Suppressing Spiritual Struggles:

The Role of Experiential Avoidance in Mental Health

Abstract

We examined the relation between experiential avoidance and mental health in a sample of 307 American adults reporting spiritual struggles. Experiential avoidance was consistently related to poorer mental health. Specifically, both general and spiritual struggle-specific avoidance were correlated with higher levels of depression, anxiety, somatic symptoms, and emotion regulation difficulties. Moreover, experiential avoidance tended to exacerbate the relation between spiritual struggles and adverse symptoms. The association between struggles and poorer mental health was stronger in people with higher levels of experiential avoidance. These findings were particularly robust for the measure of struggle-specific experiential avoidance. Finally, we discuss the importance of attending to the spiritual domain in experiential avoidance and outline future directions for clinical research and practice.

Keywords: experiential avoidance; spiritual struggles; mental health

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Spirituality has been frequently tied to indices of health and well-being (e.g. Koenig, King, & Carson, 2012). However, spirituality can also be a source of problems. Pargament (2007) has written that while people strive toward any number of values or sources of significance, “for many people the sacred is the focal point of their striving, the object of significance that lends order and coherence to all other goals” (p.55). It follows that *spiritual struggles* -- conflicts, questions, and tensions about spiritual and religious issues (Exline & Rose, 2005; Pargament, Murray-Swank, Magyar, & Ano, 2005) -- may be especially problematic because they may shake or shatter individuals’ fundamental beliefs and values. Such struggles can take on different forms: divine, interpersonal, moral, doubt, ultimate meaning, and demonic (Exline, Pargament, Grubbs, & Yali, 2014). Yet, they share a common focus on tensions within the spiritual realm, forming a higher-order factor (Stauner, Exline, & Pargament, 2016). Past research has shown that spiritual struggles are robustly tied to distress and ill health (e.g., Ano & Vasconcelles, 2005; Exline, 2013).

Spiritual struggles are not uncommon. For example, 65% of an American adult community sample reported experiencing some form of religious conflict in their lives (Nielson, 1998), and 62% of a national sample reported that they were sometimes angry at God (Exline, Park, Smyth & Carey, 2011). In another national sample, 23.2% reported that they felt God may be punishing them and 12% wondered whether God had abandoned them (Fetzer Institute, 1999). Interestingly, spiritual struggles are not limited to those who regard themselves as religious or spiritual. In fact, in a national sample, those who indicated no religious affiliation reported more anger toward God than affiliates (Exline et al., 2011). Some atheists have also shown signs of spiritual struggle as manifested by emotional arousal when asked to dare God to harm themselves or those they are close to (Lindeman, Heywood, Riekki, & Makkonen, 2014).  
 The negative mental and physical health correlates of spiritual struggles have been documented in numerous studies using cross-sectional and longitudinal designs. Regardless of their specific form, those struggling with spiritual matters are more likely to report higher levels of depression, anxiety (Ano & Vasconcelles, 2005), and somatization (McConnell, Pargament, Ellison, & Flannelly, 2006). Spiritual struggles are also associated with poorer physical health (e.g., Ai, Park, Huang, Rodgers, & Tice, 2007; Sherman, Simonton, Latif, Spohn, & Tricot, 2005; Zwingmann, Wirtz, Muller, Korber, & Murken, 2006), declines in physical functioning (Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999), and increased mortality rates (Pargament, Koenig, Tarakeshwar, & Hahn, 2001). These links appear consistently across diverse religious groups (e.g., Pirutinsky, Rosmarin, Pargament, & Midlarsky, 2011; Abu-Raiya, Pargament, Mahoney, & Stein, 2008; Tarakeshwar, Pargament, & Mahoney, 2003).

Despite growing awareness of the potential impact of spiritual struggles, few studies have examined factors that may help or hinder people facing spiritual struggles (Desai & Pargament, 2013). One potentially important predictor of the relation between mental health and spiritual struggles grows out of the model for human experience and behavior described by Acceptance and Commitment Therapy (ACT). According to ACT, *experiential avoidance* describes efforts to escape or avoid unwanted internal experience, even when efforts to do so are harmful or contrary to personal goals (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Avoidance is not a problem, per se; rather, it is problematic when avoiding one’s own unwanted internal experience becomes a rigid pattern of experiencing and responding to the world. This kind of avoidance can make it difficult to identify, work toward, or experience the qualities that lend a sense of purpose to life.

