An examination of avoidance in major depression in comparison to social anxiety disorder

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ABSTRACT

The construct of avoidance has begun to receive attention in theoretical models and empirical investigations of depression. However, little is known about relative levels of avoidance across diagnostic categories or about the relationships between avoidance and other correlates of depression. The present study compared levels of avoidance across groups of depressed women without social anxiety disorder (MDD without SAD), depressed women with social anxiety disorder (MDD with SAD), women with social anxiety disorder (SAD), and nonclinical women, and investigated the relationships among avoidance, and sociotropy and autonomy, rumination, and negative and positive problem orientations within the clinically depressed group. Avoidance was found to be significantly higher in all clinical groups relative to the nonclinical group of women, and highest in the comorbid MDD with SAD group. Avoidance showed significant positive relationships with sociotropy, autonomy, rumination, and negative problem orientation, and a significant negative relationship with positive problem orientation within the overall sample of depressed women. These results suggest that avoidance should be given greater consideration in psychosocial models of depression and point to several important directions for future research.

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The construct of avoidance refers to refraining or escaping from an action, person, or thing. The diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, 5*th *Edition* (DSM-5; American Psychiatric Association, 2013) include avoidance of feared situations or stimuli as a key symptom of the anxiety disorders. Accordingly, the construct of avoidance has received considerable attention in the conceptualization and treatment of anxiety disorders (Barlow, 2002). Cognitive behavioral models propose that avoidance contributes to the maintenance of maladaptive beliefs in anxiety disorders because avoidance of feared situations and/or stimuli prevents opportunities for such beliefs to be disconfirmed and for new learning about the true threat value of the feared situation or stimuli to occur (Clark & Wells, 1995; Salkovskis, 1991). Avoidance of anxiety-provoking situations and stimuli reduces anxiety in the short-term, which in turn reinforces and perpetuates avoidance behavior (Mowrer, 1960). Evidence-based treatments for anxiety disorders emphasize exposure to feared situations and stimuli, in order to allow for habituation of anxiety and provide opportunity for corrective learning (Barlow, 2002; Foa & Kozak, 1986).

Avoidance and depression

In contrast to the anxiety disorders, less is known about the role of avoidance in depression. Ferster (1973) originally posited a central role for avoidance in depression, and suggested that depressed individuals tend to avoid or escape from situations that are perceived to be unpleasant. According to Ferster (1973), frequent avoidance results in fewer opportunities for positively reinforced behaviors and social activities, and promotes passivity and inaction in depressed individuals. Behavioral activation (BA) is an intervention for depression that is based upon Ferster's (1973) theory and conceptualizes avoidance as a key target of treatment (Jacobson, Martell, & Dimidjian, 2001; Martell, Addis, & Jacobson, 2001). BA treatment focuses on the development of problem-solving and coping skills to counter the avoidance and passive coping patterns, and encourages individuals to increase their activities and opportunities to receive positive reinforcement from their environment (Martell et al., 2001). A meta-analysis of BA treatment concluded that it an effective treatment for depression, with effect sizes that are comparable to those of cognitive therapy (Cuijpers, van Straten, & Warmerdam, 2007).

Despite advances in avoidance-focused treatment approaches for depression, relatively few empirical investigations of avoidance in depression have been conducted and there remains a

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lack of an integrative theory of the role of avoidance in depression. Until recently, studies of avoidance in depression have been limited by the use of varying definitions and measures of avoidance. Ottenbreit and Dobson (2004) outlined the studies on avoidance and depression that have variously conceptualized avoidance as a coping strategy, a problem-solving style, and a personality dimension. These studies have supported an association between avoidance and depression (e.g., Blalock & Joiner, 2000; Davila, Hammen, Burge, Paley, & Shannon, 1995; D'Zurilla, Chang, Nottingham, & Faccini, 1998; Hansenne et al., 1997; Kuyken & Brewin, 1994; Spurrell & McFarlane, 1995). However, the lack of an integrative and valid measure of avoidance has made it difficult to compare results across studies. Avoidance measures employed to assess the relationship between avoidance and depression in previous studies were usually one or more scales or subscales of other coping or personality scales, and therefore were not necessarily designed to capture all of the important dimensions that comprise the construct of avoidance. Furthermore, these measures typically assessed avoidant responses to stressful life events and/or life problems, and thus failed to capture avoidance in everyday life situations in the absence of stressful events or problems. Finally, these measures largely focused on behavioral avoidance and neglected to assess cognitive avoidance strategies.

