



Post-traumatic stress disorder, social anxiety disorder, and depression in survivors of the Kosovo War: Experiential avoidance as a contributor to distress and quality of life

Todd B. Kashdan^{a,*}, Nexhmedin Morina^b, Stefan Priebe^c

^a Department of Psychology, George Mason University, MS 3F5, Fairfax, VA 22030, United States

^b Goethe University, Frankfurt, Germany

^c Queen Mary University of London, London, United Kingdom

ARTICLE INFO

Article history:

Received 10 March 2008

Received in revised form 22 June 2008

Accepted 23 June 2008

Keywords:

Experiential avoidance

Post-traumatic stress disorder

Social phobia

Depression

Quality of life

Civilian war trauma

ABSTRACT

Few studies have been conducted on psychological disorders other than post-traumatic stress disorder (PTSD) in war survivors. The aim of this study was to examine PTSD, social anxiety disorder (SAD), and major depressive disorder (MDD) and their associations with distress and quality of life in 174 Albanian civilian survivors of the Kosovo War. This included testing of conceptual models suggesting that experiential avoidance might influence associations between anxiety and mood disorders with psychological functioning. Each of the three psychiatric disorders was associated with greater experiential avoidance and psychological distress, and lower quality of life. Being a refugee was associated with a higher likelihood of having SAD and MDD. We found evidence for experiential avoidance as a partial mediator of the respective effects of SAD and PTSD on quality of life: experiential avoidance did not mediate the effects of disorders on global distress. We also found support for a moderation model showing that only war survivors without SAD and low experiential avoidance reported elevated quality of life; people with either SAD or excessive reliance on experiential avoidance reported compromised, low quality of life. This is the third independent study, each using a different methodology, to find empirical support for this moderation model [Kashdan, T. B., & Breen, W. E. (2008). Social anxiety and positive emotions: a prospective examination of a self-regulatory model with tendencies to suppress or express emotions as a moderating variable. *Behavior Therapy*, 39, 1–12; Kashdan, T. B., & Steger, M. F. (2006). Expanding the topography of social anxiety: an experience sampling assessment of positive emotions and events, and emotion suppression. *Psychological Science*, 17, 120–128]. Overall, we provided initial evidence for the importance of addressing PTSD, SAD, MDD, and experiential avoidance in primarily civilian war survivors.

© 2008 Elsevier Ltd. All rights reserved.

Individuals exposed to war zone-related traumatic events are at heightened risk for a variety of psychological problems, including post-traumatic stress disorder (PTSD) (e.g., Erickson, Wolfe, King, King, & Sharkansky, 2001; Kulka et al., 1990; Solomon, Weisemberg, Schwarzwald, & Mikulincer, 1987). These psychological difficulties have the potential to last long after wartime. PTSD-related symptoms among combat veterans served as the central focus of most psychological examinations of the effects of war. However, since the First World War where opposing armies had static lines of defense (i.e., trench warfare), the nature of warfare has drastically changed with the consequence that in the modern wars civilians make up the absolute

majority of casualties (International Federation of Red Cross and Red Crescent Societies, 1993).

Civilians surviving exposure to a war zone often suffer from the lack of basic needs such as food and shelter. Furthermore, the new warfare bears in its wake the loss of social and cultural foundations that are meant to provide connectedness and stability (Murray, King, Lopez, Tomijima, & Krug, 2002). These hardships have long-lasting effects on the mental health of civilian war survivors even after the war (Johnson & Thompson, 2008). In post-war societies, social adjustment can be difficult when people are uprooted from friends and family through forced separation, displacement, imprisonment, and death. This is what happened to residents of Kosovo during 10 years of segregation and ethnic cleansing imposed by the Milosevic-led Serbian government (Malcolm, 1998).

Although PTSD is important in understanding reactions to and recovery from war, other psychological processes may be equally

* Tel.: +1 703 993 9486; fax: +1 703 993 1359.

E-mail address: tkashdan@gmu.edu (T.B. Kashdan).

disruptive. In this study, we examined PTSD, social anxiety disorder (SAD), and major depressive disorder (MDD) in Kosovo War survivors and their influence on mental health and quality of life. We tested theoretical models on how experiential avoidance might operate independently and together with these disorders to account for health related outcomes.

1. Experiential avoidance as a contributor to distress and quality of life

Psychiatric disorders widely studied in relation to trauma exposure include PTSD (by definition; American Psychiatric Association, 1994), social anxiety disorder (e.g., Kashdan, Frueh, Knapp, Hebert, & Magruder, 2006; Green, Lindy, Grace, & Leonard, 1992; Orsillo, Heimberg, Juster, & Garrett, 1996), and depression (e.g., O'Donnell, Creamer, & Pattison, 2004; Shalev et al., 1998). Despite high rates of comorbidity among these conditions, there is evidence for some degree of independent onset and consequences in trauma survivors (Yehuda, McFarlane, & Shalev, 1998).

Civilians exposed to trauma and life disruptions as a result of civil war confront severe challenges in attempts to manage unpleasant emotions, thoughts, and memories. In addition to feared external stimuli, people may fear and avoid unwanted private events such as unpleasant emotions (e.g., feeling anxious), thoughts (e.g., "I am going to make a fool of myself"), and bodily sensations (e.g., increased heart rate). This notion of experiential avoidance refers to tendencies to negatively evaluate unwanted feelings, thoughts, and sensations; an inability to tolerate these private events; and the desire to control and extinguish these events (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).

