



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

Measure	<i>M</i> (<i>SD</i>)
CFQ	27.55 (8.02)
AAQ-II	47.71 (10.32)
DOCS	
Contamination	3.24 (2.69)
Responsibility for Harm	3.91 (3.27)
Unacceptable Thoughts	4.82 (3.62)
Symmetry	3.19 (3.44)
OBQ-44	
Responsibility/Threat	57.69 (15.91)
Perfectionism/Certainty	61.91 (17.21)
Importance/Control Thoughts	33.58 (11.99)
DASS	
Depression	4.58 (4.20)
Anxiety	3.98 (3.45)
Stress	6.54 (4.08)

Zero Order Pearson Correlations

- CFQ & AAQ-II: $r = -.77, p < .001$
- AAQ-II was significantly associated with all OBQ subscales (r s ranged from $-.42$ to $-.46$)
- CFQ was significantly associated with all OBQ subscales (r s 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 (r s = $-.57$ and $.54$, respectively).

Hierarchical Regression Predicting DOCS

- Step 1: DASS
- Step 2: OBQ Subscales
- Step 3: AAQ-II & CFQ

Predicting DOCS Responsibility	<i>R</i> ²	β	<i>t</i>	<i>p</i>
Final Model	.27			<.001

Step 1: DASS

Depression	-.08	-.97	.33
Anxiety	.13	1.61	.11
Stress	-.09	-.88	.38

Step 2: OBQ

Responsibility/Threat	.41	4.98	<.001
Perfectionism/Certainty	-.01	-.15	.88
Importance/Control Thoughts	.05	.71	.48

Step 3: RFT measures

AAQ-II	-.13	-1.22	.22
CFQ	.05	.50	.62

Predicting DOCS Thoughts	<i>R</i> ²	β	<i>t</i>	<i>p</i>
Final Model	.45			<.001

Step 1: DASS

Depression	.03	.43	.67
Anxiety	.21	2.84	.01
Stress	-.20	-2.32	.02

Step 2: OBQ

Responsibility/Threat	.19	2.61	.01
Perfectionism/Certainty	-.14	-1.82	.07
Importance/Control Thoughts	.21	3.11	<.001

Step 3: RFT measures

AAQ-II	-.24	-2.65	.01
CFQ	.29	3.51	<.001

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.