



Hoarding and emotional reactivity: The link between negative emotional reactions and hoarding symptomatology



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ARTICLE INFO

Article history:

Received 2 October 2014

Received in revised form

2 January 2015

Accepted 12 February 2015

Keywords:

Hoarding

Emotional reactivity

Negative emotions

Decision-making

Memory

ABSTRACT

Hoarding disorder (HD) is characterized by difficulty discarding, clutter, and frequently excessive acquiring. Theories have pointed to intense negative emotional reactions (e.g., sadness) as one factor that may play a critical role in HD's etiology. Preliminary work with an analogue sample indicated that more intense negative emotions following emotional films were linked with greater hoarding symptoms. Symptom provocation imaging studies with HD patients have also found evidence for excessive activation in brain regions implicated in processing emotions. The current study utilized a sample with self-reported serious hoarding difficulties to examine how hoarding symptoms related to both general and hoarding-related emotional reactivity, taking into account the specificity of these relationships. We also examined how two cognitive factors, fear of decision-making and confidence in memory, modified this relationship. 628 participants with self-identified hoarding difficulties completed questionnaires about general emotional reactivity, depression, anxiety, decision-making, and confidence in memory. To assess hoarding-related emotional reactivity, participants reported their emotional reactions when imagining discarding various items. Heightened general emotional reactivity and more intense emotional reactions to imagined discarding were associated with both difficulty discarding and acquisition, but not clutter, controlling for age, gender, and co-occurring mood and anxiety symptoms. Fear of decision-making and confidence in memory interacted with general emotional reactivity to predict hoarding symptoms. These findings provide support for cognitive-behavioral models of hoarding. Experimental research should be conducted to discover whether emotional reactivity increases vulnerability for HD. Future work should also examine whether emotional reactivity should be targeted in interventions for hoarding.

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1. Introduction

The role that emotional processes play in various psychiatric disorders has increasingly been recognized as an important research topic (Gross et al., 2011). Numerous theoretical models have converged to implicate two key constructs, emotional reactivity and emotion regulation, in the onset and maintenance of psychological symptoms (Davidson, 2003; Gross, 2002; Jazaieri et al., 2015; Johnson-Laird et al., 2006; Mennin, 2004; Mennin

et al., 2005). Considered jointly, these two facets of emotional processing are thought to influence how any particular emotion is experienced, along with subsequent behavioral and cognitive responses. Emotional reactivity is defined as how sensitive an individual is to emotional stimuli, how intensely they feel emotions, and how long the emotions persist before returning to baseline levels (Nock et al., 2008). Emotion regulation is a broader construct that captures the strategies individuals employ to influence their emotions (Gross and Thompson, 2011). Although numerous investigations have considered the relationship between emotion regulation deficits and certain psychological disorders, including affective, eating, and personality disorders (e.g., Conklin et al., 2006; Davidson et al., 2002; Linehan, 1993; Mennin et al., 2005; Safer et al., 2001), less is known about the impact of emotional reactivity on psychiatric symptoms (Nock et al., 2008). Since

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emotional reactivity is posited to predispose individuals to aberrant emotional responding, such as specific emotion regulation deficits (Nock et al., 2008), studying how emotional reactivity relates to psychopathology may provide insight into how and why maladaptive behaviors and emotion regulation strategies are developed and sustained (Nock et al., 2008).

One disorder for which we know relatively little about the role of emotional processes, despite strong theoretical support (Frost and Hartl, 1996), is hoarding disorder (HD). HD was recently identified as a disorder in DSM-5, and is characterized by extreme difficulty discarding, severe clutter, and often, excessive acquiring behaviors (American Psychiatric Association, 2013). HD represents a substantial public health burden and is estimated to affect 3–5% of the population (Timpano et al., 2011a). HD can lead to serious safety and health risks (e.g., fire hazards) for the individual and others (Frost et al., 2000). Given that HD is challenging to treat (Abramowitz et al., 2003; Christenson and Greist, 2001; Mataix-Cols et al., 2002), it is important to identify modifiable factors that increase the risk of developing and maintaining these symptoms, in order to determine how to improve interventions. Emotional reactivity, in particular, represents one theorized risk factor that could be targeted with cognitive and behavioral interventions.

The cognitive-behavioral model of hoarding underscores the role of strong negative emotional reactions (e.g., sadness, anxiety) in spurring both saving and acquiring behaviors (Frost and Hartl, 1996; Steketee and Frost, 2003). A series of case studies has highlighted the role of emotional reactivity in hoarding by describing the intense experiences of anger, sadness, and anxiety felt by hoarding patients (Greenberg, 1987). Research on cognitive factors and executive function deficits linked with HD has also highlighted the fact that the prospect of having to discard or *not* acquire an object is often associated with strong negative emotions (Frost and Hartl, 1996). For example, decision-making difficulties are associated with a variety of negative emotions (Frost and Gross, 1993; Frost and Hartl, 1996), and can lead HD patients to chronically save belongings to avoid the uncomfortable feelings associated with making decisions about possessions (Frost and Steketee, 1999). An additional example is that HD patients often report decreased confidence in their memory (Hartl et al., 2004; Steketee and Frost, 2003). Concerns about memory are one of the strongest predictors of hoarding behaviors, and can lead to a variety of negative emotions (e.g., sadness, grief, worry) when sorting and discarding items that are thought to serve as memory aids or reminders of loved ones (Frost and Hartl, 1996; Frost and Steketee, 1999; 1998; Steketee and Frost, 2003). In sum, it appears that intensity of negative affect elicited either directly or indirectly in the context of discarding may be a key feature that exacerbates saving and acquiring tendencies (Frost and Hartl, 1996; Steketee and Frost, 2003).

