

Comparing Experiential Avoidance in Depressed and Non-Depressed Individuals: A Descriptive Study

Noor A. Albahr

Counseling and Educational Psychology Dept-Yarmouk university

noalbahr@yahoo.com

Abstract:

This study aimed to compare levels of experiential avoidance between non-depressed and depressed individuals in Jordan. The sample consisted of 104 individuals previously diagnosed with depression from official Jordanian hospitals and 594 non-depressed adults, including university students, teachers, and members of the general population. The total sample had a female representation of 63%. Data were collected using self-report questionnaires, including the Multidimensional Experiential Avoidance Questionnaire (MEAQ) to measure experiential avoidance, and the Beck Depression Inventory (BDI) for assessing depressive symptoms. An Independent-Samples t-test and one-way MANOVA were employed to analyze the data and compare the means of experiential avoidance dimensions between the two groups. The results indicated that depressed individuals exhibited higher levels of experiential avoidance across most dimensions compared to their non-depressed counterparts. Specifically, behavioral avoidance, aversion to distress, procrastination, and repression and denial were significantly higher in the depressed group. No significant difference was found in distraction and suppression, while non-depressed individuals reported slightly higher levels of distress intolerance. These findings suggest that experiential avoidance is a significant feature of depression, contributing to its maintenance and exacerbation. This research underscores the importance of addressing experiential avoidance in therapeutic settings to improve treatment outcomes for individuals with depression.

Keywords: Experiential Avoidance, Depression, Behavioral Avoidance, Aversion to Distress, Procrastination, Repression and Denial.

مقارنة التجنب التجريبي بين الأفراد المصابين بالاكتئاب وغير المصابين به: دراسة وصفية

نور أحمد بحر

جامعة اليرموك - قسم علم النفس الإرشادي والتربوي

noalbahr@yahoo.com

الملخص:

هدفت الدراسة إلى مقارنة مستويات التجنب التجريبي بين الأفراد غير المصابين بالاكتئاب والمصابين بالاكتئاب في الأردن. شملت العينة (104) فردًا تم تشخيصهم بالاكتئاب من المستشفيات الأردنية الرسمية، و(594) بالغًا غير مصابًا بالاكتئاب. كانت نسبة الإناث في العينة الكلية 63%. تم جمع البيانات باستخدام مقاييس التقرير الذاتية، مقياس التجنب التجريبي متعدد الأبعاد (MEAQ) لقياس التجنب التجريبي، ومقياس بيك للاكتئاب (BDI) لتقييم أعراض الاكتئاب. تم استخدام اختبار "ت" للعينات المستقلة وتحليل التباين الأحادي المتعدد (One-way MANOVA) لتحليل البيانات ومقارنة متوسطات أبعاد التجنب التجريبي بين الفئتين. أظهرت النتائج أن الأفراد المصابين بالاكتئاب أظهروا مستويات أعلى من التجنب التجريبي على معظم الأبعاد مقارنة بغير المصابين بالاكتئاب. حيث كان التجنب السلوكي، والنفور من الضيق، والتسويق، والقمع والإنكار أعلى بشكل ملحوظ في مجموعة المصابين بالاكتئاب. لم يتم العثور على فروق دالة إحصائية في التشتيت والإخماد، بينما أظهر الأفراد غير المصابين بالاكتئاب مستويات أعلى بشكل طفيف في عدم تحمل الضيق. تشير هذه النتائج إلى أن التجنب التجريبي هو سمة بارزة في الاكتئاب، وعامل مساهم في الحفاظ على أعراضه وتفاقمها. تؤكد هذه الدراسة على أهمية التعامل مع التجنب التجريبي في إطار العلاج لتحسين التدخلات العلاجية للأفراد المصابين بالاكتئاب.

الكلمات المفتاحية: التجنب التجريبي، الاكتئاب، التجنب السلوكي، النفور من الضيق، التسويق، القمع والإنكار.

