



# The Relation Between Experiential Avoidance, Alexithymia and Emotion Regulation in Inpatient Adolescents

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## Background

Alexithymia is defined as difficulty identifying feelings, distinguishing them from bodily sensations, and describing them to others (Taylor, 2000). Though research on alexithymia in adolescents is very limited, a review by Parker, Eastabrook, Keefer, and Wood (2010) revealed that it is associated with a wide array of psychopathology. A possible explanation for this link points to underlying deficits in emotion regulation (ER; Taylor, Bagby, & Parker, 1997), however, the mechanism tying one's inability to verbally express emotions (alexithymia) and regulate them is still unknown. We predicted that experiential avoidance, attempts to control the form or frequency of aversive private experiences (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996), would be the key to understanding this link.

## Aims

First, we aimed to explore the relations between emotion regulation, experiential avoidance, and alexithymia by determining whether adolescents with alexithymia would report deficits in emotion regulation and elevated experiential avoidance. Second, we sought to evaluate the mediational role of experiential avoidance in the relation between alexithymia and emotion regulation.

## Participants

A psychiatric sample was sought out in order to attain a significant subset with alexithymia. The final sample consisted of 64 inpatient adolescents, of which 30% ( $n = 19$ ) were classified as having alexithymia.

Figure 1. Sample items from the AFQ-Y

|  | Not at all True | A little True | Pretty True | True | Very True |
|--|-----------------|---------------|-------------|------|-----------|
| 1. My life won't be good until I feel happy.                               | 0               | 1             | 2           | 3    | 4         |
| 2. My thoughts and feelings mess up my life.                               | 0               | 1             | 2           | 3    | 4         |
| 3. If I feel sad or afraid, then something must be wrong with me.          | 0               | 1             | 2           | 3    | 4         |
| 4. The bad things I think about myself must be true.                       | 0               | 1             | 2           | 3    | 4         |
| 5. I don't try out new things if I'm afraid of messing up.                 | 0               | 1             | 2           | 3    | 4         |
| 6. I must get rid of my worries and fears so I can have a good life.       | 0               | 1             | 2           | 3    | 4         |
| 7. I do all I can to make sure I don't look dumb in front of other people. | 0               | 1             | 2           | 3    | 4         |
| 8. I try hard to erase hurtful memories from my mind.                      | 0               | 1             | 2           | 3    | 4         |
| 9. I can't stand to feel pain or hurt in my body.                          | 0               | 1             | 2           | 3    | 4         |
| 10. If my heart beats fast, there must be something wrong with me.         | 0               | 1             | 2           | 3    | 4         |

## Measures

All adolescents were administered the following self-report questionnaires assessing the key variables of interest. Alexithymia was assessed with the Toronto Alexithymia Scale (TAS-20; Bagby, Parker, & Taylor, 1994; Bagby, Taylor, & Parker, 1994). Experiential avoidance was assessed with the Avoidance and Fusion Questionnaire for Youth (AFQ-Y; Greco, Murrell, & Coyne, 2005), a measure of psychological inflexibility, experiential avoidance, and cognitive fusion, adapted from the Acceptance and Action Questionnaire used to assess the same constructs in adults (Hayes et al., 2004). Finally, emotion regulation was assessed with the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) on which a higher total score indicates greater emotion dysregulation along six domains (nonacceptance of emotional responses, difficulties engaging in goal directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity).

## Results

Independent sample  $t$ -tests indicated that individuals with alexithymia report greater experiential avoidance ( $t = -3.59, p < .01$ ) and poorer emotion regulation ( $t = -2.88, p < .01$ ). Pearson correlations revealed significant correlations between the AFQ-Y, TAS-20, and DERS ( $r = .42 - .68, p < .01$ ).

Regression analyses were performed to test for the hypothesized mediation and revealed that experiential avoidance partially mediated the relation between alexithymia and emotion regulation. Post-hoc probing was conducted with Sobel's test (1990) and confirmed the mediational role of EA ( $Sobel = 3.044, p < .01$ ).

Table 1. Regression analyses evaluating mediation

|    | Predictor | Outcome | $\beta$ | $t$   | $p$     | $R^2$ |
|----|-----------|---------|---------|-------|---------|-------|
| R1 | TAS-20    | AFQ-Y   | .371    | 3.629 | .001**  | .175  |
| R2 | TAS-20    | DERS    | 1.054   | 4.617 | .000*** | .256  |
| R3 | AFQ-Y     | DERS    | 1.330   | 5.797 | .000**  | .520  |
|    | TAS-20    |         | .560    | 2.753 | .008**  |       |

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

## Conclusions

First, the results of this study indicate that adolescents with alexithymia also experience deficits in emotion regulation and elevated experiential avoidance. Second, experiential avoidance mediates the relation between alexithymia and emotion regulation. The sample explored in this study allows generalizability of these findings to inpatient populations in real world settings and points to the importance of targeting experiential avoidance in these groups. Further, these findings support the dissemination of mindfulness- and acceptance- based theory and treatments to adolescents.

