

VALIDATION AND PSYCHOMETRIC PROPERTIES OF THE VALUED LIVING QUESTIONNAIRE (VLQ) FOR THE SPANISH POPULATION

Juanjo Macías, Antonio Ruiz-García² and Luis Valero-Aguayo²
¹*Catholic University of San Antonio of Murcia*; ²*University of Cordoba*;
³*University of Malaga (Spain)*

Abstract

The aim of this paper is to present the Spanish adaptation of the “Life Values Questionnaire” (VLQ; Wilson *et al.*, 2010), providing data on its psychometric properties. The questionnaire was administered to 531 participants aged between 18 and 70 years ($M= 28.73$), 70% of whom were female university students. The exploratory factor analysis showed three main factors: community, closeness and obligations, whose internal consistency levels were .70, .71 and .68, respectively, while the total score was .71, which was similar to that of the English original version. In terms of the concurrent validity, the VLQ showed moderate correlations with the “Personal Values Questionnaire” (Schwartz, 1992) ($r= .47$), and with the “Life Snapshot Questionnaire (Ruiz-García *et al.*, 2021; Tsai *et al.*, 2023) ($r= .65$). The usefulness of the VLQ for assessing and tracking key processes involved in clinical change, as well as for enhancing and assessing personal values intimately related to quality of life, meaning in life and community well-being is discussed.

PALABRAS CLAVE: *Valued Living Questionnaire, contextual therapies, psychotherapy, reliability.*

Resumen

El objetivo de este trabajo es presentar la adaptación española del “Cuestionario de valores de vida” (VLQ; Wilson *et al.*, 2010), aportando datos sobre sus propiedades psicométricas. Se aplicó el cuestionario a 531 participantes de entre 18 y 70 años ($M= 28,73$), siendo el 70% mujeres universitarias. El análisis factorial exploratorio mostró tres factores principales: comunidad, cercanía y obligaciones, cuyos niveles de consistencia interna fueron de 0,xx, 0,xx y 0,xx, respectivamente, mientras que para la puntuación total fue de 0,xx, que resultaron similares a los del original. En cuanto a la validez concurrente, el VLQ mostró correlaciones moderadas con el “Cuestionario de valores personales” (Schwartz, 1992) ($r= 0,xx$) y con el “Cuestionario de instantánea vital” (Ruiz-García *et al.*, 2021; Tsai *et al.*, 2009) ($r= 0,xx$). Se discute la utilidad del VLQ para evaluar y hacer seguimiento a los procesos clave involucrados en los cambios clínicos, así como para mejorar y evaluar los valores personales íntimamente relacionados con la calidad de vida, el sentido de la vida y el bienestar de la comunidad.

PALABRAS CLAVE: cuestionario de valores de vida, terapias contextuales, psicoterapia, fiabilidad.

Introduction

With any psychotherapeutic approach, personal values are considered to be the fundamental purpose for articulating any psychological intervention (Hayes & Hofmann, 2021). The present study illustrates the benefits of living a life based on values, and its evaluation through the questionnaire on vital values. In this study, values are conceived from a Skinnerian perspective, but at the same time also from Heideggarian, empiricist, and phenomenological perspectives. On the one hand, it is Skinnerian by way of perceiving values as an important source of reinforcement, since “any list of values is a list of reinforcers, conditioned or not” (Rogers & Skinner, 1956, p. 1064). And on the other hand, from a philosophical and existential perspective (Heideggarian), taking the concept of “dasein” or “personal existence in the world” that defines the opening of the person towards the being or the identification with the purpose of personal existence, a being that is living in the here and now and acting and interacting in the world. From this perspective, values are not understood within a catalogue, but rather they are rooted in a transcendent vital sense within each person's biography and narrative. Hence, the values are clarified by taking into account the interaction between the history of the human being in its multidimensional context and being proactive towards an approach of having a life that is worth living. Values are understood as an unfinished project and in continuous transcendence. It is an attempt at being-in-the-world in order to understand oneself, and to give meaning to an existence that is finite and whose outcome is the finality of death (Heidegger, 2018).

Within that breadth of perspectives, values constitute an experience of choice, which tends to occur when selection among various behaviours is relatively free of any aversive control. Thus, the person is not going to go towards those values to avoid discomfort; on the contrary: he/she will do it out of his/her own desire, because through direct contact with the contingencies, he/she finds his/her being or vital meaning. In the words of Sartre (1993) “The existence precedes the essence” and to know the values, there must be openness to life.

From acceptance and commitment therapy (ACT), the psychotherapist is able to detect the barriers in the consultant and put them at the service of a valuable direction. Hence, the special importance in understanding the values from this prism. Psychotherapeutic work anchors suffering with personal values, reconciles and collects the personal and non-transferable history of each individual, and it would be like a driver of clinical change that is responsible for producing long-term stable changes (A-Tjak et al., 2015; Gloster et al., 2020; Hacker et al., 2016; Morón & Valero-Aguayo, 2021; Vaca-Ferrer et al., 2020; Warsebe et al., 2017).

