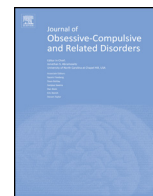




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# Traumatic life events in individuals with hoarding symptoms, obsessive-compulsive symptoms, and comorbid obsessive-compulsive and hoarding symptoms

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## ABSTRACT

Individuals with OCD or hoarding symptoms frequently report experiencing traumas and traumatic events may be a risk factor for anxiety and mood disorders; however, little research has compared rates of specific traumas in those with OCD symptoms alone, hoarding symptoms alone, or comorbid OCD and hoarding symptoms. Participants were individuals with elevated OCD symptoms, hoarding symptoms, or both, who completed online questionnaires about types of traumatic events and the temporal association of traumas and symptom onset. Results indicated that hoarding severity was positively associated with the number of traumatic events that occurred prior to symptom onset, supporting the notion of cumulative trauma in hoarding. Those with hoarding alone also had higher rates of physical assault and transportation accidents prior to symptom onset than those with OCD symptoms alone. Finally, those with hoarding and OCD symptoms reported higher rates of sexual assault prior to symptom onset than those with OCD alone. There were no differences between groups on traumatic events after symptom onset. This suggests that there may be an important association between hoarding and certain traumatic events prior to symptom onset.

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## 1. Introduction

Stressful life events have been identified as risk factors for OCD and hoarding and are common in individuals with these disorders. Eighty-two percent of those with OCD report a history of trauma and traumas have been linked to the onset of OCD (Cromer, Schmidt, & Murphy, 2007a, 2007b; Khanna, Rajendra, & Channabasavanna, 1988; McKeon, Roa, & Mann, 1984) and hoarding (Landau et al., 2011). Those who hoard are even more likely to have experienced a trauma than those with OCD (Frost, Steketee, & Tolin, 2011). To fully understand the link between trauma and hoarding or OCD, various aspects of the experience of traumas should be considered, including rates and timing of specific types of traumas (physical assault, sexual assault, natural disaster, etc.), and the number of different types of traumas.

### 1.1. Types of traumatic events

Different types of traumas are associated with hoarding versus OCD. Individuals with OCD frequently report having witnessed

violence (48.1%), had a major life-threatening accident (46.5%), been robbed/mugged (24.8%), or experienced physical assault (25.7–28.7%), a natural disaster (23.8%), or sexual assault (16.3–26%) (Gershuny et al., 2008). Individuals who hoard report high rates of being physically handled roughly during childhood (46%) or adulthood (42%), having possessions taken by force (31%), forced sexual activity (27–31%) (Hartl, Duffany, Allen, Steketee, & Frost, 2005; Samuels et al., 2008).

Landau et al. (2011) conducted one of the few studies that compared individuals with OCD versus those who engage in hoarding on rates of traumas. Relative to individuals with OCD alone and non-clinical controls, individuals with hoarding (with and without OCD) reported more disaster-related traumas (which included natural or man-made disasters and actual or feared injury/illness/death of self or others) (Landau et al., 2011). There were no group differences on crime-related events (mugging or robbery), physical/sexual assault (forced sexual contact, attacks or beatings causing injury), or rates of individuals who linked their symptom onset to traumas (Landau et al., 2011).

However, Landau et al. compared *categories* of traumatic events, not rates of specific traumas. This procedure may obscure the links between particular types of traumas and hoarding or OCD symptoms. For example, it is unclear whether Landau et al.'s finding indicating more disaster-related traumas in individuals

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who hoard was due to the experience of natural/man-made disasters, such as earthquakes, or to a significant other dying from an illness, such as cancer. Similarly, combining sexual and physical assault into one category may obscure potential differences between groups on these traumas.

### 1.2. Timing of traumatic events

The timing of traumatic events relative to symptom onset is another important consideration. Exposure to stressful life events increases unwanted intrusive thoughts, such as obsessions (Horowitz, 1975; Rachman & de Silva, 1978) and can condition anxiety to specific stimuli, leading to increased reliance on behaviors, such as compulsions, that reduce anxiety in response to these stimuli (Eysenck & Rachman, 1965). It is unclear whether traumas contribute to hoarding; however, it is possible that a trauma wherein possessions are lost may contribute to hoarding. Further, it is possible that the experience of an assault could lead to attachments to individuals being distressing or uncertain, and attachments to objects being comforting.

It may also be that individuals with OCD or hoarding are at greater risk for experiencing specific types of traumatic events after the onset of their symptoms. For example, the unsanitary conditions often involved in hoarding may increase the likelihood of loss of a significant other due to illness. Similarly, compulsive checking to ensure that one has not run someone over with one's car may interfere with the ability to safely drive; thereby increasing the likelihood of a motor vehicle accident. Some studies have found attentional deficits in individuals with OCD including difficulties in set-shifting, response inhibition, and controlled and selective attention (Clayton, Richards, & Edwards, 1999; Schmidtke, Schorb, Winkelmann, & Hohagen, 1998). Similarly, inattention, hyperactivity, slowed reaction time and increased impulsivity have been found in individuals who engage in hoarding (Grisham, Brown, Savage, Steketee, & Barlow, 2007; Hartl et al., 2005); therefore, it is possible that performance would be diminished in tasks that require sustained attention, like driving, in both individuals who hoard and those with OCD.

