



Scrupulosity and hoarding

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ABSTRACT

Objective: Recent evidence suggests that avoiding waste may be a prominent motive to save in hoarding disorder. Such beliefs are reminiscent of scrupulosity obsessions in OCD. This paper reports on three studies examining scrupulosity-like beliefs in hoarding and the development and validation of a measure of material scrupulosity. **Methods:** Study one examined the reliability and validity of a measure of material scrupulosity (MOMS) and its relationship to hoarding in a college student sample, as well as the relationship between hoarding and OCD-based scrupulosity. Study 2 examined the psychometric properties of the MOMS in a replication of study 1 with a sample of people with hoarding problems. Study 3 examined the reliability and validity of the MOMS in a large nonclinical/community sample.

Results: Findings across the studies provided evidence for the reliability and validity of the MOMS. It was highly correlated with hoarding symptoms, especially difficulty discarding, and hoarding related beliefs, especially responsibility beliefs. It accounted for significant variance in hoarding symptoms independent of other correlates, including other hoarding beliefs. OCD-based scrupulosity was correlated with hoarding in sample 1, but not in the hoarding sample in study 2.

Conclusions: *Material Scrupulosity* refers to an exaggerated sense of duty or moral/ethical responsibility for the care and disposition of possessions to prevent their being harmed or wasted. It appears to be distinct from other hoarding-related beliefs and a significant predictor of hoarding symptoms. The MOMS appears to possess good reliability and validity in both clinical and nonclinical samples.

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1. Introduction

Research over the last 20 years has identified a discrete hoarding syndrome that has resulted in its inclusion as a separate disorder in the Diagnostic and Statistical Manual of Mental Disorders [1]. Efforts to study the etiology of hoarding have included the development of a cognitive behavioral model of hoarding [2,3] that hypothesizes specific vulnerabilities, information processing deficits, and attachments to possessions that underlie hoarding problems. A number of studies have examined vulnerabilities and information processing deficits [4], but relatively little work has been done on the nature of attachments to possessions and motives for saving in hoarding disorder.

Motives for saving possessions in people with hoarding disorder (HD) appear to consist of exaggerations of the attachments most people have to their possessions. For instance, a major motive for saving in HD is the extent to which individual possessions are considered extensions

of the self and central to ones' identity [5]. Discarding such possessions feels like losing a piece of oneself. People with HD also save things they believe might be needed some day or that are reminders of important information. Also prominent in HD is saving things because things are aesthetically pleasing [5].

In each of these cases, the motive to save is driven by an intense desire to keep the object. However, a number of people with HD save things they do not want. Rather than being attached to the possession, the apparent motive is an abhorrence of waste. Frost and Steketee [6] describe the case of a woman who suffered tremendous guilt while considering discarding a glove with a hole in it, despite the fact that she knew she would never wear it or use it for any other purpose. She alternated between weeping about being to blame for wasting the wool in the glove and anger toward the store that “tricked” her into buying a poorly constructed item for which she was now responsible. Her “moral” dilemma regarding waste extended to virtually all her possessions. She complained that, “even saying the word ‘waste’ makes me cringe” (pg. 148). Frost and Steketee [6] suggest that in such cases “ownership seems to carry with it the responsibility for making sure things are used to their full potential and not wasted” (pg. 148) and

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for making sure they come to no harm. This desire can manifest in creative re-use and preoccupation with donation or finding a “good home” where the object will be used [7]. The result is an overly laborious and perfectionistic process to get rid of virtually anything.

Beliefs such as these are reminiscent of scrupulosity obsessions in obsessive compulsive disorder (OCD). Abramowitz and Jacoby [8] define scrupulosity as “fearing sin where there is none”, and although most examples of scrupulosity in OCD have religious themes, some concern moral transgressions that are not religious in nature. For instance, the Penn Inventory of Scrupulosity – Revised (PIOS-R) contains two subscales, Fear of God and Fear of Sin, with the latter being composed of content focused on morality rather than religion [9]. Items from this subscale include “I fear I will act immorally”, “I am afraid of having sexual thoughts”, and “I feel guilty about immoral thoughts I have had”. Olatunji et al. [9] found the Fear of Sin subscale to be correlated with all subscales from the OCI, including hoarding, in a sample of university students. Hoarding symptoms, however, contributed unique variance to the prediction of Fear of Sin scores over and above the contribution of other OCD symptoms. Hoarding symptoms did not predict Fear of God independent of other OCD symptoms.

Several attempts have been made to examine waste and responsibility in the context of hoarding. In a large sample of HD participants, a single item report of waste avoidance was the most consistent and unique predictor of both excessive acquisition and difficulty discarding [10]. Dozier and Ayers [11] reported similar findings using the same item in a small sample of mid- and late-life patients with HD. The Responsibility subscale of the Saving Cognitions Inventory [5] reflects a sense of responsibility toward possessions and predicts hoarding symptoms independent of a number of covariates of HD (e.g., depression, anxiety, OCD, indecisiveness [5]). Relatedly, Inflated Responsibility, as operationalized in the Obsessive Beliefs Questionnaire, independently predicted hoarding symptoms in a non-clinical undergraduate sample [12]. Unfortunately, none of these measures captures the moral or ethical emphasis seen in anecdotal accounts in HD.

