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Research Article

The Mediating Role of Social Media Disorder in the Relationship of Experiential Avoidance with Psychological Symptoms

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Abstract

Experiential avoidance (EA) is an important process and risk factor in behavioral disorders. This study aims to examine the mediating effect of social media disorder on the relationship of EA with negative psychological symptoms (depression, anxiety, and stress). The study group consists of a total of 333 undergraduate students, 86 males (25.8%) and 247 females (74.2%). Mediation has been tested using structural equation modeling (SEM) with bootstrapping. Significant zero-order correlations have been found among the involved variables, as well as mediating effects from distress aversion (β = .09, p < .001, 95% CI = .10 .06), repression/denial (β = .07, p < .001, 95% CI = .08 .05), and behavioral avoidance (β = -.05, p < .05, 95% CI = -.06 .05) to indirectly predict psychological symptoms through partial mediation of social media disorder scores, as presumed. The results have the potential to contribute to a better understanding of EA on maladaptive social media use.

Keywords

Experiential avoidance • Social media disorder • Depression • Anxiety • Stress

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Experiential Avoidance (EA), as clearly defined within the framework of Acceptance and Commitment Therapy (ACT), is a phenomenon that occurs when a person is reluctant to stay in contact with certain internal experiences (e.g., bodily sensations, feelings, thoughts, memories, images, behavioral tendencies) and takes steps to change the form or frequency of these experiences (Blackledge & Hayes, 2001; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Within the ACT framework, EA alongside other dimensions, such as cognitive fusion, loss of contact with the moment, connecting to the past and the future, connecting to the conceptualized self, distancing from values, escapism, and impulsiveness, defines psychological inflexibility, which is the level of stricture of one's behavioral repertoire in a particular context (Hayes, Strosahl, & Wilson, 2012). At the same time, EA represents an inability to adapt to challenging situations or to change one's point of view or behavior in response to the changing demands of the environment (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). From the viewpoint of relational frame theory (RFT), which underlies ACT, EA is a problem-solving method that associates the stimulus used for avoiding with the avoided stimulus within a framework of coordination using language (Ramnero & Törneke, 2008; Yavuz, 2015). EA may not always be a problem on its own, but it is a problem when it leads to psychological rigidity. In addition, EA is not helpful and, although not problematic in the short term, tends to grow in the long term. Ongoing EA behaviors may lead to years of one's life being consumed by self-destructive behaviors for never-ending struggles and purposes with no function (Luoma, Hayes, & Walser, 2007). According to Kashdan and Kane (2011), avoidance coping is a way of coping with stressful life events and includes determining a strategy based on avoidance following a cognitive assessment of the event, whereas EA is characterized by a general reluctance to experience distressing thoughts, emotions, or bodily sensations and an inability to fulfill secondary goals in order to avoid internal experiences. When our focus is always on avoiding unpleasant experiences, living a meaningful life is extremely difficult because meaning usually comes with pain and suffering (Gordon & Borushok, 2017).

EA's potential to cause negative psychological symptoms can be explained by how it decreases one's ability to effectively cope with emotional experiences and simultaneously results in ineffective coping strategies. EA has been found to be highly correlated with depression and anxiety in many studies among different age groups in many countries. In a study on older adults in New Zealand, EA revealed 8% of the variance in depression and 20% of the variance in anxiety and had a mediating role on the relationship between depression and anxiety (Andrew & Dulin, 2007). A study conducted on a British Muslim community found EA to be strongly associated with depression (Bedair, 2015). One study on adolescents suggested EA to be associated with depression and to be more likely present in high-conflict families (Biglan et al., 2015). Another study conducted with adolescents (Epkins, 2016) found the relationship of EA with depression, anxiety, and social anxiety to be significant. Comparable results

have been found in African Americans (Goswami, 2018). Hayes et al. (2006) found EA to be positively associated with psychopathology, stress, pain, job performance, and negative affect in a meta-analysis of 32 different studies involving 6,628 participants.

