COGNITIVE SELF-CONSCIOUSNESS AND META-WORRY
AND THEIR RELATIONS TO SYMPTOMS OF WORRY
AND OBSESSATIONAL THOUGHTS

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Summary.—The relation between cognitive self-consciousness and meta-worry, and their association with symptoms of worry and obsessional thoughts were examined. 53 undergraduate students completed the expanded version of the Cognitive Self-consciousness Scale, the Meta-worry subscale of the Anxious Thoughts Inventory, the Penn State Worry Questionnaire, and the Padua Inventory-Revised. Analysis showed that cognitive self-consciousness and meta-worry were moderately correlated ($r = .57$). Further, both constructs were positively associated with symptoms of worry and obsessional thoughts. When controlling for cognitive self-consciousness, meta-worry remained significantly correlated to both types of symptoms. Yet, when controlling for meta-worry, correlations between cognitive self-consciousness and symptoms of worry and obsessional thoughts clearly attuned and were no longer significant. These findings suggest that meta-worry is more important for understanding excessive, intrusive thought patterns than the mere tendency to monitor one’s thoughts.

Several research lines have focused on explaining excessive, intrusive thought patterns such as obsessions and worry. For example, Janeck, Calamari, Riemann, and Heffelfinger (2003) found evidence to suggest that cognitive self-consciousness, which refers to the tendency to monitor one’s thoughts (see also Cartwright-Hatton & Wells, 1997), plays a role in the pathogenesis of obsessive-compulsive disorder. Briefly, their study showed that cognitive self-consciousness differentiated patients with obsessive-compulsive disorder from other anxious patients. Wells (1995) described the seemingly related concept of meta-worry, which can be defined as negative appraisals of worry activity, and linked this concept to generalized anxiety disorder. Indeed, evidence was obtained showing that patients with generalized anxiety disorder display higher meta-worry than patients with social phobia or panic disorder (Wells & Carter, 2001). Although cognitive self-consciousness and meta-worry have been treated as separate constructs, it can be argued that the phenomena show similarities. For example, it seems plausible that meta-worry is initiated after a person has monitored his thoughts. Further, it is also likely that meta-worry be related to increased awareness of thoughts. Thus, it may well be that cognitive self-consciousness and meta-worry are

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closely allied constructs. Furthermore, it is unclear whether cognitive self-consciousness is exclusively related to obsessional symptomatology and whether meta-worry is uniquely linked to worrying.

The present study was undertaken to assess the association between cognitive self-consciousness and meta-worry and to examine the specificity of the constructs for explaining obsessional thoughts and worry symptoms. It was hypothesized that cognitive self-consciousness and meta-worry are at least to some extent related. Further, in keeping with the literature, it was predicted that cognitive self-consciousness would be more clearly linked to obsessions, whereas meta-worry would be more convincingly associated with worrying.

Method.—A group of 53 undergraduates (10 men, 43 women; \( M = 20.0 \) yr., \( SD = 1.56 \)) completed the expanded version of the Cognitive Self-consciousness Scale (Janeck, et al., 2003) which measures the tendency to monitor one’s thoughts, a subscale of the Anxious Thoughts Inventory to index meta-worry (Wells, 1994), and the Penn State Worry Questionnaire (Meyer, Miller, Metzger, & Borkovec, 1990) and the Padua Inventory-Revised (van Oppen, Hoekstra, & Emmelkamp, 1995), respectively, measuring symptoms of worry and obsessional thoughts. The psychometric properties of these measures have been satisfactory, and this was supported by good internal consistencies of various scales in the present study, i.e., all Cronbach alphas were between \(.81\) and \(.93\).

Results and discussion.—Mean scores were 34.19 \((SD = 9.27)\) on the Cognitive Self-consciousness Scale, 10.54 \((SD = 3.21)\) on the Meta-worry subscale of the Anxious Thoughts Inventory, 47.43 \((SD = 9.79)\) on the Penn State Worry Questionnaire, and 33.75 \((SD = 19.22)\) on the Padua Inventory-Revised. Table 1 displays Pearson correlations between the scales for measuring cognitive self-consciousness and meta-worry, on the one hand, and symptoms of worry and obsessional thoughts, on the other. As can be seen, all correlations were positive and significant, which essentially means that the constructs of cognitive self-consciousness and meta-worry were both related to symptoms of worry as well as obsessional thoughts. Scores on the Cognitive Self-consciousness Scale and the Meta-worry subscale of the Anxious Thoughts Inventory were also significantly correlated \((r = .57, p < .001, \text{two-tailed})\). To assess the specificity of cognitive self-consciousness and meta-worry for symptoms of worry and obsessional thoughts, partial correlations were computed. This analysis showed that, when controlling for levels of meta-worry, scores on the Cognitive Self-consciousness Scale were no longer substantially correlated with scores on the Penn State Worry Questionnaire and the Padua Inventory-Revised (partial \(rs\) being .26 and .10, \(ps > .05, \text{two-tailed}\)). However, scores on the Meta-worry subscale remained significantly
correlated to Penn State Worry Questionnaire and Padua Inventory–Revised scores, even after the influence of cognitive self-consciousness was partialled out (partial rs being .42 and .30, respectively, p < .05, two-tailed).

Altogether, these findings indicate that cognitive self-consciousness and meta-worry are moderately correlated. Furthermore, examination of the specificity of cognitive self-consciousness and meta-worry for explaining psychopathological thought processes suggested that meta-worry appears to play a more prominent role. As such, the results suggest that meta-worry might be a harmful, that is, “toxic” element of being aware of one’s thoughts, and at least warrant the hypothesis that meta-worry might be more important for understanding excessive, intrusive thought patterns than cognitive self-consciousness. However, it should be borne in mind that the current study was correlational in nature and relied on a small, nonclinical sample predominantly of young women. Thus, further research is required to replicate findings and judge to what extent findings can be generalized to various clinical samples and actually have clear implications for current models on the pathogenesis of excessive, intrusive thought processes.

REFERENCES


Accepted February 1, 2005.