Introduction

Mental health is an integral part of human well-being, serving as the gateway through which individuals perceive and interact with the world. It encompasses a broad range of emotional, cognitive, and behavioral factors that contribute to overall resilience and stability. Among the multifaceted landscape of mental health issues, depression stands out as one of the most significant challenges requiring attention. Depression transcends mere feelings of sadness or lack of pleasure over time; it is a prolonged and severe state of emotional distress, profoundly impacting an individual's thinking, emotions, behavior, and general well-being, thereby impairing various aspects of their daily life.

The concept of depression is elucidated through a variety of emotional, cognitive, and physical symptoms, which can vary from one individual to another (Hollon & Hayes, 2021). The American Psychological Association (APA) has established diagnostic criteria for depression in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), covering symptoms such as a depressed mood (persistent feelings of sadness, emptiness, or hopelessness), loss of interest or pleasure (reduced interest in previously enjoyable activities or an inability to experience pleasure), significant weight change (marked weight gain or loss not associated with dieting), sleep disturbances such as insomnia (difficulty falling or staying asleep) or hypersomnia (excessive sleeping), psychomotor agitation or retardation (noticeable physical agitation or slowing), fatigue or loss of energy (persistent tiredness and decreased ability to perform daily tasks), inappropriate or excessive guilt or feelings of worthlessness, impaired concentration or decision-making, and recurrent thoughts of death or suicide (with or without a specific plan) (American Psychiatric Association, 2013).

Depression results from a complex interplay of social, psychological, and biological factors, which in turn leads to further distress and impaired functioning, potentially creating a cycle of worsening depressive symptoms (Thase & Howland, 2021; Z. Zhang et al., 2022). Depression significantly impacts an individual's quality of life, with its recurrent or long-term consequences threatening various life aspects, including social relationships, self-perception, work or academic performance, physical health, and the ability to adapt and lead a fulfilling life (Khan et al., 2021; Y. Wang et al., 2022). This has heightened interest in modern psychological constructs related to depression, which may significantly influence the development and maintenance of symptoms. One such construct is experiential avoidance, an adaptive coping response that negatively impacts functioning, thus becoming a maladaptive response that exacerbates depressive symptoms (Chung et al., 2022). Experiential avoidance, involving the suppression or avoidance of negative thoughts and feelings to alleviate overwhelm, leads to the accumulation of unexpressed emotions and increased stress, thereby intensifying the frequency and severity of depressive symptoms (Zettle, 2015).

Experiential Avoidance

Experiential avoidance has become a central concept and widespread practice in the development and maintenance of psychological disorders within the context of Acceptance and Commitment Therapy (ACT). It was first introduced as a specific construct in this therapeutic approach under the term "experiential avoidance" (Roemer & Orsillo, 2020). Hayes et al. (1996) defined it as attempts to escape or control the form, frequency, or intensity of internal experiences (thoughts, feelings,

sensations, memories) even when doing so causes behavioral harm. The term "experiential" emphasizes that these experiences are personal and subjective from the individual's perspective, highlighting their immediate and subjective nature (Felgoise et al., 2005; Hayes et al., 1999).

The natural tendency to avoid discomfort and seek pleasure drives the practice of experiential avoidance. This process aims to adapt by avoiding danger and protecting from pain, fundamentally rooted in the fear of experiencing something or directly facing internal experiences, leading to various avoidant strategies and behaviors that provide short-term relief. However, this relief is typically short-lived and exacerbates suffering and pain in the long run (Harris, 2022).

In understanding experiential avoidance, it has been categorized into three main types: cognitive, emotional, and behavioral avoidance (Hayes et al., 2017; Tompkins & Barlow, 2014). Gámez et al. (2011) operationalized it by analyzing the concept and identifying several dimensions, including behavioral avoidance (overt avoidance of situations due to negative feelings), distress aversion (adopting negative attitudes or evaluations regarding distress), procrastination (delaying anticipated distress for as long as possible), distraction/suppression (attempts to ignore or mitigate distress), repression/denial (unconscious detachment from distress and its triggers), and distress endurance (actively facing distress without avoiding it).