Experiential avoidance (EA) has been related to a variety of adverse symptoms. In a review by Ruiz (2010), EA was associated with increases in self-rated depression in 20 studies, and a similar link emerged between EA and increased symptoms of anxiety in 14 studies. In the area of chronic pain, longitudinal and mediational studies have demonstrated the influence of EA, or its inverse (acceptance), on symptoms of depression and anxiety (McCracken & Vowles, 2008; Vowles, McCracken, & Eccleston, 2008), functional status and functional disability (Esteve, Ramirez-Maestre & Lopez-Martinez, 2007; McCracken & Vowles, 2008), and psychological and physical well-being (Wicksell, Renofalt, Olsson, Bond, & Melin, 2008). Similarly, experimental studies of EA demonstrate that avoidance is related to poorer outcomes. For example, individuals with higher EA exhibited greater distress, discomfort, and sympathetic arousal when viewing unpleasant films (Salters-Pedneault, Gentes, & Roemer, 2007; Sloan, 2004). Additionally, in experimental comparisons of the effects of avoidance (e.g., suppression) versus acceptance instructions, avoidance elicited more distress (Campbell-Sills, Barlow, Brown, & Hofmann, 2006) and poorer levels of functioning (Marcks & Woods, 2007). In summary, experiential avoidance has been related to distress and poorer functioning in a variety of naturally occurring and experimentally manipulated contexts.  
 Experiential avoidance has not been examined in the context of spiritual struggles. However, EA should be relevant to spiritual struggles. Not only can spiritual struggles be a source of profound pain, confusion, and stigma, but people often see certain struggles, such as anger toward God, as morally wrong (Exline, Kaplan, & Grubbs, 2012). Thus strugglers may be tempted to avoid the thoughts, feelings, and contexts associated with spiritual struggle. In this vein, Exline and Grubbs (2011) found that many adults were uncomfortable admitting their divine struggles to others, including friends and members of their religious group, and among those who disclosed, half reported receiving unsupportive reactions that led to feelings of guilt, judgment, and shame. Unfortunately, efforts to avoid spiritual struggle may also be met with negative results. Consistent with this, a study by Krause and Ellison (2009) suggests that EA may be problematic for those experiencing at least one form of spiritual struggle, religious doubting. In their study of a national sample of older adults over a six-year period, participants who attempted to suppress their experiences of religious doubt also tended to report less favorable health over time.

The Present Study  
 This study is the first to examine the role of experiential avoidance in coping with a full range of spiritual struggles, connecting a key construct of ACT with spirituality. Using a cross-sectional design, we examined the implications of experiential avoidance for mental health in a sample of spiritual strugglers. A secondary goal of this study was to address the question of whether experiential avoidance moderates the impact of spiritual struggles on mental health. More specifically, we tested the following hypotheses:

*Hypothesis 1:* Experiential avoidance, as measured generally and specific to spiritual struggles, will be negatively associated with indices of psychological, physical, and spiritual mental health.   
 *Hypothesis 2*: The relationship between spiritual struggles and poorer psychological, physical, and spiritual mental health will be stronger among those with higher levels of experiential avoidance than among those lower in experiential avoidance.

# Method

## Participants and Procedure

Participants were recruited from Amazon’s Mechanical Turk (MTurk) worker database. Previous social science research has shown that MTurk samples are comparable to other adult samples and that results from this source are psychometrically sound (e.g., Buhrmeister, Kwang, & Gosling, 2011). However, it is important to note that Berinsky, Huber, and Lenz (2011) found that 42% of MTurk workers reported no religious affiliation.

Out of a larger pool of 593 MTurk workers who responded to questions about how they were dealing with recent life experiences, a total of307 met both criteria for inclusion in this study: (a) They endorsed a spiritual struggle item on the Recent Life Experience Survey, and (b) they endorsed at least two items with a 2 (a little bit) or greater from the Religious and Spiritual Struggles Scale. All participants were debriefed and received $2.00 upon study completion.

As presented in Table 1, the majority of participants were male (58.6%), White (67.4%), married or partnered (41.0%), Christian (39.8%), and had at least some college education (87.9%). Participant ages ranged from 18-70 years, with the majority (73.3 %) between 21 and 39 years. Consistent with Berinsky et al. (2011), overall levels of religiousness were modest in this sample of MTurk workers (again, see Table 1) and substantially lower than that of reported national averages (Gallup, 2012). Specifically, 23.8% identified as agnostic or atheist, and 17.6% identified as “none.”

Measures

**Screening.** The Recent Experiences Survey consists of 16 positive, negative, and neutral items, as well as one “write-in” option, capturing the nature of participants’ experiences in the past 2-3 months. Individuals who endorsed any of the 7 spiritual struggle items were presented with all measures detailed below. Responses were summed to create an index score for each measure. Descriptive statistics are reported in the results.  
 Demographic and background information. Participants provided information regarding their demographics, religious affiliation, and religious practices. They also responded to an open-ended question about their spiritual struggle: “In a paragraph or two, please describe the struggle you’re having related to your religion or spirituality” (Dworsky et al., 2013). This task gave participants an opportunity to reflect on their spiritual struggle prior to completing other measures.

**Spiritual struggles (RSS)**. The Religious and Spiritual Struggles (RSS) scale (Exline, Pargament, Grubbs, & Yali, 2014) consists of 26 items that assess different types of spiritual struggle. This measure uses a five-point scale, from 1 (*not at all*) to 5 (*a great deal*). Examples of items include “I felt as though God had abandoned me” and “I felt as though my life had no deeper meaning.” Data from a large university sample supported the predictive, convergent, and discriminant validity of this measure (Exline et al., 2014), and more recent data have shown good structural integrity and measurement invariance across multiple adult samples in the U.S. (Stauner et al., 2016). This measure had excellent internal consistency with the present sample (*α* = .91).

**General experiential avoidance (AAQ).** The second version of the Acceptance and Action Questionnaire (Bond et al., 2011) contains seven items that ask participants to rate “how true” each of the items is for them on a seven-point scale from 1 (*never true*) to 7 (*always true*). A sample item is, “I am afraid of my feelings.” Validation studies demonstrate adequate psychometric properties of the measure and support its predictive, incremental, and discriminant validity. Similarly, this sample showed excellent internal consistency (*α* = .93).

Spiritual struggle-specific experiential avoidance (SSAQ).A modified version of the Chronic Pain Acceptance Questionnaire-Revised (McCracken, Vowles, & Eccleston, 2004; 2005) was used to measure experiential avoidance specific to spiritual struggle. The original 20-item measure was modified such that references to chronic pain were replaced with references to “spiritual struggle” or “spiritual suffering.” Examples include, “I avoid putting myself in situations where my spiritual suffering might increase,” and “It’s okay to experience spiritual struggle.” Items are rated on a 7-point scale from 0 (*never true*) to 6 (*always true*). For the present study, appropriate items were reversed so higher scores indicate greater struggle-specific experiential avoidance. This measure had good internal consistency in this sample (*α* = .85).

**Mental health measures.**

***Somatic (PHQs), anxiety (PHQa), and depression (PHQd) symptoms.*** The three brief scales of Somatic, Anxiety and Depression symptoms that comprise the Patient Health Questionnaire (Kroenke, Spitzer, Williams, & Lowe, 2010) were developed and validated separately. The somatic subscale (PHQs; Kroenke, Spitzer, & Williams, 2002) consists of 15 items asking individuals to indicate “how much” each somatic symptom (e.g., headaches) has been bothering them during the previous four weeks using a three-point rating scale from 0 (*not bothered at all*) to 2 (*bothered a lot*). The anxiety subscale (PHQa; Spitzer, Kroenke, Williams, & Lowe, 2006), also known as the Generalized Anxiety Disorder-7 asks participants to indicate “how frequently” they have been bothered by each of seven symptoms of anxiety using a four-point rating scale from 0 (*not at all*) to 3 (*nearly every day*). Finally, the depression subscale (PHQd; Kroenke, Spitzer, & Williams, 2001) is comprised of nine items asking participants “how often” they have been bothered by each symptom. The present sample demonstrated good to excellent internal consistency for each of the somatic (*α* = .85), anxiety (*α* = .91), and depression (*α* = .88) subscales.

***Functional difficulty.*** The Patient Health Questionnaire includes a final question, not included in the overall score, asking participants to indicate the degree to which endorsed symptoms make it difficult to fulfill relationship and work roles. This single item serves as a global indicator of impairment in functioning.

