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Experiential Avoidance as a Mediator Between Emotion Dysregulation and Panic Symptoms

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A B S T R A C T

Objective: This study aimed to investigate the mediating role of experiential avoidance in the relationship between emotion dysregulation and panic symptoms.
Methods and Materials: A descriptive correlational design was used, involving 424 participants recruited from various educational and community settings in Nigeria. The sample size was determined using the Morgan and Krejcie table. Participants completed three standardized self-report instruments: the Panic Disorder Severity Scale–Self Report (PDSS-SR), the Acceptance and Action Questionnaire–II (AAQ-II), and the Difficulties in Emotion Regulation Scale (DERS). Data were analyzed using SPSS-27 for descriptive statistics and Pearson correlations, and AMOS-21 for Structural Equation Modeling (SEM). The assumptions of normality, linearity, multicollinearity, and homoscedasticity were tested and met.
Findings: Descriptive results showed moderate levels of panic symptoms (M = 13.82, SD = 4.51), high levels of experiential avoidance (M = 29.67, SD = 6.12), and elevated emotion dysregulation (M = 88.45, SD = 14.28). Pearson correlation analysis indicated significant positive relationships between all study variables ($p < .001$). SEM analysis revealed that emotion dysregulation significantly predicted both experiential avoidance ($\beta = .41$, $p < .001$) and panic symptoms ($\beta = .23$, $p = .004$). Experiential avoidance also significantly predicted panic symptoms ($\beta = .35$, $p < .001$). The indirect effect of emotion dysregulation on panic symptoms through experiential avoidance was statistically significant ($\beta = .14$, $p < .001$), supporting the hypothesized mediation model. Model fit indices indicated a good fit ($\chi^2/df = 2.20$, CFI = .97, RMSEA = .053).
Conclusion: These findings highlight the transdiagnostic importance of addressing both avoidance behaviors and emotional regulation difficulties in psychological interventions for panic-related distress.

Keywords: *Panic symptoms, Emotion dysregulation, Experiential avoidance.*

1. Introduction

Panic symptoms are among the most distressing manifestations of anxiety disorders, characterized by sudden episodes of intense fear accompanied by physical and cognitive symptoms such as heart palpitations, shortness of breath, and catastrophic thoughts. These experiences can severely impair daily functioning and are particularly prevalent in young adult populations (e.g., university students), where transitional stressors amplify psychological vulnerability. Although numerous psychological models have attempted to explain panic symptoms, increasing attention has been paid to the role of transdiagnostic factors such as emotion dysregulation and experiential avoidance in predicting and maintaining panic-related distress (Gerdan, 2025; Seçer & Ulaş, 2020).

Emotion dysregulation is defined as the inability to effectively modulate emotional responses, particularly negative affect, in a context-appropriate manner (Pourjafari et al., 2025). It encompasses multiple dimensions including nonacceptance of emotional responses, difficulties engaging in goal-directed behavior, lack of emotional awareness, and limited access to regulatory strategies. Studies have consistently shown that individuals with high levels of emotion dysregulation are more prone to experience heightened anxiety, panic, and related symptoms (Y. Kim & C. Lee, 2023; Ng et al., 2024). This is especially relevant in populations exposed to interpersonal or developmental trauma, where early experiences may compromise the development of emotional self-regulation capacities (Babaeifard et al., 2024; Zheng et al., 2024).

Panic symptoms are often conceptualized not only as discrete episodes but also as the result of broader maladaptive emotional and cognitive patterns. Among these, experiential avoidance has emerged as a critical process. Experiential avoidance refers to the unwillingness to remain in contact with aversive internal experiences—such as distressing emotions, memories, or bodily sensations—and attempts to alter the form or frequency of these experiences even when doing so causes harm in the long run (Erbildim, 2024; Hardt et al., 2021). This avoidance is thought to exacerbate panic symptoms by reinforcing catastrophic interpretations of internal cues and preventing corrective emotional experiences. For instance, someone who fears anxiety-related sensations may avoid situations that might trigger them, increasing sensitivity and fear over time.

Theoretical frameworks such as the Acceptance and Commitment Therapy (ACT) model position experiential avoidance as a central component of psychological inflexibility, a construct strongly implicated in anxiety and mood disorders. Empirical evidence supports the role of experiential avoidance in mediating the relationship between emotional vulnerabilities and psychological outcomes, including distress, panic, and somatization (Farsa et al., 2022; Munsamy et al., 2023). In the context of panic symptoms, experiential avoidance may serve as the behavioral mechanism through which individuals with poor emotion regulation develop maladaptive coping strategies, such as avoiding physical sensations associated with panic or avoiding emotionally triggering environments altogether.