The values that are considered from the perspective of contextual therapies are variables that maintain or reinforce particular forms of behaviour (da Silva Ferreira et al., 2019), thus affecting the behaviour emitted. The therapist has to clarify what those

values of the individual are, and then have them as a horizon at every moment of the therapy. The therapist must aim to determine what is under the control of each person's behaviour moment by moment through functional analysis, and thus determine the individualised intervention in order to orient him/herself to that personal "dasein" or "personal existence". Contextual therapies operationalise values as activity patterns, that are freely chosen, verbally constructed by consequences, dynamic, and fundamentally achieve reinforcers for that activity, which is intrinsically linked to the behavioural pattern itself (Dahl, 2015; Wilson & Duffrene, 2009). More empirically, we can state that values are verbal statements which serve to make certain consequences even more motivating, and they are also subject to relational learning. In addition, they have a quality of personal property, which means that the individual has the subjective experience of choosing for him/herself the principles that he/she would wish to guide his/her behaviour (Hayes et al., 2015). Values are socially reinforced as dynamic patterns that surround the individual's life, and they serve as a life direction. It is even predicted that changes in life values may precede problem reduction and actual changes in the individual's life and could even reduce his/her symptoms and problems (Delgado et al., 2010; Gloster et al., 2017; Hayes et al., 2010). There is evidence regarding the relationship between consistency in values and general well-being (Bardi & Schwartz, 2003; Lee et al., 2021; Lejeune & Luoma, 2021; Varplanken & Holland, 2002; Warsebe et al., 2017).

From this perspective, ACT and also the functional analytical psychotherapy (FAP) (Kohlenberg & Tsai, 2021) place great emphasis on working on the values of the client, since they are the verbal rules or personal norms by which the individual aims to live his/her life, acting in accordance with them, or seeking them as long-term goals. From FAP, values constitute clinically relevant behaviours in daily life, the ways of being and acting that the individual would wish to achieve, where he/she aims to direct his/her life (Ferro, 2006). Similarly, from ACT values it would be essential to give meaning to suffering and psychotherapeutic intervention. The aim would be to seek to clarify what the values are, then commit to them, and work on actions connected with them (da Silva et al., 2019; Dahl, 2015; Lejeune & Luoma., 2021; Warsebe et al., 2017).

One of the first instruments to evaluate values was the Survey of Personal Values (Gordon, 1998), adapted to Spanish by Seisdedos (1998), which using 30 items to evaluate the general values of: practicality, accomplishment, variety, decision, order, method, and clarity in the goal to be achieved. It is similar to the Personal Value Questionnaire (PVQ; Ciarrochi et al., 2010), although it is more open and asks the individual to write short sentences describing their personal values in nine domains, and then for each domain the survey assesses the degree of importance of their values, their motivation, their commitment, how they carry them out, and the success they have in achieving them. It seems to be related to life satisfaction and social values.

From the model of the Schwartz Value Scale (Schwartz, 1996), the structure of these values would be found in all cultures, they would be concepts or beliefs, and they would be final states for desirable behaviours, which transcend specific situations and guide the evaluation of behaviour. Schwartz also orders the values by their importance, relative to the individual or the culture, which would allow specific cultural aspects to

be investigated. The values are divided into general and motivational categories (power, achievement, hedonism, stimulation, self-direction, benevolence, tradition, conformity, universalism, and security), and in turn they are categorised into more specific values. Further, 58 categories are defined as behaviours that would materialise those values. Being used in more than 80 countries, it is the most widely used inventory in the world, with which to measure personal values (Schwartz, 2007). It has also been used to assess managerial values (Cayón & Pérez, 2008), and has been validated for a Spanish adolescent population (Paez & De-Juanas, 2014).

From contextual therapies and process-based therapy (Hayes & Hofmann, 2021), the evaluation of values is one of the important tasks during therapy since the values give meaning and a guide for a life that is worth living. Several instruments have been developed to address this evaluation, including the Valued Living Questionnaire (VLQ; Wilson & Groom, 2002; Wilson et al., 2010), which was one of the first instruments to be developed from this perspective. It includes ten general value domains: family, parenting, friendship and social life, work, education, leisure, spirituality, community life, and physical self-care. When an individual places these values at the centre of his/her life, he/she can adjust his/her behaviour as a long-term compass with which to guide his/her path.

The VLQ has had various adaptations. It has been adapted in an online format (Chamberlain, 2015), but modifying each item so that the participants indicate how important each value is, if it is significant for their lives, and if they are sufficiently competent to achieve a particular value. The VLQ has also been used to study the values and their discrepancies in people who abuse alcohol (Miller et al., 2016); in studies on the relationship between job satisfaction and these personal values (Vaughn, 2019); to assess values as predictors of other problems in nurses (Nilsson et al., 2011); to assess the values of dementia caregivers, and their effects on the stress and emotional characteristics of these caregivers (Romero-Moreno et al., 2017), or the stress of university students (Cotter, 2011); and also to compare the efficacy of treatment in changing vital values in university patients (Hoyer et al., 2020). It is a clear and simple instrument to apply, and it has clinical utility, but it has difficulties in defining these values in detail as constructs (Barney, 2017; Serowik et al., 2018). Our study is based on this version, which has not been adapted to Spanish, nor have validation data been published to date using the Spanish population.