Experiential avoidance is commonly observed in individuals with depression (Acarturk et al., 2021; A. Akbari et al., 2022). Depressed individuals engage in experiential avoidance as a strategy to cope with negative emotions and avoid distressing situations, which, paradoxically, plays a role in the cyclical development and maintenance of depressive symptoms (Akbari et al., 2022).

Previous Studies

Reviewing the theoretical literature on the study variables reveals several significant studies relevant to the current research. For example, Allen (2021) aimed to test the relationship between experiential avoidance and increased depressive symptoms, as well as the relationships between the six dimensions of experiential avoidance and depressive symptoms. The study sample consisted of 200 undergraduate students from the University of Northern Colorado. The Acceptance and Action Questionnaire-II (AAQ-II), the Multidimensional Experiential Avoidance Questionnaire (MEAQ), and the Distressed Type D Personality Scale were used. The results indicated a moderate positive correlation between the overall score of experiential avoidance and depressive symptoms and a moderate positive correlation between the dimensions of experiential avoidance (except distress endurance, which had a moderate negative correlation) and depressive symptoms.

Fernández-Rodríguez et al. (2022) conducted a study to test the relationship between experiential avoidance and depressive symptoms. The study included 172 adults from Spain, using the Hospital Anxiety and Depression Scale (HADS) and the AAQ-II. The results indicated a strong positive correlation between the variables, with experiential avoidance predicting the severity of depressive symptoms.

Öğütlü et al. (2021) examined the positive correlation between depression and experiential avoidance. The study sample consisted of 463 students from the Faculty of Education at Muğla Sıtkı Koçman University in southwest Turkey. Online measures used included the Lovibond Depression, Anxiety, and Stress Scale (DASS) and the AAQ-II. The results confirmed a strong positive correlation between experiential avoidance and depressive symptoms, with experiential avoidance being a significant predictor of increased depressive symptoms.

Akbari et al. (2022) conducted a systematic review of previous studies examining the relationship between experiential avoidance and depressive symptoms. The study sample consisted of 389 articles and 441 eligible studies, following DSM-5 criteria for diagnosing depressive symptoms and using experiential avoidance-focused measures such as the AAQ, MEAQ, or the Brief Experiential Avoidance Questionnaire (BEAQ) conducted between 2014-2020. The total number of participants was 135,347 (66.16% females), with a mean age of 31.53. The study found a medium to large positive correlation ($r= 0.562$) between experiential avoidance and depressive symptoms, and a medium to large positive correlation ($r= 0.453$) between experiential avoidance and major depressive disorder.

Problem Statement and Research Questions

Depression is gaining increasing importance as one of the most prevalent psychological disorders, projected to become the leading cause of individual suffering worldwide by 2030 (National Alliance on Mental Illness, 2022). Its profound impact on individuals' lives, well-being, performance, physical health, and its ripple effect on families and society at large underscores the need for continued research (Zhang et al., 2022).

Numerous psychological constructs are linked to depression, indicating their crucial role in developing and maintaining depressive symptoms (Lamers et al., 2022). Experiential avoidance, through the suppression of negative thoughts and feelings, can lead to the accumulation of unexpressed emotions and increased stress, thus exacerbating depressive symptoms (Zettle, 2015).

Understanding the breadth of experiential avoidance and its connection to depression is crucial for providing valuable insights into the underlying mechanisms of depression, enabling researchers to develop appropriate therapeutic interventions (Gotlib & Hammen, 2018).

This study aims to answer the question: **What is the level of experiential avoidance among depressed and non-depressed individuals, and does the level differ based on the individual's depressive status (depressed/non-depressed)?**

Importance of Studying

The study of experiential avoidance in the context of depression is crucial because it provides insights into maladaptive coping strategies that individuals use to manage negative emotions. Understanding the relationship between experiential avoidance and depression can help in developing targeted interventions that address these avoidance behaviors, potentially improving treatment outcomes for individuals with depression. This research contributes to the broader understanding of the mechanisms underlying depression and highlights the importance of addressing experiential avoidance in therapeutic settings.

