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Perceived control: A general psychological vulnerability factor for hoarding

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ABSTRACT

Perceived control, the degree to which the environment is believed to be within an individual's control, has been identified as a key vulnerability factor among numerous anxiety conditions. Specifically, it has been suggested that a sense of uncontrollability over potentially threatening events and emotions leads to increased fear and avoidance behaviors. Patterns of behavioral avoidance are central to theoretical models and observations of hoarding. However, no studies to date have examined the associations between perceived control and hoarding. The primary aim of the current study was to examine relationships between perceived control and hoarding behaviors. Participants consisted of undergraduate students ($N = 180$). As predicted, perceived control was significantly associated with increased hoarding severity even after controlling for overall negative affect. In addition, perceived control was significantly associated with several more specific hoarding behaviors including acquiring and difficulty discarding. When examining specific perceived control subfactors, only the threat control subfactor was associated with increased hoarding severity. The current study supports previous research suggesting that diminished perceived control over aversive events is central to the development and maintenance of numerous anxiety-related conditions. Moreover, the current study adds to a growing body of literature identifying potential risk factors for hoarding.

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1. Introduction

Hoarding, defined as acquiring and failing to discard large quantities of possessions to the extent that one's personal living spaces are precluded from everyday use, has emerged as an important, unresolved challenge in the mental health field (Frost & Hartl, 1996). It has been estimated that hoarding affects between 5% and 14% of the population (Ruscio, Stein, Chiu, & Kessler, 2010; Samuels et al., 2008). At clinically significant levels, hoarding can lead to serious impairment in social, occupational, and economic domains (Tolin, Frost, Steketee, & Fitch, 2008; Tolin, Frost, Steketee, Gray, & Fitch, 2008). This impairment includes but is not limited to unsanitary living conditions, social isolation, work disability, and even death (Frost, Steketee, & Williams, 2000; Tolin, Frost, Steketee, Gray, et al., 2008).

Hoarding has been traditionally viewed as a symptom or subtype of Obsessive Compulsive Disorder (OCD). As such, the majority of hoarding research to date has focused on patients with OCD presenting with comorbid hoarding symptoms. However, accumulating evidence suggests that hoarding may be a unique clinical syndrome. Specifically, a large percentage of individuals who hoard display no other OCD symptoms (Abramowitz, Wheaton, & Storch,

2008; Pertusa et al., 2010). In addition, when examining the psychiatric comorbidity among hoarding patients, hoarding is more commonly associated with major depressive disorder (MDD) rather than OCD (Frost, Steketee, & Tolin, 2011; Wu & Watson, 2005). Taken together, these and other findings have led the DSM-5 Anxiety, Obsessive–Compulsive Spectrum, Post-Traumatic and Dissociative Disorders Work Group to propose that hoarding disorder be included as a separate diagnostic entity within the DSM-5 (Mataix-Cols et al., 2010).

Frost and Hartl (1996) were the first to propose a cognitive behavioral model of hoarding. Within this framework, various neuropsychological, emotional, and behavioral deficits are hypothesized to underlie hoarding behaviors. For example, hoarders appear to exhibit information processing deficits in the areas of attention, categorization, and decision making (Frost, Tolin, Steketee, & Oh, 2011; Grisham, Norberg, Williams, Certoma, & Kadib, 2010; Hartl, Duffany, Allen, Steketee, & Frost, 2005). When coupled with extreme emotional attachments to possessions, everyday decisions regarding acquiring and discarding can pose a significant challenge (Steketee, Frost, & Kyrios, 2003). In addition to these deficits, patterns of behavioral avoidance are also thought to directly contribute to increased hoarding behaviors. Specifically, it has been suggested that the act of acquiring is an avoidance behavior aimed at circumventing the distress associated with not collecting an item (Steketee & Frost, 2003). Further, it has been suggested that

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hoarders may avoid decisions to discard in an effort to prevent the emotional distress associated with losing a cherished possession (Steketee & Frost, 2003).

In recent years, several individual difference variables have been posited to underlie the avoidance behaviors observed among hoarders. For example, several studies have demonstrated that hoarders are at risk for elevated levels of anxiety sensitivity (AS) and that these heightened levels of AS may be one factor contributing to the avoidance of discarding (Medley, Capron, Korte, & Schmidt, 2013; Timpano, Buckner, Richey, Murphy, & Schmidt, 2009). Another vulnerability factor that may be particularly relevant to the avoidance behaviors observed among hoarders is perceived control. Perceived control refers to the degree to which an individual views an event as within their control (Rapee, Craske, Brown, & Barlow, 1996). According to the triple vulnerabilities model (Barlow, 2000, 2004), diminished perceived control over negative events and emotional experiences is a generalized psychological vulnerability factor that contributes to the development of various anxiety and mood related disorders. Perceived control comprised three subfactors, emotion control, threat control, and stress control (Brown, White, Forsyth, & Barlow, 2004). Emotion control refers to the ability to control one's emotions, threat control pertains to the belief that frightening events are out of one's control, and stress control concerns the perception of difficulty dealing with one's emotions in stressful situations.

