



## The relationship between quality of life with metacognitive belief and cognitive fusion in couples

Hmid Reza Samadifard<sup>1</sup>, Mohammad Narimani<sup>1</sup>

<sup>1</sup> Department of Psychology, School of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran

### Short Communication

#### Abstract

**BACKGROUND:** Quality of life (QOL) is one of the most important factors of family stability. The objective in this study is to investigate the relationship between metacognitive belief and cognitive fusion with QOL among couples in Ardabil City, Iran.

**METHODS:** This was a descriptive-correlational study in which the statistical population included all couples in Ardabil in 2016 who were selected by the convenience sampling method (54 couples). Data were collected using questionnaires and were analysed using Pearson correlation coefficient.

**RESULTS:** The results showed that there was a significant relationship between metacognitive belief and fusion cognitive with QOL of the couples ( $P < 0.05$ ).

**CONCLUSION:** It can be concluded from this study that couples with higher levels of metacognitive beliefs and cognitive fusion have a lower QOL compared to their peers.

**KEYWORDS:** Quality of Life; Metacognitive Belief; Cognitive Fusion

**Date of submission:** 11 Sep. 2019, **Date of acceptance:** 22 Nov. 2019

**Citation:** Samadifard HR, Narimani M. **The relationship between quality of life with metacognitive belief and cognitive fusion in couples.** Chron Dis J 2020; 8(2): ???.

### Introduction

Quality of life (QOL) is defined as the individuals' personal perceptions of their place of living according to the culture and value system in which they live, which is influenced by their goals, expectations, and standards.<sup>1</sup> Metacognitive beliefs and cognitive fusion are among the factors that can influence the QOL of couples. Metacognitive beliefs refer to the beliefs and theories that individuals have about their thinking.<sup>2</sup> Meta-cognitive experiences include evaluations and feelings that individuals have in various situations about their mental state, and metacognitive

strategies are responses used for controlling and modifying thinking as well as for emotional self-regulation.<sup>3</sup> Studies on metacognitive beliefs have shown that metacognitive beliefs are influential factors in mental disorders, anxiety, marital satisfaction, and life expectancy of couples.<sup>4-7</sup> In cognitive fusion, individuals are overly influenced by their thoughts. These thoughts cause behavior and experience to dominate other sources of behavioral regulation and make one less susceptible to indirect consequences.<sup>8</sup> Findings in various investigations have shown that cognitive fusion is one of the factors affecting QOL<sup>8</sup> and mental disorders.<sup>9</sup> In general, it can be concluded that meta-cognitive beliefs and cognitive fusion are among the influential factors in mental disorders. Due to the importance of the subject, the present study aimed to investigate the relationship between

#### Corresponding Author:

Hmid Reza Samadifard; Department of Psychology, School of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran  
Email: [hksamadifard@gmail.com](mailto:hksamadifard@gmail.com)

QOL and morphological and cognitive fusion between couples.

### Materials and Methods

This was a descriptive-correlational study in which the statistical population included all couples in Ardabil in 2016 (probable estimate as 30,000). Due to the limitations of the researcher in the sample selection, 54 couples were randomly selected by referring to the key locations of the city.

**Wells' Meta-Cognitive Beliefs Questionnaire (MCBQ):** This scale was developed by Wells and the Wright Hutton 2 Card to measure individuals' beliefs and consists of 30 items. The scale is rated on a four-point scale from *disagree* to *strongly agree*. In Iran, the validity of the scale has been reported favorably. The reliability coefficient of the scale was 0.93 and the test reliability was 0.75 within four weeks.<sup>7</sup>

**Cognitive Fusion Questionnaire (CFQ):** This scale was developed by Gillanders et al. to measure cognitive fusion and includes 7 items on a 7-point Likert scale. The validity of the scale has been confirmed in Iran. The Cronbach's alpha coefficient of the instrument was also reported above 0.70.<sup>9</sup>

**World Health Organization Quality of Life (WHOQOL) Assessment:** This scale was developed in 1996 by a team of WHO experts. The scale is comprised of 26 items and is rated on a 5-point Likert scale. A desirable validity has been reported for this instrument in Iran. Additionally, the reliability of the instrument was above 0.70.<sup>1</sup>

After confirming homogeneity of variances using Levene's test results, the study data were analyzed using Pearson correlation coefficient.

### Results

The results showed that there was a negative significant relationship between

metacognitive beliefs (-0.55) and cognitive fusion (-0.39) with QOL ( $P < 0.05$ ) (Table 1).

