

Experiential Avoidance in Civilian War Survivors With Current Versus Recovered Posttraumatic Stress Disorder: A Pilot Study

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The present study investigated the role of experiential avoidance in posttraumatic stress disorder (PTSD) following war-related stress. Eighty-four civilian war survivors were assigned to one of three PTSD groups — current PTSD, recovered PTSD and non-PTSD. Groups were subsequently compared in regard to experiential avoidance. Results indicated significantly higher rates of experiential avoidance and psychological distress in the current PTSD group as compared with the recovered PTSD and non-PTSD groups. The recovered PTSD and non-PTSD groups did not significantly differ.

Experiential avoidance is an emotion-related regulatory process that occurs when an individual is not willing to remain in contact with specific uncomfortable internal experiences, such as emotions, thoughts, memories or bodily sensations, and deliberately tries to avoid or alter them or the context in which they might occur (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Excessive experiential avoidance is thought to be harmful in light of its possible role in the maintenance or even intensification of those internal experiences that the individual wants to avoid. This notion is supported by a large body of literature that suggests that experiential avoidance may indeed contribute to the maintenance of many psychopathological problems (Clark, Ball, & Pape, 1991; Hayes et al., 1996; Hayes et al., 2004; Orsillo, Roemer, & Block-Lerner, 2005; Wenzlaff & Wegner, 2000).

Experimental studies of individuals with no history of anxiety-related disorders indicate that experiential avoidance might also constitute a vulnerability factor in the development of pathological anxiety (Feldner, Zvolensky, Eifert, & Spira, 2003; Karekla, Forsyth, & Kelly, 2004; Spira, Zvolensky, Eifert, & Feldner, 2004). The impact of experiential avoidance on the initial development of posttraumatic stress disorder (PTSD) still needs to be examined. As avoidance symptoms are part of the criteria for a diagnosis of PTSD, the difference between posttraumatic avoidance, that is, avoidance associated with the trauma, and experiential

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avoidance should be highlighted here. Posttraumatic avoidance is associated with the trauma-related stimuli, where the person makes deliberate efforts to avoid reminders (situations, people, thoughts, and so on) of the traumatic event. On the other hand, experiential avoidance covers a general tendency to avoid negative internal experiences. The latter includes excessively negative evaluations of unwanted internal experiences accompanied by a need for cognitive and emotional control, and involves an attempt to take necessary action so as to avoid uncomfortable experiences that are not limited to certain stimuli (Hayes et al., 2004). However, given that the avoidance symptom cluster of PTSD shares some similarity with experiential avoidance, there are limitations when examining the relationship between experiential avoidance and PTSD cross-sectionally as in the current study. Nevertheless, research in western countries on survivors of child sexual assault and other traumatic events suggests that a general tendency to avoid unwanted internal experiences plays a significant role in the maintenance of posttraumatic stress (Batten, Follette, & Aban, 2001; Marx & Sloan, 2005; Plumb, Orsillo, & Luterek, 2004; Tull, Gratz, Salters, & Roemer, 2004). Experiential avoidance further appears to be an influential factor in posttraumatic stress following war experiences (Morina, 2007). In this study, individuals with high experiential avoidance scores reported greater impairment of psychological functioning and lower subjective quality of life than those who were less avoidant.

Some authors have suggested that experiential avoidance may be a potential factor in the aetiology of PTSD after trauma, indicating that individuals who have a tendency to avoid distressing experiences are more likely to develop more symptoms of PTSD after traumatic experiences (Orcutt et al., 2005; Plumb et al., 2004). The notion that experiential avoidance plays a significant role in the aetiology of PTSD is in line with the cognitive model of this disorder (Ehlers & Clark, 2000). In this model, PTSD is conceptualised as a perception of current threat through excessively negative appraisals of the trauma. Ehlers and Clark (2000) mention prior beliefs (e.g., 'I have to always be in control of my emotions and thoughts') as one background factor that influences the development of PTSD. However, to the authors' knowledge, no study has yet directly investigated the role of experiential avoidance on the initial development of PTSD.

