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Mood influences the relationship between distress intolerance and discarding

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ABSTRACT

The cognitive-behavioural model of hoarding disorder proposes that individuals may hoard to avoid negative emotions. Distress intolerance may contribute to avoidance of negative emotions. The aim of this study was to examine the influence of sadness and other psychiatric distress on the relationship between distress intolerance and discarding in a nonclinical undergraduate sample ($N=107$). Participants completed self-report measures and underwent either a neutral or sad mood induction before making decisions to discard or keep personal and laboratory items. Consistent with previous research, distress intolerance was statistically related to greater self-reported discarding difficulty, but not when controlling for psychiatric distress. However, the association between distress intolerance and the proportion of personal items discarded in the laboratory varied as a function of mood induction. For those who received the sad emotion induction, individuals who reported less distress tolerance, greater object value, and more ongoing distress discarded fewer items in the laboratory. For participants in the neutral emotion condition, only greater self-reported object value predicted less discarding. These findings suggest that acute emotions may play a role in how distress intolerance, object value, and chronic mood influence discarding behaviour. As such, the relations among distress, distress intolerance, and discarding may be more complex than previous self-report studies have shown.

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1. Introduction

A defining characteristic of hoarding disorder is difficulty parting with one's belongings, even when they have little objective value and are leading to excessive clutter (Preston, Muroff, & Wengrovitz, 2009). The cognitive-behavioural model of hoarding posits that adverse emotions, such as loss and dysphoria, and the inability to cope with these emotions, contribute to the avoidance of discarding (Frost & Hartl, 1996; Steketee & Frost, 2003, 2007). In support of these assumptions, research has found that individuals who hoard have a diminished ability to withstand and regulate negative emotional states (Fernandez de la Cruz et al., 2013; Frost, Hartl, Christian, & Williams, 1995) and that self-control fatigue (inability to resist impulses and act on emotions) and emotional intolerance to sadness is associated with greater discarding difficulty (Timpano & Schmidt, 2013; Timpano, Shaw, Cougle, & Fitch, 2014). However, the relations among distress, distress intolerance, and discarding difficulty may be complex. Timpano and colleagues have found that greater distress intolerance is related to greater self-reported hoarding severity, but that this relationship either diminishes from moderate to small (Timpano et al., 2014) or becomes statistically non-significant (Timpano, Bucker, Richey, Murphy, & Schmidt, 2009) when controlling for self-reported depression severity.

Depression is the most frequent condition comorbid with hoarding disorder. Approximately half of individuals with hoarding disorder meet criteria for major depression disorder (Frost, Steketee, & Tolin, 2011). Individuals with hoarding difficulties and depressive symptoms report substantially more emotional reactivity (i.e. sensitivity to and intensity and duration of emotions), than individuals without depression comorbidity (Hall, Tolin, Frost, & Steketee, 2013). Greater emotional reactivity in general, as well as specifically reacting with intense sadness when making discarding decisions, is related to greater discarding difficulty (Shaw, Timpano, Steketee, Tolin, & Frost, 2015). Perhaps the presence of sadness determines whether distress intolerance plays a role in discarding decisions. When individuals feel sad, they may avoid discarding as a way to alleviate that sadness. When individuals are not feeling sad, then distress intolerance may not affect discarding decisions. This pattern of emotional reactivity and emotion regulation may explain why studies have found that distress intolerance is not (or minimally) related to discarding

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abilities when a statistical model accounts for depression severity.

The perceived value of items also may contribute to discarding difficulties. Individuals may experience greater difficulty discarding items that are of higher perceived value. Items that people own may be deemed more valuable than other people's belongings. In support of this assumption, research using undergraduate samples has found that individuals rank personal items as more valuable than comparable items shown to them by researchers (i.e., laboratory items; Timpano & Schmidt, 2013). Additionally, discarding studies have shown that individuals with hoarding disorder discard fewer personal items than laboratory items and that when they decide to discard a personal item, they experience more activity in the anterior cingulate cortex than when deciding to throw a laboratory item away (Tolin et al., 2012). Researchers have posited that the anterior cingulate cortex serves a reward evaluative function (Brown & Braver, 2005); thus, these findings suggest that individuals may perceive a greater cost to throwing away items that are personal in nature.

Taken together, the research noted above suggests that discarding difficulties may be greater when individuals (1) are depressed, (2) have difficulty tolerating negative emotions, and when they (3) must throw away items that they deem valuable. Thus, the aim of the current study was to replicate and extend Timpano et al. (2009, 2014) findings. First, we hypothesised that more distress intolerance would be associated with greater self-reported discarding difficulty, but that this relationship would diminish when controlling for depression and other psychiatric distress. Second, we hypothesised that individuals with more distress intolerance would discard fewer personal items during a laboratory discarding task when in a sad mood state, but not when in a neutral mood state. Additionally, we did not expect that the relationship between distress intolerance and discarding would extend to laboratory items given the likelihood that these objects would not be deemed valuable. Since researchers have shown that hoarding is dimensional in nature (Timpano et al., 2013), with origins in normal psychological processes related to object retention (Coles, Frost, Heimberg, & Steketee, 2003; Luchian, McNally, & Hooley, 2007; Preston et al., 2009), we conducted our study using a sample of undergraduate students.

2. Method

2.1. Participants

One-hundred and thirty-one psychology undergraduate students participated in exchange for either course credit ($n=74$) or monetary compensation ($n=57$). In accordance with Timpano and Schmidt's (2013) procedures, we oversampled for hoarding in our paid subsample to ensure that the full sample would consist of a greater distribution of hoarding behaviours than typical nonclinical samples. Our flyer for paid participants read, "We are looking for people who avoid throwing things away and are interested in participating in research concerning decisions." The flyer was posted on the same university campus in which psychology undergraduates were obtained. There were no statistical differences between participants compensated by money and those who received course credit with respect to age ($t(128)=1.21$, $p=0.23$), gender ($\chi 2$ (1, $N=130$)$=0.36$. $p=0.55$), ethnicity (dichotomised as Asian or non-Asian; $\chi 2$ (1, $N=130$)$=2.67$, $p=0.10$) or Object Attachment Questionnaire scores (Personal: $t(128.87)=0.46$, $p=0.65$; Lab: $t(129)=1.32$, $p=0.19$). However, participants who received monetary compensation reported slightly more years of education ($M=15.93$, $SD=1.86$ vs $M=14.62$, $SD=1.77$; $t(128)=4.11$, $p<0.001$), slightly lower Distress Tolerance Scale (DTS) total scores ($M=2.94$, $SD=0.67$ vs $M=3.19$, $SD=0.63$; $t(129)=-2.19$, $p=0.03$), and higher Saving Inventory-Revised (SI-R) total scores ($M=39.39$, $SD=13.67$ vs $M=29.17$, $SD=10.89$; $t(127)=4.73$, $p<0.001$) than participants who received course credit.

We excluded participants from the study if they did not respond appropriately to the mood inductions. We thus excluded 14 individuals whose Visual Analogue Scale sadness scores did not increase by at least 5-points after the sad mood induction and 10 individuals in the neutral mood induction whose sadness scores increased by more than 5-points after the neutral mood induction. This left a final sample of 107 individuals ($N_{sad}=58$; $N_{neutral}=49$). The majority these participants were female ($N=81$; 76%) and Asian ($N=57$; 53%). Thirty-six (34%) identified themselves as Caucasian and 14 (13%) as other. On average, participants were 20.07 ($SD=3.36$) years of age, had completed 15.21 ($SD=1.90$) years of education, and had an average DTS-total score of 3.14 ($SD=0.76$) and an average SI-R total score of 34.71 ($SD=13.28$). Thirty-six percent of the sample ($N=38$) had an SI-R total score at or above the clinical cut-off of 41 (Frost & Hristova, 2011).Thus, in line with our goals to bolster the clinical relevance of this study's findings, our demographically similar subsamples allowed us to achieve a wide distribution of DTS and SI-R scores, with average scores resting between prior clinical and non-clinical studies (Cougle, Timpano, Fitch, & Hawkins, 2011; Frost, Steketee, & Grisham, 2004; Laposa, Collimore, Hawley, & Rector, 2015; Macatee, Capron, Schmidt, & Cougle, 2013; Timpano et al., 2009, 2014).

2.2. Materials

2.2.1. Depression Anxiety and Stress Scales-21 (DASS-21; Lovibond & Lovibond, 1995)

The DASS-21 assesses depression, anxiety, and stress, with ratings made on a 4-point scale (0=*does not apply to me at all*; 3=*applies to me very much*). In the current study, the composite DASS-21 score (all items totalled rather than using three different subscales) was used as a measure of overall negative emotional symptoms. This measure previously has evidenced good reliability and internal consistency (Henry & Crawford, 2005; Lovibond & Lovibond, 1995). Further, excellent internal consistency was demonstrated in the present study ($\alpha=0.90$).

2.2.2. Distress Tolerance Scale (DTS; Simons & Gaher, 2005)

The DTS is a 15-item questionnaire that measures tolerance for distress. Items are rated on a 5-point Likert scale (1=*strongly agree*; 5=*strongly disagree*) and averaged, whereby lower scores indicate distress intolerance. Total scores have ranged between 3.3 and 3.7 in previous nonclinical samples (Cougle et al., 2011; Timpano et al., 2009) and between 2.5 and 2.8 in clinical samples (Laposa et al., 2015; Macatee et al., 2013). This measure has demonstrated fair to good internal consistency in other samples (Simons & Gaher, 2005); however, in this study the internal consistency of the Appraisal subscale was unacceptable ($\alpha=0.58$; Cicchetti, 1994). Item-total statistics suggested that deleting item 7 would improve the internal consistency of the subscale. After deleting item 7, the Appraisal subscale had an $\alpha=0.82$ and the total score had an $\alpha=0.88$.

2.2.3. Savings Inventory Revised (SI-R; Frost et al., 2004)

The SI-R is a 23-item self-report questionnaire that measures compulsive acquisition, clutter, and difficulty discarding (Frost & Hartl, 1996). The SI-R and its subscales has demonstrated good to excellent internal consistency (Frost et al., 2004), which was supported with the current samples' data (α range=0.83–0.93). Mean SI-R total scores have been reported as 19.6 (11.3) for nonclinical samples (Timpano et al., 2014) and as 53.7 (14.9) for clinical hoarding samples (Frost et al., 2004).

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