, 1994) was designed to assess thought suppression as a dispositional characteristic. Researchers examining the WBSI have found support for a unidimensional construct although multi-dimensional factorial solutions have been suggested. In the current study, we used item response models to examine the primary factor underlying the WBSI. Item response analyses suggested significant overlap in information provided by WBSI items. Six of the 15 items were identified as providing unique information about individual levels of latent thought suppression and were determined to provide good discrimination across varying levels of the trait. When compared to the full WBSI, the six-item index of thought suppression retained almost identical correlations to measures of worry, emotional avoidance and depression. Implications for the assessment of thought suppression as an individual difference variable are discussed.

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1. Introduction

Unwanted intrusive thoughts are common complaints across psychological disorders (Salkovskis & Harrison, 1984; Wenzlaff, 2002), and are related to increased distress in both normal and clinical populations (Freeston, Ladouceur, Thibodeau, & Gagnon, 1991; Purdon & Clark, 1993). Further, unsuccessful attempts to control these intrusive thoughts may engender greater distress. In their seminal article on the paradoxical effects of thought suppression, Wegner, Schneider, Carter, and White (1987) described how trying to control one’s thoughts can result in an ironic rebound effect. That is, attempts to control intrusive thoughts may actually generate the undesired thoughts.

Wegner and Zanakos (1994) suggested that there are individual differences in the tendency to suppress unwanted thoughts. To assess thought suppression as a dispositional characteristic, they created the White Bear Suppression Inventory (WBSI), a 15-item self-report measure with a 5-point Likert-type scale (1, strongly disagree; 5, strongly agree). The final set of items demonstrated good internal consistency, and is a reliable index of individual differences in thought suppression.

While there have been a number of studies linking thought suppression as indexed by the WBSI with psychopathology (Spinhoven & van der Does, 1999; Wegner & Zanakos, 1994), recent research suggests that this link may be less clear than previously believed. For example, Bevers and Meyer (2004) unexpectedly found that thought suppression, as measured by the WBSI, was associated with lower levels of depression at low levels of life stress. Thus, there may be contextual variables that influence the relationship between WBSI scores and psychopathology and/or there are characteristics of the WBSI that compromise its validity. For example, several researchers have suggested that in addition to measuring thought suppression, the WBSI also taps into related constructs, such as intrusive thinking (Blumberg, 2000; Hoping & de Jong-Meyer, 2003; Muris, Merckelbach, & Horseelenberg, 1996). Rassin (2003) explained that if the WBSI also measures intrusive thinking, then there may be conceptual overlap with intrusive-related complaints that artificially inflates the previously found associations between the WBSI and various psychological disorders. In order to understand the construct underlying the WBSI and the relationship between WBSI and psychopathology, it would be useful to clarify which WBSI item contents most strongly define the primary dimension underlying this measure of thought suppression.

1.1. Psychometric studies on the WBSI

Researchers have identified varying possible factorial solutions for the WBSI; however, the data seem to suggest that the measure is primarily unidimensional. In the original studies on the WBSI, Wegner and Zanakos (1994) used principal axis factor analysis to examine the factor structure of the measure, and found that 15 items fit a one-factor solution. Subsequent studies examining the factor structure of the WBSI have also identified a primary factor across undergraduate (Hoping & de Jong-Meyer, 2003; Muris et al., 1996; Rassin, 2003; Wegner & Zanakos, 1994) and clinical (Sphihoven & van der Does, 1999) samples, across men and women (Blumberg, 2000; Spinhoven & van der Does, 1999; Wegner & Zanakos, 1994), and across different translations of the WBSI, including Dutch (Muris et al., 1996; Rassin, 2003), Icelandic (Rafnsson & Smari, 2001), and
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