Multiple studies have investigated the link between experiential avoidance and emotion dysregulation, often finding that the two constructs interact to intensify psychological distress. For example, Mann et al. (Mann et al., 2022) found that experiential avoidance and emotion dysregulation jointly mediated the relationship between minority stress and emotional outcomes in LGBTQ individuals. Similarly, Meydani et al. (Meydani et al., 2022) demonstrated that difficulties in emotion regulation and avoidance jointly predict obsessive relational thoughts, indicating a complex interplay between these constructs in driving psychopathology. These findings suggest that experiential avoidance may act as a bridge between difficulties in managing emotions and the manifestation of panic-like symptoms.

Recent models have also emphasized the cumulative effect of experiential avoidance and emotion dysregulation on mental health outcomes across diverse populations. Nazari et al. (Nazari et al., 2023) showed that both variables mediated the relationship between emotional schemas and obsessive-compulsive symptoms, while Kim and Lee (B. Kim & E. Lee, 2023) identified a sequential mediating role of emotion dysregulation and experiential avoidance between perfectionism and disordered eating behaviors. These studies underscore the idea that experiential avoidance may not only exacerbate existing symptoms but may also serve as a pathway through which upstream emotional dysfunctions manifest as specific psychopathological symptoms, such as panic.

Within the broader literature on panic disorder and anxiety, emotion regulation difficulties have been identified as a central feature. Turton et al. (Turton et al., 2022) found that emotion dysregulation mediated the association between insecure attachment and suicidal ideation, further supporting the transdiagnostic significance of this construct. Furthermore, studies such as those by Rodrigues et al.

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(Rodrigues et al., 2022) and Nikfallah and Barekat (Nikfallah & Barekat, 2022) provide compelling evidence for the mediating effects of both emotion dysregulation and experiential avoidance across conditions such as eating disorders and suicidal ideation. This highlights the relevance of testing such models in the context of panic symptoms, where intrusive bodily sensations and emotional hyper-reactivity play a defining role.

Despite growing interest in these mechanisms, few studies have directly examined experiential avoidance as a mediator between emotion dysregulation and panic symptoms. One exception is the work of Gerdan (Gerdan, 2025), who identified a mediating role for rumination and worry in the pathway from intolerance of uncertainty to panic disorder symptoms. However, the role of experiential avoidance in this pathway remains underexplored, particularly in non-Western and emerging adult populations. Given the sociocultural and environmental stressors faced by individuals in developing nations—such as Nigeria—there is a pressing need to contextualize these findings within broader global samples.

Polizzi and Lynn (Polizzi & Lynn, 2024) argued that experiential processes such as acceptance versus avoidance significantly impact how individuals respond to negative emotions, suggesting that increasing psychological flexibility may buffer against panic and anxiety. This is further supported by evidence from Wang and Fang (Wang & Fang, 2024), who found that parental emotional invalidation contributes to poor emotion regulation and heightened emotional symptoms in emerging adults. Collectively, these findings point to the importance of targeting both emotion dysregulation and avoidance behaviors in understanding and potentially treating panic symptoms.

The present study builds on this body of work by investigating experiential avoidance as a mediator in the relationship between emotion dysregulation and panic symptoms among Nigerian adults.

2. Methodology

2.1. Study Design and Participants

This study employed a descriptive correlational design to examine the mediating role of experiential avoidance in the relationship between emotion dysregulation and panic symptoms. The sample consisted of 424 participants recruited from various universities and community centers across Nigeria. The sample size was determined using the Morgan and Krejcie (1970) sample size table, ensuring sufficient statistical power for correlational and structural equation modeling analyses. Participants were selected using convenience sampling, and eligibility criteria included being over the age of 18, fluent in English, and willing to participate in the study voluntarily. All participants provided informed consent prior to data collection.

2.2. Measures

2.2.1. Panic Symptoms

Panic symptoms in this study were assessed using the Panic Disorder Severity Scale–Self Report (PDSS-SR), developed by Houck, Spiegel, Shear, and Rucci in 2002. The PDSS-SR is a widely used self-report instrument designed to evaluate the severity of panic disorder symptoms over the past week. It contains 7 items, each corresponding to a key domain of panic pathology: frequency of panic attacks, distress during panic attacks, anticipatory anxiety, phobic avoidance of situations, phobic avoidance of physical sensations, impairment in work functioning, and impairment in social functioning. Items are rated on a 5-point Likert scale ranging from 0 (no symptoms) to 4 (extreme symptoms), with higher total scores indicating greater symptom severity. The PDSS-SR has demonstrated strong internal consistency and good test-retest reliability, and its construct and convergent validity have been confirmed across clinical and community samples (Cha et al., 2022; Qasemnejad et al., 2021; Shipp et al., 2022).

