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Coping and experiential avoidance: Unique or overlapping constructs?

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ABSTRACT

The present study examined associations between coping as measured by the Brief COPE and experiential avoidance as measured by the AAQ-II and the role of both constructs in predicting psychological distress and well-being. Specifically, associations between experiential avoidance and other types of coping were examined, and factor analysis addressed the question of whether experiential avoidance is part of coping or a related but independent construct. Results showed that experiential avoidance loads on the same factor as other emotion-focused and avoidant types of coping. The higher people are in experiential avoidance, the more they tend to utilize these types of coping strategies. Both experiential avoidance and coping predicted psychological distress and well-being, with most variance explained by coping but some additional variance explained by experiential avoidance. ANOVAS also showed gender differences in experiential avoidance and coping approaches. Results are discussed in light of previous relevant findings and future treatment relevant implications.

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The construct of coping was introduced by Lazarus (1966) and refers to the way an organism approaches and responds to stressful situations. Coping can be of critical importance to physical and psychological health and well-being (Miller, Brody, & Summerton, 1988) since it is not just the magnitude of the stressor but also the response of the organism that determine future psychological and physical outcomes.

Following the approach of Folkman and Lazarus (1980), several theorists proposed the existence of two major ways of coping: *Problem focused coping*, involves an active response, which includes solving the problem, managing or changing the situation and seeking information, seeking instrumental help, planning and direct action. *Emotion focused coping*, on the other hand, refers to attempts to manage the *emotions* created by the stressful event, through emotion oriented reactions such as minimizing, distancing, self control, seeking social support, avoidance, self-blame, venting, and positive reappraisal (Felsten, 1998; Folkman, Lazarus, Gruen, & DeLongis, 1986). Carver, Scheier, and Weintraub (1989) suggested that a third dimension, namely *Avoidance-focused coping* is also theoretically important, and includes approaches previously considered as emotion-focused (Schwartz & Schwartz, 1996) such as actions and cognitive changes meant to avoid a stressful situation (Endler, 1997; Endler & Parker, 1994) or to dampen the thoughts and emotions associated with it. This

dimension includes approaches like venting, distraction, denial, behavioral and mental disengagement, and alcohol and drug use (Carver et al., 1989; Felsten, 1998; Gutiérrez, Peri, Torres, Caseras, & Valdés, 2007; Litman, 2006; Zuckerman & Gagne, 2003).

Carver and Scheier's (1981) self-regulation theory, led to the development of the COPE instrument and its shorter version, the Brief COPE, (Carver et al., 1993), which view coping as part of the individual's attempt to make decisions and act upon them in ways that reduce the gap between actual and desired outcomes. People use well-rehearsed or new coping strategies that they perceive to be effective for them in the situation, consistent to their interpretation of the experience. The role of interpretation in this theory is consistent with the secondary appraisal process as proposed by Lazarus (1966). The strategies vary between individuals as well as within the individual, at different stages of the experience and in different situations (Johnson, 1999). Therefore, coping is determined by a trait-like tendency (also associated with personality; Kapsou, Panayiotou, Kokkinos, & Demetriou, in press) to respond in situations in a particular style, in addition to the interpretation of the specific stressful event.

Although coping approaches vary depending on the situation, some are more adaptive than others and when a person relies longitudinally on maladaptive approaches the risks for toxic psychological and physical outcomes are increased. Adaptive coping includes strategies that can lead to goal achievement, subjective well-being, or lower emotional distress (Folkman & Moskowitz, 2004; Lazarus, 1991). There is substantial evidence that problem-focused or approach coping, and seeking social

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support are related to positive health outcomes and increased well-being (Kneebone & Martin, 2003; Wodka & Barakat, 2007), while other types of emotion-focused and avoidance coping are considered less adaptive (Penley, Tomaka, & Wiebe, 2002), and are associated with depression, smoking, and panic attacks (Haaga, Thorndike, Friedman-Wheeler, Pearlman, & Wernicke, 2004; Ottenbreit & Domson, 2004). We should note that social support seeking is sometimes found to be an adaptive strategy and sometimes maladaptive, something which may depend on whether support seeking serves problem solving functions or is a mere way of avoiding the situation.

