



Research Paper

Brief repetitive thinking questionnaire (RTQ-10): In a sample of Afghan students

Mohammad Sajjad Afsharzada^{a,*}, Wahidh Talbian^b, Sajjad Saadat^c, Basir Ahmad Azizi^d, Somaya Haqyar^e

^a Department of Psychology and Social Work, Faculty of Human Sciences, Mid Sweden University, Östersund, Sweden

^b Department of Psychology and Social Work, Faculty of Human Sciences, Mid Sweden University, Östersund, Sweden

^c Neuroscience Research Center, Guilan University of Medical Sciences, Rasht, Iran

^d Department of Counseling, Herat University, Herat, Afghanistan

^e Afghan Women Skills Development Center, Herat, Afghanistan



ARTICLE INFO

Keywords:

Dari/Farsi version

Validation

Repetitive thinking questionnaire

Validity

Reliability

Afghan students

ABSTRACT

Background: The Repetitive Thinking Questionnaire (RTQ-10) is a widely used and standardized questionnaire designed to assess repetitive thoughts in clinical and non-clinical populations. The RTQ-10 demonstrates good validity and reliability. This study aimed to assess the validity and reliability of a Dari/Farsi-translated version of the RTQ-10.

Method: A convenience sample of 226 undergraduate Dari/Farsi-speaking students at Herat University, Afghanistan, completed an online survey that included the RTQ-10 and the Depression, Anxiety, and Stress Scale (DASS-21). To calculate test-retest reliability, a sub-sample of 50 individuals completed the RTQ again within two weeks.

Results: The results from a confirmatory factor analysis indicated that the single-factor structure of the RTQ-10 demonstrated acceptable fit to the data ($\chi^2/df = 1.46$, CFI = 0.98, RMSEA = 0.04). Furthermore, RTQ-10 showed a moderate positive association with depression, anxiety, and stress ($r(226) = .37 - 0.43$, $p < 0.05$), a strong test-retest reliability, ($r(50) = 0.76$, $p < 0.05$), and excellent internal consistency ($\alpha = 0.86$).

Conclusion: The results support the single-factor structure of the RTQ-10 and, together with strong psychometric properties, suggest that the Dari/Farsi version is reliable for assessing repetitive thoughts.

Introduction

In recent decades, Afghanistan has faced numerous crises, including war, insecurity, poverty, and social instability. These conditions have had profound effects on the mental health of its citizens, particularly women, youth, and adolescents. Within this context, one significant psychological phenomenon that requires careful attention and study is Repetitive Negative Thinking (RNT). These thoughts, often manifested as rumination and persistent worry, can play a critical role in the maintenance and exacerbation of mental health problems such as anxiety, depression, and stress-related disorders (Ehring & Watkins, 2008).

Recent research on the transdiagnostic model of emotional disorders, particularly anxiety and depression, has indicated that Repetitive Negative Thinking (RNT) is one of the most critical transdiagnostic processes in the development and maintenance of these disorders (Raes,

2012; Spasojević & Alloy, 2001). RNT is defined as a repetitive, uncontrollable thinking pattern focused on negative content. Examples of this process include worry, rumination, threat monitoring, and self-focused attention patterns. These components form the core of depressive disorders (Watkins, 2011) and anxiety-related disorders such as generalized anxiety disorder (McEvoy & Mahoney, 2013), obsessive-compulsive disorder (Abramowitz et al., 2003; Amir et al., 1997), post-traumatic stress disorder (Clohessy & Ehlers, 1999), social anxiety disorder (Joormann et al., 2006), health anxiety (Fink et al., 2004), phobias (Eccleston et al., 2001), and unspecified anxiety and depressive disorders (Harvey et al., 2004). Therefore, investigating this phenomenon within the socio-cultural context of Afghanistan is of both scientific importance and clinical relevance.

In this regard, university students represent a social group that is particularly vulnerable to high levels of stress and psychological

* Corresponding author.

E-mail address: mohammadsajjad.afsharzada@miun.se (M.S. Afsharzada).