Also, the Valuing Questionnaire (VQ) (Smout et al., 2014), which has been developed from ACT items, has one factor such as “progress” which refers to life values, and another factor such as “obstructions” which refers to difficulties in following values. But, in this case, the individual does not answer on the importance of different values; however, in assuming some general values, it is sought to evaluate the degree to which the individual is involved in the values, and they serve as a pilot for his/her life, the activities that he/she undertakes, and the purposes and plans he/she makes to achieve them, etc. The VQ uses items as descriptions that are more like to constitute a personality questionnaire, and could have different interpretations (Barney, 2017).

On the other hand, the so-called Bulls-Eye Values Survey (BEVS) (Murrell et al., 2004) was initially created for child and adolescent assessment. It presents a target-

shaped graph for the individual to point visually to his/her values (work/education, leisure, relationships, health, and personal growth), and the extent to which he/she would live by those values. Afterwards, in each value the individual must also point out the obstacles or barriers that he/she must be consistent with. It would be a very idiographic questionnaire, but it allows the individual to determine what is, or is not, a value, so that it has difficulties regarding its quantification and standardised reliability.

A different questionnaire is also the Values Wheel (VW) (O'Connor et al., 2019), which has a graphic format with a circle with colours where the individual writes the main values of his/her life and grades them on a scale of 0-100 with the degree of compliance in each value during the previous week, and on the degree of importance it has for him/her. In this case, the most individual values are collected, since they are defined for each personal case, although in the psychometric data they correlate with other ACT values (awareness, openness, action), and negatively with mental health problems (Barrett et al., 2019; Pérez & De-Juanas, 2015).

From another of the third-generation therapies, Functional Analytic Psychotherapy (FAP) (Kohlenberg & Tsai, 2021), an inventory has also been developed to assess the vital values of the individual. It is the so-called Life Snapshot Inventory (LSI) (Tsai et al., 2023), which serves as a continuous evaluation of the possible changes in the vital areas of the client (family, work, love, spirituality, sexuality, health, etc.). Each week, the client is asked to evaluate how satisfied he/she is with his/her compliance with all of these values. In some way, the instrument reflects a snapshot of his/her life in all of those aspects. This instrument has shown its reliability and sensitivity to changes that are produced by treatment (Ruiz-García et al., 2021). A more extensive review of value assessment instruments can be found in Barney (2017), Barret et al. (2019), and Serowik et al. (2018).

The objective of the present study was to test the psychometric properties and validation of the VLQ adapted to the Spanish language and in the Spanish population, so that it can be widely applied by clinicians, given the paramount importance of values in psychotherapeutic work, from any potential aspect.

Method

Participants

A total of 531 people participated in this study, of which 375 were women (70.72%) and 157 were men (29.37%), with an age range of 18 to 70 years ($M = 28.73$, $SD = 11.6$). The majority of the sample was made up of students (57.3%), with university studies (86.3%), and workers in companies (15.3%). In addition, in the total sample we found 32 participants in psychiatric treatment (6.0%) and 35 in psychological treatment (6.6%). Table 1 shows the distribution of the sample of participants. There were significant differences regarding the age of men (30.8) and women (27.8), since the former were a few years older on average ($t = 2.73$, $df = 529$, $p = .01$). There are also differences in terms of educational level because most of the participants have university education (79.5% versus 89.1%) ($\chi^2 = 12.18$, $df = 3$, $p = .007$).

Table 1
 Socio-demographic characteristics of the sample and by sex

Socio-demographic characteristics	Men		Women		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Education level						
Primary	1	0.6	2	0.5	3	0.6
Secondary	8	5.1	4	1.1	12	2.3
Bachiller	23	14.7	35	9.3	58	10.9
University	124	79.5	334	89.1	458	86.3
Labour situation						
Company	26	16.7	55	14.7	81	15.3
Government	17	10.9	30	8.0	47	8.9
Self-employment	13	8.3	29	7.7	42	7.9
Retired	4	2.6	7	1.9	11	2.1
Studying	83	53.2	221	58.9	304	57.3
Unemployed	13	8.3	32	8.8	46	8.5
Treatment						
Psyquiatric	8	5.1	24	6.4	32	6.0
Psychological	9	5.8	26	6.9	35	6.6
	<i>M</i>	<i>DT</i>	<i>M</i>	<i>DT</i>	<i>M</i>	<i>DT</i>
Age (years)	30.8	13.1	27.8	10.8	28.7	11.6

Instruments

- a) *Valued Living Questionnaire* (VLQ; Wilson et al., 2010). The VLQ lists 10 different valued domains of living, including: family, marriage/partner/intimate relationships, parenting, friendship, work, education, leisure, spirituality, citizenship, and physical self-care. The participant is asked to evaluate on a Likert scale from 0 to 10 the degree of importance that he/she gives to these values (from 0= low importance to 10= very high importance). On the one hand, the degree of consistency with which he/she fulfils or carries them out during the last week (from 0= he/she has not been consistent with its values to= 10 he/she has faithfully with its values). A score is obtained on different subscales: importance, consistency, composite, and discrepancy. As the overall questionnaire score, the composite score is found by using the product of importance times consistency; while the discrepancy (Wilson & Luciano, 2014) would be the subtraction of importance from consistency, indicating the degree of adherence of the individual to those values. The present authors recommend this composite score as the essential score for clinical use. The first study by the original authors (Wilson & Groom, 2002) found an internal consistency in the range $\alpha = .58$ to $.83$ in different items and subscales; and in the second study with a larger population (Wilson et al., 2010), a reliability in the range $\alpha = .75$ to $.77$. Also, the validity compared to other similar questionnaires in the range $r = .39$ to $.65$. The final version of the VLQ in Spanish language can be found at the Appendices 1 and 2.