Using data from civilian war survivors in Kosovo, the current study attempted to extend findings on the impact of experiential avoidance on posttraumatic symptoms. Research has revealed elevated levels of PTSD among war survivors in Kosovo (Cardozo, Kaiser, Gotway, & Agani, 2003). In the current study, three groups of participants were distinguished between with regard to their PTSD symptomatology: participants with current PTSD, participants who had recovered from post-war PTSD and participants who had never developed PTSD. It was presumed that these three groups would enable some insight into the role of experiential avoidance as a maintenance factor as well as an aetiological factor for PTSD. If experiential avoidance contributes only to the maintenance of PTSD, the current PTSD group should exhibit significantly higher rates of experiential avoidance than the recovered PTSD and non-PTSD groups, whereas the recovered PTSD and non-PTSD groups would score similarly high on experiential avoidance. If, however, experiential avoidance also contributes to the initial development of PTSD, both the current PTSD and recovered PTSD groups should exhibit significantly higher rates of experiential avoidance than the non-PTSD group.

Method

Participants

The data for the present study were collected in 2005 (i.e., 6 years after the war in Kosovo) in the Kosovar region of Drenica. Kosovo suffered a full-scale war from 1998 to 1999. The war first broke out in Drenica, where the most war atrocities are reported to have taken place.

Inclusion criteria for the current study were being older than 23 years old (i.e., at least 16 years old during the war) and having experienced a traumatic war-related event. The sampling procedure was conducted according to the random walk technique by two psychology students who were trained by the first author in conducting the *Mini International Neuropsychiatric Interview* (MINI). Researchers randomly selected a street, approached every third house on the right-hand side and asked the family member whose birthday was closest to the date of the interview to participate in the study. Data were collected in rural areas. A total of 93 people were asked to participate. Two subjects reported having experienced no war-related traumatic events and were thus excluded from the interview. Seven individuals declined to participate, stating that they did not have time for the interview. The rate of participation was 90% (84/93).

Participants' ($n = 84$) average age was 38.4 years ($SD = 11.0$) and ranged from 22 to 60 years. Forty-four percent were male, 71.4% were married, 23.8% were single, 3.6% were widowed, and 1 participant failed to declare his marital status. The average length of education received by participants was 10.2 years. Only 4.9% were academics. All participants were civilian war survivors.

Measures

Traumatic events were measured using an adapted checklist for war-related events based on the first part of the *Harvard Trauma Questionnaire* (Mollica et al., 1992). This checklist assesses 18 potential types of war-related traumatic events (see Table 1 for examples).

The MINI (Sheehan et al., 1998) is a structured diagnostic interview covering 16 major psychiatric disorders. Compared with the *Structured Clinical Interview for DSM-III-R* and the *Composite International Diagnostic Interview*, the MINI shows acceptable psychometric properties (Sheehan et al., 1998). The current study solely employed the PTSD module from the Albanian version (Morina, 2006). This module was modified to also retrospectively measure PTSD symptoms.

The *Impact of Event Scale — Revised* (IES-R; Weiss & Marmar, 1997) is a 22-item self-report questionnaire designed to assess posttraumatic stress reactions in accordance with the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994) criteria for PTSD. The IES-R is divided into three subscales: intrusion, avoidance and hyperarousal. The Albanian version (Morina, 2003) was used for the present study, and the authors of the revised IES have reported very good psychometric properties. Responses assessing current psychological distress range from 0 ('not at all') to 4 ('extremely'). In the current study, the internal consistency of the IES-R was $\alpha = .95$.

The *Acceptance and Action questionnaire* (AAQ; Hayes et al., 2004) is a nine-item scale designed to assess general experiential avoidance. Responses range from 1 ('never true') to 7 ('always true'), and the total score from 9 to 63, with higher

scores indicating greater experiential avoidance. The AAQ measures experiential avoidance in such terms as inaction ('I am able to take action on a problem even if I am uncertain what is the right thing to do'), cognitive entanglement ('When I evaluate something negatively, I usually recognise that this is just a reaction, not an objective fact') and need for emotional and cognitive control ('I rarely worry about getting my anxieties, worries and feelings under control'), and also measures negative evaluations of private experiences ('Anxiety is bad'). The AAQ has a high correlation with measures of general psychopathology, anxiety (sensitivity) and depression (Hayes et al., 2004). While the IES-R and the PTSD module of the MINI focus on the avoidance symptoms in the context of traumatic events 'the AAQ measures a more broad-based psychological phenomenon' (Hayes et al., 2004, p. 556). Hayes et al. (2004) have reported a single-factor solution as the best model fit and an acceptable level of internal consistency ($\alpha = .70$). The Albanian version (Morina, 2007) was used in the current study, and its internal consistency was $\alpha = .72$.

