

# Measuring Cognitive Fusion on Counselor Involvement Performance

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**Abstract**—The therapeutic relationship is a condition that needs to be built and appropriately developed to support the success of the counseling services provided. Self-competence and the counselor's internal state play a significant role in building a therapeutic relationship with the counselee. One of the failures in managing the counselor's internal condition is cognitive fusion, which shows the cognitive biases and distortions experienced by the counselor. Measurement of cognitive fusion can be used as an evaluation material to be followed up in improving the performance of counselor counseling. This study aims to measure the cognitive fusion condition of 145 counselors through a survey research design. The instrument used is a cognitive fusion inventory and analyzed through descriptive statistics and graphs. The results showed that the counselor's mental condition was in the medium category and tended to be high, with an average of 68.439%. Cognitive fusion is the counselor's failure to manage the mind, which shows weakness in the counselor's metacognitive skills. The improvement of the counselor's metacognition skills is a recommendation to improve the counselor's cognitive defusion.

**Keywords**—*cognitive fusion, counselor involvement, metacognition,*

## I. INTRODUCTION

Almost all counseling approaches agree that a good counseling relationship is necessary for effective

counseling outcomes. Relationships in some counseling approaches are not only necessary but also sufficient to make change happen, especially the person-centered approach to counseling [1]. The process of the counseling relationship is essential, as well as the interaction of two cultures between the counselor-counselee, which needs to be adequately bridged in the counseling process [2]–[5]

The counselor-counselee relationship can be influenced by the client's internal working model, which is based on their initial engagement experience in the counseling session [6], [7]. Research results also show that there is an influence between a better therapeutic relationship on client satisfaction [8], consistency of the counseling process [9], and counseling outcomes [6], [10], [11]. The counseling framework described by Corey [12] states the importance of the counseling relationship as a situation that affects the process of change in the counseling session. This relationship situation is manifested in a balanced two-way relationship between the counselor and the counselee.

Counseling situations and relationships are generally formed since pre-counseling [13]. The pre-counseling condition of the counselors at school has a role in the counselee's assumptions and expectations of

the counselor. A good pre-counseling situation will certainly make students attend counseling without burden, resistance, or contact (avoidance) [14], [15]

The counselee's experience during the initial counseling session, through a supportive, non-evaluative, and accepting relationship experience for the counselee to seek openly to the counselor. In this position, the counselee feels able to convey and feel accepted for his condition because the counselor's attitude is friendly, calm, and open to him [8]. Based on this experience, the counselee tends to be expectant of this attitude and form of counselor communication until the end of the counseling session [10].

The results of Miciak's research [16]) state that the counselee will instinctively feel the difference between a counselor who is not with him (involving) as a whole, even in some cases, the counselee can grasp the meaning of "rushing" and rushing like a counseling session from the counselor. This condition certainly does not support and strengthen the situation of the counseling relationship. Hidayah's research [17] also shows the internal state of the counselor who is stuck in the theoretical flow of the counselor, paying less attention to internal conditions or the world in the counselee, and the use of common sense and the counselor himself. In subsequent research, Atmoko et al. [18] have identified that not all counselors in East Java use self-talk (one of the mind skills) effectively. This condition triggers the emergence of obstacles in the solving process in the counseling process.

In the process, the counselor's internal conditions can make the counseling situation not grow well. Conditions that inhibit the counselor's cognitive involvement in the relationship process give rise to similar mental symptoms. These cognitive symptoms have different emotional impacts, depending on the conditions faced by the counselor. In addition to the absence and non-involvement of the counselor's mental process during the counseling process, a dysfunction in the counselor's thought process raises the distraction of the direction and focus of the counselor's cognitive function.

Cognitive fusion becomes a significant obstacle for counselors in developing an effective counseling relationship. Cognitive fusion is a thinking dysfunction process that manifests in psychological inflexibility, adherence to rigid verbal rules, and causes psychological suffering [19]. Cognitive fusion shows individuals who cannot distinguish between thought processes, experiences, and emotional reflections that occur within them. Cognitive fusion in a counselor can cause the counselor to be trapped in his mental function and cannot objectively assess the condition of the counseling process. This process appears as a form of the counselor's weakness in controlling his thought process. In other words, Cognitive fusion becomes a

condition that inhibits counselor involvement, especially in the performance of counselor counselors.

Cognitive fusion emerges in 'stepping back' or yielding compelling beliefs [20]. The failure of defusion and mental experiences, and real situations causes individuals to change their beliefs into adaptive and rational thoughts. Changing the state of cognitive fusion through defusion can be done when the individual has a good consciousness.

Based on the ideas and urgency that have been presented, this study aims to identify the cognitive fusion condition of counselors. The identification of cognitive fusion can be an evaluation of the counseling performance of a counselor. The performance evaluation was carried out by referring to the ADEPT counseling performance evaluation construct on Performance Dimension 4: Providing Guidance and Counseling Services [21]. Furthermore, the results of the cognitive fusion can be used as the basis for the supervision process to improve the counselor's counseling performance.

