

Summary

Compulsions as a Maladaptive Emotion Regulation Strategy

Fatma Oktay

Süleyman Demirel University

Emotion regulation (ER) is defined as the ability of individuals to soften and manage their emotional experiences in a way to increase harmony and psychological functionality (Jacob, Morelen, Suveg, Brown Jacobsen & Whiteside, 2012). People use various strategies to regulate their feelings. Two of these strategies are emotional avoidance and excessive preoccupation with emotions. Some examples of emotional avoidance strategies are emotion suppression, distraction, denial, rationalization, substance abuse, dissociation, and excessive preoccupation with emotions can be classified as rumination, anxiety and obsessions (Hayes & Feldman, 2004). These strategies are adaptive responses when they are instantly applied to strong emotions. However, their repetitive, rigid and excessive use (for both positive and negative emotions) leads to an increase in the severity, intensity and duration of emotions (Gross, 2002; Gross & Levenson, 1997; Moritz et al., 2016; Pennebaker, 1997; Salovey, Rothman, Detweiler & Steward, 2000).

Some ER explanations emphasize the ability to control negative emotions and reduce the level of arousal, and some of them emphasize the experience, differentiate and reaction of all emotional experiences (Gratz & Roemer, 2004). In both cases, difficulty in ER may adversely affect the adaptive benefits of feelings (Stern et al., 2014). In decision-making mechanisms (Bechara, 2004; Heilman, Crisan, Houser, Miclea, & Miu, 2010), goal directed behavior (Gray, 2004; Johnson, 2009) and reacting appropriately to living conditions (Lyons & Schneider, 2005; Montes-Berges & Augusto, 2007) deterioration may occur. In addition, it has been shown that the deficiencies in ER occur in many psychiatric disorders (Berking & Wupperman, 2012): anxiety (Mennin et al., 2005; Turk et al., 2005), unipolar depression (Mennin et al., 2005, 2007; Rottenberg, Kasch, Gross & Gotlib, 2002), generalized anxiety disorder (McLaughlin, Mennin & Farach, 2007; Roemer et al., 2009), eating disorders (Svaldi, Greipenstroh, Tuschen-Caffier & Ehring, 2012), borderline personality disorder (Glenn & Klonsky, 2009), body focused repetitive behaviors

(Diefenbach et al., 2008; Shusterman, Feld, Baer & Keuthen, 2009; Snorrason, Smári & Ólafsson, 2010; Woods, Wetterneck & Flessner, 2006). Body focused repetitive behaviors and compulsive rituals share some common features (Roberts, O'Connor & Bélanger, 2013). Individuals engage in body focused repetitive behaviors or compulsions report that it is difficult to resist to these behaviors despite their negative consequences (Bohne, Keuthen & Wilhelm, 2005).

Obsessive Compulsive Disorder (OCD) is a psychological disorder that is characterized with obsession (recurrent intrusive thoughts) and / or compulsions (repetitive ritual behaviors or mental actions) and severely disrupts functionality. Individuals with OCD experience more anxiety than healthy individuals when they encounter a stimulus associated with the disorder (Schienle, Schafer, Stark, Walter & Vaitl, 2005; van den Heuvel et al., 2004). They feel compelled to do compulsions to reduce anxiety associated with obsessions (Paul, Simon, Endrass & Kathmann, 2016). Individuals with OCD are aware of the irrationality of their compulsive habits. However, they cannot resist these repetitive behaviors because they have such great anxiety that they cannot cope (Taylor & Liberzon, 2007). Considering the stated cases, it was thought that excessive anxiety related to stimulus may be related to disorders in ER mechanism and compulsions may be maladaptive ER strategies.

In this study, the position of compulsions in OCD between maladaptive ER strategies will be evaluated and discussed. Reviewed articles are gathered from Web of Science database and Google Scholar. Master's and doctoral theses are not included in the study. A total of 102 articles have been reached, and 20 papers have been reviewed in this study according to the degree of relevance and appropriateness of the purpose of the study.

Studies have found a relationship between OCD symptom and limited access to ER strategies (de la Cruz et al., 2013). In addition, it has been found that OCD individuals show deficiencies in using cognitive restructuring to reduce negative emotions (Paul et al., 2016).