The *Brief Symptom Inventory* (BSI; Derogatis & Melisaratos, 1983) is a self-report screening instrument designed to assess psychopathology and psychological distress during the previous week. The nine dimensions of the BSI are somatisation, interpersonal sensitivity, obsession–compulsion, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. A general severity index (GSI) is calculated by summing all scores. All scales range from 0 ('not at all') to 4 ('extremely'). The Albanian version (Morina & Ford, in press) was used in the current study, and its internal consistency was $\alpha = .96$.

Data Analysis

All analyses were conducted using SPSS 13.00. Data were analysed by means of univariate analyses of variance (ANOVA) and covariance (ANCOVA) and post-hoc Tukey comparisons of the means for the three groups. Categorical measures were analysed nonparametrically using the Chi-square test. An alpha level of .05 was used for all analyses.

Results

Preliminary Analyses

All participants reported having been exposed to multiple traumatic events, with an average of 5.3 types of events per respondent. Among the most frequently reported traumatic events were expulsion from home, siege, lack of food or water, lack of shelter, and news about the death or murder of a significant other (see Table 1).

Zero-order correlations between experiential avoidance and other variables were computed for all participants collectively (see Table 2). Experiential avoidance correlated significantly with posttraumatic symptoms, as measured with the IES-R ($r = .47, p < .01$), and general psychiatric severity ($r = .39, p < .01$). The AAQ also correlated significantly with length of education ($r = .23, p < .05$). There were no further significant correlations between experiential avoidance and other assessed variables.

According to the MINI, 33.3% of the participants met criteria for current PTSD and 29.8% for past PTSD. On the basis of these results, participants were assigned to one of three groups. The current PTSD group comprised 28 participants who met PTSD criteria at the time of the interview; the recovered PTSD group comprised

25 participants who had previously met criteria at some point after the war, but not at the time of the interview; and the non-PTSD group comprised 31 participants who had never met PTSD criteria. The average age of the participants in the current PTSD group was 42.5 years ($SD = 10.4$) and ranged from 23 to 60. Sixty-three percent were females. In the recovered PTSD group, the average age of the participants was 38.4 years ($SD = 10.1$) and ranged from 22 to 56. Seventy-seven percent were females. In the non-PTSD group, the average age of the participants was 35.7 years ($SD = 11.9$) and ranged from 23 to 60. Thirty-six percent were female.

ANOVAs and a Chi-square test were performed in order to identify differences between the three groups. There were no significant differences in age between the three groups, $F(2, 81) = 2.51, p = .08$. The three groups did differ, however, with respect to sex, $\chi^2(2, N = 84) = 9.60, p = .008$, with female participants proving more likely to be in the current PTSD and recovered PTSD groups, and male participants in the non-PTSD group. Significant differences were also found in the length of education, $F(2, 81) = 3.83, p = .03$. Participants in the non-PTSD group had received a longer length of education ($M = 11.6$) than participants in the recovered PTSD and current PTSD groups ($M = 9.8$ and $M = 9.3$ respectively).

TABLE 1
Reported Nature of Traumatic Events ($n = 84$)

Traumatic event	Prevalence (%)
Expulsion	91.7
Siege	79.8
Lack of food and water	64.3
Lack of shelter	58.3
News about the murder or death of a close other	56.0
Witnessed assault or murder	40.5
Disappearance of family member or friend	19.0
Lost	19.0
Torture	17.9

TABLE 2
Intercorrelations Among Experiential Avoidance, Posttraumatic Symptoms and General Distress

Factor	1	2	3	4	5
1. AAQ					
2. IES-R	.47**				
3. IES-R avoidance	.48**	.87**			
4. IES-R intrusion	.42**	.94**	.71**		
5. IES-R arousal	.43**	.91**	.68**	.87**	
6. BSI-GSI	.37**	.57**	.37**	.60**	.63**

Note: ** = correlation is significant at the .01 level (two-tailed); AAQ = *Acceptance and Action Questionnaire*, IES-R = *Impact of Event Scale — Revised*; BSI = *Brief Symptom Inventory*; BSI-GSI = BSI general severity index

TABLE 3

Comparisons of Current PTSD (*n* = 28), Recovered PTSD (*n* = 25) and Non-PTSD (*n* = 29) Groups

