Relating cognitive fusion to OC symptom dimensions

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Introduction

- Cognitive-behavioral models (i.e., obsessive belief models) do not entirely explain obsessive-compulsive (OC) symptoms.
- It is worthwhile to consider constructs that improve the explanatory power of existing models.
- Derived from Relational Frame Theory (RFT), experiential avoidance (EA) – the tendency to resist unpleasant internal experiences – conceptually relates to OC symptoms and might add to existing conceptual models.
- Cognitive fusion, another RFT construct, refers to the tendency to take thoughts literally rather than view them as mental events.
- The present study examined the independent and relative contributions of cognitive fusion, EA, and obsessive beliefs in the prediction of OC symptom dimensions.

Hypotheses:
- EA and cognitive fusion will both contribute to predicting various OC symptom dimensions.
- Cognitive fusion will individually predict the “repugnant thoughts” OC symptom dimension (above and beyond other constructs) given the prominence of intrusive unwanted thoughts in this symptom presentation.

Method

Participants
- 278 undergraduate volunteers (250 eligible)
- 70.4% female
- 71.6% Caucasian
- M age = 20.1 years

Self-Report Measures
- Cognitive Fusion Questionnaire (CFQ)
- Acceptance and Action Questionnaire-II (AAQ-II)
- Dimensional Obsessive-Compulsive Scale (DOCS)
- Obsessive Beliefs Questionnaire (OBQ-44)
  3 subscales:
  - Responsibility/Threat
  - Perfectionism/Certainty
  - Importance/Control Thoughts
- Depression Anxiety and Stress Scale (DASS)

Results

Group mean scores on study measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>M (SD)</th>
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</thead>
<tbody>
<tr>
<td>CFQ</td>
<td>27.55 (8.02)</td>
</tr>
<tr>
<td>AAQ-II</td>
<td>47.71 (10.32)</td>
</tr>
<tr>
<td>DOCS Contamination</td>
<td>3.24 (2.69)</td>
</tr>
<tr>
<td>DOCS Responsibility for Harm</td>
<td>3.91 (3.27)</td>
</tr>
<tr>
<td>DOCS Unacceptable Thoughts</td>
<td>4.82 (3.62)</td>
</tr>
<tr>
<td>DOCS Symmetry</td>
<td>3.19 (3.44)</td>
</tr>
<tr>
<td>OBQ-44 Responsibility/Threat</td>
<td>57.69 (15.91)</td>
</tr>
<tr>
<td>OBQ-44 Perfectionism/Certainty</td>
<td>61.91 (17.21)</td>
</tr>
<tr>
<td>OBQ-44 Importance/Control Thoughts</td>
<td>33.58 (11.99)</td>
</tr>
<tr>
<td>DASS Depression</td>
<td>4.58 (4.20)</td>
</tr>
<tr>
<td>DASS Anxiety</td>
<td>3.98 (3.45)</td>
</tr>
<tr>
<td>DASS Stress</td>
<td>6.54 (4.08)</td>
</tr>
</tbody>
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Zero Order Pearson Correlations
- CFQ & AAQ-II: \( r = -.77, p < .001 \)
- AAQ-II was significantly associated with all OBQ subscales (rs ranged from -.42 to -.46)
- CFQ was significantly associated with all OBQ subscales (rs ranged from .32 to .39)
- DOCS subscales, with the exception of the Contamination subscale, were significantly correlated (\( p < .01 \)) with all DASS subscales.
- All DOCS subscales were significantly (\( p < .05 \)) related to the OBQ subscales.
- DOCS subscales, with the exception of the Contamination subscale, were significantly correlated with both the AAQ and CFQ (ps < .05).
- AAQ and CFQ were most strongly associated with the DOCS-Unacceptable Thoughts subscale (rs = -.57 and .54, respectively).

Hierarchical Regression Predicting DOCS
- Step 1: DASS
- Step 2: OBQ Subscales
- Step 3: AAQ-II & CFQ

Discussion

- Consistent with our hypotheses, both RFT constructs were strongly associated with the Unacceptable Thoughts dimension, moderately associated with the Responsibility dimension, and only weakly associated with symmetry.
- Given that symptoms associated with the Unacceptable Thoughts dimension primarily include distressing intrusive mental phenomena (e.g., repugnant thoughts) and subjective resistance, cognitive fusion and EA are likely more relevant.
- Analyses indicate that RFT may be less applicable for understanding symmetry and contamination symptoms.
- To the extent that our findings from a non-clinical sample generalize to treatment-seeking individuals with clinically severe OC symptoms, ACT-enhanced CBT may be beneficial for patients that present with this form of OC symptoms.