



# Experiential Avoidance, Attachment Anxiety, and Emotion Dysregulation: A Transdiagnostic Model of Social Problem Solving Skills

Dana B. Goetz, M.A., Caitlin Turgeon, Lilly Mazzone, Jessica Good, Courtney Macina, Madeline Reeves, & Amy E. Naugle, Ph.D.

Western Michigan University



## Abstract

Interpersonal dysfunction is relevant for virtually every disorder in the Diagnostic and Statistical Manual 5 (DSM-5) as most disorders stipulate that symptoms must impact interpersonal functioning. Thus, a deeper understanding of the development and maintenance of poor social problem-solving skills may come from studying variables that are transdiagnostic in nature, such as experiential avoidance and attachment anxiety. The present study used multiple regression to determine the best predictors of social problem solving. In addition, a moderated mediation model using the bootstrapping approach as put forth by Hayes (2013) was conducted to understand the mediating role of attachment anxiety. It was hypothesized that the relationship between experiential avoidance and poor social problem-solving skills would be accounted for by including attachment anxiety in the model. At the same time, it was hypothesized that the strength of relationship between attachment anxiety and social problem-solving skills would depend on the level of experiential avoidance. To target social problem-solving skills in a more contextual manner, the means-ends problem-solving test procedure was used. The results revealed that attachment anxiety, borderline personality symptoms, experiential avoidance, and emotion dysregulation served as unique predictors for poor social problem solving. Further, attachment anxiety served as a mediator in the relationship between experiential avoidance and poor social problem solving in the form of irrelevant means.

## Participants

Participants ( $N = 152$ ) were recruited from psychology undergraduate courses at Western Michigan University. Age ranged from 18 to 52 years old with the mean age being 20 ( $SD = 3.51$ ). In terms of race and ethnicity, 4.6% ( $n = 7$ ) of the sample identified as Asian, 19.7% ( $n = 30$ ) African America, 11.8% ( $n = 18$ ) Hispanic, 57.2% ( $n = 82$ ) Caucasian, 1.3% Native American ( $n = 2$ ), 3.6% ( $n = 6$ ) Other, and 1.3% ( $n = 2$ ) declined to answer. In regard to gender, 75% were women, 24% men, and 1% other.

## Method

Participants provided consent to participate and completed a large battery of assessments including:

- Experiences in Close Relationships- Revised (ECR-R)
- Acceptance and Action Questionnaire (AAQ-3)
- Borderline Symptoms List-23 (BLS-23)
- Social Problem-Solving Inventory Revised Long (SPSI-RL)
- Difficulties in Emotion Regulation (DERS)
- Anxiety Sensitivity Index-III (ASI-III)
- Quality of Life Scale (QOLS)
- Multidimensional Experiential Voidance Questionnaire (MEAQ)
- Means-End Problem-Solving Task (MEPS; see Dennis, Astell, & Dritschel, 2012)
  - Intraclass correlations on all MEPS dependent variables were excellent (see Cicchetti, 1994)

## Hypotheses

- Attachment anxiety, anxiety sensitivity, social adjustment, borderline personality disorder symptoms, emotion dysregulation, and experiential avoidance will contribute unique variance to social problem solving skills.
- That is, attachment anxiety will mediate the negative relationship between experiential avoidance and social problem-solving skills.
- As experiential avoidance increases, the negative relationship between attachment anxiety and social problem-solving skills will become stronger.

## Tables of Multiple Regression and Moderated Mediation

+

+

Summary of Multiple Linear Regression Analyses for Variables Predicting SPSIR Total

	Model 1			Model 2		
Variable	B	SE B	$\beta$	B	SE B	$\beta$
BSL-23 Total	.06	.09	.08	.04	.08	.47
DERS Total	-.22	.07	-.38**	-.19	.06	-.31**
ECR Attachment Anxiety	.37	.87	.04	.014	.79	.001
ASI Total	-.12	.094	-.239	-.07	.09	-.06
AAQ-II Total	-.36	.18	-.24*	--	--	--
MEAQ Total	--	--	--	-.19	.03	-.44***
Adj. $R^2$	.34			.46		
$F$	15.33***			24.46***		

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . Exclusion from the analysis is indicated by the “--” symbol.

+

Summary of Multiple Linear Regression Analyses for Variables Predicting MEPS Irrelevant

Variable	B	SE B	$\beta$	Adj. $R^2$	$F$
Overall Model				.03	3.50*
BSL-23 Total	.01	.01	.09		
ECR Attachment	.17	.107	.15		
Anxiety					

\* $p < .05$ . \*\*  $p < .01$ . \*\*\* $p < .001$ .