These avoidance based regulatory strategies can be distinguished from more approach based strategies that involve working with emotions and thoughts such as acceptance. Often, experiential avoidance and acceptance are viewed and operationalized as endpoints on a single bipolar continuum (Bishop et al., 2004; Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Acceptance involves flexible, efficient responding because people stay in contact with their emotions and thoughts and attend to the information they provide as opposed to expending finite attention, stamina, and time to get rid of these internal experiences. Acceptance leads to a broadening of responses whereas experiential avoidance reflects rigid thinking and behavior, and an unwillingness (or in some cases, inability) to capitalize on the important information provided by emotional experiences. The enormous time and effort devoted to experiential avoidance diminishes contact with present experiences and interfere with progress toward valued goals (Hayes et al., 2006). Essentially, a person's life space is constricted by concerns about the possible rise of emotional states that are viewed as unmanageable and a source of suffering.

There is evidence for experiential avoidance being prominent in the maintenance of anxiety and mood disorders (Forsyth, Eifert, & Barrios, 2006; Starr & Moulds, 2006; Zettle & Rains, 1989). Experiential avoidance has been theorized to result from learned associations built from connecting internal experiences with strong threat/danger appraisal patterns (Hayes et al., 1996). It is not redundant with the presence of emotional disturbances as many individuals with anxiety conditions report rates of emotional and thought suppression and avoidance attempts that are similar to their less anxious peers (e.g., Craske & Hazlett-Stevens, 2002; Kashdan & Steger, 2006). Moreover, the internal experiences that are evaluated negatively and avoided are not wed to the content of any particular disorder.

Avoiding exposure to feared private events interferes with potential disconfirming evidence and increases anticipatory anxiety for situations where these unwanted internal events

might arise (Barlow, 2000; Salters-Pedneault, Tull, & Roemer, 2004). Despite problems linked to experiential avoidance, people focus on the short-term effectiveness of alleviating discomfort (by avoiding contact with the feared stimuli) with insufficient consideration of the longer-term consequences of habitual use.

A small body of work has shown that experiential avoidance is important to the mental health of trauma survivors. For example, experiential avoidance predicted the long-term maintenance of PTSD (Marx & Sloan, 2005) and following traumatic events, experiential avoidance was a more robust predictor of PTSD symptom severity over time than trauma severity and initial distress (Plumb, Orsillo, & Luterek, 2004). In addition, experiential avoidance has been shown to be positively related to anxiety, depression, and general distress above the contributions of trauma exposure and severity, PTSD severity and diagnoses, and emotion expressiveness (e.g., Marx & Sloan, 2002; Morina, 2007; Tull, Gratz, Salters, & Roemer, 2004). Other work found experiential avoidance to partially (Polusny, Rosenthal, Aban, & Follette, 2004) or fully mediate (Orcutt, Pickett, & Pope, 2005; Reddy, Pickett, & Orcutt, 2006) the effects of trauma on psychological distress. Experiential avoidance may be adaptive in the immediate aftermath of a trauma, but the learned association of threat to particular thoughts and feelings can translate into an inability to cope with natural negative emotions that arise during challenging situations in everyday life. In turn, experiential avoidance is proposed to interfere with the recovery of trauma survivors.

Most of the work on experiential avoidance in trauma survivors has focused on PTSD. We were interested in the existence and operation of other psychiatric conditions, in civilian survivors of the Kosovo War. Specifically, SAD and MDD have each been shown to be highly prevalent and costly in trauma survivors (Kashdan, Barrios, Forsyth, & Steger, 2006; Simms, Watson, & Doebbeling, 2002) and functionally linked to experiential avoidance (e.g., Kashdan, 2007; Zettle & Rains, 1989). Along with PTSD, SAD and depression are defined by disrupted interpersonal processes and diminished positive experience (e.g., Joiner & Coyne, 1999; Kashdan, 2007; Litz, Orsillo, Kaloupek, & Weathers, 2000). This is relevant because satisfying social relationships and positive emotions appear to be integral to the recovery process of trauma survivors in post-war Kosovo (Ahern et al., 2004), displaced civilians from other countries (e.g., Schweitzer, Melville, Steel, & Lacherez, 2006), and other trauma survivors (e.g., Fredrickson, Tugade, Waugh, & Larkin, 2003; King, King, Fairbank, Keane, & Adams, 1998).

2. Psychiatric conditions and experiential avoidance operating together in Kosovo War survivors

Existing data suggest that several psychiatric conditions and experiential avoidance contribute to the mental health of trauma survivors. Yet, nearly all of this work has been limited to the study of American male combat veterans. Despite several empirical studies of whether experiential avoidance mediates or moderates adverse consequences associated with psychiatric conditions, only a small body of work has focused on trauma survivors (Batten, Orsillo, & Walser, 2005).

To address gaps in the literature, the present study examined PTSD, SAD, MDD, and experiential avoidance in Kosovar Albanian survivors of a 10-year apartheid, ending with a full-scale war beginning in mid-1998 and ending by NATO air strikes in June 1999 (Malcolm, 1998). Elevated prevalence rates of PTSD have been found in Kosovo War survivors (estimates of 25%, Cardozo, Kaiser, Gotway, & Agani, 2003; Morina & Ford, in press). Psychiatric conditions associated with the health and recovery of other populations of trauma survivors, such as depressive disorders and SAD, may be relevant to Kosovo War survivors.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات