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## The impact of emotions on body-Focused repetitive behaviors: Evidence from a non-treatment-seeking sample



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### ABSTRACT

Body-focused repetitive behaviors (BFRBs) are repetitive, injurious, and non-functional habits that cause significant distress or impairment, including hair-pulling, skin-picking, and nail-biting. The emotion regulation (ER) model suggests that BFRBs are triggered by negative emotions and reinforced by alleviation of unpleasant affect. The frustrated action (FA) model suggests that BFRBs are triggered by and alleviate impatience, boredom, frustration, and dissatisfaction. Individuals with BFRBs are hypothesized to be particularly susceptible to these emotions because they demonstrate maladaptive planning styles characterized by high standards and unwillingness to relax.

**Objectives:** The objective of this study was to test these two models.

**Methods:** This study compared urge to engage in BFRBs in a BFRB group ( $n = 24$ ) and a control group ( $n = 23$ ) in experimental conditions designed to elicit boredom/frustration, stress, and relaxation, respectively.

**Results:** The BFRB group reported a significantly greater urge to engage in BFRBs than did the control group across conditions. Participants in the BFRB group reported a stronger urge to engage in BFRBs in the boredom/frustration condition than in the relaxation condition but not in the stress condition. Finally, the BFRB group presented significantly higher scores on maladaptive planning style, and maladaptive planning style was significantly correlated with difficulties with ER.

**Limitations:** Future studies may wish to exclusively use validated mood induction techniques and more stringent inclusion criteria.

**Conclusions:** The results highlight the role of boredom, frustration, and impatience in triggering BFRBs, and support the FA model.

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### 1. Introduction

Body-focused repetitive behaviors (BFRBs) are repetitive, damaging, and seemingly non-functional habits such as hair-pulling, skin-picking, and nail-biting (O'Connor, Lavoie, Robert, Stip, & Borgeat, 2005; Snorrason et al., 2012). Although many individuals engage in harmless “nervous habits,” the term BFRBs refers to behaviors that fall on the maladaptive end of the

continuum, causing significant distress or impairment in functioning (Teng, Woods, Marcks, & Twohig, 2004).

#### 1.1. Trichotillomania

Trichotillomania (TTM) refers to chronic hair-pulling (HP) resulting in noticeable hair loss; repeated efforts to stop or decrease pulling; and significant distress or impairment caused by HP. Hair may be pulled out from any area of the body, including the scalp, eyebrows, arms, legs, and pubic area (American Psychiatric Association [APA], 2013). The prevalence of TTM is approximately 0.6% (Christenson, Pyle, & Mitchell, 1991; Duke, Bodzin, Tavares, Geffken, & Storch, 2009), however this rate refers to TTM as described by DSM-IV (APA, 2000) criteria, which also included the following: tension prior to pulling or relief or gratification after pulling. Clinical prevalence rates as per DSM-5 criteria are not yet available, and are likely to be higher.

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### 1.2. Skin-picking

Skin-Picking Disorder (SPD) refers to recurrent skin-picking (SP) resulting in lesions, with repeated attempts to decrease or stop SP. The symptoms cause clinically significant distress; impairment in social, occupational or other important areas of functioning; and are not better explained by another mental disorder (APA, 2013). The prevalence of SP ranges from 1.4% to 5.4% in various populations (Hayes, Storch, & Berlanga, 2009; Keuthen, Koran, Aboujaoude, Large, & Serpe, 2010). However, prevalence rates must be interpreted with caution due to inconsistent diagnostic criteria across studies, all of which were conducted prior to the inclusion of SPD in the DSM.

### 1.3. Nail-biting

Nail-biting (NB) refers to an insertion of the fingers into the mouth, with contact between the nails and teeth. Many individuals occasionally use the teeth to replace nail clippers in grooming, but NB as a BFRB involves biting past the nail bed and cuticles, drawing blood, and resulting in chronic scarring, or in red, sore, and infected fingers (Penzel, 1995; Wells, Haines, & Williams, 1998). Reports of NB prevalence are limited by dated research and inconsistent operational definitions across studies. Snyder and Friman (2012) reviewed the literature and tentatively concluded that the prevalence of NB is 25%–60% at puberty, and subsequently declines to 10%–25% in young adults and below 10% in adults over 35 years.

## 2. Emotion regulation model for BFRBs

Although BFRBs and their consequences create considerable distress, HP, SP, and NB also seem to satisfy an urge and deliver some form of reward. One etiological model that has received empirical support proposes that BFRBs serve an emotion regulation (ER) function (Roberts, O'Connor, & Bélanger, 2013). The ER model suggests that individuals with BFRBs have difficulty managing unpleasant emotions, and engage in body-focused habits to avoid, modulate, or alleviate aversive affect. HP, SP, and NB persist despite negative consequences because they are reinforced by distraction or escape from undesired experiences (Roberts et al., 2013; Teng et al., 2004). The ER model further suggests that individuals with BFRBs are characterized by global deficits in ER (Shusterman, Feld, Baer, & Keuthen, 2009; Snorrason, Smári, & Ólafsson, 2010).