***Goal difficulties, impulse difficulties, and emotion regulation strategy difficulties.*** Three subscales of the Difficulties with Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) were included in this study, consistent with earlier research on spiritual strugglers by Dworsky et al. (2013). The preface to the original DERS, “When I’m upset…,” was modified to read, “When I’m upset about my spiritual struggle…,” in order to evaluate emotion regulation difficulties in the context of spiritual struggle-related distress specifically. Participants endorsed items on a scale from 1 (*almost never*) to 5 (*almost always*). The five-item Difficulties Engaging in Goal-Directed Behavior subscale (DERg) assesses goal difficulties (e.g., “When I’m upset about my spiritual struggle, I have difficulty getting work done.”). The six-item Impulse Control Difficulties subscale (DERi) assesses impulse difficulties (e.g., “When I’m upset about my spiritual struggle, I lose control over my behaviors.”). Finally, the seven-item Limited Access to Emotion Regulation Strategies subscale (DERs) assesses difficulties with emotion regulation strategies (e.g., “When I’m upset about my spiritual struggle, I believe that I’ll end up feeling very depressed.”). Higher subscale scores reflect more difficulty with emotion regulation. To reduce participant burden, the present study used the three items with the highest factor-loadings from each of the three subscales. A validation study in a university sample supported the internal consistency, reliability, and validity of the shorter DERS. Each of the subscales possessed good to excellent internal reliability in this sample for goal difficulties (*α* = .95), impulse difficulties (*α* = .94), and emotion regulation strategy difficulties (*α* = .88).

Attention checks.Five attention check items served as quality control checks and were constructed to appear similar to the other items of the measures in which they were embedded. For example, “When I am paying attention to my survey responses, I know to mark this item ‘always true’” appeared in the DERS. Fifty-five participants (15.2% of the sample who met our inclusion criteria) were deleted for failing the attention checks.

# Results

## Preliminary Analyses

Overall, participants reported experiencing mild to moderate symptoms of psychological and physical distress, given the mean scores on the depression (*M* = 7.76, *SD* = 6.19), anxiety (*M* = 7.52, *SD* = 5.78), and somatic subscales (*M* = 7.75, *SD* = 6.49). For spiritual struggles (*M* = 51.71, *SD* = 17.11), the average item score fell at “a little bit.” Participants’ level of general experiential avoidance (*M* = 24.48, *SD* = 10.21) was within the range that has been associated with significant levels of psychological distress in other studies (Bond et al., 2011). For spiritual struggle-specific avoidance (*M* = 73.18, *SD* = 17.97), the average item score fell between “seldom true” and “sometimes true.” Notably, gender, race, marital status, and education were each significantly correlated with three or more mental health variables and were controlled for in subsequent analyses.

Table 2 shows correlations between all key constructs. As predicted, both general and spiritual struggle-specific experiential avoidance were significantly related to all of the mental health indices. Correlations with general experiential avoidance ranged from moderate (*r* = .35, *p* < .01 with goal difficulties) to strong (r = .64, *p* < .01 with anxiety) in magnitude. The pattern of relations with struggle-specific avoidance were similar, although the strength of correlations for general compared to struggle-specific experiential avoidance was higher for anxiety, depression, and somatic symptoms.

## Main Effects Analyses

As shown in Table 3, the main effects of general experiential avoidance and struggle-specific experiential avoidance on mental health were analyzed separately using hierarchical linear regressions. Controls (gender, education, race/ethnicity, and marital status) were entered in Step 1, followed by general or struggle-specific experiential avoidance, respectively, in Step 2. As predicted, both types of experiential avoidance consistently accounted for a significant amount of variance in mental health variables after controlling for demographics. The change in R2 for general avoidance ranged from .13, *p* < .001 (goal difficulties) to .41, *p* < .001 (anxiety). For struggle-specific avoidance, the change in R2 ranged from .04, *p <* .001 (somatic symptoms, functional difficulty) to .17, *p* < .001 (goal difficulties).

## Moderation Analyses

Hierarchical regressions were used to examine the potential moderating effects of avoidance on the relationship between spiritual struggles and indices of mental health. Control variables (gender, education, race/ethnicity, and marital status) were entered into Step 1. The independent variable, spiritual struggle, was entered in Step 2. Variables were centered prior to the moderated regressions. The moderator (i.e., general avoidance, spiritual struggle-specific avoidance) was entered in Step 3. In Step 4, the multiplicative term was entered. One-tailed tests were used to test for significant interactions given the researchers’ *a priori* hypotheses. Interaction graphs were created using an Excel program retrieved online (Dawson, 2013) based on Aiken and West (1991). Spiritual struggles and the moderator variable (i.e., general or struggle-specific experiential avoidance) were plotted at one standard deviation above and below the mean, respectively.

