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ORIGINAL ARTICLE

Psychometric properties of the Cognitive Fusion Questionnaire in Colombia

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KEYWORDS

Cognitive Fusion Questionnaire;
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Abstract The Cognitive Fusion Questionnaire (CFQ) is a recently published measure of cognitive fusion – a key construct in the model of psychopathology of acceptance and commitment therapy (ACT). This study presents the psychometric properties and factor structure data of a Spanish translation of the CFQ in Colombia. Three samples with a total of 1,763 participants were analyzed. The Spanish CFQ showed psychometric properties very similar to the ones obtained in the original version. Internal consistency across the different samples was good (Cronbach's alpha between .89 and .93). The one-factor model found in the original scale showed a good fit to the data. Measurement invariance was also found across sample and gender. The mean score of the clinical sample on the CFQ was significantly higher than the scores of the nonclinical samples. CFQ scores were significantly related to experiential avoidance, emotional symptoms, mindfulness, and life satisfaction. The CFQ was sensitive to the effects of a 1-session ACT intervention. This Spanish version of the CFQ shows good psychometric properties in Colombia.

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PALABRAS CLAVE

Cuestionario de Fusión Cognitiva;
Terapia de aceptación y compromiso;

Propiedades psicométricas del Cuestionario de Fusión Cognitiva en Colombia

Resumen El Cuestionario de Fusión Cognitiva (CFQ) es una medida de fusión cognitiva recientemente publicada; un constructo clave en el modelo de psicopatología de la terapia de aceptación y compromiso. El presente estudio muestra las propiedades psicométricas y estructura factorial de una traducción al español del CFQ en Colombia. Se analizaron tres muestras con

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Fusión cognitiva;
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un total de 1763 participantes. La versión en español del CFQ mostró resultados muy similares a los obtenidos en la versión original. La consistencia interna a través de las distintas muestras fue buena (alfa de Cronbach entre .89 y .93). El modelo unifactorial encontrado en la escala original mostró un buen ajuste a los datos. Se encontró invarianza de la medida a través de muestras y sexo. La puntuación media de la muestra clínica en el CFQ fue significativamente mayor que las puntuaciones de las muestras no clínicas. Las puntuaciones en el CFQ estuvieron significativamente correlacionadas con evitación experiencial, síntomas emocionales, *mindfulness* y satisfacción vital. El CFQ fue sensible a los efectos de una intervención de terapia de aceptación y compromiso de una sesión. Esta versión en español del CFQ mostró buenas propiedades psicométricas en Colombia.

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Cognitive fusion is a central construct of the Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999) – a model of psychopathology and behavioral ineffectiveness. Cognitive fusion is a verbal process whereby individuals become entangled in their thinking and evaluations, judgements and memories and behave according to the derived functions of these private experiences. In other words, private experiences dominate subsequent behavior, thereby preventing other sources of stimulus control from influencing behavior (Gillanders et al., 2014; Luciano, Valdivia-Salas, & Ruiz, 2012; Törneke, Luciano, Barnes-Holmes, & Bond, 2016). When private experiences are aversive, fusion usually leads to experiential avoidance strategies (e.g., suppression, distraction, worry, rumination, etc.) in order to reduce this discomfort. These short term avoidance strategies are thereby negatively reinforced. People will often continue applying experiential avoidance strategies in response to aversive private experiences leading to entrapment in the experiential avoidance loops characteristics of psychological disorders (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).

For instance, consider the case of a person who begins to derive thoughts concerning the possibility of developing a psychotic disorder because of the similar characteristics between her and a person she has just met who suffer from schizophrenia (e.g., similar personality, interests, physical appearance, etc.). Fused behavior with these thoughts may lead the person to do something like visiting internet web-pages to analyze the likelihood of developing schizophrenia, asking for a professional opinion, avoiding conversations about mental disorders, hypervigilant scanning for unusual perceptual experiences, hyper arousal leading to autonomic reactivity, sleep disturbance, etc. At the same time, the person could avoid social stigma associated with mental illness by not sharing these concerns with others, reducing opportunities for reality checking, corrective perspectives, etc. If this pattern of fused behavior with thoughts related to schizophrenia is followed, the person may enter an experiential avoidance loop and stop performing valued actions.

Given the prominence of cognitive fusion in the underlying theory, ACT posits a great emphasis in promoting *cognitive defusion*, which is the process of taking a detached perspective on private experiences, and unhooking behavior from said events, such that other sources of stimulus

control influence behavior in accordance with personal values instead of experiential avoidance (Levin, Luoma, & Haeger, 2015; Törneke et al., 2016).

Given the importance of cognitive fusion, several self-report measures of fusion have been validated in the last few years. These include the Believability of Anxious Feelings and Thoughts (BAFT; Herzberg et al., 2012; Ruiz, Odriozola-González, & Suárez-Falcón, 2014) and the Cognitive Fusion Questionnaire (CFQ; Gillanders et al., 2014). While BAFT is contextualized to anxiety, the CFQ has the advantage that it is a general measure of cognitive fusion that can be applied to diverse situations.

A Spanish version of the CFQ already exists (Romero-Moreno, Márquez-González, Losada, Gillanders, & Fernández-Fernández, 2014), but it was validated in Spain with a relatively small sample of caregivers. Accordingly, further psychometric analyses are needed to explore the properties of the CFQ in more diverse samples and in other Spanish speaking countries. Indeed, testing measures in culturally diverse samples enhances both our confidence in the measure and the cross-cultural relevance of the underlying theory being measured (Elosua, Mujika, Almeida, & Hermosilla, 2014). The current study aimed to analyze the psychometric properties of a Spanish version of the CFQ in Colombia. A small pilot study was first conducted to enhance the cultural sensitivity of the Spanish version of the CFQ. Subsequently, the CFQ was administered to three samples (total $N = 1763$): a sample of 762 undergraduates, a sample of 724 Colombian people recruited through internet, and a clinical sample of 277 participants. An additional small sample ($N = 11$) was used to explore whether the CFQ scores were sensitive to the effect of a 1-session ACT intervention to reduce maladaptive worry and rumination. We expected the CFQ to show similar psychometric characteristics in Colombia the original scale.

Method

Participants

Sample 1. This sample consisted of 762 undergraduates (age range 18–63, $M = 21.16$, $SD = 3.76$) from seven universities of Bogotá. Forty-six percent of the participants

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