**Table 1. Correlation of study variables**

Variables	Metacognitive Belief	Cognitive fusion	QOL
Metacognitive Belief	-	-	-
Cognitive fusion	0.42	-	-
QOL	-0.55	-0.39	-

QOL: Quality of life

### Discussion

The findings indicated a significant negative relationship between metacognitive beliefs and QOL in couples. This result was consistent with the findings of other studies.<sup>2-7</sup> Cognitive beliefs play an important role in the selection and persistence of dysfunctional coping strategies, and in fact, the use of dysfunctional coping strategies leads to the formation and continuity of psychological problems. The activation of metacognitive belief components leads to the individual's emotional state. Experience of emotional stress results in a high score in metacognitive beliefs. The subjects with such a high score become involved in maladaptive coping strategies, and the use of these strategies makes the threat concepts more accessible to process and reduce QOL.<sup>3-4</sup> The other part of the results showed that there is a negative significant relationship between cognitive fusion and QOL among couples. This result is consistent with the findings of other studies<sup>7-9</sup> in which cognitive fusion is the strongest predictor of anxiety syndrome in individuals.<sup>8</sup>

The other part of the results showed that there is a negative significant relationship between cognitive fusion and QOL among couples. This result is consistent with the findings of other studies in which cohesion is the strongest predictor of anxiety syndrome in individuals.<sup>7-9</sup> Couples need to be able to interpret, analyze, and evaluate various issues in order to play social, psychological, and physical roles, and overall QOL, and this

would not be possible without cognitive skills. Using the convenience sampling method and limiting the sample to couples in Ardabil were among the limitations of the present study. Therefore, it is suggested that other studies be carried out using a random method and on more samples and other sections of the population to make the results more reliable. It is also recommended that counseling centers and pre- and post-marriage workshops be employed to help couples with poor QOL to improve it by training them to overcome inappropriate cognitive strategies.

### Conclusion

Finally, it can be concluded that couples with higher levels of metacognitive beliefs and cognitive fusion have lower QOL in comparison to other couples.

### Conflict of Interests

Authors have no conflict of interests.

### Acknowledgments

The authors of the article would like to sincerely appreciate all the couples who contributed to this study. This study was taken from the Master's thesis in Psychology under license number 96/d/20/10853 by University of Mohaghegh Ardabili, Ardabil, Iran.

### References

1. Ag Aghajani S, Samadifard H, Narimani M. The role of cognitive avoidance components and metacognitive belief in the prediction of quality of life in diabetic patients. *Journal of Health Psychology* 2017; 6(21): 142-456. [In Persian].
2. Wells A, Cartwright-Hatton S. A short form of the metacognitions questionnaire: Properties of the MCQ-30. *Behav Res Ther* 2004; 42(4): 385-96.
3. Haseth S, Solem S, Soro GB, Bjornstad E, Grotte T, Fisher P. Group metacognitive therapy for generalized anxiety disorder: A pilot feasibility trial. *Front Psychol* 2019; 10: 290.
4. Papageorgiou C, Carlile K, Thorgaard S, Waring H, Haslam J, Horne L, et al. Group cognitive-behavior therapy or group metacognitive therapy for obsessive-compulsive disorder? Benchmarking and comparative effectiveness in a routine clinical service. *Front Psychol* 2018; 9: 2551.
5. Valizade M, Hasanvandi S, Honarmand MM, Afkar A. Effectiveness of group metacognitive therapy for student's metacognitive beliefs and anxiety. *Procedia Soc Behav Sci* 2013; 84: 1555-8.
6. van der Heiden C, Muris P, van der Molen HT. Randomized controlled trial on the effectiveness of metacognitive therapy and intolerance-of-uncertainty therapy for generalized anxiety disorder. *Behav Res Ther* 2012; 50(2): 100-9.
7. Samadifard HR. Prediction of life expectancy of spouses based of meta-cognitive belief and cognitive fusion. *Research in Clinical Psychology and Counseling* 2017; 6(2): 48-62. [In Persian].
8. Gillanders DT, Sinclair AK, MacLean M, Jardine K. Illness cognitions, cognitive fusion, avoidance and self-compassion as predictors of distress and quality of life in a heterogeneous sample of adults, after cancer. *J Contextual Behav Sci* 2015; 4(4): 300-11.
9. Gillanders DT, Bolderston H, Bond FW, Dempster M, Flaxman PE, Campbell L, et al. The development and initial validation of the cognitive fusion questionnaire. *Behav Ther* 2014; 45(1): 83-101.