2.2.2. Experiential Avoidance

Experiential avoidance was measured using the Acceptance and Action Questionnaire–II (AAQ-II), developed by Bond and colleagues in 2011. This standardized tool consists of 7 items that assess the extent to which individuals avoid unwanted internal experiences, such as thoughts, emotions, and bodily sensations, even when doing so creates behavioral difficulties. Respondents rate each item on a 7-point Likert scale ranging from 1 (never true) to 7 (always true), with higher scores indicating greater levels of experiential avoidance. The AAQ-II is a unidimensional measure and is considered the most widely used instrument for assessing psychological inflexibility and avoidance. Numerous studies have confirmed its excellent internal consistency, test-retest reliability, and convergent validity with related constructs such as anxiety, depression,

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and psychological distress (Mikaeili et al., 2024; Sanati, 2024).

2.2.3. *Emotion Dysregulation*

Emotion dysregulation was assessed using the Difficulties in Emotion Regulation Scale (DERS), developed by Gratz and Roemer in 2004. The DERS is a comprehensive 36-item self-report questionnaire that evaluates multiple dimensions of emotion regulation difficulties. It includes six subscales: 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. Respondents rate each item on a 5-point Likert scale from 1 (almost never) to 5 (almost always), with higher scores reflecting greater emotion regulation difficulties. The DERS has been extensively validated and demonstrates high internal consistency, strong construct validity, and good test-retest reliability, making it a reliable instrument for assessing emotion dysregulation in both clinical and non-clinical populations (Pourjafari et al., 2025; Vidal et al., 2024).

2.3. *Data Analysis*

Data analysis was conducted using SPSS version 27 and AMOS version 21. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarize demographic variables. Pearson correlation analysis was used to examine the bivariate relationships between panic symptoms, experiential avoidance, and emotion dysregulation. To assess the hypothesized mediating role of experiential avoidance, structural equation modeling (SEM) was performed using AMOS-21. The adequacy of the measurement and structural models was evaluated using several fit indices, including the chi-square statistic, the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), and the Root Mean Square Error of Approximation (RMSEA). Prior to conducting SEM, key assumptions such as normality, linearity, multicollinearity, and homoscedasticity were tested and met.

3. Findings and Results

Of the 424 participants, 231 (54.48%) identified as female and 193 (45.52%) as male. The age range of participants was between 18 and 35 years, with a mean age of 23.71 years (SD = 4.89). Regarding educational background, 178 participants (41.98%) had completed undergraduate studies, 152 (35.85%) were currently enrolled in higher education programs, and 94 (22.17%) held postgraduate degrees. In terms of marital status, 308 participants (72.64%) were single, 101 (23.82%) were married, and 15 (3.54%) were divorced or separated. These demographic characteristics reflect a relatively diverse sample in terms of age and educational attainment within the Nigerian population.

Table 1

Descriptive Statistics of Study Variables

Variable	Mean (M)	Standard Deviation (SD)
Panic Symptoms	13.82	4.51
Experiential Avoidance	29.67	6.12
Emotion Dysregulation	88.45	14.28

As shown in Table 1, the mean score for panic symptoms was 13.82 (SD = 4.51), suggesting a moderate level of symptom severity among participants. The average score on experiential avoidance was 29.67 (SD = 6.12), indicating a relatively high level of avoidance tendencies. Emotion dysregulation had the highest mean value (M = 88.45, SD = 14.28), consistent with elevated difficulties in regulating emotions within this sample.

Prior to conducting correlational and SEM analyses, all statistical assumptions were assessed. Normality was confirmed through skewness and kurtosis values, which ranged from –0.61 to 0.74, within the acceptable range of –2 to +2. Linearity was visually inspected using scatterplots, indicating a linear relationship between variables. Multicollinearity was ruled out as all variance inflation factor (VIF) values were below 2.30 and tolerance values exceeded 0.45. Homoscedasticity was verified through residual scatterplots, which showed a random and evenly distributed pattern. Additionally, the Mahalanobis distance test revealed no significant multivariate outliers ($p > .001$), confirming the appropriateness of the dataset for structural equation modeling.

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Table 2

Pearson Correlation Coefficients and p-values Between Study Variables

Variables	1	2	3
1. Panic Symptoms	—		
2. Experiential Avoidance	.54** (p < .001)	—	
3. Emotion Dysregulation	.49** (p < .001)	.57** (p < .001)	—

As presented in Table 2, panic symptoms were significantly correlated with experiential avoidance (r = .54, p < .001) and emotion dysregulation (r = .49, p < .001). Additionally, a strong positive correlation was found between experiential avoidance and emotion dysregulation (r = .57, p < .001). These findings indicate that all variables are positively and significantly associated, supporting further investigation through structural modeling.

Table 3

Fit Indices of the Structural Equation Model

Index	Value	Recommended Threshold
χ^2	103.58	—
df	47	—
χ^2/df	2.20	< 3.00
GFI	.95	≥ .90
AGFI	.91	≥ .90
CFI	.97	≥ .90
RMSEA	.053	≤ .08
TLI	.95	≥ .90

Table 3 shows that the hypothesized structural model demonstrated good fit with the observed data. The chi-square to degrees of freedom ratio (χ^2/df = 2.20) was within the acceptable range. Other key indices such as GFI (.95), AGFI (.91), CFI (.97), TLI (.95), and RMSEA (.053) also met recommended thresholds, indicating an overall adequate model fit.

Table 4

Direct, Indirect, and Total Effects Among Study Variables

Path	b	S.E.	β	p
Emotion Dysregulation → Panic Symptoms (Direct)	0.11	0.04	.23	.004
Emotion Dysregulation → Experiential Avoidance	0.32	0.05	.41	<.001
Experiential Avoidance → Panic Symptoms	0.28	0.06	.35	<.001
Emotion Dysregulation → Panic Symptoms (Indirect)	0.09	0.02	.14	<.001
Emotion Dysregulation → Panic Symptoms (Total)	0.20	0.05	.37	<.001

Table 4 reports the structural paths between the variables. Emotion dysregulation had a significant direct effect on panic symptoms (β = .23, p = .004) and a significant indirect effect through experiential avoidance (β = .14, p < .001). The total effect of emotion dysregulation on panic symptoms was also significant (β = .37, p < .001). Furthermore, emotion dysregulation strongly predicted experiential avoidance (β = .41, p < .001), and experiential avoidance significantly predicted panic symptoms (β = .35, p < .001). These findings support the hypothesized mediation model.

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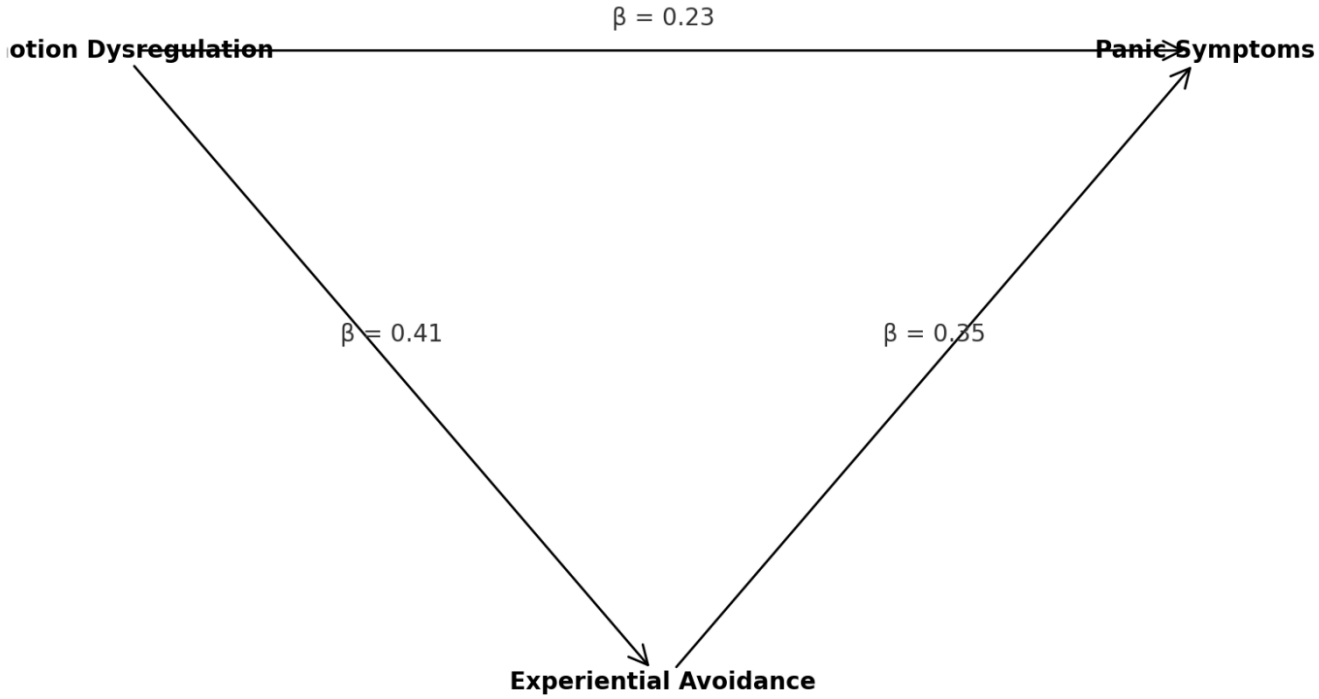
Figure 1

Model with Beta Coefficients



4. Discussion and Conclusion

The present study aimed to examine whether experiential avoidance mediates the relationship between emotion dysregulation and panic symptoms among Nigerian adults. Using structural equation modeling, results indicated that emotion dysregulation was significantly and positively associated with panic symptoms, and this relationship was partially mediated by experiential avoidance. Pearson correlation analysis further revealed significant positive relationships between emotion dysregulation and experiential avoidance, as well as between experiential avoidance and panic symptoms. These findings offer meaningful contributions to the growing body of literature on transdiagnostic processes in emotional disorders, particularly within underrepresented populations.

The direct positive relationship between emotion dysregulation and panic symptoms aligns with prior findings suggesting that individuals who struggle to regulate emotional responses are more prone to develop intense, uncontrollable episodes of anxiety and panic (Ng et al., 2024; Pourjafari et al., 2025). Emotion dysregulation limits an individual's ability to manage negative affective states effectively, which can heighten the perception of internal bodily sensations, trigger misinterpretations of danger, and initiate a cascade of panic symptoms. This pathway is supported by research demonstrating that difficulties in emotion regulation significantly predict both general and disorder-specific symptomatology (Y. Kim & C. Lee, 2023; Partridge et al., 2022). For instance, individuals who report low emotional clarity or have limited access to effective regulation strategies are more likely to experience overwhelming anxiety during emotionally charged situations (Nazari et al., 2023; Rodrigues et al., 2022).

The observed mediating effect of experiential avoidance is consistent with theoretical models that conceptualize avoidance as a maladaptive coping strategy that exacerbates psychological distress over time. Participants in this study who reported high emotion dysregulation also reported high levels of experiential avoidance, which in turn predicted elevated panic symptoms. This suggests that when individuals cannot tolerate or effectively regulate their emotions, they are more likely to engage in avoidance-based strategies that prevent emotional processing and intensify physiological arousal, thereby reinforcing the panic cycle (Erbildim, 2024; Hardt et al., 2021). Previous studies have

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similarly identified experiential avoidance as a core mechanism linking emotional dysfunction to anxiety outcomes. For example, Mann et al. (Mann et al., 2022) found that both experiential avoidance and emotion dysregulation mediated the effects of minority stress on mental health in LGBTQ individuals, illustrating their combined impact on internal distress.

The current findings also echo results from prior research emphasizing the sequential role of emotion dysregulation and avoidance. Kim and Lee (B. Kim & E. Lee, 2023) reported that emotion dysregulation and experiential avoidance jointly mediated the relationship between perfectionism and disordered eating behaviors, demonstrating the cross-symptomatic relevance of these constructs. In a similar vein, Meydani et al. (Meydani et al., 2022) demonstrated that insecure attachment predicted obsessive thoughts through the mediation of experiential avoidance and emotion regulation difficulties. These studies collectively support the present study's model, in which experiential avoidance is an important pathway through which emotional dysregulation translates into clinical panic symptoms.

Moreover, the current findings align with studies that have examined experiential avoidance specifically in the context of panic and somatic complaints. For instance, Farsa et al. (Farsa et al., 2022) found that experiential avoidance mediated the relationship between emotional schemas and pain outcomes in patients with chronic back pain—an area that shares symptom overlap with panic disorder due to its somatic presentation. Gerdan (Gerdan, 2025) also highlighted the predictive role of worry and contrast avoidance in the development of panic symptoms, positioning avoidance-related constructs as central to panic pathology. Thus, our finding that experiential avoidance links emotional dysregulation to panic symptoms is not only statistically supported but conceptually robust within the broader panic literature.