In recent years there has been increased interest in the relationships among perceived control and various anxiety-related disorders. Previous research has found deficits in perceived control among those with panic disorder (White, Brown, Somers, & Barlow, 2006), post-traumatic stress disorder (PTSD) (Vujanovic, Marshall, Gibson, & Zvolensky, 2010), social phobia (Hofmann, 2005), and generalized anxiety disorder (Stapinski, Abbott, & Rapee, 2010). In addition, perceived control has been found to be associated with various OCD symptoms and beliefs. For example, Moulding and Kyrios (2007), found that perceived control was related to overestimation of threat and responsibility and perfectionistic beliefs after controlling for relevant covariates. In addition, they found that perceived control was significantly associated with specific OCD symptoms (i.e., checking compulsions, contamination/washing, thoughts of harm to self/others, and impulses of harm to self/others). Specifically, it was posited that deficits in perceived control contributed to increased compulsive behaviors as a way to avoid and control negative events. Despite the broad associations found between perceived control and various anxiety conditions, we are not aware of any studies that have directly examined perceived control and hoarding.

A lack of perceived control over threatening events may contribute to the avoidance behaviors seen among hoarders. That is, hoarders with lower levels of perceived control may avoid decisions to discard as a way to maintain control over this threatening experience and associated emotions. Indeed, Frost and Hartl's (1996) cognitive behavioral model of hoarding suggests that hoarders avoid decisions to discard in an effort to prevent the threatening consequences associated with making a wrong decision. Additionally, it is suggested that saving allows the individual the opportunity to avoid the emotional upset associated with potentially making a wrong decision regarding a cherished possession (i.e., discarding a cherished possession) (Frost & Hartl, 1996). Because lower levels of perceived control contribute to increased arousal, anxious avoidance, and ambiguity regarding potentially threatening events, deficits in perceived control are a likely contributor to the increased avoidance behaviors observed among hoarders.

The primary aim of the current investigation was to examine the potential relationships between hoarding symptoms and perceived control in a large, unselected, non-clinical sample. It was

hypothesized that elevated levels of hoarding symptoms would be associated with lower levels of perceived control, and that this relationship would be evident even after controlling for negative affect. Negative affect was used as a covariate in the current investigation to ensure that the associations between hoarding symptoms and perceived control were not due to an underlying depressive or anxious temperament. To further elucidate the specific nature of the relationships between these variables, we also examined how the various subfactors of perceived control (i.e., emotion, threat, and stress control) relate to increased hoarding behaviors. Based on previous research suggesting that hoarders view the task of discarding as a threatening event that brings about unpleasant emotions, we hypothesized that both the emotion control and threat control subscales would be associated with greater hoarding severity. Finally, we examined the relationships among perceived control and specific hoarding symptoms (i.e., acquiring, discarding, and clutter). We expected that perceived control would be most associated with difficulty discarding because extant work shows behavioral avoidance is most likely to occur during this task (Frost & Gross, 1993; Steketee & Frost, 2003). In addition, given previous research suggesting that the act of acquiring is associated with positive emotional states (Grisham & Barlow, 2005; Steketee & Frost, 2003), we did not expect to find a relationship between perceived control and excessive acquisition.

2. Methods

2.1. Participants

The sample consisted of 180 undergraduate students from a large southern university. Participants were primarily female (58.3% female, 41.7% male), with ages ranging from 18 to 29 ($M = 18.89$, $SD = 1.31$). The participants were 84.4% Caucasian, 7.8% African American, 3.4% Asian, and 4.4% other (e.g., bi-racial).

2.2. Measures

2.2.1. Hoarding

Hoarding symptoms were assessed using the *Saving Inventory Revised* (SIR) (Frost, Steketee, & Grisham, 2004). The SIR is a 23-item self-report questionnaire used to measure hoarding behaviors. Participants were asked to respond to questions using a 5-point Likert scale ranging from 0 to 4 (0 = *None*, 4 = *Almost all/complete*). Higher scores on the SIR indicate greater levels of hoarding severity. The measure also consists of three subscales corresponding to the three facets of hoarding: acquiring, difficulty discarding, and clutter. The SIR has shown good internal consistency, test–retest reliability, and convergent validity in both clinical and non-clinical samples (Coles, Frost, Heimberg, & Steketee, 2003; Frost et al., 2004). In the present investigation, the SIR demonstrated excellent internal consistency ($\alpha = .90$). In addition, the SIR difficulty discarding, acquiring, and clutter subscales all displayed good internal consistency (α 's = .82, .80, and .90 respectively).

2.2.2. Perceived control

Perceived control was measured using the *Anxiety Control Questionnaire – Revised* (ACQ-R) (Brown et al., 2004). The ACQ-R is a 15-item self-report questionnaire that assesses perceived control over external threats. Respondents were asked to rate each item on a 6-point Likert scale ranging from 0 (*strongly disagree*) to 5 (*strongly agree*), with higher scores reflecting greater perceived control. The scale also contains three subscales representing threat control, emotional control, and stress control. The ACQ-R has demonstrated good reliability within clinical (Brown et al., 2004) and non-clinical samples (Moulding & Kyrios, 2007). The ACQ-R also demonstrated

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