The present studies examine the role of scrupulosity-like beliefs in hoarding and hoarding disorder. The term “material scrupulosity” used here refers to a set of rigid beliefs that include an exaggerated sense of duty or moral/ethical responsibility for the care and disposition of possessions to prevent their being harmed or wasted. For people with HD, failure to meet this responsibility is hypothesized to be associated with the experience of guilt and a sense of grave moral, ethical, and personal failure. The physical manifestation of material scrupulosity, clutter, serves as an emotional inventory that confirms that ones’ responsibilities have been upheld and truncates the potential guilt inherent in discarding.

Three studies presented here examine the role of scrupulosity in hoarding and describe the development and validation of a measure of material scrupulosity. Study 1 aimed 1) to develop a self-report measure of material scrupulosity, 2) to examine its reliability and validity in a nonclinical sample, and 3) to examine whether OCD-based scrupulosity was related to hoarding symptoms. Study 2 was designed to replicate the reliability and validity of the new measure using a clinical sample of people with self-identified hoarding problems. Study 3 was designed to determine the extent to which material scrupulosity accounted for variance in hoarding symptoms above and beyond that associated with saving beliefs (i.e., the Saving Cognitions Inventory). This study employed a large non-clinical/community sample. The studies reported here were approved by the Smith College, University of New South Wales, and Australian Catholic University Human Research Ethics Committees. All participants provided written voluntary consent.

2. Study 1

2.1. Study 1 methods

2.1.1. Participants/procedure

The participants were 149 students recruited from the student body of Smith College. Participants were solicited from psychology courses as

well as social media. Eighty-eight percent of the participants identified as female, none as male, and 3.3% identified as non-binary. The remainder did not indicate a gender. The participants ranged in age from 17 to 32, with a mean of 19.12 ($SD = 1.71$), with 11% identifying themselves as Hispanic. A small percentage (7.6%) identified as Black or African American, 27.7% identified as Asian or Asian American. The remainder identified as white or did not indicate an ethnicity. The participants completed a series of questionnaires through online survey software.

2.1.2. Measures

2.1.2.1. Saving inventory revised (SI-R) [13]. The SI-R is a 23-item questionnaire which measures the severity of hoarding and saving behavior. The SI-R consists of three subscales: Excessive Clutter (e.g., “To what extent do you have so many things that your room(s) are cluttered?”); Difficulty Discarding (e.g., “To what extent do you have difficulty throwing things away?”); and Excessive Acquisition (e.g., “How often do you feel compelled to acquire something you see (e.g., when shopping or offered free things)?”). Items on the SI-R are rated on a five point Likert scale. In a clinical sample, the SI-R has shown high internal consistency ($\alpha = 0.92$) and good test-retest reliability [13]. The alpha coefficients in the current study exceeded $\alpha = 0.84$ for all subscales and the total.

2.1.2.2. Depression, anxiety and stress scale- 21 (DASS-21) [14]. The DASS-21 is a 21-item self-report measure which assesses symptoms of depression, anxiety, and stress. The DASS consists of three subscales: Depression, Anxiety, and Stress. In this study only the Depression subscale was administered. The items on the DASS are measured on a 4-point Likert scale. Cronbach alpha for the present study was good ($\alpha = 0.80$).

2.1.2.3. Obsessive-compulsive inventory- revised (OCI-R) [15]. The OCI-R is an 18-item self-report measures that assesses the severity of OCD symptoms. The OCI-R consists of six subscales: Washing, Checking, Ordering, Obsessing, Neutralizing, and Hoarding. The items are rated on a 5-point Likert scale. Only the total score minus the hoarding subscale was used in this study. Internal consistency for the OCI-R subtotal minus hoarding in the current study was acceptable ($\alpha = 0.89$).

2.1.2.4. Penn inventory of scrupulosity- revised (PIOS-R) [9]. The PIOS-R is a 15-item questionnaire which measures religious scrupulosity. The PIOS-R contains two subscales: Fear of Sin (e.g., “I worry that I might have dishonest thoughts”) and Fear of God (e.g., “I worry that God is upset with me”). Items on the PIOS-R are rated on a five point Likert scale. The PIOS-R has demonstrated to be reliable and valid [9]. Internal consistencies for the current study were high (Fear of Sin, $\alpha = 0.93$; Fear of God $\alpha = 0.96$).

2.1.2.5. Development of the measure of material scrupulosity (MOMS). An initial item pool of 30 items were generated based on anecdotal accounts in the literature [6], research examining reasons for saving and acquiring in hoarding disorder, such as feelings of responsibility, beliefs about waste, and concern over causing harm to possessions [5], and suggestions volunteered by members of a hoarding and cluttering support group. The items are scored on a five point Likert scale (scored from 0 to 4) and were patterned after previous research on scrupulosity in obsessive-compulsive disorder (OCD). The 30 items include those reflecting guilt and feelings of moral ineptitude related to waste (e.g., “I feel guilty I have wasted in the past” or “I keep broken things because it feels morally wrong to waste them even though I know I won’t fix them”).

2.2. Data analysis

Participants who completed fewer than 90% of items on any scale were dropped from the analyses for that measure. Final sample sizes

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