As shown in Table 4, general experiential avoidance significantly moderated the relationship between spiritual struggles and three indices of mental health: (a) goal difficulties, (b) impulse difficulties, and (c) emotion regulation strategy difficulties. Consistent with the prediction, the direct relationship between spiritual struggles and these three emotion regulation variables was stronger for individuals who reported higher levels of general experiential avoidance than for those who reported lower levels of general experiential avoidance.   
 As shown in Table 5, spiritual struggle-specific avoidance significantly moderated the relationship between spiritual struggles and six of the mental health indices: (a) anxiety, (b) depression, (c) functional difficulty, (d) goal difficulties, (e) impulse difficulties, and (f) emotion regulation strategy difficulties. As predicted, the relationship between spiritual struggles and symptoms of psychological distress was stronger as reports of experiential avoidance increased. For instance, Figure 1 illustrates struggle-specific avoidance moderating spiritual struggles and anxiety. Also consistent with our prediction, the relationship between spiritual struggles and three indices of emotion regulation was stronger at higher levels of spiritual struggle-specific avoidance than it was at lower levels of struggle-specific avoidance. Figure 2 illustrates how the association between struggles and emotion regulation strategy difficulties is stronger when struggle-specific experiential avoidance is high.

# Discussion

The present study examined the relations between experiential avoidance and mental health in a sample of people experiencing spiritual struggles. The first hypothesis predicted that experiential avoidance (EA) would be negatively associated with indices of psychological, physical, and spiritual mental health. Consistent with the prediction, general EA was associated with poorer mental health in all areas. With respect to avoidance tied specifically to the struggle, similar findings emerged. It was also hypothesized that the relationships between spiritual struggles and poorer mental health would be stronger among people with higher than lower levels of experiential avoidance. Some support was found for the prediction that higher levels of experiential avoidance exacerbate the relation between spiritual struggles and adverse symptoms. These findings were particularly robust for the measure of struggle-specific experiential avoidance.

It is of interest to note the differences between general experiential avoidance and spiritual struggle-specific avoidance. In particular, there were three significant interactions in the case of general EA, and eight in the case of spiritual struggle-specific EA. One possible explanation for this may be found in the respective measures of EA. The general EA measure (AAQ) was constructed to assess experiential avoidance and all items were negatively worded. The measure of spiritual struggle-specific avoidance was modified from a scale originally intended as a measure of acceptance, and contained items worded in both the positive (acceptance) and negative (avoidance). Illustrative positive and negative items from the Spiritual Struggle Acceptance Questionnaire (SSAQ) “I am getting on with the business of living no matter what my level of pain about my spiritual struggle(s) is,” and “I would gladly sacrifice important things in my life to control my suffering with spiritual things better” demonstrate the trend in this measure to tap acceptance or non-acceptance very directly. Acceptance of pain and struggle allows for vital living even in the presence of that pain and struggle. Restated, the items juxtapose vital living and struggle, and the only way to have both is to achieve some acceptance of the struggle. The shorter Acceptance and Action Questionnaire (AAQ) does not tap into this same psychological process as consistently. Items such as, “I’m afraid of my feelings” and “Emotions cause problems in my life” may be tapping into motivations and consequences of avoidance more directly. As such, the moderating effects findings may underscore the notion that failure to accept spiritual struggles may be risky, exacerbating the connection between spiritual struggles and poorer mental health.  
 Both general and struggle-specific EA moderated the relationship between spiritual struggles and three emotion regulation indices: (a) difficulties maintaining necessary focus for accomplishing goals, (b) problems with impulse control, and (c) perceived access to effective coping strategies. The moderating findings suggest that the tendency to approach unwanted internal experiences with avoidance becomes even more problematic, especially for emotional regulatory functioning, at higher levels of spiritual struggles. This underscores the risks of not facing some of life’s most profound existential concerns. In summary, these findings provide strong and consistent support for the notion that avoidance is problematic for spiritual struggles, and extends the study of experiential avoidance to the spiritual domain.

Limitations, Implications, and Future Directions  
 The present study has several limitations. Firstly, assessment was limited to self-report. Future studies would benefit by supplementing self-report measures with reports of others, behavioral measures, and perhaps biomarkers. Second, this study was cross-sectional. Longitudinal, experimental, and treatment-based studies are needed to determine the direction and strength of causal relationships among these variables. Finally, it is possible that the results of this study were affected by the choice to sample exclusively from the Mechanical Turk worker database. A small percentage of participants who met other inclusion criteria were excluded for failing the attention checks, which is consistent with the finding that MTurk workers tend to be attentive to detail (Hauser & Schwarz, 2016) and generally provide quality data (Buhrmester et al., 2011). Studies which examine the generality of these results to other groups that are experiencing spiritual distress are needed to further substantiate the role of avoidance in mental health.