+

Mediation Model Using the MEAQ as the Mediator								
Antecedent		Consequent						
		M (AA)			Y (Irrelevant)			
		Coeff.	SE	p	Coeff.	SE	p	
X (MEAQ)	<i>a</i>	.01	.00	<.001	<i>c'</i>	.00	.00	.65
M (AA)		--	--	--	<i>b</i>	.19	.10	.06
Constant	<i>i</i> <sub>1</sub>	.96	.65	.14	<i>i</i> <sub>2</sub>	-.22	.81	.79
<i>R</i> <sup>2</sup> = .08				<i>R</i> <sup>2</sup> = .03				
<i>F</i> (1,150) = 13.84, <i>p</i> <.001				<i>F</i> (2,149) = 2.25, <i>p</i> = .11				

□

*Note.* AA stands for ECR Attachment Anxiety, MEAQ stands for MEAQ Experiential Avoidance, and Irrelevant stands for MEPS Irrelevant.

## Results

- The best predictive model of MEPS Irrelevant Means was to use the single predictor of attachment anxiety.
- The best predictive model of SPSI-RL included difficulties in emotion regulation and experiential avoidance.
- Attachment anxiety mediated the effects of experiential avoidance on irrelevant means, accounting for 54% of the variance.
- Experiential avoidance did not serve as a moderator for attachment anxiety and irrelevant means given that there was no interaction effect ( $B = .00, SE = .00, t = 1.33, p = .18$ ).

## Discussion and Future Implications

- Inconsistent with the first hypothesis, many of the independent variables did not have any kind of relationship with the social problem solving as measured by the MEPS.
- One explanation for the nonsignificant findings is that emotional context and arousal has a may influence on social problem-solving skills (see Dixon-Gordon, Chapman, Lovasz, & Wlaters, 2011). Nothing was used to evoke a negative mood state in this study.
- The SPSIR revealed to be a better measure of social problem solving compared to the MEPS. This is concerning given that, theoretically, these two variables should map on to the similar construct of the ability to social problem solving. Perhaps, however, the MEPS is more of a measure knowing was one should do to solve a social problem rather than a measure of one’s actual tendencies when solving a social problem.
- Those who are highly experientially avoidant may develop attachment anxiety, which in turn leads to using more means that are ineffective during an interpersonal conflict.
- Future researchers should administer the MEPS under more emotionally arousing conditions, examine the differences between social problem solving measures, and take a multi-faceted approach to measuring problem solving.
- Clinically, the current findings suggest that difficulties with emotion regulation and avoidant tendencies should be targeted in treatment that is focused on improving social problem-solving skills or interpersonal skills. Attachment anxiety may hold relevance for individuals who problem solve in particularly inappropriate ways.



# Difficulties in emotion regulation and alexithymia as predictive of symptoms of Avoidant Personality Disorder and Obsessive Compulsive Personality Disorder

Lauren M. Borges, M.A.; Dana B. Goetz, B.S.; Mackenzie Farage; Shelly Hunt; Ciara Dockham; Lindsey McCoy; & Amy Naugle, Ph.D.  
Western Michigan University

## Abstract

It has been hypothesized that difficulties in emotion regulation are represented in 75% of the diagnostic categories in the DSM-IV (Werner & Gross, 2010). Emotion regulation difficulties have been associated with personality disorders, mood disorders, anxiety disorders, eating disorders, and substance use disorders (Kring & Sloan, 2010). Yet the majority of these diagnostic classes have not been investigated in scale development associated with emotion dysregulation. Extant measures like the Difficulties in Emotion Regulation Scale (DERS) may over emphasize disorders of emotion undercontrol/underregulation (e.g., Borderline Personality Disorder [BPD]) and underemphasize disorders of emotion overcontrol/overregulation (e.g., Obsessive Compulsive Personality Disorder [OCPD]).

Avoidant Personality Disorder (AVPD) and OCPD are among the most commonly occurring personality disorders (PDs). While these disorders are prevalent in the community, they are underrepresented in the research literature. Some evidence suggests that difficulties in emotion regulation may be central to the development and maintenance AVPD and OCPD. Based on this research, we hypothesized that emotion regulation strategies associated with rigidity and control (emotion overcontol) would be most strongly predictive of AVPD and OCPD symptoms. To test this hypothesis, 238 undergraduates were administered the Schedule for Nonadaptive and Adaptive Personality-2 (SNAP-2) to measure AVPD and OCPD symptoms. Hierarchical multiple regressions demonstrated that difficulties in emotion regulation (DERS) and alexithymia (TAS-20) were predictive of symptoms of these personality disorders. Implications for the assessment and treatment of AVPD and OCPD are discussed with regard to our findings.

