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The Effectiveness of Cognitive-Behavioral Therapy on Cognitive Avoidance and Thought-Action Fusion in Infertile Women with Obsessive-Compulsive Disorder

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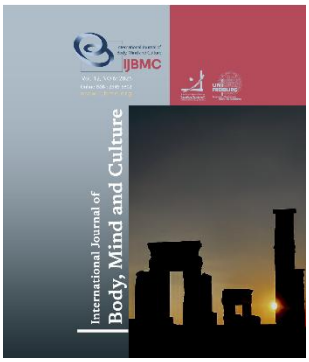

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ABSTRACT

Objective: To evaluate the effectiveness of cognitive-behavioral therapy (CBT) in reducing cognitive avoidance and thought–action fusion among infertile women with obsessive–compulsive disorder.

Methods and Materials: In a randomized controlled clinical trial with pretest, posttest, and follow-up phases, 30 infertile women with OCD were recruited from counseling centers in Tehran in 2025. After diagnostic screening and eligibility assessment, participants were randomly assigned to CBT (n= 15) or wait-list control (n= 15), matched on age, marital status, education, and illness duration. The Cognitive Avoidance Questionnaire (CAQ) and the Thought–Action Fusion Questionnaire (TAF-Q) served as primary outcomes. The intervention comprised eight 90-minute CBT sessions based on cognitive restructuring, exposure to intrusive thoughts, stress management, and skills practice. Data were analyzed using multivariate analysis of covariance (MANCOVA) and univariate ANCOVA.

Findings: Groups were comparable at baseline. MANCOVA indicated a significant overall treatment effect (Wilks' Lambda = 0.050, $F(3, 23) = 146.056$, $p < .001$, $\eta^2 = .950$). Adjusted posttest comparisons showed significantly lower cognitive avoidance in the CBT group compared with controls ($F= 40.716$, $p< .001$, partial $\eta^2 = .601$) and significantly lower TAF ($F= 110.980$, $p< .001$, partial $\eta^2= .804$). Error variances were homogeneous for both outcomes, supporting ANCOVA assumptions. Results suggest that CBT reduced dysfunctional obsessive beliefs and enhanced cognitive–emotional flexibility in this population.

Conclusion: CBT produced large and clinically meaningful reductions in cognitive avoidance and TAF among infertile women with OCD. Findings support incorporating structured CBT modules targeting cognitive avoidance and TAF into routine care.

Keywords: Cognitive Avoidance, Thought-Action Fusion, Cognitive-Behavioral Therapy, Obsessive-Compulsive Disorder.

Introduction

Infertility in women is not merely a physical issue but also has wide-ranging psychological consequences. Research evidence indicates that infertile women experience higher levels of anxiety, depression, and stress (Dar et al., 2022). In addition, the social stigma associated with infertility imposes further psychological pressure on this group (Jahanfar et al., 2024). Moreover, the psychological consequences of infertility extend to coping strategies. Specifically, among women whose infertility is attributed to female factors, feelings of self-

blame and blame from others are significantly observed (Ketonen et al., 2023). Furthermore, various studies have reported symptoms of obsession, anxiety, and psychosomatic complaints in infertile women, suggesting a potential link between psychological factors and infertility. Obsessive-compulsive disorder (OCD) is recognized as one of the most common and disabling psychiatric disorders after depression. The 12-month prevalence in the United States is estimated at about 1.3%, and its lifetime prevalence is about 3%. In Iran, the prevalence is approximately 1.8% in the general population and up to 6% in psychiatric centers (Parmar et al., 2019).

In the context of infertility, individuals often adopt avoidant coping strategies to deal with psychological pressures. Avoidance may manifest behaviorally—through avoiding stressful situations—or cognitively—through attempts to escape thoughts and emotions associated with stressful circumstances. Cognitive avoidance takes various forms, including thought suppression, withdrawal from negative emotions, and engagement in rumination (Allen, 2018). Although this coping style is aimed at reducing anxiety arousal and protecting against unpleasant stimuli Güler et al., (2024), it often results in heightened symptoms of anxiety and depression and reduced psychological well-being (Vanderveren et al., 2020). Evidence further shows that individual differences in cognitive avoidance styles are significant; for example, sensitizers display high vigilance and low cognitive avoidance, while repressors continuously rely on avoidance but lack sufficient awareness (Güler et al., 2024). In this context, five main strategies of cognitive avoidance have been identified: thought substitution, converting images into thoughts, distraction, avoiding threatening stimuli, and thought suppression (Vanderveren et al., 2020). Moreover, cognitive avoidance has been shown to be associated with cognitive inflexibility and can lead to rigid and maladaptive thinking patterns (Rock & Janoff-Bulman, 2010).