Seeing an elevated level of anxiety sensitivity in people with high EA tendencies indicates EA may possibly be a vulnerability factor in developing anxiety (Bardeen, Fergus, & Orcutt, 2014). Spinhoven et al.'s (2014) longitudinal findings over 2,316 adults showed EA scores to not be secondary factors in emotional disorders and EA to be able to be conceptualized as a relevant trans-diagnostic factor affecting the course of emotional disorders (anxiety and depression). In another longitudinal study, EA predicted increases in both depressive and anxiety symptoms at different measurement times (Moroz & Dunkley, 2019).

The Internet is a medium accessible to more than half the world's global population (55.1% had access to the Internet as of 30th June 2018; Internet World Stats, 2018). Since the years it was first received, it has evolved in terms of the content and activities it can offer people and has expanded to almost every domain of life. The theory and practice of psychology and other social sciences have attended to cyberspace interactions and human functioning. Earlier research had focused on excessive and problematic Internet usage as Internet addiction (Young, 2004). More current research has focused on the activities done on the Internet rather than the medium itself, and problematic social media usage alongside other behaviors such as online gaming has usually been studied as a risk area in the related literature (Griffiths & Szabo, 2013; Kim & Kim, 2010). Excessive and problematic social media usage is defined as social media addiction/disorder under the umbrella of behavioral addictions such as pathological gambling (van den Eijnden, Lemmens, & Valkenburg, 2016).

Although many studies have demonstrated the link between EA and psychological problems (for a general review see Ruiz, 2010), studies on the contribution of social media addiction to this equation are quite limited (e.g., Chou et al., 2017). Chou et al. found university students' psychological inflexibility and EA levels to directly be related to Internet addiction and to be indirectly related to Internet addiction through mental health problems.

Garcia-Oliva and Piqueras's (2016) study on 317 Spanish adolescents found EA to largely explain dependence on the Internet, mobile phones, and video games, albeit at different levels. Levin, Lillis and Hayes (2012) conducted another indirect-effect study on 157 university students. People who viewed pornography to escape from life stress, numb themselves, or do other EA functions faced negative psychological symptoms such as anxiety and depression. Similarly, Chawla and Ostafin (2007) found individuals with substance use disorder to use particularly high levels of EA strategies.

This study aims to examine the mediator effect of social media disorder on the relationship of EA with negative psychological symptoms (depression, anxiety, and stress). Investigating the potential role of experiential avoidance in the dysfunctional use of social media, the effects of problematic social media on human functioning, and the mechanisms at play in this relationship may provide useful insights for psychological theory and practice. These mechanisms may help build a better understanding by setting an example of how behavioral addictions interplay with the predictors and outcomes regarding functioning.

Method

Participants

The study group consists of students from various departments attending the 2018 summer school at Marmara University. A total of 333 students, 86 males (25.8%) and 247 females (74.2%), have been selected using the convenient sampling strategy. Participants' ages range from 18 to 33 with a mean age of 22.68 (± 3.87). Nearly half the participants (45.3%) stated using the Internet for 4 hours or more a day, while only 10.5% stated using the Internet for less than one hour and 44.1% for 1 to 3 hours.

Measures

Multidimensional Experiential Avoidance Questionnaire-30 (MEAQ-30). The MEAQ-30 was applied to measure participants' experiential avoidance levels. Sahdra, Ciarrochi, Parker, and Scrucca (2016) formed the short form of the scale in English, and Ekşi, Kaya, and Kuşçu (2018) carried out its Turkish adaptation study. The construct validity study was performed on 375 participants. After ensuring the linguistic equivalence of the measurement tool, which consists of 30 items, the concurrent validity study was conducted on 205 subjects. The original 6-factor structure (behavioral avoidance, distress aversion, procrastination, distraction and suppression, suppression, repression/denial, and distress endurance) had acceptable levels of fit in the Turkish sample (*CMIN* = 812.519; *df* = 390; *CMIN* / *df* = 2.08; *RMSEA* = .054; *SRMR* = .068; *CFI* = .91; *IFI* = .91; *TLI* = .90). Cronbach's alphas for internal consistency/reliability ranged from .76, to .87 for the six subscales. In terms of concurrent validity, correlation coefficients between scores on the Acceptance and Action Questionnaire II-Turkish Form (Yavuz et al., 2016) and on the MEAQ-30's subscales (aside from distress endurance) were found to range from .27 to .60. The MEAQ-30 Turkish Form is scored using a 7-point scale (1 = Strongly disagree, 7 = Strongly Agree).