## Study Overview

### Participants

Participants were recruited from undergraduate courses at Western Michigan University. This sample includes 238 participants who completed both sessions of the study. Of these participants, 66.5% were women and ranged in age from 18 to 42 with a mean age of 20.38 ( $SD = 3.52$ ). With regard to race and ethnicity, 4.6% (n 12) of the sample identified as Asian, 12.2% (n = 32) African American, 4.2% (n =11) Hispanic, 66.9% (n = 179) Caucasian, and 2.7% (n = 7) biracial.

Of the participants in the current sample, 26 met DSM-V criteria for an Avoidant Personality Disorder (AVPD) diagnosis based on completion of the SNAP-2). Twenty-seven additional participants reported DSM-V features of AVPD. When assessed for OCPD using the SNAP-2, 36 participants met DSM-V criteria and 45 participants reported symptoms consistent with OCPD features.

### Procedures

Participants included in the present study were recruited as part of a larger measure development study. All participants included in this sample participated in two sessions of the present study devoted to completing measures of personality psychopathology (i.e., Schedule for Nonadaptive and Adaptive Personality-2) and emotion regulation (i.e., Difficulties in Emotion Regulation Scale and Toronto Alexithymia Inventory-20).

### Theoretical Justification of Study Model

Cluster C personality disorders can be conceptualized as disorders of emotion overcontrol. With regard to specific emotion regulation difficulties among these individuals, rigidity in responding, affective suppression, and lack of openness characterize Obsessive Compulsive Personality Disorder (OCPD) and Avoidant Personality Disorder (AVPD) (Cukrowicz, Ekblad, Cheavans, Rosenthal, & Lynch, 2008). Research suggests that people with elevated Cluster C symptoms engage in behavioral rigidity to decrease contact with emotions (Leible & Snell, 2004). In fact, individuals demonstrating Cluster C symptoms reported excessive concern regarding others’ reactions to their emotional experiences in a laboratory investigation. This finding comports with the internalization of emotion and flat affect observed in this population as facilitative of emotion regulation (Leible & Snell, 2004). Additionally, research suggests that when compared to non-AVPD controls, individuals meeting criteria for AVPD were significantly less accurate in identifying other people’s fearful facial expressions and had difficulty identifying emotions in others (Rosenthal et al., 2011). Findings like these demonstrate that individuals meeting criteria for AVPD and OCPD report heightened difficulties with alexithymia (Nicolo et al., 2011; Semerari et al., 2003). Alexithymia may serve as a prototype for the emotion regulation difficulties observed among individuals who tend to overregulate their emotions.

### Measures

#### Emotional Dysfunction:

The Difficulties in Emotion Regulation Scale (DERS)

The Toronto Alexithymia Inventory-20 (TAS-20)

#### DSM-V Personality Disorder Symptoms:

The Schedule for Nonadaptive and Adaptive Personality-2

## Goals and Hypotheses

### Goals:

→The goal of the present study was to determine if the DERS and TAS-20 are predictive of symptoms of AVPD and OCPD. We are interested in investigating the utility of these measures in assessing emotion regulation difficulties among individuals with commonly diagnosed Cluster C personality disorders.

### Hypotheses:

→The TAS-20 will predict Avoidant Personality Disorder symptoms above and beyond the DERS.

→The TAS-20 will predict Obsessive Compulsive Personality Disorder symptoms above and beyond the DERS.

## Tables of hierarchical multiple regressions used to determine if the TAS-20 subscales predict symptoms of AVPD and OCPD above and beyond the DERS subscales

## Results

Hierarchical multiple regressions were used to determine if the TAS-20 subscales were predictive of AVPD and OCPD symptoms above and beyond the DERS subscales.