These findings are further verified by clinical research as well. Studies coming from the area of acceptance and commitment therapy suggests that although it is at times adaptive to avoid confrontation with intense emotion or to express it, for example during the early stages of intense trauma, excessive, or needless emotion regulation and high experiential or emotional avoidance in association with inflexibility in a person's behavioural repertoire may contribute to the development of various forms of psychopathology (Amstadter, 2008; Hayes, 2004; Kashdan, Barrios, Forsyth, & Steger, 2006). Experiential avoidance is described as a tendency to engage in behaviors that alter the frequency, duration or form of unwanted private events (i.e. thoughts, feelings, physiological events, and memories and the situations that occasion them, Hayes, 1994; Hayes & Gifford, 1996; Hayes, Strosahl, & Wilson, 1999; Karekla, Forsyth, & Kelly, 2004). It is also defined as the opposite of experiential acceptance or flexibility, which "involves experiencing events fully and without defense... and involves making contact with the automatic or direct stimulus functions of events, without acting to reduce or manipulate those functions" (Hayes, 1994, p. 30). Although the process of experiential avoidance (EA) described by this literature looks remarkably like the avoidant coping strategies described by the coping literature, EA has never been described as a form of coping and has never been related to this specific literature before. The extant coping models (e.g. Carver & Scheier, 1981; Folkman & Lazarus, 1980) describe a breadth of coping strategies including avoidance, but the need for the construct of EA seems to have arisen following the acknowledgement of the importance of interoceptive (i.e. to internal sensations) exposure in the treatment of panic and anxiety disorders and the fact that exposure to only external factors was therapeutically insufficient (Barlow, 2001). Though coping models include the broader concept of avoidance and factors (e.g. mental disengagement, denial) that can be thought of as experiential avoidance, to date these factors have not been clustered together or investigated as experiential avoidance coping strategies (i.e. with an emphasis on internally focused events) as such. Therefore, it is of paramount importance to investigate whether EA is already subsumed within the more traditional coping models or whether it is a separate construct that contributes unique variance to coping models of psychopathology and health.

Moreover, researchers in the EA domain propose that the toxicity presented by experiential avoidance may be a result of the inflexibility with which it is used and the insensitivity as to the context to which it is applied and not necessarily that it is utilized by an individual (Bonanno, Papa, LaLande, Westphal, & Coifman, 2004; Kashdan et al., 2006). For example, individuals who exhibit EA may be more prone to rely on specific coping strategies (e.g. denial) in all contexts irrespective of the functionality of utilizing these strategies and what the outcome may be in regards to their well-being or whether they will live a valued life. In contrast, individuals who exhibit more acceptance of their experiential world may be more likely to utilize a variety of coping methods and self-regulatory strategies, and their choice of a strategy may be more dependent on the contextual demands at hand. In addition, according to Kashdan

et al. (2006) what becomes maladaptive is the enormous allocation of resources to the process of EA itself, rather than to the specific emotional content or problem at hand. The paradoxical outcome of such systematic striving to dampen and avoid emotion is oftentimes an exaggeration and increase in frequency of distressing thoughts and feelings (Gross, 2002).

Differences in coping strategies and tendency toward experiential avoidance may also partly account for the gender differences reported for various physical and psychological symptoms, since women may be more likely than men to employ emotion-focused and avoidance coping (Eaton & Bradley, 2008; Hall, Chipperfield, Perry, Ruthig, & Goetz, 2006; Matud, 2004; Tamres, Janicki, & Helgeson, 2002). For example, when it comes to the almost double rates of depression among females, these have been attributed to a ruminative, introspective style among women who tend to analyze the problem and maximize negative affect by focusing on it, rather than look for practical, active solutions, like men would tend to do. This tendency in turn may reinforce a self-perception of helplessness and incompetence that worsens depression (Nolen-Hoeksema, Larson, & Grayson, 1999) among females. However, it would be important to document additionally the existence of any gender differences in experiential avoidance specifically since no prior published research, to our knowledge, exists in this area. It would be of interest in this domain of research to begin to examine differences between men and women and how these compare to rumination and other emotion-focused coping styles. In this context it would be of value to start by assessing the associations between EA and other coping styles that men vs. women primarily rely on and extensions of these associations to psychopathology, as we begin to do in the present paper.

Although the coping literature suggests that emotion-focused coping in general is maladaptive, the EA literature makes an attempt to break down the toxic components of EA strategies in order to identify particularly pathogenic aspects. According to Kashdan et al. (2006) experiential avoidance coping includes instances of attempts to escape the stressful event, detachment from the situation and inhibited expression of emotions as well as inflexibility and a sense of uncontrollability. These largely resemble and appear reminiscent of the coping styles that coping researchers have traditionally seen as maladaptive, especially those involving avoidance, but interestingly not the approaches that might exaggerate or express affect (e.g. venting or seeking emotional support). Somewhat controversial is the role of the latter strategy, which has been found to be related to positive health outcomes but is included among the emotion-focused strategies by coping researchers. Also, both the suppression and ventilation of anger and hostility have been associated with poor health outcomes and further exacerbation of anger (Bushman, 2002; Thomas, 1997). Bringing the two literatures together, it would be of scientific value to further investigate and clarify which aspects of emotion-focused coping are indeed maladaptive by examining their associations with EA and psychological distress.

The purpose of the present study was to examine and clarify these associations and specifically how high and low EA relate to ways of coping as measured by the Brief COPE. We expect that as individuals report higher EA will also tend to report that they utilize more emotion-focused coping strategies (i.e. ways of addressing their emotional experiences themselves rather than the problem at hand) such as distraction, denial, behavioral disengagement, and alcohol and drug use, compared to those lower in EA. The study further examines the question as to whether experiential avoidance is a construct related to but independent of coping, or if it constitutes a subgroup of known coping strategies using Exploratory Factor Analysis. Next, the study attempts to predict psychological distress and well-being from coping and experiential avoidance in

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