The relevance of this model within a Nigerian context is especially significant. Most research on emotion dysregulation and experiential avoidance has been conducted in Western populations, with limited investigation into their applicability across cultural settings. However, evidence suggests that these processes are cross-culturally valid, though their expression may vary. Munsamy et al. (Munsamy et al., 2023) found that experiential avoidance predicted emotional distress in South African university students, while Ling et al. (Ling et al., 2023) demonstrated its mediating role between shyness and smartphone addiction in Chinese adolescents. These studies support the cultural generalizability of experiential avoidance as a core process underlying mental health problems, further validating our findings in a Nigerian sample.

Additionally, experiential avoidance has been found to exacerbate the emotional impact of stress, loss, and trauma. In their study on bereaved individuals, Hardt et al. (Hardt et al., 2021) found that experiential avoidance intensified the relationship between traumatic distress and yearning. Similarly, Seçer and Ulaş (Seçer & Ulaş, 2020) showed that experiential avoidance increased the vulnerability of youth to COVID-19-related obsessive-compulsive symptoms. These findings parallel our interpretation that experiential avoidance serves to heighten emotional and somatic arousal, thereby making individuals more susceptible to panic-like responses. In the context of emotion dysregulation, this process may create a feedback loop, where emotional overwhelm leads to avoidance, and avoidance reinforces hypervigilance and panic symptoms.

The current study also supports findings from meta-analyses, such as that by Pourjafari et al. (Pourjafari et al., 2025), which demonstrated strong associations between DERS subscales and psychopathological outcomes. Likewise, Ng et al. (Ng et al., 2024) found that emotion regulation mediated the link between mindfulness and attachment security, emphasizing the importance of emotion-related competencies in psychological functioning. These broad findings help contextualize the current results, suggesting that targeting both emotion dysregulation and experiential avoidance may provide a promising therapeutic avenue for individuals experiencing panic symptoms.

In summary, the findings of this study underscore the importance of experiential avoidance as a mediating mechanism in the relationship between emotion dysregulation and panic symptoms. This supports a transdiagnostic view of psychopathology, in which common psychological processes underlie a range of emotional disorders. It further reinforces the potential utility of third-wave behavioral therapies, such as Acceptance and Commitment Therapy (ACT), which aim to reduce avoidance behaviors while increasing psychological flexibility and emotional acceptance.

5. Limitations & Suggestions

Despite its contributions, this study has several limitations. First, the use of self-report measures may have

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introduced biases such as social desirability or inaccurate self-perception. Future research could incorporate multi-method assessments, including clinician-rated interviews or physiological data, to enhance measurement validity. Second, the cross-sectional design of the study limits the ability to infer causal relationships among the variables. Although structural equation modeling allows for the testing of complex pathways, longitudinal or experimental studies are needed to confirm the directionality of the observed effects. Third, the sample, although demographically diverse within Nigeria, may not be representative of broader cultural or clinical populations. The generalizability of findings to clinical samples or other cultural contexts remains limited. Finally, while SEM was used to test the mediation model, other statistical techniques (e.g., latent growth modeling or cross-lagged panel designs) could offer more dynamic insights into the interactions among emotion dysregulation, experiential avoidance, and panic symptoms over time.

Future studies should explore the longitudinal dynamics of these variables to better understand how emotion dysregulation and experiential avoidance evolve in relation to panic symptoms. It would be particularly valuable to examine these constructs during transitional life stages, such as adolescence or early adulthood, when individuals are especially vulnerable to emotional distress. Additionally, research could benefit from examining the role of contextual and cultural factors—such as social support, religious coping, or stigma—that may moderate the effects of avoidance and dysregulation. Experimental intervention studies could also evaluate the effectiveness of targeting both emotion regulation and avoidance strategies in reducing panic symptoms. Finally, future work could extend this model to other internalizing symptoms, such as generalized anxiety or depression, to assess the transdiagnostic consistency of experiential avoidance as a mediator.

Based on these findings, practitioners should consider assessing both emotion dysregulation and experiential avoidance when working with clients experiencing panic symptoms. Therapeutic interventions that combine skills-based emotion regulation training with acceptance-based strategies may yield better outcomes than those targeting one domain in isolation. Incorporating mindfulness exercises, values clarification, and emotional awareness techniques into therapy can help clients tolerate distressing emotions without resorting to avoidance. Furthermore, culturally adapted interventions that acknowledge the unique stressors and coping styles of Nigerian clients can increase treatment relevance and efficacy. Psychoeducation about the cyclical relationship between emotional avoidance and panic may also empower clients to adopt more flexible and adaptive coping mechanisms.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

References

Babaeifard, M., Akbari, M., Mohammadkhani, S., Hasani, J., Shahbazian, R., & Selby, E. A. (2024). Early Maladaptive Schemas, Distress Tolerance and Self-Injury in Iranian Adolescents: Serial Mediation Model of Transdiagnostic Factors. *BJPsych Open*, *10*(3). https://doi.org/10.1192/bjo.2024.708