Study Limitations

Sample Size and Generalizability: While the study included a considerable number of participants, the sample size may still limit the generalizability of the findings to the broader population. Future studies with larger and more diverse samples are needed.

Cross-Sectional Design: The study's cross-sectional design limits the ability to draw causal conclusions about the relationship between experiential avoidance and depression. Longitudinal studies are necessary to explore these dynamics over time.

Self-Report Measures: The reliance on self-report measures may introduce bias, as participants may underreport or overreport their levels of experiential avoidance and

depressive symptoms. Future research could benefit from incorporating objective measures and clinical assessments.

Cultural Context: The study was conducted within a specific cultural context, which may influence the expression and reporting of experiential avoidance and depression. Replicating the study in different cultural settings could enhance the generalizability of the findings.

Technical and Operational Definitions

Depression: This is a mood disorder characterized by persistent feelings of sadness, loss of interest in usual activities, and difficulty concentrating. It may be accompanied by feelings of guilt, low self-esteem, and can lead to various emotional and physical problems, affecting daily activities. In severe cases, it can result in feelings of hopelessness and suicidal thoughts or attempts (American Psychiatric Association, 2013). Operationally, the symptoms of depression are defined based on participants' scores on a depression scale.

Experiential Avoidance: This refers to attempts to avoid, escape, or modify the form, frequency, or situational sensitivity of unwanted internal experiences (thoughts, feelings, sensations, memories), even when doing so causes behavioral harm (Hayes et al., 1996). Operationally, experiential avoidance is defined based on participants' scores on the experiential avoidance scale.

Study Approach

The study employed a quantitative, comparative approach to investigate the levels of experiential avoidance between non-depressed and depressed individuals. Data were collected using self-report questionnaires, which included measures of experiential avoidance and depressive symptoms. An Independent-Samples t-test and one-way MANOVA were used to analyze the data and compare the means of experiential avoidance dimensions between the two groups.

Study Sample

The study sample consisted of 104 individuals previously diagnosed with depression from official Jordanian hospitals. The non-depressed sample was composed of 594 adults from Jordan, including university students, teachers, and a number of the general population of the same age. The total sample had a female representation of 63%. Participants were assessed for depressive symptoms using standardized diagnostic tools, and their levels of experiential avoidance were measured using validated scales. This sample composition allowed for a robust comparison between depressed and non-depressed individuals regarding experiential avoidance.

Study Tools

First: Experiential Avoidance Scale The Experiential Avoidance Scale was developed based on several related studies and scales, notably the scale by Gámez et al. (2011). The preliminary version of the scale consisted of 20 items distributed across six dimensions: behavioral avoidance, aversion to distress, procrastination, distraction and suppression, repression and denial, and distress intolerance.

Face Validity: The preliminary scale (20 items) was reviewed by a panel of 19 experts in psychological counseling. Based on their feedback, revisions were made to

improve clarity. The criterion for item acceptance was consensus from 15 experts, resulting in a final scale of 20 items distributed across six dimensions: behavioral avoidance (items 1-4), aversion to distress (items 5-7), procrastination (items 8-10), distraction and suppression (items 11-13), repression and denial (items 14-17), and distress intolerance (items 18-20).

Construct Validity: The scale was piloted on a sample of 20 individuals from the study population. Pearson's correlation coefficient was used to assess item-total correlations within dimensions and the overall scale. Correlations ranged from 0.49 to 0.79 within dimensions and from 0.37 to 0.71 with the total score, all significant at $\alpha=0.05$, indicating acceptable construct validity.

Internal Consistency: Cronbach's Alpha was used to assess internal consistency on the initial pilot sample of 30 individuals. Test-retest reliability was also assessed over a two-week interval. The overall test-retest reliability was 0.86, with dimension-specific reliabilities ranging from 0.77 to 0.84. Internal consistency was 0.83 for the total scale and ranged from 0.74 to 0.81 for individual dimensions, indicating acceptable reliability for the study.