- b) *Schwartz Value Scale (SVS; Schwartz, 1992)*, Spanish adaptation Páez and De-Juanas (2015). This questionnaire consists of a total of 56 items that are divided into two lists. In the first list, there are 30 instrumental values and in the second list, there are 26 terminal values. Before using each list, instructions are given on how to proceed to answer them in each list. Responses are given on a 9-point Likert scale, from -1 (contrary to my principles), 0 (not at all important), 1 (somewhat important) to 7 (most important). Before starting, the participant must read each item from 1 to 32 items and choose the item that is most important to him/her, assigning it a 7 (a maximum of 2 items can be marked with this value). Next, the participant must choose the value that is the most opposite of his/her value with a -1. If there is no such value, the participant must choose the least important value and rate it as 0 or 1. Once he/she has made this selection, they can start filling in the questionnaire from the beginning. In the Spanish sample of adolescents, it was demonstrated that there was a high internal consistency ($\alpha = .89$) (Paez & De-Juanas, 2015) and for the adult population this was in the range $\alpha = .43$ to $.86$ (Medina et al., 2015).
- c) *Life Snapshot Inventory (LSI; Tsai et al., 2009)*, Spanish validation Ruiz-García et al. (2021). The LSI is an instrument that allows the continuous evaluation of the vital and general psychological state of the individual, which is of special relevance when intervening from the FAP. This self-report inventory consists of 24 items that are related to different values: personal care, time, work, love and intimacy, home, purposes in life, altruism, friendships and social relationships, emotional flexibility, gratitude, etc. The response coding is based on a Likert-type scale (0-Not at all to 10-A lot) on satisfaction with life in the different listed areas. In the Spanish population, the questionnaire has shown high reliability ($\alpha = .93$).

Procedure

The sample of participants was gathered from students at various university courses, and also from the social networks of the research team and similar groups. People who showed interest in participating, received an email with the web address where they could complete the questionnaires. The entire test took about 20-30 minutes, and once it was completed, a video appeared on the web page and due appreciation was expressed to the participants. No financial compensation or extra points were received in the subjects.

The original questionnaire in English was first translated into Spanish, and then translated back into English, in order to check the equivalence of the content of the items. The questionnaires were applied by computer in an online format, and by sending a unique URL link to the volunteer participants in order to carry out the study. An informed consent statement appeared in the first page of the programme, with participants indicating their agreement before proceeding. A series of sociodemographic data was collected, but with no personal identification, no emails gathered, and no record of the IP address of the connection, thus maintaining the complete anonymity of the information. Next, the items of the different questionnaires appeared, with the initial instructions written down, and the items on each page were

categorised by subscales or areas. The data were filed and stored in an Excel file, to be analysed later using the SPSS-25 programme.

Data analysis

Initially, a verification of the normality of the data and the distribution of the sample was carried out, analysing the possible differences between sociodemographic characteristics, using the chi-square test. An exploratory factor analysis (EFA), principal components analysis (PCA), and varimax rotation (VR) was carried out, as well as an internal consistency reliability analysis using Cronbach's alpha of the questionnaire. Subsequently, the correlations of the VLQ with the questionnaires having the other values used were found, to determine the degree of convergent validity of the questionnaire with those others. Finally, the possible differences in the sample with respect to the questionnaire have been analysed, either by means of the Student's t-test or one-factor ANOVA, in order to establish possible normative or discriminative criteria for different populations that are evaluated with this instrument. All analysis was performed using the statistical package IBM SPSS Statistics v.24.0 for Mac.

Results

Descriptive analysis

The analysis of the scores for each subscale (importance and consistency) and calculation format (composite and discrepancy) is shown in Table 2. The scores given by the participants regarding the importance of the values are always above ($M= 8.05$, $SD= 0.87$) the assessment they consider, regarding their consistency with those values ($M= 6.77$, $SD= 1.37$). If the individual values of each item are observed, they are always more than 8 points, and the values related to spirituality, citizenship, and physical care are valued lower than the mean. It is peculiar to note that a low consistency appears in the value dedicated to children, since most of them are from a student-age sample, and they are not married with children. The composite scores (the multiplication of importance by consistency) offer a mean of 56.06 ($SD= 14.03$), which would indicate average values in relation to the total scale, although a great disparity appears between some of the values, from 36.83 for spirituality to 72.21 for family. On the other hand, the discrepancy (importance minus consistency) reflects the difference between the importance that the participants give to each value and the consistency with which they work on a particular value, which always shows positive values, although they are low (in the range $M= 0.67$ to 2.64), which would indicate that the participants give greater importance to all of these values rather than to the time or effort they dedicate to them. Again, the greatest discrepancy is about the value of "children", since the majority of the sample have no children, although the participants do value their importance.

