



Regulatory focus theory and experiential avoidance: Examining relationships between focus strategies, treatment attitudes, and values



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INTRODUCTION

- Regulatory focus theory posits that motivation for achieving goals fall between promotion focus or prevention focus. Individuals with promotion focus are motivated by achieving positive results or growth, while those with prevention focus act in order to avoid negative outcomes (Park et al., 2019).
- Previous research suggests a strong link between prevention focus and experiential avoidance, which is the overall tendency to avoid aversive internal experiences (Chawla & Osta, 2007). Individuals with greater experiential avoidance are less likely to engage in valued living (i.e., behaving in ways that are personally meaningful; Smout et al., 2014).
- Failure to engage in value-aligned behaviors has been related to greater psychological distress, which in turn has been found to negatively impact attitudes towards seeking mental health services (Masuda et al., 2017).

PURPOSE

- The current analyzed regulatory focus strategies and experiential avoidance in relation to valued living, psychological distress, and attitudes toward seeking mental health services. Additionally, past experiences with psychotherapy were examined in relation to individual's tendency to engage in prevention or promotion focus strategies.
- Hypothesis 1: Regulatory focus strategies will be related to attitudes toward seeking mental health services—promotion focus will be positively related with these attitudes, while prevention focus will be negatively related. Psychological distress is expected to moderate this relationship.
- Hypothesis 2: Promotion focus strategies will be positively correlated with valued living, while prevention focus will be negatively related with valued living
- Research Question: Do individuals with promotion or prevention focus have more past experience with psychotherapy?

PARTICIPANTS (N = 129)

- 95 females, 32 males, and 2 non-binary individuals were recruited from a university research pool. A total of 129 undergraduates were retained for analysis (N = 129).
- 60.5 % Freshmen; 27.1 % Sophomore; 12.5 % Upper classmen
- 93.0 % Caucasian.
- 27.9 % of participants had utilized mental health services in the past.

MEASURES

- Regulatory Focus Measure (RFM; $\alpha = .88$; Lockwood et al., 2002)
- Experiential avoidance: Acceptance and Action Questionnaire (AAQ-II; $\alpha = .93$; Bond et al., 2011).
- Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS; $\alpha = .83$; Mackenzie et al., 2004)
- Valuing Questionnaire; Progression and Obstruction Scales (VQ; $\alpha = .72-.76$; Smout et al., 2014)
- Depression, Anxiety, and Stress Scale (DASS-21; $\alpha = .95$; Lovibond & Lovibond, 1995)

PROCEDURE

- Data was collected from an online survey platform that was linked from the university's research platform. Students were awarded class credit for participating in studies.

ANALYSIS

- Two linear regression moderation models using PROCESS 3.3 (model 1) was used for Hypothesis 1 (Hayes, 2019).
- IV: Prevention focus (RFM) and Promotion focus (RFM).
- DV: Attitudes toward seeking mental health services (IASMHS).
- Moderating Variable: Psychological distress (DASS-21).
- A correlational model was used for analyses of Hypothesis 2.
- IV: Promotion and prevention focus strategies (RFM)
- DV: Valued living/progressive enactment of values (VQ).

RESULTS

- The overall linear regression model for prevention focus and distress was significant and accounted for 33% of the variance in predicting attitudes toward mental health services, $F(3, 125) = 5.01, p < .003$. The DASS-21 (distress) was a significant conditional predictor of attitudes toward mental health services, $t = -2.21, p = 0.03$, but was not a significant moderator.
- The linear regression model for promotion focus and distress indicated that both promotion focus, $t = 3.12, p = 0.002$, and distress, $t = -3.54, p < 0.001$, were significant predictors of attitudes toward mental health services. However, the overall moderation term was not significant.
- A point-biserial correlation suggests that there is a significant correlation between prevention focus and past experiences with psychotherapy, $r_{pb} = 0.216, p = 0.014$, but that promotion focus was not related with use of psychotherapy in the past.

Table 1. Correlations among primary study variables.

	1	2	3	4	5	6	M	SD
VQ Progress (1)	--						24.81	6.24
Promotion (RFM) (2)	0.57*	--					63.92	12.12
Prevention (RFM) (3)	-0.20*	0.27*	--				52.87	13.64
IASMHS (4)	0.37*	0.27*	-0.27*	--			82.73	12.75
AAQ-II (5)	-0.40*	-0.08	0.59*	-0.26*	--		24.36	10.11
DASS-21 (6)	-0.41*	-0.05	0.59*	-0.30*	0.69*	--	19.44	14.88

DISCUSSION

- Prevention focus was correlated with negative attitudes toward seeking mental health services; however, psychological distress was a greater conditional predictor of treatment attitudes. This suggests that the greater distress an individual is in, the less likely they are to seek help.
- Promotion focus was related to positive attitudes toward seeking mental health services, but the interaction between promotion focus and emotional distress was not significant.
- Progressive enactment of values was strongly related to regulatory focus, with individuals maintaining promotion focus being more likely to live in accordance with personal values. Additionally, progressive enactment of values was strongly correlated with less psychological distress—these findings support past research on the impact of distress on help-seeking attitudes.
- Individuals with greater prevention focus were more likely to have attended psychotherapy in the past than those with greater promotion focus. This aligns with the existing literature, which has found connections between experiential avoidance and prevention focus with greater psychological distress (Chawla & Osta, 2007; Masuda et al., 2017).

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