Scale Scoring: The final version of the Experiential Avoidance Scale consists of 20 items across six dimensions, rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). Items 1 and 10 are reverse scored. Score interpretation: low (< 2.34), moderate (2.34 - 3.67), high (> 3.67).

Second: Depression Scale the Beck Depression Inventory-II (Beck et al., 1996) was translated into Arabic and validated.

Face Validity: The initial 21-item scale was reviewed by a panel of 19 experts. Based on their feedback, revisions were made to improve clarity, resulting in a final scale of 21 items.

Construct Validity: The scale was piloted on a sample of 30 individuals. Pearson's correlation coefficient was used to assess item-total correlations, which ranged from 0.48 to 0.78, all significant at $\alpha=0.05$, indicating acceptable construct validity.

Internal Consistency: Cronbach's Alpha was used to assess internal consistency on the pilot sample. Test-retest reliability was assessed over a two-week interval. The overall internal consistency was 0.77, and test-retest reliability was 0.80, indicating acceptable reliability for the study.

Scale Scoring: The final Beck Depression Inventory-II consists of 21 items, each rated on a four-point scale (0-3). Total scores are classified as follows: 0-13 (minimal depression), 14-19 (mild depression), 20-28 (moderate depression), 29-63 (severe depression).

Study Results

Arithmetic means and standard deviations were calculated for experiential avoidance in its entirety and its sub-dimensions among individuals in the study sample, based on the variable "individual's condition" (non-depressed, depressed), as shown in Table (1).

Table 1
Arithmetic means and standard deviations of experiential avoidance in its entirety and sub-dimensions among individuals in the study sample based on the variable "individual's condition" (non-depressed, depressed)

Variable	Levels	Experiential Avoidance Dimensions
Individual's Condition	Non-depressed	Behavioral Avoidance
		Mean
		Standard Deviation
		Level
		Rank
		Depressed
	Depressed	Mean
		Standard Deviation
		Level
		Rank

From Table (1), the following can be observed:

- Among the non-depressed sample, the overall level of experiential avoidance was moderate, with all dimensions falling within the moderate range (in the following order: Intolerance of Distress ranked highest, followed by Behavioral Avoidance, Procrastination, Distraction and Suppression, with Suppression and Denial ranked lowest).
- Among the depressed sample, the overall level of experiential avoidance was also moderate. However, the levels of Behavioral Avoidance and Fear of Distress were high. The following dimensions were moderate in the following order: Suppression and Denial, Procrastination, Distraction and Suppression, with Intolerance of Distress ranked lowest.

Furthermore, Table (1) reveals significant differences in arithmetic means of experiential avoidance in its entirety and sub-dimensions attributed to the variable "individual's condition" (non-depressed, depressed). To verify the statistical significance of these differences in the overall experiential avoidance based on the variable "individual's condition" (non-depressed, depressed), an Independent-Samples t-test was utilized, as indicated in Table (2).

Table 2
Results of Independent-Samples t-test to detect significance of differences between arithmetic means of experiential avoidance in its entirety based on the variable "individual's condition" (non-depressed, depressed)

Experiential Avoidance (Total)	Individual's Condition	Number	Mean	Standard Deviation	t-value	Statistical Significance
Non-depressed	594	2.77	0.56	-6.195	0.000*	
Depressed	104	3.14	0.48			

*Statistically significant at $\alpha = 0.05$ level

Table (2) indicates statistically significant differences at the $\alpha = 0.05$ level between arithmetic means of experiential avoidance (total) attributed to the variable "individual's condition" (non-depressed, depressed) in favor of depressed individuals.

Additionally, One-way MANOVA was used to verify the substantive differences in sub-dimensions of experiential avoidance based on the variable "individual's condition" (non-depressed, depressed), as shown in Table (3).