Furthermore, the different findings between general and struggle-specific experiential avoidance (EA) may be complicated by the nature of the measurement tools used. In particular, the measure of specific EA may relate to acceptance more so than avoidance. An avenue for future research would be to examine the unique contributions of general avoidance, specific avoidance, and acceptance on mental health in the context of spiritual struggles. Including analogous measures of general and specific avoidance and a separate measure of acceptance would be an excellent first step in this regard.

Future research could examine other implications of avoidance and spiritual struggles for individual functioning. Avoidance of spiritual struggles may reduce people’s sense of self-efficacy and confidence that they can handle a full range of life problems, including those spiritual in nature. The resulting sense of hopelessness and helplessness may be especially problematic in the spiritual realm. In avoiding spiritual struggles, individuals may leave behind spiritual and religious practices, thereby losing important coping resources. They may also dissociate from valued contexts, thereby isolating themselves from sources of support and reducing opportunities for meaning making and positive experiences of that which they hold sacred.

Research is especially needed on the implications of spiritual struggle and avoidance for social functioning. The unwillingness to encounter and accept spiritual struggle could conceivably contribute to major social ills. For example, avoidance of spiritual struggle may be accompanied by lost opportunities to engage with people of different faith beliefs and backgrounds who come to be viewed as threatening. In more extreme form, this avoidance may lead to the rejection of whole groups of people based on their religious differences or perceived incongruence between, for example, their sexuality or gender-identity and religious teachings. Over time, this process may be strengthened by cultural factors that foster stigmatization, dehumanization, and, at its worst, wishes to annihilate those with differences (Hayes, Niccolls, Masuda & Rye, 2002). Further research on the social implications of spiritual struggles and avoidance is clearly a priority, particularly studies that identify how people might engage spiritual struggles rather than avoid them and experience openness to rather than rejection of religious and spiritual diversity. These findings also have practical implications for psychological and spiritual mental health. First, mental health providers may find it useful to help clients with spiritual struggles face their difficulties. More tools are necessary in this arena. There is one protocol already developed that targets avoidance and reduction of stigma associated with spiritual struggles. A pilot effectiveness study of the *Winding Road* demonstrated promising results in a sample of college students with spiritual struggles (Dworsky et al., 2013). Additionally, tailoring Acceptance and Commitment Therapy to these purposes may be useful. Further treatment effectiveness studies are needed to help clinicians skillfully bring psychological science to the problems associated with spiritual struggles. Secondly, it may be helpful to intervene upon factors that contribute to struggle avoidance. For example, normalizing the very natural occurrence of spiritual struggle across the lifespan may be an important way to support those with spiritual struggle for whom the associated stigma creates a barrier to seeking care. In this regard, both patients and mental health care professionals need to be educated on the ubiquity of spiritual struggles. Broader education on this topic by religious institutions and families may help engender a culture where struggling is embraced as an acceptable, if not inevitable, part of life.

To summarize, the present study extends research regarding avoidance and mental health to the spiritual domain. Avoidance was robustly and consistently associated with poorer mental health among people experiencing spiritual struggles. Moreover, higher levels of avoidance tended to exacerbate the connection between spiritual struggles and poorer mental health.