Variable	PTSD group			ANOVA		Pairwise posthoc tests		
	Current PTSD	Past PTSD	No-PTSD	<i>F</i> (2, 81)	<i>p</i>	Current vs. Recovered	Current vs. non-PTSD	Recovered vs. non-PTSD
AAQ	<i>M</i> (SD) 43.4 (5.6)	<i>M</i> (SD) 38.0 (5.4)	<i>M</i> (SD) 35.9 (7.7)	8.40	< .001	< .01	< .001	<i>ns</i>
IES-R	<i>M</i> (SD) 50.6 (14.0)	<i>M</i> (SD) 32.0 (18.1)	<i>M</i> (SD) 24.6 (12.2)	23.43	< .001	< .001	< .001	<i>ns</i>
BSI	<i>M</i> (SD) 64.1 (34.2)	<i>M</i> (SD) 35.4 (20.8)	<i>M</i> (SD) 27.9 (21.5)	14.41	< .001	< .001	< .001	<i>ns</i>

Note: AAQ = *Acceptance and Action Questionnaire*, IES-R = *Impact of Event Scale — Revised*; BSI = *Brief Symptom Inventory*

Furthermore, significant differences were found in the number of types of war-related traumatic experiences, $F(2, 81) = 12.96, p < .01$. Participants in the non-PTSD group experienced significantly less types of traumatic events ($M = 3.8$) than those in the current and recovered PTSD groups ($M = 6.8$ and $M = 5.6$ respectively). Concerning psychological distress, the three groups differed significantly in both posttraumatic symptoms, $F(2, 81) = 23.43, p < .01$, and general psychiatric severity, $F(2, 81) = 14.41, p < .01$ (see Table 3).

Primary Analyses

To examine differences in experiential avoidance in the three groups, an ANCOVA was used with experiential avoidance as the dependent variable, while controlling for education. The number of traumatic events was omitted from this analysis as it was unrelated to experiential avoidance. Results of the ANCOVA indicated a significant group difference in experiential avoidance, $F(2, 81) = 8.40, p < .01$. Subsequent post-hoc comparisons of means revealed that participants in the current PTSD group obtained significantly higher AAQ scores ($M = 43.4, SD = 5.6$) than those in the recovered PTSD and non-PTSD groups ($M = 38.8, SD = 5.4$ and $M = 35.9, SD = 7.7$ respectively; in both cases $p < .01$). The recovered PTSD and non-PTSD groups did not differ significantly in experiential avoidance (see Table 3).

Discussion

The present study investigated the relationship between experiential avoidance and war-related PTSD. Participants reported extremely high prevalence rates for the various types of traumatic war events. For instance, more than 90% of the participants had been forced to leave their home under dangerous conditions, and 80% had been involved in some kind of siege. Six years after the war, the participants of this study still suffered from substantial psychological distress. The prevalence rate of current PTSD observed in the present study was higher than that found in other studies of the Kosovar population. Cardozo et al. (2003), for instance, found a prevalence rate of 25%. The very high prevalence rate in the sample in the current study — even 6 years after the war — might be explained by the fact that

interviews were conducted in the very region that is known to have suffered the most war atrocities. The observed high prevalence rate of past PTSD is perhaps of even more interest. This rate indicates that 63% of the participants suffered from PTSD symptoms at some point after the war. Unfortunately, the course of posttraumatic distress in the aftermath of war has thus far been neglected in the research. The present findings stress the relevance of this issue and the need for further investigation.

In line with the hypothesis of the present study, results suggest that individuals with current war-related PTSD symptoms are more inclined to express experiential avoidance than those individuals who have been exposed to similar events but have recovered from or never developed PTSD symptoms. In using a clinician-administered scale in a sample of individuals with war-related stress, the findings of the current study corroborate previous research indicating a significant role of experiential avoidance in the maintenance of posttraumatic symptoms (Marx & Sloan, 2005; Plumb et al., 2004). These findings indicate that the acceptance of negative internal experiences might prove beneficial in the treatment of war-related distress.

Participants who had recovered from PTSD did not differ from those who had never developed the disorder. In the authors' view, this finding bears a relation to the role of experiential avoidance as an aetiological factor of PTSD. If indeed experiential avoidance represents a vulnerability factor for the development of PTSD, it would be expected that past PTSD sufferers should be more avoidant than non-PTSD sufferers prior to the development of PTSD as well as following PTSD recovery. The results of the current study were thus not able to confirm the role of experiential avoidance in the aetiology of PTSD. However, in light of the cross-sectional nature of the study, these findings must be interpreted with caution. Longitudinal studies addressing the impact of experiential avoidance could help to illuminate important mechanisms involved in the aetiology of PTSD.

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