The Social Media Disorder Scale. Van den Eijnden et al. (2016) developed the original form of the Social Media Disorder Scale, and Savcı, Ercengiz, and Aysan (2018) conducted the Turkish adaptation of the scale. The validity and reliability

studies of the scale were performed on 553 participants from four different samples consisting of adolescents who had used social media every day for the past year and have at least one social media account. The construct validity of the scale was examined using exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). As a result of EFA, the scale items were collected under a single factor with an eigenvalue greater than 1. This single-factor structure explains about half the total variance. The single-factor structure obtained from EFA was tested using CFAs in two separate samples, the single factor model was seen to have good fit values for both samples. The reliability of the scale was examined using the test-retest method and Cronbach's alpha of internal consistency reliability in three different samples; these values were found to be sufficient. In all three samples, the corrected item-total correlation coefficients for the scale's items were in the acceptable-value ranges in the literature, and the *t*-test results used for comparing the upper and lower 27% of the groups were significant for all items. Unlike the original form, the scale has been adapted into Turkish using a 5-point Likert scale (0 = Never, 4 = Always).

Depression, Anxiety, and Stress Scale (DASS-21). DASS-21, originally developed by Lovibond and Lovibond (1995), is a 4-point Likert-type scale with 21 items for demonstrating the severity and frequency of symptoms from the previous week. The scale consists of three subscales (depression, anxiety, and stress; 7 items for each), and the scores from each dimension are obtained by collecting the relevant items' scores. Yıldırım, Boysan, and Kefeli (2018) performed the adaptation study with 30 patients suffering from major depression, 30 patients with anxiety disorders, and 250 individuals without any diagnoses. In this study, the alpha coefficients of DASS-21 range from 0.87 to 0.90; the scale has temporary stability and high internal reliability, as demonstrated by high correlations ranging from 0.82 to 0.93. The Turkish version of DASS-21 has adequate psychometric properties in clinical and non-clinical samples.

Procedure and Data Analysis

The study examines the relations among variables using structural equation modeling. According to Kline's (2015) recommendations, the ratio of χ^2 / *df*, *SRMR*, *RMSEA*, and indices for *CFI* and *TLI* have been used to evaluate the model's compatibility. First the relationships among all variables were analyzed using correlation analysis prior to constructing the explanatory model of the relationships among variables in the structural equation model. Next, the structural model was established in which the behavioral-avoidance dimensions partially predict psychological symptoms through social media addiction. When good agreement was found in the structural model, bootstrapping analysis (Preacher & Hayes, 2008) was applied over 10,000 bootstrap samples by selecting a 95% confidence interval in order to examine the significance of variables' indirect effects in the model.

Table 1
Descriptive statistics and correlation analysis of variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Behavioral Avoidance	1													
2. Distress aversion	.318**	1												
3. Procrastination	.110*	.328**	1											
4. Distraction/suppression.	.439**	.424**	.181**	1										
5. Repression/denial	.091	.373**	.418**	.189**	1									
6. Distraction Endurance	.136*	-0.080	-.154**	.181**	-0.105	1								
7. Social Media Disorder	-0.044	.310**	.260**	0.077	.323**	-.176**	1							
8. SMPAR1	.022	.222**	.224**	0.048	.261**	-.146**	.841**	1						
9. SMPAR 2	-0.032	.311**	.247**	0.077	.324**	-.169**	.887**	.624**	1					
10. SMPAR 3	-0.106	.264**	.195**	0.074	.241**	-.134*	.836**	.515**	.648**	1				
11. DASS	.001	.439**	.336**	.124*	.383**	-.153**	.456**	.289**	.417**	.470**	1			
12. Depression	.024	.386**	.390**	0.070	.380**	-.176**	.431**	.294**	.380**	.437**	.925**	1		
13. Anxiety	-0.011	.411**	.234**	.127*	.342**	-.111*	.432**	.258**	.409**	.448**	.918**	.755**	1	
14. Stress	-0.010	.427**	.310**	.149**	.345**	-.138*	.409**	.255**	.375**	.426**	.945**	.823**	.811**	1
Mean	25.75	20.66	19.89	24.92	16.28	25.54	17.99	6.23	5.90	5.86	22.83	7.68	6.46	8.68
SD	5.28	6.40	5.66	6.31	6.33	5.38	6.66	2.69	2.61	2.49	15.34	5.54	5.39	5.57

