The authors proposed to conduct a longitudinal study to investigate the relation between interpretation biases, rumination, and psychological symptoms. My greatest concern of the study is regarding how rumination is conceptualized and measured. The authors provide an excellent distinction between negative automatic thoughts (i.e., short appraisals of loss and guilt) and rumination (i.e., long chains of self-focused, repetitive negative thinking that occur as a response to the initial negative thoughts). However, the authors do not make a distinction between rumination and other types of repetitive thinking such as worry, reflection, and positive rumination. Recent evidence suggests that different types of repetitive thinking such as worry, rumination, and reflection are highly correlated, but unique constructs (Castro et al., 2022). Moreover, research suggests that worry, rumination, and reflection may differ not in only in content, but in associations with different personality traits, emotion regulation tendencies, and behavioral tendencies. It appears that what the authors are measuring and referring to as rumination is in fact repetitive negative thinking, not rumination. I would encourage the authors to think about substituting the term repetitive negative thinking for rumination in their study. I would especially encourage this change since the authors chose to use the Perseverative Thinking Questionnaire, which is a great measure for perseverative/repetitive thinking, as one of their measures. Alternatively, the authors can measure different types of repetitive thinking such as worry (using the Penn State Questionnaire), rumination (using the Rumination-Reflection Questionnaire; RRQ), and reflection (RRQ). Measuring different types of repetitive thinking would help the authors clarify whether rumination specifically predicts psychological symptoms over and above other types of repetitive thinking and negative interpretation biases. I hope the questions/comments below (the order of which does not necessarily reflect their relative importance) will be helpful to the authors.

The authors pose the following research question: “Do interpretation biases predict more psychological symptoms across time?” However, it is unclear what they are comparing the predictability of interpretation biases to. For example, are the authors investigating if interpretation biases predict more psychological symptoms across time than negative repetitive thinking?

I think the authors should provide a clearer definition of interpretation than, “a semantic process to resolve ambiguous content by constructing and adopting mental representations.” Specifically, it is unclear to me what “constructing and adopting mental representations” adds to the definition. It would be useful to distinguish interpretations from beliefs.

Given that the authors will be assessing suicidality using the Inventory of Depression and Anxiety Symptoms (IDAS) questionnaire, it is important to provide participants with a mental health resource list that contains phone numbers to suicide hotlines. In fact, it would be unethical to have participants rate items such as, “I had thoughts of suicide,” and “I thought the world would be better off without me,” which are two of the six suicidality items of the IDAS without access to information of local and national resources. It would be unethical because people with elevated symptoms of depression or schizophrenia may had experienced passing suicidal thoughts prior to rating suicidality items, but may not had thought about them as clearly as when rating suicidality items (especially given the concentrations symptoms present in depression and the disorganized symptoms present in schizophrenia). This could be quite concerning if participants rate the suicidality items high.