

A Multifaceted Assessment of Emotional Tolerance and Intensity in Hoarding

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Hoarding is characterized by emotionally reinforced saving behaviors, which often combine with excessive acquisition to give rise to clutter, distress, and impairment. Despite the central role emotional processes are thought to play in hoarding, very little research has directly examined this topic. There is suggestive evidence linking hoarding with several facets of emotional intolerance and avoidance, though one key limitation of this past research has been the exclusive reliance on self-report questionnaires. The aim of the current study was to conduct a multimethod investigation of the relationship between hoarding and perceptions of, and cognitions about, negative emotional states. A large unselected sample of nonclinical young adults ($N = 213$) completed questionnaires, behavioral tasks, and a series of negative mood inductions to assess distress tolerance (DT), appraisals of negative emotions, and emotional intensity and tolerance. Hoarding symptoms were associated with lowered tolerance of negative emotions, as well as perceiving negative emotions as more threatening. Individuals high in hoarding symptoms also experienced more intense emotions during the mood inductions than individuals low in hoarding symptoms, though there was no association with poorer performance on a behavioral index of DT. Across measures, hoarding was consistently associated with experiencing negative emotions more intensely and reporting lower tolerance of

them. This relationship was particularly pronounced for the difficulty discarding and acquiring facets of hoarding. Our results offer initial support for the important role of emotional processes in the cognitive-behavioral model of hoarding. A better understanding of emotional dysfunction may play a crucial role in developing more effective treatments for hoarding.

Keywords: hoarding; distress tolerance; emotion appraisal; emotional tolerance

HOARDING DISORDER IS CHARACTERIZED by extreme saving behaviors that are accompanied by debilitating clutter and clinically significant distress or impairment. It has been included as a new disorder in DSM-5 (American Psychiatric Association, 2013), given the compelling empirical data that hoarding reflects a discrete constellation of symptoms, with clear psychobiological underpinnings (Pertusa et al., 2010). Affecting between 3–5% of the population (Timpano, Exner, Glaesmer, Rief, Keshaviah, Braehler and Wilhelm, 2011; Timpano, Keough, Traeger and Schmidt, 2011), hoarding represents a substantial public health burden with potentially serious ramifications for the individual and society (Tolin, Frost, Steketee, Gray, & Fitch, 2008). Although great strides have been made in understanding the phenomenology of hoarding, it remains a serious clinical challenge (Abramowitz, Franklin, Schwartz, & Furr, 2003; Christensen & Greist, 2001; Mataix-Cols, Marks, Greist, Kobak,

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& Baer, 2002). Further research is therefore warranted to better understand the underlying etiological and maintaining processes that could, in turn, inform intervention efforts.

The cognitive-behavioral model of hoarding posits a complex interaction between biological, cognitive, and executive functioning variables, which jointly contribute to the core symptoms of difficulty discarding, clutter, and acquiring (Frost & Hartl, 1996). A central facet of this model involves emotional processes that drive both positive and negative reinforcement patterns. Maladaptive beliefs about the nature and utility of possessions, along with intense attachments to objects, can give rise to a range of strong emotions. In contrast to other mood and anxiety disorders, these emotions can be both negatively (e.g., sadness, distress/anxiety, anger, frustration) and positively valenced (e.g., pleasure, joy, pride, gratification) (Frost & Hartl; Frost & Steketee, 2008; Grisham & Barlow, 2005; Grisham, Brown, Liverant, & Campbell-Sills, 2005). Positive emotions are thought to be associated with approach behaviors (e.g., acquisition), whereas negative emotions contribute to avoidance (e.g., refusal to discard). The desire to circumvent distress via avoidance has been particularly highlighted in the clinical literature on hoarding (Frost & Gross, 1993; Frost & Hartl). For example, even if a patient initially feels "ready" to discard, he/she may actually avoid doing so because it would mean tolerating a negative emotional state.

The study of emotional processes and their relationship to a range of internalizing and externalizing disorders has gained much momentum in recent years (Gross, Sheppes, & Urry, 2011). Mennin and colleagues (Mennin, 2004; Mennin, Heimberg, Turk, & Fresco, 2005) have specified a model of *emotion dysregulation* that is particularly relevant to anxiety and mood disorders. They posit that dysfunction occurs if individuals experience emotions as more intense (i.e., emotional intensity), have a poor understanding of emotions, endorse negative beliefs in response to their emotions, and use maladaptive strategies (e.g., avoidance) to manage emotions. Also important to this model is the notion of emotional tolerance, which can be conceptualized as either one's perceived tolerance of emotions, or the actual behavioral tolerance of any given emotional state. Low *distress* tolerance, specifically, has been linked to a range of psychiatric disorders, and is defined as the persistent reluctance or inability to tolerate negative emotional states (Leyro, Zvolensky, & Bernstein, 2010).

Despite the central role emotional processes are thought to play in hoarding, very few studies have directly examined this topic. The little work that

has been conducted has considered whether emotional processes—more broadly construed—are aberrant in relation to hoarding. In addition to the more narrow question of examining emotional reinforcement patterns linked with specific acquiring or saving behaviors, it is also helpful to better understand general emotional processing. Grisham, Steketee, and Frost (2008) found that hoarding symptoms were not linked with perceived deficits in emotional intelligence, an umbrella term that reflects multiple processes, including the ability to appraise, express, and regulate emotions. A second series of studies focused on one particular subfacet of emotional processing: perceived tolerance of distress. An initial report by our group found that hoarding symptoms were associated with greater difficulties tolerating distress, as well as greater fear of internal anxiety-related sensations (Timpano, Buckner, Richey, Murphy, & Schmidt, 2009). This finding was replicated in both a compulsive buying (Williams, 2012) and a separate nonclinical sample (Timpano, Keough, Traeger, & Schmidt, 2011). Finally, two investigations considered a measure of experiential avoidance, which reflects another broad emotional construct that captures one's perceived tendency to alter the form or frequency of aversive internal experiences through a number of different means. Both studies revealed that hoarding symptoms were associated with a greater desire to avoid negative states (Wheaton, Abramowitz, Franklin, Berman, & Fabricant, 2011; Williams, 2012). Although these studies have examined three different facets of emotional dysfunction, making concrete conclusions more difficult, the findings considered jointly do suggest that hoarding may be associated with deficits in some, but not all, emotional processes. For instance, one hypothesis based on this literature is that hoarding patients may be able to adequately express emotions (a facet of emotional intelligence) but feel unable to tolerate negative emotions and therefore avoid experiencing them.

While these past studies provide some preliminary evidence of a relationship between hoarding and difficulties with emotional tolerance, they are also marked by several limitations. First and foremost, only self-report measures of emotional processes have been used. A second limitation is that research to date has either focused exclusively on emotional (i.e., distress) tolerance, or has relied on an emotional process definition that is overly broad and lacks specificity. For example, Grisham et al. (2008) conducted analyses with a measure that combined questions related to appraisals of emotions, expression of emotions, and regulation of emotion (Schutte et al., 1998). It is therefore unclear whether dysfunction may be present across the different

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