## II. METHODS

The research method used is non-experimental quantitative research, more precisely survey research. This study aims to identify and reveal research respondent data on a constructed variable [22]. The results exactly and specifically show each symptom and indicator in the counselor's cognitive fusion construct.

The subjects in this study consisted of 145 students representing the entire population of counselors in Malang. Sample selection using random sampling of the populations. The identification of the selected sample has variations in age and experience criteria; namely, there are 93 fresh graduate counselors and 52 counselors with years of experience.

Measurements were carried out using a cognitive fusion inventory in the form of a Questionnaire with written answers that found ten symptoms of cognitive fusion. The ten symptoms are (1) Belief in the mind; (2) Taking thoughts literally; (3) reacting emotionally to thoughts; (4) Behavior governed by the mind; (5) Trying to control the mind; (6) Over-analyzing the situation; (7) Evaluating the content of thoughts; (8) The dominance of cognition in one's experience; (9) Perspective-taking; and (10) Awareness of detached mind.

The cognitive fusion questionnaire was scored in the range of 1-4 for each item, namely a score of 4 for Very Appropriate, 3 for Appropriate, 2 for Less Appropriate, and 1 for Not Appropriate. The data were then analyzed using descriptive statistics through averages and percentages. The results were grouped into three categories: (1) High in the range of 100-75%; (2) Medium in the range of 75-50%; and (3) Low in the range of 50-0%. The data is then presented in the form of a percentage graph for each indicator. The results of

the measurement and control of each symptom are then used to generalize the condition of the cognitive fusion counselor.

Results

The measurement results for all respondents provide the primary data on cognitive fusion conditions presented for each indicator. The information is shown in Table 1. below.

TABLE I. COGNITIVE FUSION SYMPTOMS SCORE

Symptoms	Percentages	Interpretation
Believability of thoughts	71,897%	Moderate
Taking thoughts literally	66,724%	Moderate
Reacting emotionally to thoughts	60,431%	Moderate
Behavior being governed by thoughts	84,138%	High
Trying to control thoughts	54,914%	Moderate
Overanalyzing situations	80,086%	High
Evaluating thought content	76,379%	High
Dominance of cognition in a person's experience	71,983%	Moderate
Perspective taking	56,121%	Moderate
Detached awareness of thoughts.	61,724%	Moderate

Based on the data in Table 1, the counselor's cognitive fusion condition tends to be in moderate achievement, with several indicators/symptoms showing high achievement. "Behavioral state governed by mind," "Over-analyzing situation," "Evaluating the content of thought" is in High achievement.

In the distribution of respondents' achievement data, the range of achievement for all respondents is 51.25-91.25%, with an average of 68.439%. More detailed data is depicted in Figure 1.

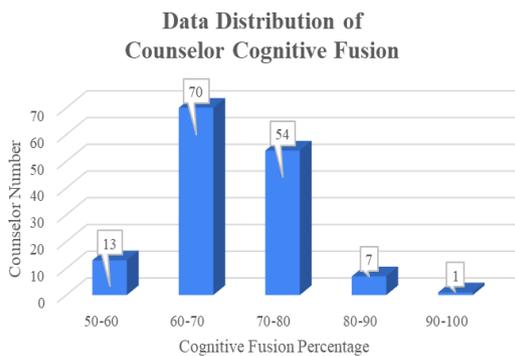


Fig. 1. Cognitive Fusion Score Distribution

Based on the data in Figure 1., the counselor shows the condition of achievement in the range of 60-70% and 70-80%. These data indicate cognitive fusion conditions at medium and tend to be high. In particular, one counselor is in the 90-100% achievement range and shows high cognitive fusion.

III. DISCUSSIONS

The research data shows that counselors' cognitive fusion condition profile is moderate and tends to be high. This condition is sufficient to illustrate that counselors tend to experience cognitive fusion. Moreover, this condition is not something that is ideally achieved at a high level. Based on the achievement data, it is necessary to consider following up to reduce the state of the achievement.

Cognitive Fusion is part of a dysfunctional process that contributes to psychological inflexibility, maintained by strict and rigid verbal rules. Individuals persist in the same mental state, which causes psychological suffering [23]. This condition is in contrast to psychological flexibility as a process of being aware of thoughts and feelings expressed at the moment without unnecessary defenses and adapting to situations that arise, and maintaining or changing behavior to meet interests and goals [24]. The rigidity of thought in cognitive fusion is accompanied by conditions of uncompromising consciousness, differentiation, integration, destruction, and mastery.

The phenomenon of cognitive fusion occurs when a person is trapped in his intellectual context [23]. Individual confusion can form interpretations judged to be correct from their personal experiences [25]. In the end, the process of understanding creates emotions that can broadly join the mind. Therefore, this can lead to an individual's inability to distinguish his thoughts from real-life experiences [23]. This inability can arise when the individual is impressed by his thoughts so that he thinks his mental states are actual.

