



The role of experiential avoidance in the relationship between family conflict and depression among early adolescents



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ABSTRACT

Experiential avoidance (EA) consists of efforts to control or avoid unwanted emotions, upsetting memories, troubling thoughts, or physical pain and the contexts that occasion them, even when doing so creates problems over the long run. While substantial evidence finds EA to be a risk factor for diverse psychological problems, most of that evidence comes from research with adults. This paper presents longitudinal findings from a study of adolescents that examined the relationships between EA, family conflict and depression. We obtained data from students in grades 6, 7, and 8 (81.8% white, with Hispanic students the largest group of minority participants—8.8%). The analysis included latent growth models of family conflict, adolescent EA, and adolescent depression: all showed acceptable fit; mean intercepts and slopes (with their respective variances) were significant. The results suggest that EA is associated with depression and is more likely in families with high conflict. Female adolescents had higher EA and were differentially affected by family conflict.

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1. Introduction

This paper discusses the relationship of experiential avoidance (EA) to family conflict and depression. Experiential avoidance consists of efforts to control or avoid unpleasant emotions, upsetting memories, troubling thoughts, or physical pain (Hayes, Wilson, Gifford, & Follette, 1996). Considerable evidence indicates that EA is a risk factor for diverse psychological problems and that interventions reducing people's avoidance can benefit in ameliorating such problems. The bulk of this evidence comes from research with adults. While substantial work has linked EA to psychological problems, there has been less attention to the environmental factors associated with EA. In the present paper, we examine whether family conflict is associated with EA and whether such a relationship is related to the development of depression. We also examine whether these processes and their inter-relations differ according to gender.

2. The role of family conflict in the development of depression

Exposure to family conflict can contribute to depression among adolescents (Lewinsohn, Rohde, Seeley, Klein, & Gotlib, 2000; Mason, Schmidt, Abraham, Walker, & Tercyak, 2009; Reinherz, Paradis, Giaconia, Stashwick, & Fitzmaurice, 2003; Rueter, Scaramella, Wallace, & Conger, 1999; Sheeber, Hops, Alpert, Davis, & Andrews, 1997; Van Voorhees et al. 2008), particularly when youth are exposed to family conflict in early adolescence (Matjasko, Grunden, & Ernst, 2007). Some researchers have found that the relationship between adolescent depression onset and family conflict is particularly strong for females (Lewinsohn et al., 2000) while others have found no differential effects between males and females (Schwartz et al., 2012; Sheeber et al., 1997).

The body of research linking family conflict and adolescent depression is impressive, yet very little research has examined adolescents' intrapersonal processes that might be involved in the relationship between family conflict and depression. One possible mechanism might be the influence of family conflict on experiential avoidance.

3. Experiential avoidance

When people experience high levels of unwanted thoughts and emotions, they commonly engage in purposeful attempts to

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change the form or frequency of these undesired private experiences and the contexts in which they occur (Hayes, Strosahl, Bunting, Twohig, & Wilson, 2005; Hayes, Strosahl, & Wilson, 2012). These efforts may persist even when their consequences are quite negative. This process of avoidance even in the face of deleterious consequences has been referred to as *experiential avoidance* (EA). Among adults, EA is associated with a wide variety of psychological and behavioral problems (Chawla & Ostafin, 2007). They include depression (Cribb, Molds, & Carter, 2006; Spira et al., 2007; Tull & Gratz, 2008; Tull, Gratz, & Lacroce, 2006), self-harm behavior (Gratz & Gunderson, 2006; Howe-Martin, Murrell, & Guarnaccia, 2012; Twohig, Hayes, & Masuda, 2006), rumination (Cribb et al., 2006; Santanello & Gardner, 2007), substance abuse (Chapman & Cellucci, 2007; Forsyth, Parker, & Finlay, 2003; Hayes et al., 2004; Ostafin & Marlatt, 2008; Polusny, Rosenthal, Aban, & Follette, 2004; Stewart, Zvolensky, & Eifert, 2002; Twohig, Shoenberger, & Hayes, 2007), addiction severity (Forsyth et al., 2003), generalized anxiety disorder (Roemer & Orsillo, 2007), panic attacks (Tull et al., 2006; Tull & Roemer, 2007), social anxiety (Dalrymple & Herbert, 2007; Kashdan & Breen, 2007), and post-traumatic stress disorder (Boesch, Koss, Figueredo, & Coan, 2001; Marx & Sloan, 2005; Orcutt, Pickett, & Pope, 2005; Plumb, Orsillo, & Luterek, 2004; Tull & Roemer, 2003; Tull, Gratz, Salters, & Roemer, 2004).