* $p < .05$, ** $p < .01$.
Note. SMPAR 1, 2, and 3 represent aspects of Social Media Disorder and have been utilized in the structural equation modeling procedure.

Results

Correlation analysis and descriptive statistics

The results showing the correlation coefficients and descriptive statistics among the scales and sub-dimensions are given in Table 1. As can be seen in Table 1, MEAQ-30's subscales of distress aversion (r = .31, p < .01), distraction and suppression (r = .26, p < .01), and repression/denial (r = .32, p < 0.01) positively correlate with social media disorder scores, whereas distress endurance negatively correlates with social media disorder (r = -.18, p < .01).

At the same time, the subscales of distress aversion (r = .44, p < .01), procrastination (r = .34, p < .01), distraction and suppression (r = .12, p < .05), and repression/denial (r = .38, p < .01) are positively associated with psychological symptoms, whereas distress endurance (r = -.15, p < .01) negatively correlates to psychological symptoms. Social media disorder and psychological symptoms (r = .46, p < .01) are also positively related.

Structural Model

After the correlation analysis, the model was tested in which the dimensions of experiential avoidance predict psychological symptoms through the partial mediation of social media disorder. The model was found acceptable ($\chi^2_{(32,\, n=381)}$ = 75.543, χ^2 / df = 2.30, p > .05; CFI = .98; TLI = .95; $SRMR$ = .030; $RMSEA$ = .063; 95% CI = .0625 .0185. In order to provide additional evidence for the significance of the variables' indirect effects in the model, a 95% confidence interval was selected and bootstrap analysis was performed over 10,000 bootstrap samples. The structural equation model (SEM) for the model and the path coefficients among variables are shown in Figure 1.

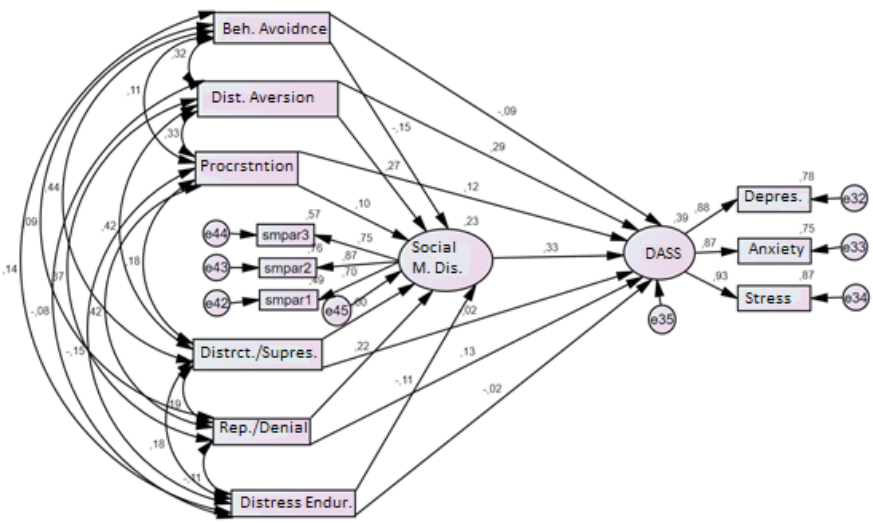

Figure 1. SEM results.