Relatively little research has directly examined the association between hoarding and emotional processes. Preliminary research findings have supported the theorized link between aberrant emotional reactivity and hoarding. One analogue study found that heightened intensity and intolerance of negative emotions (i.e., anger, disgust, fear, sadness) during emotional films was associated with increased self-reported difficulty discarding and acquisition, but not clutter (Timpano et al., 2014a). Another non-clinical study found unique associations between severe “not just right experiences” (NJREs), a feeling often implicated in obsessive-compulsive disorder (OCD), and hoarding symptoms (Ghisi et al., 2010). Of note, symptom provocation imaging studies conducted with HD and OCD subjects with hoarding symptoms have found excessive activation in brain regions (e.g., insula, anterior cingulate cortex, right orbitofrontal cortex) commonly implicated in processing emotions (An et al., 2009; Mataix-Cols et al., 2004; Tolin et al., 2009, 2012). The extant literature therefore suggests that difficulty

discarding and acquisition, in particular, may be associated with heightened general levels of emotional reactivity and with feeling various negative emotions (i.e., anger, disgust, sadness, grief, anxiety, NJREs) more intensely.

Another indirect line of support for the link between increased negative emotional reactivity and hoarding comes from studies that have examined specific types of emotion regulation difficulties in hoarding. Although no group differences were identified between HD patients and healthy controls on an overarching measure of emotional intelligence (Grisham et al., 2008), several non-clinical studies have found that more severe hoarding symptoms are associated with greater negative urgency (i.e., tendency to act impulsively under negative affective states; Timpano et al., 2013) and lower distress tolerance (i.e., capacity to tolerate distress; Timpano et al., 2009, 2011b; Timpano et al., 2014a). Greater hoarding symptoms have also been connected with higher levels of experiential avoidance (i.e., tendency to avoid negative internal states; Ayers et al., 2014; Wheaton et al., 2011; Williams, 2012), though findings have been somewhat mixed (de la Cruz et al., 2013). In sum, the broader research literature on how hoarding symptoms relate to various types of emotion regulation difficulties supports the idea that hoarding symptoms would be associated with experiencing negative emotions more acutely.

The extant research on emotional reactivity in HD is small and marked by several limitations. Most past studies have used non-clinical student samples or clinical samples that have not adequately captured HD symptomatology (Mataix-Cols et al., 2010). Further, anger, disgust, sadness, anxiety, and NJREs have all been implicated in hoarding. Yet, no study has jointly examined how the intensity of each of these emotions during an imagined discarding task relates to hoarding. Another limitation is that no research has examined which factors may act synergistically with emotional reactivity to predict hoarding. For example, individuals who experience heightened emotional reactivity and are also elevated on cognitive factors implicated in hoarding (i.e., fear of decision-making and confidence in memory) may exhibit the greatest hoarding symptoms. As detailed above, both fear of decision-making and poor confidence in memory are linked with hoarding (Timpano et al., 2014b) and are also associated with emotional distress when individuals are unable to acquire or are faced with a need to discard items (Frost and Hartl, 1996; Frost and Steketee, 1999; 1998; Steketee and Frost, 2003). Since both fear of decision-making and confidence in memory (Frost and Steketee, 1999) can be targeted in interventions, investigating how these factors interact with emotional reactivity may have implications for improving existing treatments.

The current investigation examined the relationship between hoarding symptoms and both general and hoarding-related emotional reactions. We used a large sample of self-identified individuals with serious hoarding difficulties. Aim 1 examined the relationship between general levels of emotional reactivity on the Emotional Reactivity Scale (ERS; Nock et al., 2008) and hoarding symptoms, taking into account the specificity of this relationship by controlling for age, gender, and depression and anxiety symptoms. We predicted that heightened general levels of emotional reactivity would be associated with difficulty discarding and acquisition, but not clutter, given past work highlighting the relationship between emotional processes and acquisition and difficulty discarding (Timpano et al., 2014a) and theoretical work that has linked clutter more closely with executive function deficits (Steketee and Frost, 2003).

Aim 2 examined the associations between hoarding symptoms and hoarding-related emotional intensity elicited during an imagined discarding task, accounting for the specificity of these relationships by controlling for covariates. Similarly to Aim 1, we

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