The relationship between emotion regulation strategies, personality traits and skin picking behaviours in a non-clinical sample of Polish adults

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A B S T R A C T

Although skin-picking is a relatively common behaviour, data concerning factors which underlie skin-picking severity and functional impairment caused by picking are still limited. In the present study we examined whether some emotion regulation strategies (cognitive reappraisal and expressive suppression) and personality features influence skin-picking in a university sample; the moderating role of personality traits in the relationship between emotion regulation strategies and skin-picking was also considered. A total sample of 252 adults (mean age 24.03; SD = 5.66) completed the Skin-Picking Scale-Revised, Temperament and Character Inventory and Emotion Regulation Questionnaire. The linear regression analyses indicated that the use of cognitive reappraisal as emotion regulation strategy decrease skin-picking severity. Reduced novelty seeking and reduced self-directedness were identified as significant predictors of skin-picking severity, whereas decreased self-directedness and elevated cooperativeness predicted functional impairment caused by skin-picking. Further moderation analysis revealed that cognitive reappraisal decreases skin-picking severity only among individuals with low and moderate novelty seeking, however, not among those with high novelty seeking. These results indicate that emotion regulation strategies and specific personality traits are important factors associated with skin-picking behaviours in a university sample. Further research is needed to establish the link between emotion regulation strategies and personality traits in clinical sample.

1. Introduction

Skin-picking disorder (SPD), also referred to as pathological skin-picking, excoriating disorder or dermatillomania, is a chronic psychiatric condition currently identified by the following diagnostic criteria: recurrent skin-picking resulting in skin damage not better accounted for by another mental disorder or dermatological problem, repeated attempts to stop or decrease the picking and subjective distress or impairment in functioning associated with picking (American Psychiatric Association, 2013).

Recent studies revealed that 5.4% of the general population meet the diagnostic criteria of SPD (Hayes et al., 2009; Leibovici et al., 2015), however, large community surveys demonstrated that benign, non-clinical forms of picking, digging or scratching the skin are quite common with the prevalence rate reaching 62.7% in the general adult population (Hayes et al., 2009), and from 46.06 to 91.7% in samples of university students (Bohne et al., 2002; Calikus et al., 2012; Keuthen et al., 2000; Prochwicz et al., 2016). These findings indicate that picking behaviours are distributed in the community along the continuum ranging from fairly common non-clinical forms to extreme clinically-relevant cases that should be diagnosed as SPD.

Different forms of skin-picking behaviours have been repetitively confirmed to be accompanied with marked stress and a variety of psychosocial difficulties including social embarrassment, avoidance of social situations and a decrease of quality of life; also negative emotional states, such as anxiety, lowered mood and guilt are commonly reported by individuals with skin-picking (Bohne et al., 2002; Keuthen et al., 2000; Neziroglu et al., 2008; Odlau et al., 2010). Physically, picking can produce pigmentation and tissue damage of minor severity, but sometimes it may result in more severe medical consequences, i.e. visible disfigurement or recurrent infections (Bohne et al., 2002; Calikuš et al., 2012; Keuthen et al., 2000; Neziroglu et al., 2008; Wilhelm et al., 1999).

Although skin-picking is highly prevalent and potentially disabling condition, still too little is known about factors which underlie skin-picking behaviours across the severity continuum. Not so long ago a promising framework for explaining the origin of SPD was provided by the emotion regulation model (Snorrason et al., 2010). Within emotion

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regulation theory, skin-picking is viewed as an emotion regulation strategy used by people who have difficulties in applying more adaptive strategies. Indeed, previous studies confirmed that individuals suffering from skin-picking usually experience negative emotions and unpleasant tension before picking episodes and report a decrease of these aversive states during or after (Neziroglu et al., 2008; Prochwicz et al., 2016; Snorrason et al., 2010). Moreover, skin-picking sufferers were confirmed to show greater emotion reactivity and more difficulties in regulating emotions than people in general (Snorrason et al., 2010). However, particular aspects of emotion regulation difficulties considered to the date, i.e. non-acceptance of emotions, difficulties engaging in goal-directed behaviour under stress, impulse control difficulties under stress, lack of emotional awareness, lack of emotional clarity measured by the Difficulties in Emotion Regulation Scale (DERS, Gratz and Roemer, 2004) were found not to be directly linked with skin-picking severity (Pozza et al., 2016; Snorrason et al., 2010) and their association with functional impairment caused by picking was not examined.