Table 2

Mean and standard deviations for each of the items in the subscale of importance, consistency, composite, and discrepancy

Domain	Importance		Consistency		Composite		Discrepancy	
	<i>M</i>	<i>DT</i>	<i>M</i>	<i>DT</i>	<i>M</i>	<i>DT</i>	<i>M</i>	<i>DT</i>
Family	8.79	1.74	7.82	2.18	72.21	25.49	0.98	2.24
Couple	8.45	1.56	7.20	2.72	62.92	28.28	1.26	2.42
Children	8.62	2.57	6.03	3.74	55.10	38.57	2.54	3.69
Friends	8.35	1.41	7.23	2.12	61.77	23.38	1.11	2.00
Employment	8.20	1.40	7.15	2.62	59.70	25.77	1.01	2.58
Education	8.73	1.29	7.71	2.14	68.33	23.27	1.02	2.06
Leisure	8.32	1.18	7.16	2.07	60.32	21.35	1.15	2.03
Spirituality	6.10	2.81	5.43	3.12	36.83	28.89	0.67	3.22
Citizenship	7.19	1.73	6.31	2.42	47.35	23.99	0.87	2.20
Physical care	7.60	1.62	6.40	2.43	46.48	21.96	1.20	2.26
Total	8.05	0.87	6.77	1.37	56.06	14.03	1.22	1.30

Exploratory factor analysis

The EFA with varimax rotation has provided three very similar factors in all of the subscales of the questionnaire. A first factor that we could call “community”, which refers to social values such as friends, spirituality, community life, and physical care (items 4, 7, 8, 9, and 10), with a total variance that is explained in terms of importance (26.98%), consistency (28.70%), composite (30.96%), and discrepancy (27.33%). A second factor was obtained that we could call “closeness”, insofar as it refers to the values that are close to the individual such as family, partner, and children (items 1, 2, and 3). This factor was repeated equally in terms of importance (13.36%), consistency (15.71%), composite (15.46%), and discrepancy (14.60%) of the total explained variance. And, a third factor was obtained only for general issues, which we could also call “obligations”, since it perhaps refers to imposed values such as work and education (items 5 and 6). This factor explains a percentage of the variance in terms of importance (11.94%), with respect to consistency (11.74%), composite (11.52%), and discrepancy (11.52%). To select these factors, the composite values, which are representative of the total questionnaire, have been used. In addition, these factors practically coincide in the three forms of measurement (consistency, composite, and discrepancy), and they differ in the “importance” in some items. This is something of a natural occurrence, if one takes into account that in the questionnaire the individual is asked about the importance that he/she gives to each value, and then the degree of congruence that he/she shows with that. Logically, they can be very different evaluations, since a person can give a lot of importance to a certain value or objective, but not work very hard in their daily life to achieve it.

Table 3 shows the matrix of the main components, rotated with Varimax and Kaiser normalisation, in each of the items of all the subsections and items of the questionnaire, showing the components of each factor in bold.

Table 3

Principal component correlation matrix with varimax rotation, with the values for each of the items in each factor of the VLQ

Items	Factor 1. Comunity	Factor 2. Closeness	Factor 3. Obligation
Importance			
1. Family	.011	.629	.417
2. Couple	-.063	.674	.007
3. Children	.311	.628	-.239
4. Friends	.220	.062	.778
5. Employment	.584	.018	.105
6. Education	.657	-.233	.286
7. Leisure	.179	-.034	.766
8. Spirituality	.586	.270	.066
9. Citizenship	.683	.065	.255
10. Physical care	.634	.040	.015
Consistency			
1. Family	.343	.584	-.167
2. Couple	-.072	.725	.143
3. Children	.073	.777	.073
4. Friends	.778	-.015	.076
5. Employment	.034	.344	.759
6. Education	.243	-.160	.817
7. Leisure	.820	-.082	-.070
8. Spirituality	.464	.348	.168
9. Citizenship	.707	.182	.130
10. Physical care	.512	.122	.221
Composite			
1. Family	.436	.518	-.167
2. Couple	-.105	.684	.127
3. Children	.057	.798	.075
4. Friends	.769	-.040	.069
5. Employment	.031	.271	.787
6. Education	.243	-.127	.805
7. Leisure	.782	-.161	-.067
8. Spirituality	.428	.312	.276
9. Citizenship	.732	.154	.263
10. Physical care	.645	.171	.325
Discrepancy			
1. Family	.213	.631	-.051
2. Couple	-.050	.700	.187
3. Children	.108	.730	-.020
4. Friends	.660	.013	.154
5. Employment	.013	.364	.735
6. Education	.223	-.190	.807
7. Leisure	.731	-.004	.034
8. Spirituality	.548	.366	-.003
9. Citizenship	.705	.179	-.021
10. Physical care	.662	.047	.139

Reliability of the questionnaires

The reliability analysis via internal consistency using Cronbach's alpha has shown an average index of $\alpha = .64$ regarding the importance of the values, $\alpha = .70$ in the consistency of the maintenance of those values, $\alpha = .71$ with respect to the general composite index, and $\alpha = .68$ for the discrepancy index. In this case, and with this sample, the alpha values have been high, but not excessively so, although as we will comment in the discussion, they are similar to those obtained by the original authors and some other studies using this instrument.