Cha, E. J., Hong, S., Park, D.-H., Ryu, S.-H., Ha, J. H., & Jeon, H. J. (2022). A network analysis of panic symptoms in relation to depression and anxiety sensitivity in patients with panic disorder. *Journal of affective disorders*, *308*, 134-140. https://pubmed.ncbi.nlm.nih.gov/35429524/

Erbildim, E. (2024). The Mediator Role of Experiential Avoidance in the Relationship Between Perceived Stress and Somatic Symptoms. *6*(3), 255-261. https://doi.org/10.35365/ctjpp.24.3.07

Farsa, F. A., Shahabizadeh, F., Hashemi, M., & Dadkhah, P. (2022). Presenting a Model of Pain Outcomes in Patients With Chronic Low Back Pain Based on Mood and Anxiety Symptoms and Emotional Schemas: The Mediating Role of Experiential Avoidance and Self-Compassion. *Shenakht*

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Journal of Psychology and Psychiatry, *9*(5), 40-54. https://doi.org/10.32598/shenakht.9.5.40

Gerdan, G. (2025). Exploring the Role of Contrast Avoidance, Worry, and Rumination in the Relationship Between Intolerance of Uncertainty, Generalized Anxiety Disorder, and Panic Disorder Symptoms in a Clinical Sample. *Current Psychology*. https://doi.org/10.1007/s12144-025-07641-1

Hardt, M. M., Williams, J. L., & Jobe-Shields, L. (2021). The Role of Experiential Avoidance in the Relationship Between Traumatic Distress and Yearning in Sudden and Unexpected Bereavement. *Journal of Clinical Psychology*, *78*(4), 559-569. https://doi.org/10.1002/jclp.23233

Kim, B., & Lee, E. (2023). The Relationship Between Adult Attachment and Emotion Dysregulation in College Students: The Mediating Effects of Mentalization and Rejection Sensitivity. *Korean Association for Learner-Centered Curriculum and Instruction*, *23*(10), 239-253. https://doi.org/10.22251/jlcci.2023.23.10.239

Kim, Y., & Lee, C. (2023). Relationship Between Socially Prescribed Perfectionism and Disordered Eating Behaviors: Emotion Dysregulation and Experiential Avoidance as Sequential Mediators. *The Journal of Humanities and Social Sciences 21*, *14*(2), 1339-1354. https://doi.org/10.22143/hss21.14.2.92

Ling, G., Kong, F., Liu, F., & Wang, X. (2023). Shyness and Adolescents' Smartphone Addiction: Roles of Maladaptive Cognitive Emotion Regulation, Experiential Avoidance, and Online Social Support. https://doi.org/10.21203/rs.3.rs-3403653/v1

Mann, A. M., Naugle, A. E., & Lieberman, E. (2022). Experiential Avoidance and Emotion Dysregulation as Mediators in the LGBTQ Minority Stress Model. *Archives of Sexual Behavior*, *51*(7), 3443-3456. https://doi.org/10.1007/s10508-022-02376-7

Meydani, F. N., Vand, H. D. A., Abasi, I., & Noori, M. (2022). Mediating Role of Difficulties in Emotion Regulation and Experiential Avoidance in the Relationship Between Attachment Styles and Severity of Relationship Obsessive - Compulsive Disorder Symptoms. *Iranian Journal of Psychiatry and Clinical Psychology*, *28*(03), 328-345. https://doi.org/10.32598/ijpcp.28.3.4175.1

Mikaeili, N., Narimani, M., & Marhamati, F. (2024). The Mediating Role of Cognitive Emotion Regulation in the Relationship between Experiential Avoidance and Social Anxiety Symptoms in College Students: A Descriptive Study. *RUMS_JOURNAL*, *22*(10), 1037-1052. https://doi.org/10.61186/jrums.22.10.1037

Munsamy, K., Walker, S., & McHugh, L. (2023). Repetitive Negative Thinking Mediates the Relationship Between Experiential Avoidance and Emotional Distress Among South African University Students. *South African Journal of Psychology*, *53*(3), 377-388. https://doi.org/10.1177/00812463231186340

Nazari, F., Gharraee, B., & Tajrishi, K. Z. (2023). Mediating Role of Emotion Dysregulation, Experiential Avoidance, and Rumination in the Relationship of Emotional Schemas With Obsessive-Compulsive Disorder Symptoms. *Iranian Journal of Psychiatry and Clinical Psychology*, *28*(4), 466-479. https://doi.org/10.32598/ijpcp.28.4.4377.1