Individuals with a later age of onset of hoarding are more likely to identify stressful life events at the time of symptom onset (Grisham, Frost, Steketee, Kim, & Hood, 2006; Landau et al., 2011). However, many individuals who hoard (43–60%) do not identify a stressful life event prior to symptom onset (Hartl et al., 2005; Landau et al., 2011). To date, no study has examined the temporal association of specific types of traumas and symptom onset. This may offer a more nuanced picture of the association between trauma and onset of hoarding or OCD symptoms than simply examining whether a traumatic event occurred prior to symptom onset.

### 1.3. Number of traumatic events

Another important aspect of examining trauma is the number of different types of traumas. Fifty percent of traumatized individuals experience multiple types of traumas (Briere, Kaltman, & Green, 2008). The number of different traumas experienced is associated with severity of anxiety, depression, anger and somatic symptoms (Cloitre, Cohen, Edelman, & Han, 2001; Follette, Polusny, Bechtle, & Naugle, 1996) suggesting a cumulative effect of trauma.

Data examining the association between the number of traumas and OCD severity is mixed, with one study demonstrating a positive association (Cromer et al., 2007a) and another study finding no association on one measure of OCD and a negative association on another measure of OCD (e.g., Landau et al., 2011). In hoarding, results are much more consistent, with all studies revealing a positive association between the number of traumas and hoarding severity (Cromer et al., 2007a; Landau et al., 2011; Tolin, Meunier, Frost, & Steketee, 2010). Similarly, individuals who hoard (with and

without OCD) report more traumas than individuals with OCD without hoarding (Cromer et al., 2007a; Landau et al., 2011) or non-clinical controls (Landau et al., 2011). However, no study has examined whether individuals who hoard have a greater number of traumas occurring prior to or after symptom onset.

The purpose of the current study was to examine the following variables in an Internet sample of individuals with elevated OCD symptoms but little hoarding, individuals with elevated hoarding symptoms but little OCD, and elevations in both hoarding and OCD symptoms: (a) the number of traumatic events and (b) prevalence of specific types of traumatic events *prior* to the onset of symptoms in these groups, and *after* the onset of symptoms in these three groups.

The administration of online questionnaires is an increasingly common practice in psychological studies (Skitka & Sargis, 2006) with numerous published studies of hoarding and other disorders being conducted entirely online (e.g., Tolin, Fitch, Frost, & Steketee, 2010; Tolin, Frost, Steketee, & Fitch, 2008; Tolin, Frost, Steketee, Gray, & Fitch, 2008; Tolin, Meunier, et al., 2010; Walther, Flessner, Conelea, & Woods, 2009). Studies have demonstrated equivalence between Internet and paper and pencil administration of questionnaires (Carlbring et al., 2007; Donker, van Straten, Marks, & Cuijpers, 2010; Hedman et al., 2010; Melli, Chiorri, Smurra, & Frost, 2013; Vallejo, Jordán, Díaz, Comeche, & Ortega, 2007). Additionally, studies have shown that results using Internet samples are consistent with effects found in traditional data sets (for a brief review, see Gosling, Vazire, Srivastava, & John, 2004). The Internet may be particularly helpful in recruiting individuals who suffer from disorders with low base-rates and disorders which involve an increased level of secrecy or shame, such as hoarding. Numerous Internet studies examining hoarding have been conducted (Tolin, Fitch, et al., 2010; Tolin, Frost, Steketee, & Fitch, 2008; Tolin, Frost, Steketee, Gray, et al., 2008; Tolin, Meunier, et al., 2010) including one that examined the experience of trauma (Tolin, Meunier, et al., 2010); however no Internet study has compared traumas in individuals with elevated hoarding symptoms relative to individuals with elevated OCD symptoms and those with elevations in both OCD and hoarding symptoms. Further, no Internet study has examined the experience of traumas prior to symptom onset and after symptom onset in these groups.

In examining lifetime traumas, it was hypothesized that: (a) individuals with elevated hoarding symptoms (with and without OCD symptoms) would have a higher number of lifetime traumatic events overall than individuals with OCD symptoms but little hoarding and (b) total number of lifetime traumatic events will be associated with severity of hoarding, but not severity of OCD symptoms. When examining traumatic events *prior* to symptom onset, it was hypothesized that (a) individuals with hoarding (with and without OCD symptoms) will have a higher number of traumas occurring prior to symptom onset than will those with OCD symptoms but little hoarding and (b) the number of traumatic events *prior* to symptom onset would be associated with the severity of hoarding but not OCD. There is no literature regarding rates of specific types of traumatic events prior to or after symptom onset, therefore, these analyses were considered exploratory. It is important to get a clearer picture of the temporal association between traumatic events and symptoms in these three groups.

## 2. Method

Participants were recruited internationally via announcements on websites, blogs, listservs and social media sites for OCD or hoarding. Participants completed questionnaires online and were given the option to enter their contact information to be entered into a raffle for a gift card.

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