However, in the case of the SVS questionnaire, an index of $\alpha = .92$ was obtained, it was very similar to the original of $\alpha = .86$ with adult population; and in the case of the LSI questionnaire, there was an index of $\alpha = .90$, also very similar to the original with $\alpha = .93$. In both cases, they are highly reliable instruments, as has been shown in this study as well.

Concurrent validity of the VLQ

To study the degree of concurrent validity of the VLQ, the correlations of the questionnaire, in its various subscales, with the other two standardised questionnaires (SVS and LSI) that measure a similar concept, have been calculated. The correlations have been medium, but all are statistically significant ($p < .0001$). The importance section of the VLQ presents a correlation $r = .489$ with the SVS, and $r = .412$ with the LSI; and in the consistency section, the VLQ shows a correlation of $r = .325$ with SVS, and $r = .612$ with LSI. The VLQ composite subscale has also correlated ($r = .474$) with the SVS, and $r = .650$ with the LSI; and the discrepancy section of the VLQ presents a negative correlation ($r = -.355$) with respect to the LSI, since the discrepancy parameter would imply the disparity with respect to these values (the higher the score, the less discrepancy there is); while the relationship between this discrepancy and the SVS would be the only relationship that is non-significant ($r = -.006$, $p = .905$).

On the other hand, the correlation between the different subscales or sections of the VLQ has also been significant with $p < .0001$. Thus, it occurs between importance and consistency ($r = .395$), comprising the total ($r = .705$) and with the discrepancy ($r = .270$); and also, between the consistency and the total compound ($r = .897$), and the discrepancy ($r = -.778$). In the latter case, the correlation is negative since the higher the score, the less discrepancy there is between the two subscales.

Regarding the possible differences in the sample regarding the criteria of the questionnaire, significant differences appear between men and women. In this way, women seem to give more importance to the values ($M = 8.10$, $SD = 0.82$) compared to men ($M = 7.85$, $SD = 0.97$) ($t = -3.13$, $df = 483$, $p = .002$); and similarly, they also differ in the discrepancy subscale because women seem to disagree more in their values ($M = 1.35$, $SD = 1.27$) than men ($M = 0.95$, $SD = 1.35$) ($t = -2.94$, $df = 419$, $p = .003$). However, no differences appear in terms of consistency regarding these values, nor in the composite section of the questionnaire. When analysing each of the items in detail, it transpires that women value work more (item 5) than men ($t = -3.95$, $df = 524$, $p = .0001$), but in all

of the other items they are the same. And also, in item 9 on citizenship and community life, it is men who seem to comply more than women ($t= 2.47$, $df= 522$, $p= .014$). However, these data must be relativised, taking into account the great differences between the participants, since the sample has more than twice as many women than men.

No differences were found in the VLQ according to the level of education of the participants, nor according to their employment status. Neither do differences appear in the scores between those participants who state that they are under psychological or psychiatric treatment. However, it is curious that these significant differences appear in the case of the SVS ($t= 5.20$, $df= 529$, $p= .001$) and the LSI ($t= 2.39$, $df= 520$, $p= .017$) questionnaires, among those participants who are receiving psychological treatment (35 participants of the total sample) and those who are not. This could be indicating that these other questionnaires are more sensitive to the possible problems of the participants, and they do show differences between them in the total sample.

On the other hand, there is a small but significant correlation between age and consistency ($r= .147$, $p= .001$), and also with respect to the total composite score ($r= .134$, $p= .006$) which, within the limits of the sample, could be interpreted to mean that older people are more congruent and tend to comply more with personal values.

Hence, taking into account the general data of the VLQ sample in its different subscales or sections, the evaluation of a given individual could be compared with the mean values that appear in Table 2. Compared to the original questionnaire, the scores obtained here in each of the items, and the mean of each subscale, are lower in all of them. It is noteworthy that the value of spirituality presents very low values in the Spanish sample ($M= 36.85$ compared to $M= 60.80$ in the original questionnaire). Thus, based on our sample, as a general value of the composite scale, indicative of the entire questionnaire, it could be considered as a cut-off point for high values (more than 70 points), medium values (between 42 and 69), low values (between 28 and 42), and very low values (less than 28 points). In this way, during the evaluation of a case we could estimate the importance that person gives to the different vital values and their degree of congruence when working towards achieving them.