Among the key factors in the persistence of OCD are obsessive beliefs and the phenomenon of *thought-action fusion (TAF)*. According to the Obsessive-Compulsive Cognitions Working Group (OCCWG), six core beliefs underlie OCD: (1) inflated responsibility, (2) overestimation of threat and probability, (3) thought-action fusion, (4) importance of controlling thoughts, (5) perfectionism, and (6) intolerance of uncertainty (Shams et al., 2004). Factor-analytic findings, however, have grouped these into three broader categories of obsessive beliefs. Since obsessive beliefs play a crucial role in the maintenance of OCD, reducing them is one of the major goals of therapeutic interventions (Ghomian et al., 2022).

The phenomenon of thought-action fusion is highly prevalent among individuals with OCD and is often intertwined with religious dimensions (Ghomian et al., 2022). It consists of two main aspects: probabilistic TAF, in which individuals believe that merely thinking about an undesirable or unacceptable event increases its likelihood of occurrence, and moral TAF, in which individuals equate merely having obsessive thoughts about forbidden acts with actually committing them from a moral perspective. Evidence shows that probabilistic TAF is more strongly associated with OCD symptoms Ghomian et al., (2022), whereas moral TAF plays a more significant role in mediating the relationship between religiosity and obsession (Mauzay et al., 2016). Furthermore, studies have demonstrated that modifications in moral TAF are influenced by cultural factors (Wu & Wyman, 2016). Accordingly, reducing thought-action fusion is one of the key variables that must be addressed in the design of OCD treatment protocols.

At present, cognitive-behavioral therapy (CBT) is considered the most effective intervention for OCD. Nevertheless, each of these approaches has limitations. Cognitive therapy, by emphasizing the challenging and testing of dysfunctional and irrational thoughts, attempts to replace them with more logical and adaptive beliefs (Rector et al., 2019). This approach views cognitive processes and thoughts as the primary cause of observable behaviors; thus, modifying thoughts and internal processes is considered the basis for treating obsession and compulsive behaviors. However, cognitive therapy is often a long-term process that requires multiple sessions and considerable time to achieve clinical improvement (Hood et al., 2019). In many OCD patients, high levels of thought-action fusion are observed, which may reduce the effectiveness of cognitive therapy because of its primary focus on cognition. Evidence suggests that since cognitive therapy directly targets cognitive distortions, it may unintentionally reinforce cognitive aspects and thereby

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increase vulnerability to cognitive avoidance and TAF (Jürgens et al., 2019).

The importance of the present study lies in the fact that infertility in women not only leads to physical consequences but also deeply affects psychological well-being by triggering anxiety, depression, stress, and OCD. Among these, cognitive avoidance and thought-action fusion have been identified as two key constructs that maintain obsessive symptoms and exacerbate psychological distress. Given the existing research evidence, cognitive-behavioral therapies are among the most effective interventions for OCD; however, their effectiveness may be reduced in patients with high levels of cognitive avoidance and TAF. Therefore, examining the role and effectiveness of CBT in reducing cognitive avoidance and thought-action fusion in infertile women with OCD can enrich the scientific literature in this field and provide a pathway for improving the quality of life and psychological well-being of this vulnerable group.

Methods and Materials

The present study employed a randomized controlled clinical trial design with pre-test, post-test, and follow-up assessments. The statistical population consisted of all individuals with obsessive-compulsive disorder (OCD) who referred to counseling centers in Tehran in 2025. From an initial pool of 65 volunteers, after clinical diagnostic evaluation and assessment of inclusion criteria, 30 participants were selected. They were randomly assigned to experimental and control groups, matched for age, marital status, education, and duration of disorder. Sample size was estimated at 30 based on power analysis using G*Power software with a 95% confidence level.

Inclusion criteria were: confirmed infertility by a specialist physician, clinical diagnosis of OCD according to the Structured Clinical Interview for DSM-5 (SCID-5), a score above 10 on the Lebron Obsessive–Compulsive Inventory, the presence of both obsessions and compulsions, a history of OCD between six months and five years, age between 18 and 40 years, minimum education of a high school diploma, willingness to attend all sessions and complete the instruments, motivation for treatment, and no treatment received in the past three months. Exclusion criteria included the presence of psychotic disorders, bipolar I disorder, severe personality disorders, severe depression, or substance abuse.