To date little research has looked at EA during adolescence, a time when EA tendencies may develop. We found only three studies. In a validation study of a measure of adolescent EA (Avoidance and Fusion Questionnaire for Youth; AFQ-Y), Greco, Lambert and Baer (2008) had 1188 participants in grades 5 through 10 complete the 50-item questionnaire. Girls scored significantly higher than boys did on this measure. EA scores correlated with measures of anxiety ($r=.58$) and with the total score for a measure that assessed both internalizing and externalizing problems ($r=.64$).

Venta, Sharp, and Hart (2012) studied the relationship between internalizing disorders and EA in a sample of 142 inpatient adolescents aged 12–17. Males reported significantly less EA than females. AFQ-Y scores were significantly related to anxiety ($\beta=.034$, $t=3.88$, $p<.001$) and depressive disorders ($\beta=.026$, $t=3.01$, $p<.003$).

Finally, in a convenience sample of 102 male and 107 female adolescents ages 13 through 18, Howe-Martin et al. (2012) also found that girls scored significantly higher on the AFQ than boys did. Adolescents who reported engaging in non-suicidal self-injury scored significantly higher on the AFQ, although the correlation was not large ($r=-.17$, $p<.01$). Howe-Martin et al. (2012) then divided the sample into three groups based on the degree to which they reported a variety of behaviors that the researchers felt involved avoidance (eating disorder, substance abuse, suicidal behavior, or self-injury). A one-way analysis of the differences among these groups showed that, for girls, the two groups reporting avoidance behaviors had significantly higher scores on the AFQ. AFQ scores did not differ among the boys in these three groups.

Examinations of the mechanisms underlying development of EA in adolescence are lacking, but studies of adults suggest that aversive experiences in childhood and adolescence are associated with increases in EA. For example, individuals reporting childhood trauma report heightened levels of EA as adults (Gratz, Bornovalova, Delaney-Brumsey, Nick, & Lejuez, 2007; Marx & Sloan, 2002). Results from a study by Kingston, Clarke, and Remington (2010) suggest that problem behaviors may develop due to experientially avoidant efforts to cope with the negative inner experiences resulting from childhood or adolescent trauma. A group of 290 adults (mean age of 26) who currently or in the past received treatment for psychological problems were assessed

on measures of childhood trauma, experiential avoidance, and problem behavior, including excessive internet use, deliberate self-harm, binge eating, smoking, aggression, alcohol use, and illicit drug use. Engagement in problem behaviors was significantly related to a history of childhood trauma. A construct of EA that combined the White Bear Suppression test and the Acceptance and Action Questionnaire (AAQ) was significantly related to the problem behavior construct. Moreover, a model that included a measure of negative affect intensity suggested that EA mediated the effects of negative affect on problem behavior.

Together, these studies are consistent with the possibility that family conflict could influence the development of EA as young people seek to cope with the stress of conflict by trying to avoid unpleasant thoughts and feelings. Also, consistent with research linking EA and depression in adults (Cribb et al., 2006; Spira et al., 2007; Tull & Gratz, 2006, 2008), increases in EA may contribute to increased depression during early adolescence.

Using longitudinal data from students in grades 6, 7, and 8, the current study examined relationships among initial levels of family conflict, experiential avoidance, and depression and the relationships among estimates of the growth of each of these processes. Our expectation in conducting these analyses was that initial levels of family conflict and growth in family conflict would be associated with initial level and growth in both EA and depression.

4. Gender differences in development

As noted above, there are gender differences in EA during adolescence. Also, the rates of depression are higher among girls than boys (Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993; Saluja et al., 2004). We are not aware of studies showing differences in family conflict due to children's gender. It seems appropriate, therefore to examine gender differences in the development of each of these processes. We began our analyses by characterizing the initial level and growth in family conflict, EA, and depression separately for males and females. We then examined whether the relationships among these constructs differ according to gender.

5. Methods

5.1. Participants

The sample for this study comes from data collected during a 3-year randomized controlled trial, the Schoolwide Positive Behavioral Support (SWPBIS) project. The study involved 36 middle schools ($N=12,977$), 18 of which received in-depth training and follow-up coaching in SWPBIS implementation, and 18 of which received a one-day workshop about SWPBIS (Control). Schools were randomized to condition and students nested within cohorts. We restricted the sample for the current study to the cohort of students first assessed in the sixth grade and followed through the eighth grade, and for whom we knew gender ($n=3965$). There were slightly more females (50.3%) and they were predominantly white (81.8%), with Hispanic students representing the largest group of minority participants (8.8%).

5.2. Measures

In addition to demographic measures, we assessed youth psychological distress (EA and depression) and a measure of family conflict.

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