Discussion

Personal values are framed within this work, taking as reference existential and behavioural perspectives within contextual therapies, particularly regarding ACT. The purpose is to serve as a protective factor against clarifying and working on values from a superficial, unfounded and at the expense of fads or trends. The purpose is also to rescue the importance of working on values in a way that is rooted in the learning history, understood as reinforcers, as well as from phenomenological and existential perspectives, where each individual has/her own values and the therapist will have to accompany them in their search identifying and assisting with barriers that arise (defusion etc.). The validated instrument serves as a vehicle for congruence between the actions carried out by the consultant and being in the direction of the values of the individual. Hence, there is a need for the present authors to emphasize the existential

wrapping of values, so that new clinicians can understand the contextual-functional and existential roots to which values are anchored, instead of values being used in isolation from the existential framework, with a Skinnerian or historiographical perspective of each individual. The authors recommend understanding and monitoring values from philosophical perspectives that could optimize the work on values (such as Aristotle's *Nicomachean Ethics*; Schopenhauer's *The World As Will and Representation*; Heidegger's *Being and Time*; Camus' *The Myth of Sisyphus*; Nietzsche's *Ecce Homo*). This can allow us to go deeper into the interventions, to delve into the existential concerns that lie behind the symptom, such as the fear of loneliness, death, or the feeling of not belonging to a group. Behind the suffering there is always something important, the values, just on the other side of the pain.

The reliability obtained with this sample has been medium, although significant (between $\alpha = .64$ and $\alpha = .71$), which is very similar to the results of the study by the original authors (between $\alpha = .58$ and $\alpha = .83$), which in their case was highly variable when using smaller samples, with 57 participants in the first study and 253 in the second (Wilson & Groom, 2002). These values, around $\alpha = .70$, are similar in several of the VLQ studies with different samples (Chamberlain, 2015; Cotter, 2011; Miller, 2016; Romero-Moreno, 2017), and even the German version presents a much lower internal consistency (between $\alpha = .62$ and $\alpha = .067$) (Hoyer et al., 2020), although a confirmatory factorial study also found high reliability (between $\alpha = .82$ and $\alpha = .90$) (VanBurskirk et al., 2012). It is relevant in our study that the other questionnaires which are used for validation have shown a much higher reliability, such as with internal consistency (SVS $\alpha = .92$, and LSI $\alpha = .90$).

On the other hand, when correlating the VLQ with these other questionnaires, medium values have appeared, although they are significant (between $r = .325$ and $r = .650$), hence it could be concluded that these other instruments would be more suitable for the evaluation of these general life values. As a minimum, it can be affirmed that this VLQ questionnaire has greater discriminant validity with respect to the other questionnaires, although the content deals with personal values. However, the definition of the items is broad and abstract (only one word), hence from the results, it can be considered that the participants are responding to slightly different meanings in each value (Barrett et al., 2019). This could be because the VLQ is more of a summary questionnaire, with only 10 general values, whereas the SVS has 56 values, and the LSI has 24 values to evaluate, hence they offer more detail when establishing those values.

In this way, the medium reliability and low correlations with other similar questionnaires have led other authors to criticise the psychometric qualities of the VLQ (Gloster et al., 2017; Hoyer et al., 2020; Romero-Moreno, 2017; Smouth et al., 2014). Some reviews (for example, Barney, 2017) based on the assessment of experts in therapy, have even noted that the evaluation of values within ACT is too simple, and should include more components or a multifactorial or multimodal evaluation, and even while those instruments represent general cultural values, they do present difficulties in reflecting the most individual cases of personal values.

The VLQ questionnaire of the original authors offered a single factor that encompassed all of the items (Wilson et al., 2010), and some later studies have also

shown a single main factor (Miller et al., 2016; VanBuskirk, 2012). In another study, three factors appeared, which the authors termed as “flexibility”, “inflexibility”, and “obligations” (Chamberlain, 2015), although the items were transformed in order to assess the different aspects of each factor. The study by Cotter (2011) also offered three factors with an eigenvalue above 1, although the author concluded that there was only one fundamental factor. Further, the validation of the VLQ with caregivers offered two main factors (Romero-Moreno et al., 2017), one on “commitments” with one’s own values, and another related to the closest “family relationships”. In our study, three fundamental factors have appeared, which are repeated almost identically in all of the subscales, and which we have called: (1) “community”, with social items referring to friends, leisure, community life, spirituality, physical care; (2) “closeness”, with the items referring to close relationships such as partner, children, and family; and (3) “obligations”, concerning values that are, to some extent, imposed, such as those related to work and education. Although these three factors could be an artefact of the sample in the present study, it nonetheless includes twice the sample size of those other studies, and with a larger range of ages than the studies by the original authors. In this case, a correlation has also been found between older age and the consistency of the values.

Notwithstanding, it is necessary to point out the possible bias of the sample, which is more feminine, and more university related, than masculine and with other professions. The rest of the studies that were already carried out with this questionnaire have always been with a university population, and even the clinical population or those receiving treatment are also university students, and the researchers do not incorporate another type of population or age category. In our case, only in some items were differences found between the sexes (work and citizenship), and there are no differences with respect to other sociodemographic variables. The fact that the VLQ does not differentiate between participants who are in psychological or psychiatric treatment, is something that requires further studies using clinical samples, who are under treatment, and to check whether this instrument can effectively be used for diagnosis or for the evaluation of results. (Barrett et al., 2019; Hoyer et al., 2020). This differentiation has not been possible with this sample, although it is something that the other questionnaires on values (SVS and LSI), that have been used here, can achieve. According to the recommendations of the review of the experts (Barney, 2017; Serowik et al., 2018) to evaluate the values in ACT, a more extensive and multifactorial evaluation would be necessary, which would include the experience of the moment, and would evaluate the values which are more personal, meaningful, experiential, and individual. Finally, the importance of the three factors of the questionnaire (“community”, “closeness”, and “obligations”) is emphasized, as key and multidimensional elements that are included in process-based therapy (Hayes & Hofmann, 2021). In particular, community and closeness to other people help to cohere and sustain the lives of human beings. Being-in-the-world may inevitably have to make journeys through pain, but values are the light that shines on the horizon and points us in the right direction.