**AVPD:** While model 1 is still statistically significant, model 2 is predictive of more of the variance in AVPD symptoms than model 1. The TAS-20 is predictive of AVPD symptoms above and beyond the variance in AVPD symptoms that is predicted by the DERS. Model 2 demonstrates a 9.2% increase in predictive capacity as indicated by R squared change scores. Difficulties in emotion regulation strategies (DERS\_Strategies) and difficulty describing feelings (TAS20\_DDF) emerged as significant predictors of AVPD symptoms at  $p < .05$

**OCPD:** The DERS does not sufficiently predict OCPD symptoms as indicated in model 1. As demonstrated by model 2, the TAS-20 is predictive of OCPD symptoms above and beyond the variance in OCPD symptoms that is predicted by the DERS. Model 2 demonstrates a 7% increase in predictive capacity as indicated by R squared change scores. Difficulty describing feelings (TAS20\_DDF) emerged as the only significant predictor of OCPD symptoms in model 2 as  $p < .05$

## Discussion and Future Directions

The Difficulties in Emotion Regulation Scale (DERS) is one of the most commonly implemented measures of emotion dysregulation. Identified within the DERS are patterns of behavioral, emotional, and cognitive reactivity indicative of emotional dysfunction. The DERS measures difficulties in emotional awareness, difficulties in emotional clarity, nonacceptance of emotions, impulse control difficulties, difficulties engaging in goal-directed behavior when distressed, and limited access to adaptive emotion regulation strategies (Gratz & Roemer, 2004). The, DERS, however, may not be not comprehensive in scope, as it was not constructed to explicitly address all components of emotion regulation difficulties. At the time of the development of the DERS, much of the research on emotion regulation in adults was devoted to understanding the role of emotion dysregulation in Borderline Personality Disorder. Research on emotion regulation difficulties has expanded since the development of the DERS. Currently, emotion regulation difficulties, specifically the overregulation of emotions, have been implicated in personality disorders (e.g., AVPD and OCPD), eating disorders, anxiety disorders, and depression. The effectiveness of the DERS in assessing emotion regulation difficulties among overcontrolled individuals remains to be seen.

To investigate the utility of the DERS in measuring emotion regulation difficulties in disorders of emotion overcontrol, the present study sought to investigate the adequacy of the DERS in predicting symptoms of OCPD and AVPD. Based on the relationship between alexithymia and emotion overcontrol, and the subscales of the Toronto Alexithymia Inventory-20 (TAS-20), we hypothesized that the TAS-20 would be predictive of AVPD and OCPD symptoms above and beyond the DERS. Consistent with our hypotheses the TAS-20 was predictive of symptoms of AVPD and OCPD above and beyond the DERS subscales. Specifically, the difficulty describing feelings subscale of the TAS-20 was uniquely predictive of symptoms of AVPD and OCPD. These findings provide evidence that the DERS may not be an adequate instrument in assessing emotion dysregulation among individuals with symptoms of Cluster C personality disorders and potentially those who overregulate emotions in general.

Not only does the present study provide evidence that AVPD and OCPD are disorders of emotion overcontrol, but also indicates that difficulty describing emotions may be an important emotion regulation deficit among these individuals. While alexithymia is commonly conceptualized as a personality construct, the scales comprising the TAS-20 demonstrate theoretical overlap with measures of emotion regulation and related constructs (e.g., DERS\_Clarity, DERS\_Awareness, Five Facet Mindfulness “observe” and “describe” subscales) suggesting that difficulty describing emotions may serve an emotion regulation function. Furthermore, OCPD model 1 approached significance in predicting OCPD symptoms and the DERS\_Clarity was the subscale most strongly predictive of OCPD symptoms. In model 2 however, which was statistically significant, the difficulty describing feelings subscale of the TAS-20 rather than DERS\_Claity was significantly predictive of OCPD symptoms. The difficulty describing feelings subscale of the TAS-20 might more accurately measure emotion regulation difficulties among individuals with Cluster C personality disorder symptoms than the DERS\_Clarity subscale. One potential explanation for this finding might lie in the construction of these measures. Individuals with difficulties describing emotions might find it challenging to describe their own experience of emotions on self report inventories like the DERS (e.g., these individuals might have limited insight into emotional clarity items like “I am clear about my feelings”). Unlike the DERS, the TAS-20 assesses difficulty describing emotions with respect to the participant’s perception of other people’s reactions to their emotions (e.g., “people often tell me to describe my feelings more”) which might be more concrete.

This study provides preliminary evidence that the DERS does not fully assess emotion regulation strategies relevant to emotion overcontrol. Future studies should continue to measure potential emotion regulation difficulties implicated in individuals with disorders of emotion overcontrol, continue to develop new measures accounting for overregulation of emotions, and create treatments targeting these emotion regulation difficulties.