The process model of emotion regulation (Gross, 1998, 2002; Gross and John, 2003) postulates that two separate strategies, i.e. cognitive reappraisal and expressive suppression, are used to cope with emotional states. Cognitive reappraisal constitutes on a reinterpretation of emotionally valenced events, whereas expressive suppression involves efforts to inhibit behavioural expression of emotion. Compared with cognitive reappraisal, which is generally considered a constructive or effective emotion regulation strategy, expressive suppression is referred as a relatively non-effective strategy for reducing negative affect since it is applied at a late stage of emotion processing when emotion has already been triggered and cannot be held back. Indeed, numerous studies have demonstrated that the use of expressive suppression increases rather than decreases physiological arousal and exacerbates subjective experience of negative emotions (Campbell-Sills et al., 2006; Ering et al., 2008; Gross and John, 2003; Liverant et al., 2008; Mensin et al., 2005). Among emotion regulation strategies expressive suppression was suggested to be linked to a wide range of psychopathological symptoms (e.g., Badcock et al., 2001; Joormann and Gotlib, 2010; Joormann and Stanton, 2016; van der Meer et al., 2009). There also exists evidence that expressive suppression impedes cognitive functioning since efforts to inhibit ongoing behaviour engage cognitive resources that become less available (Gross, 2002; John and Gross, 2004: Richards and Gross, 2000). Although a prior study on the link between skin-picking and emotion regulation strategies provided promising data (Snorrason et al., 2010), to our knowledge, the relationship between expressive suppression, cognitive reappraisal and skin-picking has not been examined. However, since expressive suppression does not effectively reduce negative emotions and individuals who use expressive suppression may be less able to apply constructive emotion regulation methods engaging cognitive resources due to cognitive overload, it is likely that the use of expressive suppression may favour development of dysfunctional, non-cognitive strategies of emotion regulation, such as skin-picking.

According to the emotion regulation theory, chronic use of expressive suppression has negative impact on social functioning since individuals who suppress emotional expression are less likely to share experiences with others, thus may be perceived as less responsive or avoidant (Gross, 1998, 2002). Also the subjective experience of discrepancy between inner experiences and outer expression may impede suppressors’ ability to develop close relationships, thus may contribute to alienation from others (Butler et al., 2003; Gross and John, 2003). Therefore, it is presumable that the tendency to use expressive suppression may strengthen the picking-related experience of social rejection as well as the difficulties in developing close relationships commonly reported by skin-pickers.

Regarding psychological factors, personality structure has also been consistently shown to be an important predictor of stress reactivity, resilience and well-being (Amstader et al., 2016; Hengartner, 2015; Roberts et al., 2007). Moreover, dysfunctional personality patterns have consistently been confirmed to constitute an early risk factor of various psychiatric conditions including obsessive-compulsive disorder (Rector et al., 2002; Rees et al., 2006, 2014; Samuels et al., 2000; Wu et al., 2006) and trichotillomania (Chamberlain and Odlag, 2014; Hagh-Shenas et al., 2015; Keuthen et al., 2015, 2016) which share notable similarities to SPD. Nevertheless, the link between personality traits and SPD is still understudied. Limited data on this field were provided by Lochner et al.’s (2002) study demonstrating that skin-picking sufferers obtained heightened scores (compared with normative data) on two personality dimensions representing the temperamental domains according to Cloninger’s psychobiological model, i.e. reward dependence and harm avoidance. The link between skin-picking behaviours and personality patterns was also investigated in the context of Millon’s model of personality (Pozza et al., 2016). The preliminarily study in this field provided data concerning the associations between different sub-types of skin-picking behaviours (i.e., focused, automatic and mixed skin picking subtypes) and personality patterns, and revealed that automatic skin-picking is predicted by avoidant and borderline personality traits, focused skin-picking is predicted by borderline personality trait, whereas mixed skin-picking behaviours are predicted by sadistic personality trait. These findings are partially consistent with results obtained by Lochner et al., (2002) which also pointed out the role of increased avoidance among individuals with skin-picking (i.e., the harm avoidance temperament trait). They also extended previous knowledge by showing that avoidance is associated primarily with automatic skin-picking, i.e. with picking which occurs outside of one’s awareness. However, although both these previous studies (Lochner et al., 2002; Pozza et al., 2016) provided valuable data on the role of personality on skin-picking, they did not examine the extent to which personality patterns affect its severity or its role in the psychosocial impairment associated with skin picking.

The first aim of our study was to assess the relationship between expressive suppression and cognitive reappraisal and skin-picking in a non-clinical sample. It was hypothesized that the use of expressive suppression is associated with skin-picking severity as well as functional impairment caused by picking. In the current study the influence of personality traits on both skin-picking severity and impairment related to picking was also examined. The Cloninger’s psychobiological model (Cloninger et al., 1993; Cloninger, 1994) was utilized, according to this model personality involves two main domains: temperament considered to be biologically based and character which develops as a consequence of interactions between environment and heritable factors. In line with Lochner’s et al. (2002) finding, it was hypothesized that there is an association between reward dependence and harm avoidance temperament traits and skin-picking severity. Regarding the functional impairment caused by skin-picking a relationship with character traits which are shaped by environmental (social) factors was expected. According to emotion regulation theory, cognitive reappraisal and expressive suppression are rather specific and narrowly defined individual differences in emotion-regulation processes and are independent from personality traits However, it seems likely that personality may serve as a moderator between emotion regulation strategies (i.e. cognitive reappraisal and expressive suppression) and skin-picking severity and picking-related impairment in functioning.

2. Methods

2.1. Participants

The initial study sample consisted of 252 pedagogical university students and students of postgraduate courses for teachers. Among them 13 responders (5.15%) reported skin-picking due to a dermatological problem, thus their scores were excluded from the analyses. The final sample included 239 responders, 205 (85.8%) female, 34 (14.2%) male aged between 19 and 56 years (M = 24.03; SD = 5.66). All
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