<https://doi.org/10.1016/j.jbct.2026.100588>

Received 28 July 2025; Received in revised form 19 March 2026; Accepted 19 March 2026

Available online 4 April 2026

2589-9791/© 2026 The Author(s). Published by Elsevier Masson SAS on behalf of Association Française de Therapie Comportementale et Cognitive. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

problems, due to various factors such as academic, economic, and social pressures (Naghavi et al., 2022). Accurate assessment of repetitive negative thinking in this population may play a crucial role in the early identification of mental health problems and in the development of effective intervention programs. Given the limited therapeutic resources and mental health services in Afghanistan, initial screening using validated psychometric tools provides an efficient approach for promoting students' mental well-being (Afsharzada et al., 2025; Naghavi et al., 2022).

In crisis-affected countries such as Afghanistan, socially traumatic experiences, including poverty, violence, deprivation, restrictions, discrimination, and political instability, are directly linked to the mental health of citizens. Numerous studies have shown that repetitive negative thinking can serve as both a mediator and a consequence of social trauma, playing a significant role in the development and maintenance of psychological disorders (McEvoy et al., 2018; McEvoy et al., 2013). Today, repetitive negative thinking is recognized as a key diagnostic process in the onset, persistence, and recurrence of many psychological disorders (Ehring & Watkins, 2008; Watkins, 2011). The development of psychological treatments targeting worry and rumination, along with evidence supporting their effectiveness, has highlighted the central role of repetitive negative thinking within contemporary cognitive-behavioral approaches (Watkins, 2011; Watkins, 2009). Given the crucial role of this process in the pathology and treatment of psychological disorders, its accurate assessment is particularly important in countries such as Afghanistan, which are exposed to ongoing structural and social crises.

In this context, the Repetitive Thinking Questionnaire (RTQ) has been developed and widely used as one of the internationally recognized tools for assessing repetitive negative thinking. Originally introduced by McEvoy et al. (2010), the questionnaire has since been translated and validated in several languages, including English, Spanish, Portuguese, Turkish, Swedish, Chinese, and Persian (Gavazzeni et al., 2019; Hasani et al., 2022; Kaçar-Başaran et al., 2023). However, a culturally adapted version tailored to the socio-cultural context of Afghanistan has not yet been developed, which limits the practical application of this tool in studies conducted within Afghanistan. Despite the promising results reported for the Repetitive Negative Thinking questionnaire, further research is needed to replicate and expand upon the initial findings, particularly across diverse cultural contexts. Validation studies in different cultures are essential for establishing the psychometric robustness of a new measure and enabling its use among non-English-speaking populations. Additionally, further exploration of the scale's construct validity is necessary to strengthen its psychometric foundation. Therefore, the present study aimed to translate and validate the Dari/Farsi version of the Repetitive Thinking Questionnaire (RTQ-10) in a sample of Afghan university students.

Method

Methods and participants

It employed a descriptive and validation-based approach. The participants were recruited among undergraduate students at Herat University in Afghanistan, enrolled in the academic year 2024–2025. Due to current restrictions on female in-person university attendance in Afghanistan, some courses continue through remote and informal online educational arrangements. Female students who had access to these academic networks were therefore able to voluntarily participate in the study online, whereas male participants were primarily recruited from students attending in-person classes at the university. Consequently, the sample reflects students with ongoing access to higher-education communication channels rather than exclusively campus-attending individuals. The optimal sample size for confirmatory factor analysis (CFA) is suggested to be between 200 and 300 cases (Kline, 2023). To account for potential dropouts, the final sample size was increased to

241. A convenience sample of 241 participants answered an online survey via Qualtrics survey software (Qualtrics, Provo, UT). Inclusion criteria were age between 18 and 45 years, no self-reported history of psychiatric disorders, and no history of divorce or parental death. Psychiatric history was assessed through a self-report screening question included in the demographic section of the survey. The exclusion of individuals with a psychiatric history was intended to ensure a non-clinical sample for initial validation of the scale. After data screening, questionnaires were excluded if they were incomplete (more than 30% missing responses) or showed invalid or inconsistent response patterns. Following this procedure, 226 valid questionnaires were retained for the final analysis. Thus, the final sample consisted of 226 participants aged 18 to 45 years (mean age = 24.20, SD = 4.72) who participated in the study. Of these, 77% were male (n = 174) and 23% were female (n = 52). Regarding marital status, 61.90% were single (n = 140) and 38.10% were married (n = 86). In terms of employment status, 54% were employed (n = 122) and 46% were unemployed (n = 104). Additionally, 50 participants, who had provided their phone numbers, were randomly selected to complete the RTQ-10 again two weeks after the initial administration to assess retest reliability. All participants were fully informed about the study and provided their informed consent. They were also assured that their privacy and confidentiality would be maintained and that there would be no physical or psychological harm associated with their participation.