Table 3

Results of One-way MANOVA for sub-dimensions of experiential avoidance among individuals in the study sample based on the variable "individual's condition" (non-depressed, depressed)

Source of Variation	Dependent Variable	Sum of Squares	Degrees of Freedom	Mean Square	F Value	Statistical Significance
Individual's Condition	Hotelling's trace =		1	24.201	41.874	*0.000
	Behavioral Avoidance	24.201	1			
	Fear of Distress	52.937	1			
	Procrastination	5.974	1			*0.002
	Distraction and Suppression	0.269	1			0.604
	Suppression and Denial	49.173	1			
	Intolerance of Distress	5.497	1			*0.031
Error	Behavioral Avoidance	402.259	696	0.578		
	Fear of Distress	631.509	696	0.907		
	Procrastination	419.145	696	0.602		
	Distraction and Suppression	693.744	696	0.997		
	Suppression and Denial	526.413	696	0.756		
	Intolerance of Distress	815.267	696	1.171		
Total	Behavioral Avoidance	426.460	697			
	Fear of Distress	684.445	697			
	Procrastination	425.119	697			
	Distraction and Suppression	694.013	697			
	Suppression and Denial	575.586	697			
	Intolerance of Distress	820.764	697			

*Statistically significant at $\alpha = 0.05$ level

Table (3) indicates statistically significant differences at the $\alpha = 0.05$ level between arithmetic means of sub-dimensions of experiential avoidance (Behavioral Avoidance, Fear of Distress, Procrastination, Suppression and Denial, Intolerance of Distress) attributed to the variable "individual's condition" (non-depressed, depressed). This supports the conclusion that depressed individuals exhibit higher levels of Behavioral Avoidance, Fear of Distress, Procrastination, and Suppression and Denial compared to non-depressed individuals. There were no statistically significant differences found in the dimension of Distraction and Suppression.

Discussion of the Results

The results of this study indicate significant differences in experiential avoidance between non-depressed and depressed individuals. Overall, depressed individuals exhibited higher levels of experiential avoidance across most dimensions compared to their non-depressed counterparts. These findings are consistent with the theoretical framework suggesting that experiential avoidance is a maladaptive coping strategy that is more prevalent in individuals experiencing depression (Hayes et al., 1996; Zettle, 2015).

Behavioral Avoidance: The results showed that depressed individuals had significantly higher levels of behavioral avoidance ($M = 3.47$, $SD = 0.84$) compared to non-depressed individuals ($M = 2.95$, $SD = 0.75$). This finding aligns with previous research indicating that individuals with depression are more likely to avoid situations that could potentially cause discomfort or exacerbate their negative emotional states (Acarturk et al., 2021). Behavioral avoidance can lead to reduced engagement in meaningful activities, which further reinforces depressive symptoms and contributes to a cycle of avoidance and increased depression (Dugas & Robichaud, 2022).

Aversion to Distress: Depressed individuals also exhibited higher aversion to distress ($M = 3.46$, $SD = 1.06$) compared to non-depressed individuals ($M = 2.69$, $SD = 0.93$). This dimension reflects the tendency to negatively evaluate distress and seek to avoid it at all costs. The heightened aversion to distress among depressed individuals may exacerbate their symptoms by preventing them from confronting and processing negative emotions, leading to a buildup of unresolved emotional distress (Hayes et al., 2016).

Procrastination: The procrastination dimension was also higher among depressed individuals ($M = 3.02$, $SD = 0.94$) than non-depressed individuals ($M = 2.76$, $SD = 0.74$). Procrastination can be viewed as a behavioral manifestation of experiential avoidance, where individuals delay tasks to avoid anticipated distress or failure. This behavior can result in increased stress and a sense of inadequacy, further perpetuating depressive symptoms (Twohig et al, 2017).

Distraction and Suppression: Interestingly, there was no significant difference in the distraction and suppression dimension between non-depressed ($M = 2.92$, $SD = 1.01$) and depressed individuals ($M = 2.87$, $SD = 0.94$). This suggests that both groups may engage in similar levels of distraction and suppression as coping mechanisms. However, the effectiveness of these strategies in reducing distress may differ, with depressed individuals possibly experiencing less relief from such behaviors (O'Connor & Hayes, 2016).