Measures

Cognitive Avoidance Questionnaire (CAQ). The CAQ, developed by Sexton & Dugas, (2008), consists of 25 items across five subscales: suppression of worrisome thoughts, substitution of positive thoughts, distraction, avoidance of worry-related situations/activities, and converting images into verbal thoughts. Each subscale includes five items. Participants respond on a 5-point Likert scale ranging from 1 (never) to 5 (always), with total scores ranging from 25 to 125. Higher scores indicate greater cognitive avoidance. Besak Nejad et al., (2012) reported a Cronbach's alpha of 0.91 for this scale. In another study, Mahmoudzadeh & Mohammadkhani, (2016) reported alpha coefficients ranging from 0.80 to 0.90. Validity has also been supported through correlations with the Thought Suppression Inventory (r = 0.48). In the present study, Cronbach's alpha coefficients for the subscales ranged from 0.74 to 0.85, with 0.81 for the total scale, and an overall alpha of 0.876 was obtained.

Thought-Action Fusion Questionnaire (TAF-Q). Developed by Shafran et al., (1996), this scale includes two subscales: "Moral TAF" (12 items) and "Likelihood TAF" (7 items), for a total of 19 items. Responses are rated on a 5-point Likert scale ranging from 0 (strongly disagree) to 4 (strongly agree). Total scores range from 0 to 76, with higher scores reflecting greater levels of thought-action fusion. Shafran et al., (1996) reported Cronbach's alpha coefficients ranging from 0.85 to 0.96. In the Persian version, Bakhshipour & Faraji, (2011) reported an internal consistency of 0.92.

Intervention

The experimental group received eight sessions of cognitive-behavioral therapy (CBT) based on Young (2003). Each session lasted approximately 90 minutes. The treatment content is summarized in Table 1.

Table 1

Content of CBT sessions (adapted from Young, 2003)

Session	Content	Homework/Tasks	Duration

1	Introduction and orientation; providing information on CBT model; research objectives; confidentiality; informed consent; pre-test	–	90 min
2	Differentiating thoughts, feelings, and behaviors; identifying dysfunctional thinking styles; recognizing automatic negative thoughts; role-playing to enhance awareness; psychoeducation on cognitive-emotional links	Practice worksheet on linking thoughts, feelings, and behaviors	90 min
3	Identifying cognitive distortions; positive self-talk; assertive communication; problem-solving for conflicts; steps of assertive behavior	Problem-solving technique	90 min
4	Cognitive restructuring: four-step model (identify, evaluate, modify, and assess effects of thoughts); guided imagery of past experiences; challenging maladaptive beliefs; emotional tolerance; thought-stopping technique	Practice thought-stopping	90 min
5	Stress management techniques; identifying stressors; adaptive coping strategies	Progressive muscle relaxation and relaxation training	90 min
6	Self-esteem enhancement: self-image worksheet; strategies to improve self-esteem; anger management skills	Anger management practice	90 min
7	Assertiveness training: defining assertive behavior; differentiating passive, aggressive, and assertive styles; identifying barriers to assertiveness; role-playing	Assertiveness practice	90 min
8	Continuation of cognitive restructuring; adaptive coping strategies; strengthening emotional awareness; generalization of skills; post-test and closing	–	90 min

Findings and Results

The mean age and standard deviation of participants in the control group were 28.33 (SD = 5.8) and in the experimental group 28.73 (SD = 6.41). Regarding education, 1 participant (3.3%) had a high school diploma, 1 (3.3%) had an associate degree, 19 (63.3%) had a bachelor's degree, 8 (26.7%) had a master's degree, and 1 (3.3%) had a doctoral degree.

Table 2

Means and standard deviations of pre-test and post-test scores for the experimental and control groups

Variable	Experimental Group	Control Group
	Pre-test (M ± SD)	Post-test (M ± SD)
Cognitive Avoidance	70.33 ± 6.95	52.33 ± 3.30
Thought-Action Fusion	122.66 ± 10.58	152.00 ± 6.30

Before conducting ANCOVA, assumptions were tested. Levene's test was used to examine the equality of error variances. As shown in Table 3, error variances for cognitive avoidance (F = 0.531, p = 0.472) and thought-action fusion (F = 1.006, p = 0.324) were homogeneous ($p > 0.05$). Box's M test of equality of covariance matrices was not significant (F = 1.961, p = 0.068, Box's M = 13.328), indicating that the assumption of homogeneity of covariance was met.

Table 3

Levene's test for equality of variances

Variable	F	df1	df2	Sig.
Cognitive Avoidance	0.531	1	28	0.472
Thought-Action Fusion	1.006	1	28	0.324

Multivariate analysis using Wilks' Lambda (Table 4) indicated significant differences between the two groups after controlling for pre-test scores (Wilks' Lambda = 0.050, F(3,23) = 146.056, p < 0.001, $\eta^2 = 0.950$). This suggests that the intervention had a significant overall effect on the dependent variables.