According to SEM analysis results, distress aversion (β = .27, p < .001, 95% *CI* = .27 .13) and repression/denial (β = .22, p <.001, 95% *CI* = .215 .125) scores positively predict social media disorder scores, while behavioral avoidance (β = -.15, p <.05, 95% *CI* = -.155 .135) is found to negatively predict social media disorder scores. Distress aversion (β = .13, p < .05, 95% *CI* = .17 .08), repression/denial (β = .29, p < .001, 95% *CI* = .29 .12) and procrastination (β = .12, p < .05, 95% *CI* = .1025 .1175) also directly and positively predict the psychological symptoms of depression, anxiety, and stress. Social media disorder directly predicts psychological symptoms (β = .33, p < .001, 95% CI = .325 .135). As for indirect effects, distress aversion (β = .09, p < .001, 95% CI = .10 .06), repression/denial (β = .07, p < .001, 95% CI = .08 .05), and behavioral avoidance (β = -.05, p < .05, 95% CI = -.06 .05) indirectly predict psychological symptoms through partial mediation of social media disorder scores. The results from the standardized path coefficients related to the model are presented in Table 2.

Table 2
Standardized Estimated Parameters and 95% CI*s for the Paths of the Structural Model*

					%95		
Direct Effects				Estimated	Lower	Upper	*p*
Distress Aversion	→	Social Media Dis.		.274	.140	.404	.000
Procrastination	→	Social Media Dis.		.104	-.034	.236	.143
Behav. Avoidance	→	Social Media Dis.		-.153	-.290	-.022	.023
Distress Endurance	→	Social Media Dis.		-.111	-.238	.009	.070
Repression/Denial	→	Social Media Dis.		.216	.087	.338	.001
Distraction/Supression	→	Social Media Dis.		-.001	-.122	.115	.981
Distraction/Supression	→	Psych.Symptoms		-.018	-.133	.105	.788
Repression/Denial	→	Psych.Symptoms		.127	.009	.246	.033
Behav. Avoidance	→	Psych.Symptoms		-.091	-.201	.016	.092
Distress Aversion	→	Psych.Symptoms		.292	.174	.413	.000
Procrastination	→	Psych.Symptoms		.115	.015	.219	.024
Distress Endurance	→	Psych.Symptoms		-.024	-.127	.074	.622
Social Media Dis.	→	Psych.Symptoms		.326	.192	.455	.000
Indirect Effects							
Repression/Denial	→	Social Media Dis.	P. S.	.070	0.027	0.131	0.001
Distress Endurance	→	Social Media Dis.	P. S.	-.036	-0.088	0.001	0.057
Distraction/Supression	→	Social Media Dis.	P. S.	.000	-0.041	0.041	0.98
Distress Aversion	→	Social Media Dis.	P. S.	.089	0.04	0.158	.000
Procrastination	→	Social Media Dis.	P. S.	.034	-0.009	0.088	0.123
Behav. Avoidance	→	Social Media Dis.	P. S.	-.050	-0.113	-0.009	0.017

Discussion

The present study is a preliminary inquiry examining the mediator role of social media disorder on the relationship of experiential avoidance with the psychological symptoms of depression, anxiety, and stress. This paper has investigated whether the types of psychological avoidance and distress-endurance skills (defined multi-dimensionally) predict psychological symptoms through social media disorder.

Resorting excessively to strategies from behavioral avoidance, distress aversion, procrastination, distraction/suppression, or repression/denial as manifestations of experiential avoidance has negative effects on functioning. This study has found the dimensions of distress aversion, procrastination, and repression/denial to have the highest relational levels to scores for social media disorder and psychological symptoms. Distress endurance, on the other hand, is an adaptive response to distress and has unpleasant emotional content. Experiential avoidance types and distress endurance show significant relationships with scores for social media disorder and for psychological symptoms. The results show the presumed partial mediator model to be confirmed for distress aversion, repression/denial, and behavioral avoidance.