Researchers have proposed various models to explain the relationships between OCD and impairments in ER. According to the cognitive model of OCD, beliefs, intrusive thoughts and ways of interpreting images can increase anxiety and compulsions. Increased compulsions (e.g., control behaviors) were associated with emotion dysregulation (Coleman, Pietrefesa, Holaway, Coles & Heimberg, 2011). The second model is associated with the tendency to avoid the change in OCD (Coles, Schofield & Pietrefesa, 2006) and exposure to too much protection as a child (Coles and Schofield, 2008). Such factors can lead to deficiencies in addressing difficult situations and coping with accompanying negative emotions. In addition, parents' being overprotected may prevent their children from experiencing positive emotions. Deficiencies in problem solving and experiencing emotions can prevent the person from becoming stronger in understanding their feelings. In this model, it is argued that the deficiencies in recognizing and understanding emotions lead the individual to endeavor to not to experience these feelings and to use maladaptive ER strategies (rumination, suppression, avoidance) when experiencing emotions. The third model to explain the relationships between OCD and ER focuses on maintaining compulsions (Calkins, Berman & Wilhelm, 2013). According to this model, individuals with OCD give their attention to the negativity and potential consequences of intrusive thoughts. Thus, they lead to a destructive cycle of anxiety and anxiety suppression attempts. This cycle causes an individual's no confidence in the ability to regulate the emotional states that cause stress to him / her. Thus, the use of maladaptive coping strategies continues.

Maladaptive ER strategies may be a risk factor for the development of psychological disorders (Kret & Ploeger, 2015). In fact, with the rapid developments in ER research, it was thought that emotion dysregulation causes anxiety disorders (Amstadter, 2008). Accordingly, it seems necessary to add ER components to the treatment of OCD. ER skills can be taught to the patient before starting exposure therapies in the treatment of OCD individuals (de la Cruz et al., 2013). Considering the fear of sensations and emotions (Calkins, Berman & Wilhelm, 2013), it may be useful to expose them to emotion experiences. In addition, teaching ER skills prior to exposure-response prevention interventions may facilitate the participation in treatment and decrease OCD symptoms. After teaching ER skills, the effect of emotion on behavior is eliminated by preventing the usual reactions of the patients when they are anxious (for example by preventing compulsive handwashing) and by defeating the patient's fear or anxiety. In addition to exposure therapies in the field of OCD, third-wave cognitive and behavioral therapies are also evident. Many

of these therapies focus on the conscious awareness of Buddhism. Conscious awareness is considered to be a specific ER strategy and aims to change the relationship with one's experience (Chambers, Gullone & Allen, 2009). In a study conducted with non-clinical sample, it has been shown to reduce the symptoms of OCD (Hanstede, Gidron & Nyklíček, 2008). Another way to follow when working with compulsions is Acceptance and Commitment Therapy. ACT is based on experiential avoidance. In ACT, the problem of escaping or avoiding aversive situations is the problem itself and the aversive situation is not a problem. Therefore, ACT therapists aim to help their patients to accept aversive conditions. Research has shown that ACT is effective in eliminating skin picking (Flessner, Busch, Heideman & Woods, 2008; Twohig, Hayes & Masuda, 2006). Considering the similarities between body focused repetitive behaviors and compulsions, this type of therapy was thought to be effective on compulsions.

Discussion

The concept of emotion regulation has been described in different ways in the literature and has been shown to be related to many psychopathologies. One of these psychopathologies is Obsessive Compulsive Disorder.

It is known that people with obsessive compulsive disorder experience much anxiety when they encounter a stimulus associated with the disorder (Schienle et al., 2005; van den Heuvel et al., 2004) and feel as if they have to do compulsions to alleviate this anxiety (Paul et al., 2016). From this point of view, it has been thought that excessive anxiety related to stimuli may be related to disorders in ER mechanism and compulsions may be maladaptive ER strategies. In addition, it was determined that emotion regulation mechanisms could play a role in two stages of this process based on the studies reviewed within this study: Intense anxiety response when faced with the disorder-related stimulus and the use of compulsions because this anxiety response could not be regulated. Therefore, it is considered that it is necessary to teach the ER strategies to the patient during the exposure-response prevention interventions which are frequently used in the treatment of OCD. Thus, in the interventions in which ER strategies are included, the patient's anxiety response can be made more tolerable. It will also reduce the use of compulsions and ensure that emotions are accepted and experienced; thus, it will help to alleviate the psychopathology.

In the revised studies, various methods (e.g., emotion recognition, conscious awareness meditations, etc.) were addressed to improve ER strategies. However, the

efficiency of the majority of these methods is not known. Therefore, research on the efficiency of new ER skills as well as the efficiency of methods to make existing ER strategies more adaptive will contribute greatly to the field. Efficiency studies should be done in clinical samples in order to be accepted in the field of application of ER interventions which are expected to be efficient on OCD. In addition, it is very important to determine the variables that play a mediator and moderator role in the relations between OCD and ER. Once the role of ER in Obsessive Compulsive Disorder is clearly understood, it will be possible to reach a comprehensive and integrative OCD model.

In future research, it is important to note that there are different definitions of ER. In the literature, it is defined as the ability to control negative emotions and reduce the level of excitability, as well as to experience, distinguish and react to all emotional experiences (Gratz & Roemer, 2004). It should be kept in mind that researches based on different definitions will obtain different findings and the findings should be evaluated within the framework of the definition used.