To facilitate research on the relationship between avoidance and depression, Ottenbreit and Dobson (2004) developed and validated the Cognitive Behavioral Avoidance Scale (CBAS), a multidimensional, dispositional self-report measure of avoidance. Through empirical analysis, four factors representing cognitive versus behavioral and social versus nonsocial dimensions emerged as important dimensions of avoidance on the CBAS. This finding suggests that previous measures of avoidance did not fully capture the broad domain of avoidance, and comprehensive measures of avoidance must quantify both behavioral attempts to escape or avoid and cognitive strategies used to avoid thinking about situations or problems, as well as distinguish between avoidance that occurs in response to social and nonsocial situations or problems (see Ottenbreit & Dobson, 2004 for a more detailed discussion). The four factors representing the subscales of the CBAS are: Behavioral Social, Behavioral Nonsocial, Cognitive Social, and Cognitive Nonsocial. Examples of representative items from each of the subscales are as follows: "I avoid attending social activities" (Behavioral Social), "Rather than try new activities, I tend to stick with the things I know" (Behavioral Nonsocial), "I try not to think about problems in my personal relationships" (Cognitive Social), and "I avoid making decisions about my future" (Cognitive Nonsocial). The subscales are moderately intercorrelated, suggesting that the four subscales are related, but distinct, dimensions of avoidance. Ottenbreit and Dobson (2004) found the CBAS demonstrated good internal consistency, test-retest reliability, convergent and discriminant validity, and criterion validity with measures of depression and anxiety.

Several studies have employed the CBAS to examine associations among avoidance dimensions and depression in nonclinical undergraduate samples (e.g., Cribb, Moulds, & Carter, 2006; Moulds, Kandris, Starr, & Wong, 2007; Wong & Moulds, 2011). These studies have found significant positive correlations between depressive symptoms and all of the CBAS avoidance dimensions and the full CBAS scale, confirming the initial results of Ottenbreit and Dobson (2004). While there is preliminary evidence to support the link between avoidance and depression, no study has yet examined CBAS-measured avoidance in a clinical sample of individuals with Major Depressive Disorder (MDD). The primary aim of the present study was to evaluate levels of avoidance, including Behavioral Social, Behavioral Nonsocial, Cognitive Social, and Cognitive Nonsocial avoidance, in a clinically depressed sample. Given the established role of avoidance in anxiety disorders, a socially anxious clinical comparison group was also included to compare levels of avoidance across depression and social anxiety and to examine the specificity of the various avoidance dimensions to each disorder.

The relationships between avoidance and other correlates of depression

Little is known about the relationships between avoidance and other correlates of depression. Examination of the associations among avoidance and these psychosocial variables in the context of clinical depression may increase understanding of how avoidance interacts with other correlates of or risk factors for depression to produce depression vulnerability, and ultimately, provide a basis for a comprehensive theory of the role of avoidance in depression. Therefore, a second aim of the present study was to investigate the relationships among avoidance, sociotropy and autonomy, rumination, and negative and positive problem orientations within the clinically depressed sample. Given the paucity of research on avoidance and depression and the lack of a theoretical framework regarding how avoidance may interact with other psychosocial variables to contribute to depression vulnerability, hypotheses regarding the associations between avoidance and sociotropy, autonomy, rumination, and negative and positive problem orientations were somewhat speculative. However, these variables were chosen for examination because of their status as correlates of or risk factors for depression, or their theoretical or empirical link to the construct of avoidance, as discussed below.

The personality characteristics of sociotropy (a tendency to place excessive value on social connection and acceptance) and autonomy (a tendency to place excessive value on achievement and independence) have been theorized to be risk factors for depression (Beck, 1983; Beck, Rush, Shaw, & Emery, 1979; Clark, Beck, & Alford, 1999). According to the event-congruency hypothesis, risk for depression may be highest for sociotropic individuals who experience interpersonal loss events and for autonomous individuals who experience loss events that threaten independence, control, or achievement (Beck, 1983). Empirical investigations have provided some support for the event-congruency hypothesis, particularly for the interaction of sociotropy and negative interpersonal life events in the prediction of distress and depression, although methodological issues and mixed findings limit the conclusions that can be drawn from these investigations (see Coyne & Whiffen, 1995 for a review).

One previous study found that sociotropy was associated with higher levels of avoidance coping and that high avoidance coping amplified the relationship between sociotropy and depressive and anxious symptoms, in a university student sample that had recently experienced at least one adverse social event (Connor-Smith & Compas, 2002). Thus, individuals high in sociotropy may tend to respond to negative social events by engaging in avoidance, which in turn may heighten vulnerability to depression through erosion of social support, exacerbation of interpersonal conflict, and reduction of opportunities for positive social interactions (Joiner, 2002; Segrin, 1998). To our knowledge, no research has yet examined relationships among autonomy, avoidance, and depression, and thus hypotheses regarding these relationships are speculative. However, high levels of autonomy may be related to avoidance of situations that could potentially threaten one's sense of achievement or independence, which in turn may enhance risk for depression among individuals high in autonomy. Further research is thus needed to explore if avoidance is related to sociotropy and/or autonomy in a sample of clinically depressed persons.