Procedure and material

The translation of the Repetitive Thinking Questionnaire (RTQ-10) into the Dari/Farsi language was conducted using the standard forward-backward translation procedure to ensure linguistic and conceptual equivalence. Initially, two bilingual members of the research team independently translated the original English version of the RTQ-10 into Dari/Farsi. These two forward translations were then systematically compared, and discrepancies were discussed in detail to produce a single reconciled preliminary Dari/Farsi version that best reflected the meaning of the original items while maintaining cultural appropriateness. Subsequently, the preliminary Dari/Farsi version was back-translated into English by two independent professional translators who were fluent in both languages and blind to the original RTQ-10. The back-translated versions were carefully compared with the original English questionnaire to identify potential inconsistencies, ambiguities, or conceptual deviations. An expert panel consisting of psychologists, mental health researchers, and bilingual language specialists reviewed all versions of the questionnaire. Through an iterative consensus process, the panel evaluated the semantic, idiomatic, experiential, and conceptual equivalence of each item and made necessary modifications. This process resulted in agreement on a final Dari/Farsi version of the RTQ-10 that was deemed linguistically accurate, culturally appropriate, and suitable for use with Afghan society.

Repetitive thinking questionnaire (RTQ-10)

This questionnaire consists of 10 items selected from the original 27-item version of the Repetitive Thinking Questionnaire, based on the highest factor loadings. It is rated on a 5-point Likert scale ranging from 1 (Not at all true) to 5 (Very true). Validation of the RTQ-10 in both non-clinical (McEvoy et al., 2014) and clinical populations (McEvoy et al., 2018) has demonstrated high internal consistency Cronbach's alpha > 0.89 and strong correlations with the original 27-item version. The RTQ-10 also showed good convergent validity with a wide range of negative emotional states, including anxiety, depression, shame, anger, and general distress (Akbari, 2017; Kaçar-Başaran et al., 2023).

Depression anxiety stress scales – short form (DASS-21)

The Depression Anxiety Stress Scale (DASS-21) was developed by

Lovibond and Lovibond (1995) to assess three related dimensions of emotional distress: depression, anxiety, and stress. The instrument comprises 21 items, evenly divided across the three subscales, with each dimension measured by seven items. Responses are recorded on a four-point Likert scale ranging from 0 (Does not apply at all) to 3 (Quite often). Participants are asked to respond based on their experiences during the past week. The general score for each subscale ranges from 0 to 21, with higher scores demonstrating more serious indications. The DASS-21 is suitable for individuals aged 14 and older, including older adults, and its psychometric properties have been supported by extensive empirical research (Lovibond & Lovibond, 1995). In a recent study, (Neyazi et al., 2025) validated the DASS-21 among a sample of 1318 Afghan participants, reporting a high internal consistency with a Cronbach's alpha coefficient of 0.94.

Statistical analysis

Data were analyzed using SPSS-24 and AMOS-24 software. Internal consistency was assessed using Cronbach's alpha coefficient. The one-factor structure of the RTQ-10 was examined using confirmatory factor analysis (CFA) to validate the construct validity of the test. Convergent validity was also calculated using Pearson's correlation coefficient with DASS-21.

Results

In this study, 226 university students participated in an online survey. Table 1 presents the descriptive statistics for the RTQ-10 items, including item means, standard deviations, skewness, kurtosis, and item-total correlations. All items had a mean score close to the midpoint of the Likert scale (3), indicating moderate levels of repetitive negative thinking. The items also had good item-total correlations, ranging from 0.64 to 0.78, suggesting that all items were adequately related to the total RTQ-10 score (>.30).

Also, in Table 1, the skewness and kurtosis indices are in the range of 2 to -2, indicating that the distribution of the data was within the acceptable normal range.

Validity

Fig. 1 presents the measurement model with standardized coefficients.

The results of the measurement model indicate that all ten RTQ-10 items demonstrated acceptable factor loadings ranging from 0.59 to 0.77 (>0.40); Table 2 summarizes the findings.

The findings in Table 2 indicate that the critical ratios were within the acceptable range (C.R > 1.96), and the squared multiple correlations (SMCs) range from 0.34 to 0.60. Table 3 presents the fit indices of the measurement model estimated using the maximum likelihood method.