In more detail, cognitive fusion is a form of individual thought that is influenced in a way that looks real and makes behavior and experiences dominant over other sources and thought processes and tends to be less sensitive to and face the current conditions [19]. Cognitive fusion occurs when individuals are entangled with memories, thoughts, judgments, and behavioral evaluations with these internal experiences [26]. Cognitive fusion shows individual responses as if personal events are actual, and thus, increases the tendency to avoid internal experiences [27]. Cognitive fusion is the opposite of being mindful, such as being aware of the moment by moment.

Cognitive fusion strengthens the automatic effect of verbal thought content on behavior [23]. Under the cognitive paradigm, vocal effects conditions can predict on a cognitive basis and are also associated with the emergence of psychopathological stress and risk [28]. When negative cognitions and other internal experiences are perceived as accurate reflections of self and reality problems, individuals become vulnerable to patterns of cognition, influence, and behavior associated with the process of self-development and alleviation [29].

The achievement of cognitive defusion in the process raises the activity of thinking about the counseling relationship and focusing on his thoughts as mental events (García-Gómez et al., 2019). Cognitive defusion increases the differences or destruction of the mind, seeing it with the proper perspective and reflect it more adaptively. Thus, cognitive can reduce the automatic effect of verbal thought content so that other sources of regulation can participate better [30] in eliciting adaptive attitudes and behaviors.

The achievement of cognitive defusion can then direct the counselor to have responsibility for his professional choices in his interaction with the counselee [31]. The consistency of the therapeutic relationship also involves the counselor's Cognitive Involvement to stay attuned; attach to a position that can "reach" is not an easy problem. Cognitive defusion also plays a role in the counselor's manage the obstacles and barriers that hinder the counselor's thought process from being fully involved in the counseling process. In general, challenges and obstacles to fostering Cognitive Involvement arise due to an imbalance between rational thoughts and the counselor's emotional reactions [32]. Thus, adaptive mind management through cognitive defusion will alleviate the mental performance barriers of counselors.

The process of achieving cognitive defusion requires metacognition skills. The process could start with self-regulated skills as the initial stage. Self-regulation is a process that includes metacognitive aspects of monitoring and controlling cognition and components of emotional and environmental control related to learning situations [33], [34]. Self-regulation in this condition is not only in the thought process but also in metacognition, which manages the insights and knowledge used in the learning process. It is also necessary to collaborate and be involved in mental experience [35]. Counselors need to manage their collaboration in the counseling process by planning common goals, active participation in the counseling process, and joint evaluation progress [36]. In other words, high-level metacognition in the counseling process needs to be focused on involvement in the counseling process before directing the study on counseling outcomes [37].

In metacognition studies, cognitive fusion is related to decentralization. Decentralization reflects the increased reactivity to thought content [38]. The decentering model of metacognition has three processes consisting of meta-consciousness (awareness of subjective experience), identification of internal affairs (experience of inner states as separate from oneself), and reduced reactivity to thought content (reducing the effect of thoughts on other mental processes). Cognitive fusion shows the failure

of the decentralization process and increased reactivity to thought content.

Implementing metacognition in the counselor's thought process, especially cognitive defusion, will target the counselor's metacognition as a facilitator and as a recipient of information. At this point, the metacognitive role of the counselor as a facilitator assesses being able to manage oneself, design treatments, to direct each session in the counseling process [39]. The facilitator's metacognition can also anticipate obstacles during the counseling process, thereby increasing the chances of successful counseling [40]. Furthermore, the counselor's metacognition process can avoid bias in theory implementation. Counselors with the process of regulating metacognition will tend to minimize between "espoused theory" (a theory or model as an ideal condition and has been internalized in the counselor's mentality) and "theory in use" (implementation of the approach that occurs empirically) [41].

On the other hand, metacognition requires counselors to manage information resources related to clients through self-awareness and internal control or self-control [42]. Through these skills, counselors will be able to control their thought processes which are in managing their behavior and emotions. The success of this process can increase the adjustment and motivation of positive counselors so that they can be actively involved and participate during the counseling process [43]. In the end, the counselor can achieve cognitive defusion and control his thoughts, feelings, and behavior to improve his counseling performance.

#### IV. CONCLUSIONS

The study results describe the cognitive fusion condition of the counselor who is in the medium level and tends to be high. As a study that hinders the performance of counselors, cognitive fusion needs to be reduced to create mental defusion conditions for counselors. The counselor's metacognition skills in decentralizing the mind can lead the counselor to manage and regulate thoughts, even to control emotions and behavior. The process of continuous evaluation and follow-up becomes a recommendation for moderate and high achievement cognitive fusion counselors. The supervision process based on improving the counselor's metacognitive skills can be recommended as an alternative to enhance the counselor's cognitive defusion achievement.

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