Repression and Denial: Depressed individuals showed significantly higher levels of repression and denial ($M = 3.09$, $SD = 0.86$) compared to non-depressed individuals ($M = 2.35$, $SD = 0.87$). Repression and denial involve unconscious mechanisms to avoid acknowledging distressing thoughts and feelings. These defense mechanisms can be detrimental in the long term, as they prevent individuals from addressing the root causes of their distress and hinder emotional processing (Cookson et al, 2020).

Distress Intolerance: Surprisingly, non-depressed individuals reported slightly higher levels of distress intolerance ($M = 3.05$, $SD = 1.08$) compared to depressed individuals ($M = 2.80$, $SD = 1.08$). This finding is counterintuitive, as it would be expected that depressed individuals, who experience higher overall distress, would also have lower tolerance for it. One possible explanation is that depressed individuals might underreport their distress intolerance due to feelings of hopelessness or

resignation, viewing their distress as inescapable and thus less worth avoiding (Roemer et al., 2018).

Total Experiential Avoidance: Overall, the total score for experiential avoidance was higher among depressed individuals ($M = 3.14$, $SD = 0.48$) compared to non-depressed individuals ($M = 2.77$, $SD = 0.56$). This comprehensive measure reinforces the notion that experiential avoidance is a significant feature of depression, contributing to its maintenance and exacerbation. Interventions targeting experiential avoidance, such as Acceptance and Commitment Therapy (ACT), may therefore be particularly beneficial for individuals with depression (Hayes et al., 2006).

Implications for Practice and Future Research

The findings underscore the importance of addressing experiential avoidance in therapeutic settings for individuals with depression. Cognitive-behavioral strategies that promote acceptance and mindfulness, such as those employed in ACT, may help reduce experiential avoidance and improve treatment outcomes (Hayes et al., 2006). Future research should explore longitudinal designs to assess causal relationships between experiential avoidance and depression and investigate the effectiveness of specific interventions in reducing experiential avoidance among depressed individuals.

In conclusion, this study highlights the significant role of experiential avoidance in depression, emphasizing the need for targeted therapeutic approaches to address this maladaptive coping strategy. Understanding the nuances of how different dimensions of experiential avoidance contribute to depression can inform more effective and personalized treatment plans for individuals struggling with this debilitating condition.

References

- Acarturk, C., Ozyurt, I., Hayes, S., & Gumus, S. (2021). Experiential avoidance and depression: A review of the literature. *Clinical Psychology Review, 84*(1), 101913.
- Akbari, A., Seydavi, M., & Mohammadi, E. (2022). Experiential avoidance as a *transdiagnostic* risk factor for depression: A meta-analysis. *Psychological Medicine, 52*(3), 410–422. <https://doi.org/doi:10.1017/S0033291721003929>
- Allen, M. T. (2021). An exploration of the relationships of experiential avoidance (as *measured* by the aaq-ii and meaq) with negative affect, perceived stress, and avoidant coping styles. *PeerJ, 9*. <https://doi.org/10.7717/peerj.11033>
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Association.
- Chung, C., Holahan, C., & Moos, H. (2022). Avoidance coping in depression: A 10-year model. *Clinical Psychology Review, 76*(1), 101772. <https://doi.org/doi:10.1016/j.cpr.2022.101772>
- Cookson, C., Luzon, O., Newland, J., & Kingston, J. (2020). Examining the role of cognitive fusion and experiential avoidance in predicting anxiety and depression. *Psychology and Psychotherapy: Theory, Research and Practice, 93*(3), 456–473. <https://doi.org/10.1111/papt.12233>
- Dugas, J., & Robichaud, M. (2022). *Intolerance of uncertainty: A cognitive-behavioral approach*. Guilford Press.
- Felgoise, S., Nezu, A., Nezu, C., & Reinecke, M. (2005). *Encyclopedia of Cognitive Behavior Therapy* (5th ed.). Springer.
- Fernández-Rodríguez, C., Coto-Lesmes, R., Martínez-Loredo, V., & Cuesta-Izquierdo, M. (2022). Psychological Inflexibility, Anxiety and Depression: The Moderating Role of Cognitive Fusion, Experiential Avoidance and Activation. *Psicothema, 34*(2), 240–248. <https://doi.org/10.7334/psicothema2021.344>
- Gámez, W., Chmielewski, M., Kotov, R., & Watson, D. (2011). *Development of a Measure of Experiential Avoidance: The Multidimensional Experiential Avoidance Questionnaire. 23*(3).
- Gotlib, H., & Hammen, L. (2018). Understanding the processes that influence depression: Implications for intervention. *Annual Review of Clinical Psychology, 14*(1), 31–54. <https://doi.org/doi:10.1146/annurev-clinpsy-050717-103236>
- Harris, R. (2022). *The Happiness Trap (Second Edition): How to Stop Struggling and Start Living Paperback* (2nd ed.). Shambhala.
- Hayes, S., & Smith, S. (2005). *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy*. New Harbinger Publications.
- Hayes, S., Strosahl, D., & Wilson, K. (2016). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. The Guilford Press.
- Hayes, S., Strosahl, K., & Wilson, K. (1996). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- Hayes, S., Strosahl, K., & Wilson, K. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. Guilford Press.
- Hayes, S., Strosahl, K., & Wilson, K. (2017). *Avoidance: A new understanding of anxiety and phobias*. Guilford Press.