The fit indices of the 1-factor model without using modification

Table 1
Descriptive Statistics for RTQ-10 Items.

Items	Mean	SD	Skewness	Kurtosis	Item-Total Correlation
1	3.43	1.16	-0.40	-0.53	0.67**
2	3.13	1.16	-0.11	-0.77	0.73**
3	2.79	1.28	0.25	-0.98	0.66**
4	2.98	1.42	0.01	-1.31	0.77**
5	3.06	1.30	0.01	-1.04	0.78**
6	3.09	1.24	-0.07	-1.06	0.74**
7	3.18	1.18	-0.03	-0.92	0.64**
8	2.74	1.27	0.26	-0.96	0.78**
9	3.11	1.31	-0.15	-1.08	0.78**
10	3.62	1.30	-0.51	-0.93	0.68**
RTQ-10	31.12	9.17	-0.18	-0.45	-

** Correlation is significant at the 0.01 level (2-tailed).

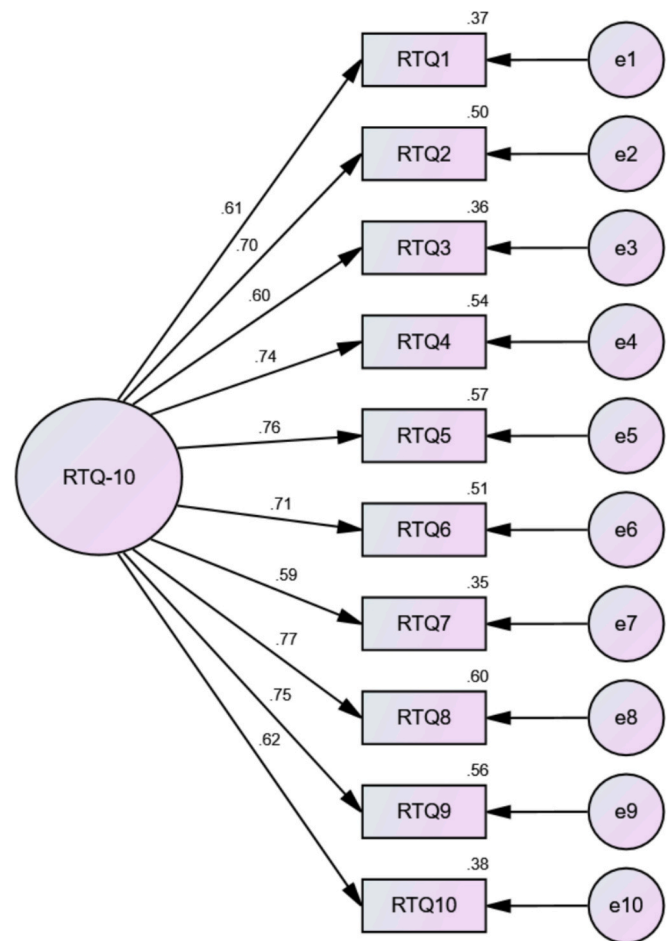


Fig. 1. RTQ-10 measurement model as a single factor.

Table 2
Factor loadings for the RTQ-10 items.

Items	Factor Loadings	S.E.	C.R	SMCs
1	0.61	0.10	8.52	0.37
2	0.70	0.13	8.56	0.50
3	0.60	0.14	7.59	0.36
4	0.74	0.16	8.80	0.54
5	0.76	0.15	8.99	0.57
6	0.72	0.14	8.58	0.51
7	0.59	0.13	7.50	0.34
8	0.77	0.15	9.08	0.60
9	0.75	0.15	8.96	0.56
10	0.62	0.14	7.84	0.38

Table 3
Fit indices of the CFA model in the 1-factor model.

Index	Research model (1-factor)	Decision criterion
(X ²)	50.94	P > 0.05
(Df)	35	--
P (Value)	0.04	P > 0.05
(X ² /df)	1.46	CMIN/DF < 3
Comparative Fit Index (CFI)	0.98	CFI > 0.90
Normed Fit Index (NFI)	0.95	NFI > 0.90
Tucker Lewis Index (TLI)	0.98	TLI > 0.90
Root Mean Square Error of Approximation (RMSEA)	0.04	RMSEA < 0.08
Standardized Root Mean Square Residual (SRMR)	0.03	SRMR < 0.08

indices are shown in Table 3, indicating that the chi-square value ($\chi^2 = 50.94$) was significant ($P = 0.04$). However, because the chi-square statistic is sensitive to sample size, other assumptions must be considered to examine the model fit. In this model, the χ^2/df index is 1.46, and since it is less than 3, the model fit can be considered acceptable. CFI was calculated as 0.98, indicating good model fit. In this model, the RMSEA index is equal to 0.04 with 90% confidence interval (LO 90 = 0.01- HI 90 = 0.07), which is below 0.08 and indicates acceptable model fit. The findings also showed that the standardized root mean square residual index (SRMR = 0.03) was within the acceptable range (SRMR < 0.08), indicating acceptable fit of the measurement model. Table 4 reports the convergent validity results.

The results of convergent validity showed that RTQ-10 showed moderate positive correlations with depression ($r = 0.43$), anxiety ($r = 0.37$), and stress ($r = 0.39$) ($P < 0.01$). Also, the coefficient of determination (r^2) was calculated based on the correlations with the three DASS-21 subscales ($r^2 = 0.20$) ($P < 0.01$). In fact, these findings suggest that the RTQ-10 demonstrates acceptable convergent validity in a sample of Afghan students.

Reliability

The reliability of the RTQ-10 was calculated in two ways. Internal consistency was assessed using Cronbach's alpha, which showed good reliability ($\alpha = 0.86$). Test-retest reliability was estimated in 50 students over a two-week interval ($r = 0.76$). In addition, the intraclass correlation coefficient indicated good stability (ICC = 0.76, $F = 7.41$, 95% CI = 0.62–.86).

Discussion

This study aimed to translate and validate the Repetitive Thinking Questionnaire (RTQ-10) in a sample of Afghan university students. The results of the factor structure of the RTQ-10 showed that all items were significantly loaded onto the single factor, consistent with the results of the original scale development study (McEvoy et al., 2014). In the present study, a single-factor model was examined (Fig. 1). The confirmatory factor analysis of the derived model showed that the Dari/Farsi (RTQ-10) showed acceptable reliability and validity, as well as satisfactory content validity in the sample of Afghan students. These findings are consistent with previous studies (Akbari, 2017; Gavazzeni et al., 2019; Kaçar-Başaran et al., 2023; McEvoy et al., 2014; Samtani et al., 2022). Furthermore, the results of the convergent validity analysis revealed that repetitive thinking scores were positively correlated with depression, anxiety, and stress, suggesting acceptable convergent validity of the scale. These findings are in line with previous research demonstrating a positive and significant association between depression, anxiety, stress, and repetitive thinking (Harvey et al., 2004; Kaçar-Başaran et al., 2023; McEvoy et al., 2018; McEvoy et al., 2013; Samtani et al., 2022). Previous research has also supported good model fit in non-clinical samples (Kaçar-Başaran et al., 2023; McEvoy et al., 2018; McEvoy et al., 2014). The reliability analysis demonstrated that the RTQ-10 has good internal consistency and test-retest reliability. The Cronbach's alpha coefficient for the scale was 0.86, and the two-week retest correlation coefficient was 0.76. These findings are consistent with the results of the original scale development study (McEvoy et al., 2014).

Consistent with the original findings reported by McEvoy et al. (2014), the current study suggests that the RTQ is a reliable instrument

for assessing repetitive thinking among young individuals, particularly university students. According to the results of this study, the present questionnaire has suitable psychometric properties in Afghan society and can be easily used by researchers because of its simple and practical format. Since it is an appropriate tool for measuring repetitive thinking, it may facilitate more accurate assessment and support both clinical and non-clinical interventions in the context of counseling or psychology. Despite its contributions, the present study has several limitations. First, individuals with a self-reported history of psychiatric disorders were excluded to obtain a non-clinical sample. While appropriate for initial validation, this exclusion may have reduced score variability and potentially influenced validity estimates. Second, the sample was limited to students from Herat University and was predominantly male (77%), which may limit the generalizability of the findings across genders and to broader populations. Additionally, the use of convenience sampling further restricts the representativeness of the sample. Moreover, all measures relied on self-report questionnaires, which may introduce response biases such as social desirability and recall bias. Although the DASS-21 is a well-validated and widely used measure, convergent validity in this study was assessed using a single instrument, which may limit the breadth of construct validity evidence. Given these limitations, future research should include both clinical and non-clinical samples to further examine the robustness and stability of the scale. Future studies employing larger, more diverse, and gender-balanced samples from different universities and regions of Afghanistan are recommended to enhance generalizability. In addition to the DASS-21, future research should incorporate complementary measures such as the Beck Depression Inventory (BDI), the Generalized Anxiety Disorder Scale (GAD-7), the Patient Health Questionnaire-9 (PHQ-9), and other disorder-specific instruments to strengthen evidence for convergent and discriminant validity. Furthermore, examining the relationship between RTQ-10 and conditions such as obsessive-compulsive disorder, major depressive disorder, eating disorders, and social anxiety would provide a more comprehensive understanding of its clinical utility. Finally, the use of longitudinal designs, random sampling methods, and mixed-method approaches (e.g., qualitative interviews) is encouraged to further support the applicability and psychometric robustness of the scale within the Afghan context.