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Tables

Table 1

*Participant demographics and background (N = 307)*

|  |  |  |
| --- | --- | --- |
|  | *N* | % |
| Gender |  |  |
| Male | 180 | 58.6 |
| Marital Status |  |  |
| Married/Partnered | 126 | 41.0 |
| Single | 113 | 36.8 |
| Dating | 52 | 16.9 |
| Other\* | 16 | 5.2 |
| Race/Ethnicity |  |  |
| White/Euro-American | 207 | 67.4 |
| Asian American/Pacific-Islander | 33 | 10.7 |
| Other\* | 67 | 21.9 |
| Education |  |  |
| Standard college graduation | 122 | 39.7 |
| Partial college/post high school training (1 year +) | 101 | 32.9 |
| Graduate/professional degree | 47 | 15.3 |
| High school graduation | 33 | 10.7 |
| Less than high school\* | 3 | 1.0 |
| Religious Preference |  |  |
| Protestant (Non-Catholic Christian) | 80 | 26.1 |
| Agnostic/Atheistic | 73 | 23.8 |
| Catholic Christian | 42 | 13.7 |
| None | 54 | 17.6 |
| Other\* | 57 | 18.6 |
| Frequency of attendance at religious services |  |  |
| Never | 122 | 39.7 |
| Less than once per year | 42 | 13.7 |
| About once or twice per year | 47 | 15.3 |
| Once a month or more\* | 95 | 31 |
| Frequency of private prayer |  |  |
| Never | 108 | 35.2 |
| Less than once a month | 35 | 11.4 |
| Once a month | 13 | 4.2 |
| A few times a month | 24 | 7.8 |
| Once a week | 11 | 3.6 |
| A few times a week | 31 | 10.1 |
| Once a day | 41 | 13.4 |
| More than once per day | 43 | 14.0 |
| \*Categories with less than 10% were aggregated as “Other”. |  |  |

Table 2

*Correlations between key constructs (N = 307)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | RSS | AAQ | SSAQ | PHQa | PHQd | PHQs | DERg | DERi | DERs |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 | .51\* |  |  |  |  |  |  |  |  |
| 3 | -.21 | .38\*\* |  |  |  |  |  |  |  |
| 4 | .35\*\* | .64\*\* | .25\*\* |  |  |  |  |  |  |
| 5 | .44\*\* | .61\*\* | .23\*\* | .79\*\* |  |  |  |  |  |
| 6 | .45\*\* | .42\*\* | .15\*\* | .54\*\* | .65\*\* |  |  |  |  |
| 7 | .41\*\* | .35\*\* | .43\*\* | .30\*\* | .29\*\* | .28\*\* |  |  |  |
| 8 | .43\*\* | .40\*\* | .44\*\* | .26\*\* | .26\*\* | .26\*\* | .63\*\* |  |  |
| 9 | .47\*\* | .48\*\* | .36\*\* | .34\*\* | .37\*\* | .32\*\* | .68\*\* | .74\*\* |  |

\* *p* < .05, \*\* *p* < .01.

1. RSS = Spiritual Struggle 2. AAQ = General Experiential Avoidance 3. SSAQ = Struggle-Specific Experiential Avoidance 4. PHQa = Anxiety 5. PHQd = Depression 6. PHQs = Somatic 7. DERg = Goal Difficulties 8. DERi = Impulse Difficulties 9. DERs = Emotion Regulation Strategies Difficulties

Table 3

*Summary of main effects regressions of experiential avoidance on mental health variables (N = 307)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variable | Step 1  Demographic controls: gender, race, education, marital status | Step 2  General experiential avoidance | | | Step 1  Demographic  controls: gender,  race, education,  marital status | | | | Step 2  Struggle-specific experiential avoidance | | | |
| *R2* | *β* | *R2* | ∆*R2* |  | *R2* |  | *β* | | *R2* | ∆*R2* |
| Anxiety | .03 | .65\*\*\* | .44 | .41\*\*\* |  | .03 |  | .30\*\*\* | | .11 | .08\*\*\* |
| Depression | .03\* | .61\*\*\* | .39 | .36\*\*\* |  | .03\* |  | .27\*\*\* | | .10 | .07\*\*\* |
| Somatic symptoms | .06\*\*\* | .46\*\*\* | .27 | .21\*\*\* |  | .06\*\*\* |  | .19\*\*\* | | .09 | .04\*\*\* |
| Functional difficulty | .03 | .46\*\*\* | .23 | .21\*\*\* |  | .03 |  | .21\*\*\* | | .07 | .04\*\*\* |
| Goal difficulties | .03 | .36\*\*\* | .16 | .13\*\*\* |  | .03 |  | .42\*\*\* | | .20 | .17\*\*\* |
| Impulse difficulties | .09\*\*\* | .40\*\*\* | .25 | .16\*\*\* |  | .09\*\*\* |  | .41\*\*\* | | .25 | .16\*\*\* |
| Emotion regulation strategy difficulties | .04\* | .48\*\*\* | .27 | .29\*\*\* |  | .04\* |  | .37\*\*\* | | .17 | .13\*\*\* |

\**p* < .05, \*\**p* < .01, \*\*\**p* < .001.