Table 4

Wilks' Lambda results of multivariate analysis of variance

Test	Value	F	df Effect	df Error	Sig.	η^2
Wilks' Lambda	0.050	146.056	3	23	0.000	0.950

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Univariate ANCOVA results (Table 5) revealed significant differences between the experimental and control groups on both cognitive avoidance ($F = 40.716$, $p < 0.001$, $\eta^2 = 0.601$) and thought-action fusion ($F = 110.980$, $p < 0.001$, $\eta^2 = 0.804$) after controlling for pre-test scores.

Table 5

Results of ANCOVA for dependent variables

Variable	Source	SS	df	MS	F	Sig.	η^2
Cognitive Avoidance	Pre-test	12926.471	1	12926.471	131.225	0.000	0.829
	Group	4010.726	1	4010.726	40.716	0.000	0.601
	Error	2659.662	27	98.506			
Thought-Action Fusion	Pre-test	220.952	1	220.952	11.568	0.002	0.300
	Group	2119.770	1	2119.770	110.980	0.000	0.804
	Error	515.714	27	19.770			

Overall, these findings indicate that cognitive-behavioral therapy significantly reduced cognitive avoidance and thought-action fusion in infertile women with obsessive-compulsive disorder. Effect size estimates showed that 61% of the variance in group differences on cognitive avoidance and 81% of the variance in group differences on thought-action fusion were attributable to the intervention.

Discussion and Conclusion

The present study aimed to examine the effectiveness of cognitive-behavioral therapy (CBT) on cognitive avoidance and thought-action fusion in infertile women with obsessive-compulsive disorder (OCD). The results demonstrated that CBT significantly reduced both cognitive avoidance and thought-action fusion in this population. These findings are consistent with previous studies by (Bragdon et al., 2024; Ishikawa, 2024; Martín-González et al., 2023; Aflakian et al., 2023; Khadem et al., 2023; Shayesteh Mehr et al., 2025).

Research evidence suggests that CBT provides a structured and supportive environment in which patients confront their intrusive thoughts, thereby increasing their tolerance for negative emotions and enhancing cognitive flexibility (Bragdon et al., 2024). This process of exposure, combined with cognitive restructuring techniques, equips individuals to more effectively manage distressing thoughts and emotions. For example, Khadem et al., (2023) highlighted the critical role of addressing the interaction between thoughts and actions—known as thought-action fusion—in reducing obsessive symptoms and promoting healthier cognitive appraisals. Similarly, Ishikawa, (2024) emphasized that active participation in gradual exposure reduces reliance on avoidant behaviors, which in turn diminishes rumination and improves psychological well-being. Martín-González et al., (2023) also underlined the importance of behavioral flexibility in coping and emotion regulation, noting that these cognitive changes translate into substantial therapeutic benefits.

The significant reduction of thought-action fusion observed in the experimental group further supports the efficacy of CBT in addressing dysfunctional obsessive beliefs and distorted cognitive processes among infertile women with OCD. This suggests that CBT enables patients to reframe intrusive thoughts as mental events rather than inherently linked to real actions or moral values. Such cognitive restructuring directly reduces the intensity of thought-action fusion, allowing individuals to disentangle their thoughts from the fear of negative consequences typically associated with OCD. This shift encourages patients to face and manage intrusive thoughts instead of avoiding or suppressing them, which leads to reduced rumination, enhanced cognitive flexibility, and improved psychological well-being.

Previous studies have also confirmed the positive effects of CBT in modifying dysfunctional obsessive beliefs, reducing OCD symptoms, and improving emotion regulation and coping skills (Khadem et al., 2023; Shayesteh Mehr et al., 2025). The clinical implications of these findings are particularly significant for infertile women, for whom infertility not only represents a physical condition but also acts as an additional psychological stressor. Infertility often exacerbates anxiety, depression, and diminished quality of life, placing mental health at risk. The cumulative psychological burden of infertility highlights the urgent

need for effective and targeted psychotherapeutic interventions to strengthen psychological adjustment and emotional resilience (Jahanfar et al., 2024).

By focusing on reducing cognitive avoidance and thought-action fusion, CBT creates opportunities for patients to identify and restructure maladaptive cognitive processes, modify underlying dysfunctional beliefs, and adopt healthier and more adaptive coping styles. This comprehensive approach empowers individuals to confront intrusive thoughts, accept and regulate emotional distress without resorting to avoidance behaviors, and enhance cognitive-emotional flexibility. Ultimately, CBT not only reduces overt OCD symptoms but also modifies the cognitive and emotional mediators underlying the disorder, thereby promoting resilience, psychological well-being, and improved quality of life among infertile women. These findings underscore the importance of CBT as a vital clinical approach in designing effective interventions for women's mental health.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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