Conclusion

In conclusion, the findings of this study provide preliminary evidence for the psychometric adequacy of the Dari/Farsi version of the Repetitive Thinking Questionnaire (RTQ-10) within a non-clinical sample of Afghan university students. The results suggest that the single-factor structure demonstrates acceptable model fit, along with satisfactory internal consistency, temporal stability, and convergent validity. Furthermore, the questionnaire showed meaningful associations with depression, anxiety, and stress, which is consistent with theoretical expectations. However, these findings should be interpreted within the context of the study's limitations, and generalization beyond similar non-clinical student populations requires further validation in more diverse and clinical populations.

Ethics statement

This study was conducted in accordance with the principles of the Declaration of Helsinki. Ethical approval was obtained from the Research Committee of the Department of Counseling and Psychology, Faculty of Education, Herat University, Afghanistan, which served as the Institutional Review Board for this study (Approval No: HU-CP-2025-0138). All participants were fully informed about the study procedures and provided written informed consent prior to participation.

Table 4
Convergent validity results.

Variables	Depression	Anxiety	Stress	r^2
RTQ-10	0.43**	0.37**	0.39**	0.20

** Correlation is significant at the 0.01 level (2-tailed).

Clinical trial number

Not applicable.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

- Abramowitz, J. S., Whiteside, S., Kalsy, S., & Tolin, D. F. (2003). Thought control strategies in obsessive-compulsive disorder: A replication and extension. *Behaviour Research and Therapy*, 41(5), 529–540.
- Afsharzada, M. S., Saadat, S., Azizi, B. A., & Haqyar, S. (2025). Dari version of International Trauma Questionnaire (ITQ): In a sample of afghan students. *European Journal of Trauma & Dissociation*, 100528.
- Akbari, M. (2017). Psychometric properties of repetitive thinking questionnaire in nonclinical sample: Trans diagnostic tool. *Journal of Clinical Psychology*, 9(2), 59–72.
- Amir, N., Cashman, L., & Foa, E. B. (1997). Strategies of thought control in obsessive-compulsive disorder. *Behaviour Research and Therapy*, 35(8), Article 775-IN771.
- Clohessy, S., & Ehlers, A. (1999). PTSD symptoms, response to intrusive memories and coping in ambulance service workers. *British Journal of Clinical Psychology*, 38(3), 251–265.
- Eccleston, C., Crombez, G., Aldrich, S., & Stannard, C. (2001). Worry and chronic pain patients: A description and analysis of individual differences. *European Journal of Pain*, 5(3), 309–318.
- Ehring, T., & Watkins, E. R. (2008). Repetitive negative thinking as a transdiagnostic process. *International Journal of Cognitive Therapy*, 1(3), 192–205.
- Fink, P., Ørnboel, E., Toft, T., Sparle, K. C., Frosthalm, L., & Olesen, F. (2004). A new, empirically established hypochondriasis diagnosis. *American Journal of Psychiatry*, 161(9), 1680–1691.
- Gavazzeni, J. A., Andersson, T., Sörman, K., & Kristiansson, M. (2019). Psychometric properties of the swedish version of the brief Repetitive Thinking Questionnaire (RTQ-10): An Internet-based study on degrees of affective symptoms and levels of distress. *Psychopathology*, 52(4), 256–264.
- Harvey, A., Watkins, E., Mansell, W., & Shafran, R. (2004). *Cognitive Behavioural Processes across Psychological Disorders: A transdiagnostic approach to research and treatment*. Oxford University Press. <https://doi.org/10.1093/med:psych/9780198528883.001.0001>.