Table 4

*Summary of moderated regressions of general experiential avoidance on mental health variables (N = 307)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variable | Step 1  Demographic controls: gender, race, education, marital status | Step 2  Spiritual struggle | | | | Step 3  General experiential avoidance | | | | Step 4  Spiritual struggle x General experiential avoidance | | | |
| *R2* | *β* | *R2* | ∆*R2* | *β* | | *R2* | ∆*R2* | *β* | | *R2* | ∆*R2* |
| Anxiety | .03+ | .37\*\*\* | .16\*\*\* | .13\*\*\* | .62\*\*\* | | .44\*\*\* | .28\*\*\* | .01 | | .44\*\*\* | .01 |
| Depression | .03+ | .46\*\*\* | .23\*\*\* | .20\*\*\* | .51\*\*\* | | .42\*\*\* | .19\*\*\* | .03 | | .42\*\*\* | .00 |
| Somatic symptoms | .05\*\* | .46\*\*\* | .26\*\*\* | .21\*\*\* | .31\*\*\* | | .33\*\*\* | .07\*\*\* | .02 | | .33\*\*\* | .00 |
| Functional difficulty | .03+ | .24\*\*\* | .08\*\*\* | .06\*\*\* | .45\*\*\* | | .23\*\*\* | .15\*\*\* | .01 | | .23\*\*\* | .00 |
| Goal difficulties | .03+ | .40\*\*\* | .19\*\*\* | .15\*\*\* | .22\*\*\* | | .22\*\*\* | .03\*\*\* | .20\*\* | | .24\*\*\* | .02\*\* |
| Impulse difficulties | .10\*\*\* | .40\*\*\* | .25\*\*\* | .15\*\*\* | .27\*\*\* | | .30\*\*\* | .05\*\*\* | .21\*\* | | .33\*\*\* | .02\*\* |
| Emotion regulation strategy difficulties | .04\* | .46\*\*\* | .24\*\*\* | .20\*\*\* | .34\*\*\* | | .33\*\*\* | .08\*\*\* | .13+ | | .33\*\*\* | .01+ |

+*p* < .10, \**p* < .05, \*\**p* < .01, \*\*\**p* < .001.

Table 5

*Summary of moderated regressions of struggle-specific experiential avoidance on mental health variables (N = 307)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variable | Step 1  Demographic controls: gender, race, education, marital status | Step 2  Spiritual struggle | | | | Step 3  Struggle-specific experiential avoidance | | | | Step 4  Spiritual struggle x Struggle-specific experiential avoidance | | | |
| *R2* | *β* | *R2* | ∆*R2* | *β* | | *R2* | ∆*R2* | *β* | | *R2* | ∆*R2* |
| Anxiety | .03\* | .37\*\*\* | .17\*\*\* | .14\*\*\* | .24\*\*\* | | .22\*\*\* | .05\*\*\* | .21\*\*\* | | .26\*\*\* | .04\*\*\* |
| Depression | .03+ | .47\*\*\* | .24\*\*\* | .21\*\*\* | .20\*\*\* | | .28\*\*\* | .04\*\*\* | .12\* | | .29\*\*\* | .01\* |
| Somatic symptoms | .06\*\*\* | .46\*\*\* | .27\*\*\* | .20\*\*\* | .11\* | | .28\*\*\* | .01\* | .09 | | .28\*\*\* | .01 |
| Functional difficulty | .03\* | .24\*\*\* | .09\*\*\* | .06\*\*\* | .18\*\* | | .12\*\*\* | .03\*\* | .18\*\* | | .15\*\*\* | .03\*\* |
| Goal difficulties | .03+ | .41\*\*\* | .19\*\*\* | .16\*\*\* | .36\*\*\* | | .31\*\*\* | .12\*\*\* | .11\* | | .32\*\*\* | .01\* |
| Impulse difficulties | .10\*\*\* | .40\*\*\* | .25\*\*\* | .16\*\*\* | .34\*\*\* | | .36\*\*\* | .11\*\*\* | .17\*\*\* | | .38\*\*\* | .02\*\*\* |
| Emotion regulation strategy difficulties | .03\* | .47\*\*\* | .25\*\*\* | .21\*\*\* | .29\*\*\* | | .32\*\*\* | .08\*\*\* | .12\* | | .34\*\*\* | .01\* |

+*p* < .10, one-tailed. \**p* < .05, \*\**p* < .01, \*\*\**p* < .001.

Figures

*Figure 1.* Struggle-specific experiential avoidance (EA) moderating spiritual struggles and anxiety.

*Figure 2*: Struggle-specific experiential avoidance (EA) moderating spiritual struggles and emotion regulation strategy difficulties.