The ER model has been supported by studies that demonstrate change in affective states over the course of BFRB episodes. In clinical and non-clinical samples, individuals with HP and SP consistently report that emotions such as boredom, anxiety, tension, and frustration are present prior to BFRBs and decrease during or after pulling or picking episodes (Roberts et al., 2013). Guilt, shame, sadness, and anger may develop during or after BFRB episodes, as do feelings of satisfaction, indifference, and relief (Bohne, Wilhelm, Keuthen, Baer, & Jenike, 2002; Diefenbach, Mouton-Odum, & Stanley, 2002; Duke et al., 2009; Mansueto, Thomas, & Brice, 2007; Neal-Barnett & Stadulis, 2006; Wilhelm et al., 1999). Furthermore, two studies that measured ER in individuals with and without BFRBs found that individuals with HP and SP reported greater difficulty regulating negative affective states than did controls (Shusterman et al., 2009; Snorrason et al., 2010), and that difficulty regulating particular emotions predicted the degree to which those emotions triggered HP (Snorrason et al., 2010). For a review of this literature, see Roberts et al. (2013).

## 3. Frustrated action model

O'Connor and colleagues (O'Connor et al., 2001; O'Connor, Gareau, & Borgeat, 1997; Pélissier & O'Connor, 2004) reported that some individuals with BFRBs demonstrate a form of organisational perfectionism characterized by unwillingness to relax and difficulty with appropriate pacing of tasks. Individuals with this maladaptive style of planning aim to be productive at all times, often setting unrealistic standards and trying to do too much at once. They are consequently susceptible to frustration, impatience, and dissatisfaction when standards are not met, and to boredom when productivity is impossible. According to the frustrated action (FA) model for BFRBs, body-focused habits function to release the tension generated by these emotions (O'Connor, 2002). BFRBs are subsequently negatively reinforced by a decrease in negative affect and positively reinforced by the feeling of 'taking action' (i.e., engaging in BFRBs) after the initial desired action was thwarted. Frustration could be viewed as a general negative emotion within the emotion regulation model, but the FA model defines frustration very specifically through the processes that generate it.

The FA model has its roots in clinical studies of the triggers for tics and BFRBs (O'Connor, Brisebois, Brault, Robillard, & Loiseau, 2003). It was observed that participants with various BFRBs (TTM, NB, skin-scratching, bruxism) were at the greatest risk of engaging in BFRB during activity appraised as inactive or unsatisfying, and associated with a tense state. Adopting an overprepared and overactive style of action, where the individual invests more effort than necessary (overprepared) and tries to accomplish too much (overactive) leads to a build-up in tension and frustration. This frustration is manifest in the individual's feelings that he or she has not accomplished enough, is wasting time, not busy enough, and should be doing more. There is a strong cognitive component to this style of action which is accompanied by perfectionist beliefs relating to personal organization. Although frustration can be classified as stress, the frustration in BFRBs is generated specifically by dissatisfaction with performance. In the style of planning action, questionnaire (STOP), the overpreparation and overactive subscales emerge as independent factors (O'Connor, 2005) and change consistently after successful cognitive behavior therapy.

The FA model has also received some independent research support. Studies that used questionnaire measures to measure emotional state during BFRBs have found that individuals engage in HP, SP, and NB when they are bored, frustrated, or inactive (Bohne et al., 2002; Diefenbach et al., 2002; Duke, Keeley, Ricketts, Geffken, & Storch, 2010).

Teng et al. (2004) reported that students with SP, NB, mouth-chewing, skin-biting, and skin-scratching demonstrated significantly more BFRBs in conditions designed to induce boredom than in a control condition. Similarly, Williams, Rose, and Chisholm (2006) manipulated emotion in undergraduates students reporting NB, and concluded that NB occurred primarily in states of boredom or frustration.

## 4. Current study

The objective of the present study was to test the FA model for BFRBs. Specifically, the study was designed to measure BFRBs in experimental conditions designed to test the hypothesis that BFRBs are triggered by boredom, frustration, dissatisfaction, and impatience. We hypothesized that: (a) The BFRBs group would demonstrate more BFRBs and a greater urge to engage in BFRBs in conditions of boredom and frustration than in stress or relaxation conditions; (b) frustration, boredom, impatience, and dissatisfaction would predict BFRBs or urge to engage in BFRBs. Consistent with the model, we also hypothesized that (c) the BFRB group

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