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Appendix 1 Cuestionario de valores de vida

Importancia

A continuación, se presentan varias áreas o ámbitos de la vida que son importantes para algunas personas. En este punto, nuestra preocupación es conocer tu calidad de vida en cada una de estas áreas. Uno de los aspectos que se refieren a la calidad de vida es la importancia que uno da a las diferentes áreas de la vida. Marca la importancia de cada área en una escala de 1-10 (rodeando con un círculo). 1 significa que esa área no es nada importante para ti. 10 significa que ese ámbito de tu vida es muy importante. Conviene que sepas que no para todo el mundo estas áreas son importantes, y además que el valor que cada persona da a estas áreas es algo muy personal. Lo que ahora importa es que los valores en función de la importancia que para ti personalmente tenga cada área.

Áreas	Escala de Importancia									
	1	2	3	4	5	6	7	8	9	10
1. Familia (diferente de esposo/a o hijos/as)	1	2	3	4	5	6	7	8	9	10
2. Esposo/a, parejas, relaciones íntimas	1	2	3	4	5	6	7	8	9	10
3. Cuidado de los hijos/as	1	2	3	4	5	6	7	8	9	10
4. Amigos/vida social	1	2	3	4	5	6	7	8	9	10
5. Trabajo	1	2	3	4	5	6	7	8	9	10
6. Educación/formación	1	2	3	4	5	6	7	8	9	10
7. Ocio/diversión	1	2	3	4	5	6	7	8	9	10
8. Espiritualidad	1	2	3	4	5	6	7	8	9	10
9. Ciudadanía/vida comunitaria	1	2	3	4	5	6	7	8	9	10
10. Cuidado físico (dieta, ejercicio, descaso)	1	2	3	4	5	6	7	8	9	10

Consistencia

Ahora nos gustaría que estimaras el grado en el que has sido consistente con cada uno de tus valores. No te estamos preguntando sobre cómo te gustaría idealmente haberte comportado en cada área. Ni tampoco te estamos preguntando lo que otros piensan de ti. Asumimos que una persona lo hace mejor en algunas áreas que otras. La gente también se comporta mejor en unas ocasiones que en otras. Lo que queremos saber es lo que has estado haciendo durante la semana pasada. Marca cada área utilizando una escala de 1 a 10 (rodeando con un círculo). 1 significa que tus acciones han sido completamente inconsistentes con tus valores. 10 significa que tus acciones han sido consistentes con tus valores.

Áreas	Inconsistente										Consistente
	1	2	3	4	5	6	7	8	9	10	
1. Familia (diferente de esposo/a o hijos/as)	1	2	3	4	5	6	7	8	9	10	
2. Esposo/a, parejas, relaciones íntimas	1	2	3	4	5	6	7	8	9	10	
3. Cuidado de los hijos/as	1	2	3	4	5	6	7	8	9	10	
4. Amigos/vida social	1	2	3	4	5	6	7	8	9	10	
5. Trabajo	1	2	3	4	5	6	7	8	9	10	
6. Educación/formación	1	2	3	4	5	6	7	8	9	10	
7. Ocio/diversión	1	2	3	4	5	6	7	8	9	10	
8. Espiritualidad	1	2	3	4	5	6	7	8	9	10	
9. Ciudadanía/vida comunitaria	1	2	3	4	5	6	7	8	9	10	
10. Cuidado físico (dieta, ejercicio, descaso)	1	2	3	4	5	6	7	8	9	10	

Appendix 2 Correction template

A high discrepancy value may indicate that there are still barriers that prevent the person from doing what is aligned with their values. This questionnaire could offer clues to professionals to orient psychological intervention towards what matters even in the presence of discomfort. Conversely, a low discrepancy means that the person is moving in the desired direction and the barriers do not prevent him/her from living the life he/she wants. The higher the score, the higher the levels of discrepancy.

A high consistency may indicate that the person is doing what they want to do according to their values. Conversely, low consistency may indicate that the person is not moving in the desired direction.

A low importance score and a high consistency score may allow in therapy to re-clarify values and question the person's functioning.

Note: All scores need to be checked against the functional analysis to verify that high levels of consistency are not due to aversive control, avoidance or negative reinforcement.

Areas	Importance Score	Consistency Score	Discrepancy Score
1. Family (other than marriage or parenting)	-	=	
2. Marriage/couples/intimate relations	-	=	
3. Parenting	-	=	
4. Friends/social life	-	=	
5. Work	-	=	
6. Education/training	-	=	
7. Recreation/fun	-	=	
8. Spirituality	-	=	
9. Citizenship/Community Life	-	=	
10. Physical self-care (diet, exercise, sleep)	-	=	
Total score	-	=	