- Hasani, M., Ahmadi, R., & Saed, O. (2022). Psychometric properties and factor structure of the Repetitive Thinking Questionnaire: Persian versions of the RTQ-31 and RTQ-10. *Trends in Psychiatry and Psychotherapy*, 44, Article e20200058.
- Joomann, J., Dkane, M., & Gotlib, I. H. (2006). Adaptive and maladaptive components of rumination? Diagnostic specificity and relation to depressive biases. *Behavior Therapy*, 37(3), 269–280.
- Kaçar-Başaran, S., Gökdağ, C., & McEvoy, P. M. (2023). Trait repetitive negative thinking: Psychometric properties of the Turkish version of the Brief Repetitive Thinking Questionnaire (RTQ-10). *International Journal of Cognitive Therapy*, 16(3), 416–431.
- Kline, R. B. (2023). *Principles and practice of structural equation modeling*. Guilford Publications.
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: comparison of the depression anxiety stress scales (DASS) with the beck depression and anxiety inventories. *Behaviour Research and Therapy*, 33(3), 335–343.
- McEvoy, P. M., Hyett, M. P., Ehring, T., Johnson, S. L., Samtani, S., Anderson, R., & Moulds, M. L. (2018). Transdiagnostic assessment of repetitive negative thinking and responses to positive affect: Structure and predictive utility for depression, anxiety, and mania symptoms. *Journal of Affective Disorders*, 232, 375–384.
- McEvoy, P. M., & Mahoney, A. E. (2013). Intolerance of uncertainty and negative metacognitive beliefs as transdiagnostic mediators of repetitive negative thinking in a clinical sample with anxiety disorders. *Journal of Anxiety Disorders*, 27(2), 216–224.
- McEvoy, P. M., Mahoney, A. E., & Moulds, M. L. (2010). Are worry, rumination, and post-event processing one and the same?: Development of the Repetitive Thinking Questionnaire. *Journal of Anxiety Disorders*, 24(5), 509–519.
- McEvoy, P. M., Thibodeau, M. A., & Asmundson, G. J. (2014). Trait repetitive negative thinking: A brief transdiagnostic assessment. *Journal of Experimental Psychopathology*, 5(3), 1–17.
- McEvoy, P. M., Watson, H., Watkins, E. R., & Nathan, P. (2013). The relationship between worry, rumination, and comorbidity: Evidence for repetitive negative thinking as a transdiagnostic construct. *Journal of Affective Disorders*, 151(1), 313–320.
- Naghavi, A., Afsharzada, M. S., Brailovskaia, J., & Teismann, T. (2022). Mental health and suicidality in afghan students after the Taliban takeover in 2021. *Journal of Affective Disorders*, 307, 178–183. <https://doi.org/10.1016/j.jad.2022.04.001>
- Neyazi, A., Rahimi, B. A., Mohammadi, A. Q., Satapathy, P., Shikhulislamy, Y., Qaderi, F., Qarizada, B. S., Afzali, H., Neyazi, M., & Griffiths, M. D. (2025). Psychometric evaluation of the 21-item depression, anxiety and stress scale (DASS-21) among Afghans. *BMC Psychiatry*, 25(1), 1186.
- Raes, F. (2012). Repetitive negative thinking predicts depressed mood at 3-year follow-up in students. *Journal of Psychopathology and Behavioral Assessment*, 34, 497–501.
- Samtani, S., Moulds, M. L., Johnson, S. L., Ehring, T., Hyett, M. P., Anderson, R., & McEvoy, P. M. (2022). Higher order repetitive negative thinking is more robustly related to depression, anxiety, and mania than measures of rumination or worry. *Cognitive Therapy and Research*, 1–10.
- Spasojević, J., & Alloy, L. B. (2001). Rumination as a common mechanism relating depressive risk factors to depression. *Emotion*, 1(1), 25.
- Watkins, E. (2011). Dysregulation in level of goal and action identification across psychological disorders. *Clinical Psychology Review*, 31(2), 260–278.
- Watkins, E. R. (2009). Depressive rumination: Investigating mechanisms to improve cognitive behavioural treatments. *Cognitive Behaviour Therapy*, 38(S1), 8–14.