Ng, M. C. Y., Wang, I. Y., & Cheung, R. Y. M. (2024). Mindfulness and Attachment Security in Romantic Relationships: The Role of Emotion Regulation as a Mediator. *Journal of Social and Personal Relationships*, *42*(1), 142-161. https://doi.org/10.1177/02654075241292561

Nikfallah, R., & Barekat, A. (2022). The Mediating Role of Emotion Regulation Difficulties and Experiential Avoidance in the Relationship Between Defense Mechanisms and Suicidal Ideation in Adolescents. *Journal of Applied Psychology*, *16*(1), 202-183. https://doi.org/10.52547/apsy.2021.223949.1166

Partridge, O., Maguire, T., & Newman-Taylor, K. (2022). Pathways From Insecure Attachment to Paranoia: The Mediating Role of Emotion Regulation. *Behavioural and Cognitive Psychotherapy*, *50*(4), 404-417. https://doi.org/10.1017/s1352465822000029

Polizzi, C. P., & Lynn, S. J. (2024). Evaluating Dispositional Emotion-Related Factors in the Effect of Acceptance on Affect Reactivity: A Secondary Analysis of an Experimental Study. *Psychology of Consciousness Theory Research and Practice*. https://doi.org/10.1037/cns0000416

Pourjafari, P., Sadek, M., Paramasivam, T., & Daros, A. R. (2025). Criterion Versus Construct Validity for the Difficulties in Emotion Regulation Scale: Meta-Analytic Relationships With Dimensions of Psychopathology and Emotion Dysregulation. https://doi.org/10.31219/osf.io/e537b_v1

Qasemnejad, S. M., Haqaiq, S. A., Jahaniyan, S., & Rezaei Jamalooei, H. (2021). Comparing the Effectiveness of Cognitive-Behavioral Therapy and Diaphragmatic Breathing Exercises on Panic Symptoms in Women with Asthma. *Journal of Ilam University of Medical Sciences*, *29*(6), 11-19. https://doi.org/10.52547/sjimu.29.6.11

Rodrigues, T. F., Ramos, R., Vaz, A., Brandão, I., Fernández-Aranda, F., & Machado, P. P. P. (2022). The Mediating Role of Self-criticism, Experiential Avoidance and Negative Urgency on the Relationship Between ED-related Symptoms and Difficulties in Emotion Regulation. *European Eating Disorders Review*, *30*(6), 760-771. https://doi.org/10.1002/erv.2914

Sanati, Y. (2024). Investigating the effectiveness of cognitive-behavioral therapy on self-compassion and experiential avoidance in women who have experienced marital infidelity. *Aftj*, *5*(2), 112-120. https://doi.org/10.61838/kman.aftj.5.2.13

Seçer, İ., & Ulaş, S. (2020). An Investigation of the Effect of COVID-19 on OCD in Youth in the Context of Emotional Reactivity, Experiential Avoidance, Depression and Anxiety. *International journal of mental health and addiction*, *19*(6), 2306-2319. https://doi.org/10.1007/s11469-020-00322-z

Shipp, L., Musatova, A., Černis, E., & Waite, P. (2022). The Relationship Between Dissociation and Panic Symptoms in Adolescence and the Exploration of Potential Mediators. https://doi.org/10.31234/osf.io/jg7k4

Turton, H., Berry, K., Danquah, A., Green, J., & Pratt, D. (2022). An Investigation of Whether Emotion Regulation Mediates the Relationship Between Attachment Insecurity and Suicidal Ideation and Behaviour. *Clinical Psychology & Psychotherapy*, *29*(5), 1587-1598. https://doi.org/10.1002/cpp.2735

Vidal, J., Ciudad-Fernández, V., Navarrete, J., Soler, J., Schmidt, C., Molinari, G., & Cebolla, A. (2024). From Self-Criticism to Self-Compassion: Exploring the Mediating Role of Two Emotion Dysregulation Variables in Their Relationship to Depressive Symptoms. *Current Psychology*. https://doi.org/10.1007/s12144-024-06325-6

Wang, J., & Fang, S. (2024). The Mechanism Behind Mother's Negative Parenting Style on College Students' Emotional Health. *Psychologia*. https://doi.org/10.2117/psysoc.2022-a207

Zheng, H., Cai, Y., Liu, L., & Peng, B. (2024). The Effect of Childhood Sexual Abuse on Depressive Symptoms in Female College Students: A Serial Mediation Model. *Frontiers in psychology*, *15*. https://doi.org/10.3389/fpsyg.2024.1306122