According to one study that classified the indices of model fit in SEM (Schermelleh-Engel & Moosbrugger, 2003), 0.08 or lower is regarded as acceptable fit for *RMSEA* values, and 0.05 or lower is regarded as perfect fit; for *CFI* and *TLI* indices, .95 is regarded as an acceptable fit value and 0.97 as a good fit value; the ratio of χ^2 / *df* is acceptable between 2 and 3 and has good level of fit between 0 and 2. According to these criteria, the research's SEM results can be said to be within good and acceptable levels of fit.

Experiential avoidance is a process that has an important role in the formation and continuation of psychological problems (Hayes et al., 2012). Therefore, examining the effects of the different components of experiential avoidance is important in terms of psychological functionality. Rather than having a single dimension, the fact that EA has been defined as having different types in the literature (Sahdra et al., 2016) is positively associated with many processes related to emotional distress and outcomes such as anxiety depression (Chawla & Ostafin, 2007). For example, Bardeen and Fergus (2016) found EA to predict psychological symptoms in a large sample. Andrew and Dulin (2007) found EA to have a moderating role in the relationship between self-reported health and depression-anxiety in elderly people and interactions with anxiety to be stronger than depression. In other studies, experiential avoidance has had predictive effects on variables such as family conflict and depression in early adolescents (Biglan et al., 2015), stress response in adolescents (Ishizu, Shimoda, & Ohtsuki, 2017), and emotional disorders in a longitudinal adult sample (Spinhoven, Drost, de Rooij, van Hemert, & Penninx, 2014). These findings support the argument that experiential avoidance is an important process and risk factor for behavioral disorders (Hayes et al., 1996). The current research findings are consistent with the literature on the relationship between experiential avoidance and psychological symptoms.

The effects of Internet use on psychological functionality have always attracted the attention of psychology researchers. In the years when the Internet had just become widespread, Young and Rogers (1998) found problematic Internet use to be associated with depression. In the following years, the effects of social media

usage were examined with the emergence of social media environments. Hormes et al. (2014) reported problematic social media use to negatively correlate to emotion regulation skills, and Lin et al. (2016) found social media use to be associated with depression. However, some studies did not associate the use of normal social media with clinical depression (Jelenchick, Eickhoff, & Moreno, 2012); Ellison, Steinfield, and Lampe (2007) found social media use to be positively associated with social capital and psychological well-being, especially for university students with low self-esteem and low levels of life satisfaction. In particular, problematic social media use and social media disorder, rather than frequency of normal social media use, are understood from the literature to positively relate to psychological symptoms. In this respect, the current study's findings are consistent with the literature.

This study contributes to the literature on the potential role of experiential avoidance and distress aversion (or experiential acceptance) in the dysfunctional use of social media and the effects of social media on functionality while also shedding light on how this happens. In this respect, the findings may indicate a mechanism that explains the disruptive effects of experiential avoidance types through problematic social media use. This study's results may possibly reveal the components and variables related to the process. This may provide important insights in terms of psychological counseling and psychotherapy interventions for non-functional effects of social media. In this context, the study's findings can be said to indicate ACT interventions and other acceptance-oriented interventions to have potential for preventing and treating social media disorder.

Conclusion

The results have shown social media disorder to partially mediate the effects of distress aversion, repression/denial, and behavioral avoidance on the negative psychological symptoms of depression, anxiety, and stress. As far as is known, how the non-functional use of social media mediates between psychological avoidance types and psychological symptoms has previously not been empirically addressed. The structural equation model can be said to be more functional than previous mediator models and the use of bootstrapping to have increased the reliability of the research results. However, some limitations should be mentioned. Firstly, one of the main limitations of this study is its cross-sectional nature. Therefore, a causal relationship cannot be said to exist among the variables in the study. Using longitudinal models in future studies may be useful. The fact that all variables have been collected only by means of self-reporting measures can also be expressed as a limitation of the study. In addition, studies with different samples and age groups can help understand the effects of experiential avoidance on functionality through social media disorder.

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