- Hollon, S., & Hayes, S. (2021). *Breakthrough Depression: A Revolutionary New Approach to Treating Depression Using the Science of Resilience*. Guilford Press.
- Khan, M., Azim, N., Mahmood, F., & Asif, B. (2021). Depression and quality of life: A review of the literature. *International Journal of Mental Health and Addiction*, 19(4), 543–558. <https://doi.org/doi:10.1007/s11469-020-00378-w>
- Lamers, M., van Tilburg, W., & Schoevers, A. (2022). The self in depression: A review of recent research. *Clinical Psychology Review*, 76(1), 101771. <https://doi.org/doi:10.1016/j.cpr.2022.101771>
- National Alliance on Mental Illness. (2022). *Mental health statistics*. <https://www.nami.org/mhstats>
- O'Connor, L., & Hayes, S. (2016). *The ACT workbook for depression: A guide to using acceptance and commitment therapy to overcome sadness, anxiety, and anger*. New Harbinger Publications.
- Öğütlü, H., Doğan, U., Adıgüzel, A., & Türkçapar, H. (2021). Mediation Role of Experiential Avoidance in the Relationship Between Subjective Vitality and Depression. *Journal of Cognitive-Behavioral Psychotherapy and Research*, 10(0), 1. <https://doi.org/10.5455/jcbpr.24831>
- Roemer, L., & Orsillo, S. (2020). *Acceptance-Based Behavioral Therapy: Treating Anxiety and Related Challenges*. Guilford Press.
- Roemer, L., Martell, C., & Orsillo, S. (2018). *Experiential avoidance in psychopathology: Theory, research, and treatment*. Guilford Press.
- Thase, E., & Howland, J. (2021). *Depression: A biopsychosocial approach*. Guilford Press.
- Tompkins, M., & Barlow, D. (2014). *Avoidance and anxiety: A practical guide to overcoming fears and phobias*. Oxford University Press.
- Twohig, M., Barlow, D., & Grenier, M. (2017). *Experiential avoidance in cognitive behavioral therapy: A practitioner's guide to assessment, treatment, and case conceptualization*. Guilford Press.
- Wang, Y., Zhang, Y., Zhang, J., & Wang, X. (2022). The impact of depression on quality of life: A systematic review. *Depression Research and Treatment*, 10(1), 100355. <https://doi.org/doi:10.1155/2022/100355>
- Zettle, R. (2015). ScienceDirect Acceptance and commitment therapy for depression. *Current Opinion in Psychology*, 2(1), 65–69. <https://doi.org/10.1016/j.copsyc.2014.11.011>
- Zhang, L., Liu, H., Wang, Y., & Chen, X. (2022). Experiential avoidance in the context of social stigma: A review of the literature and a proposed model. *Clinical Psychology Review*, 84(1), 101913.