

## **An Exploratory Study of a Turkish Sample of Persons with Hoarding Behavior**

### **Authors**

Saliha Ceren Ekiz<sup>1\*</sup>, Mari Ito-Alpturer<sup>2</sup>

### **Affiliations**

<sup>1</sup>Master's Program in Clinical Psychology, Graduate School of Social Sciences Yeditepe University, Istanbul, 34755, Turkey

<sup>2</sup>Master's Program in Clinical Psychology, Graduate School of Social Sciences Yeditepe University, Istanbul, 34755, Turkey

\*To whom correspondence should be addressed; E-mail: [salihaceren.ekiz@std.yeditepe.edu.tr](mailto:salihaceren.ekiz@std.yeditepe.edu.tr)

Preprint

## **Abstract**

Hoarding research in Turkey is still in an early stage, where both quantitative and qualitative research is needed to understand hoarding in the Turkish context. This is an exploratory qualitative study of a Turkish sample of individuals who exhibit compulsive hoarding behavior. The study consists of two phases. Firstly, an online hoarding screening survey ( $N=357$ ) was conducted using three diagnostic tools (i.e., Saving Inventory-Revised, Hoarding Rating Scale, and Clutter Image Rating). Secondly, the participants ( $n=13$ ) who met the criteria for hoarding disorder were invited to an online interview. Four participants agreed. Interview transcriptions were studied through the idiosyncratic case study approach of Interpretive Phenomenological Analysis, which enabled the researcher to discover four higher-order themes and their sub-themes that were common across the cases. They were: 1) “Guarding Against Failure,” whose sub-themes were “Fear of Not Having Something Necessary When Needed,” “Fear of Losing Financial Resources,” and “Fear of Losing Memories”; 2) “Rooted in the Family” whose sub-themes were “Like Mother Like Daughter,” “Modeling,” and “Shared Family Activity”; 3) “Triggering Traumatic Experience” whose two sub-themes were “Family Health Crisis,” and “Family Financial Crisis”; and 4) “Limited Insight & Distortion of Reality” with four sub-themes as “Normalization,” “Denial,” “Underestimation,” and “Justification.” While the results were in line with the cognitive-behavioral model of hoarding, the family-centered themes, such as hoarding as a family activity and traumatic events in the family, were salient in the participants’ experiences.

**Keywords:** Hoarding disorder; qualitative research, Turkish sample, interpretative phenomenological analysis

## INTRODUCTION

The focus of this study is the phenomenon of compulsive hoarding and lived experiences of individuals who hoard. Hoarding disorder (HD) is a newly added term in mental health. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, American Psychiatric Association, 2013) is the first manual that ever-listed HD separately from an obsessive-compulsive disorder. According to DSM-5, HD is characterized by excessive acquiring, a strong urge to save, difficulty discarding or parting with possessions, and clutter resulting from the accumulation of possessions and disorganization. People with HD often experience impairment in social, occupational, and other areas of functioning. However, they tend to have poor insight into the severity of their own problem. Scientific investigation into the phenomena of hoarding effectively started in the early 1990s by a group of psychologists at Smith College in the US. The first theoretical explanation of compulsive hoarding was published by Frost and Hartl in 1996. According to their cognitive-behavioral model, hoarding is a multifaceted problem associated with deficits in information processing, problems in emotional attachments, behavioral avoidance, and false beliefs about the nature of possessions. Information processing deficits are found in different areas. The first problem is in decision-making, especially indecisiveness due to fear of making mistakes (i.e., perfectionism). The second problem is to do with categorization, represented by the tendency for under-inclusion (i.e., forming many small-size categories) and the use of extremely complex categorization schemes that makes the organization of items difficult. The third problem is related to memory, which can be characterized as a lack of confidence in one's own memory and the tendency to overestimate the importance of remembering and recording everything. This leads to keeping objects to remember things. Emotional attachment problems involve forming an extremely emotional attachment to possessions, for example, giving objects highly sentimental values or seeing them as a source of comfort and security. Concerning behavioral avoidance, hoarders tend to postpone making decisions, perhaps out of a fear of making mistakes such as throwing away needed possessions. They avoid evaluating and organizing possessions. False beliefs about the nature of possessions can be categorized into three types: the need to keep control of possessions, a sense of responsibility for possessions, and the need for perfection.

Studies have been conducted in Europe and the US to understand the prevalence of HD in the local general population (Bulli et al., 2014; Cath et al., 2017; Iervolino et al., 2009; Mueller et al., 2009;

Nordsletten et al., 2013; Samuels et al., 2008; Timpano et al., 2011). Although prevalence rates of HD reported in these epidemiological surveys vary, the rates mostly stay in the range of 2 to 6 % of the population. Hoarders' family backgrounds have also been investigated since the early years of hoarding research. According to Frost and Gross (1993), hoarders are more likely than non-hoarders to have relatives with excessive saving behavior. 78% of the participants with hoarding behavior (25 out of 32) stated that they had first-degree relatives with excessive saving behavior who could be called "pack rats." Another small-sample study by Winsberg et al. (1999) found some supporting evidence for the earlier study by Frost and Gross. Winsberg et al.'s sample consisted of 20 adults with OCD who also exhibited hoarding symptoms, 84% of whom mentioned a history of hoarding behaviors in their family. Pertusa et al. (2008) also found that around 50% of the sample with severe hoarding behavior reported the existence of first-degree family members with hoarding.

Apart from quantitative research on hoarding that investigates prevalence rates, there is a small group of research that is exploratory and qualitative (e.g., Brian et al., 2018; Kellett et al., 2010; Orr et al., 2019; Subramaniam et al., 2019). This kind of research gives a researcher a chance to explore the first-hand experience of individuals with compulsive hoarding and their family's experience. In qualitative research, the researcher can listen to their own accounts of how hoarding behaviors developed, what it is like to live with hoarding and the thoughts and emotions involved in hoarding. The rich information obtained from such research may help the prediction, treatment, and prevention of HD. For example, Kellett et al. (2010) did small-scale qualitative research based on interpretive phenomenological analysis (IPA) to gain an understanding of hoarders' experiences in their own words. 11 participants from OCD Action in the UK were interviewed. "Childhood factors," "relationship to the hoarded items," "avoidance of discard," and "the impact of hoarding upon self, others, and the home environment" were four themes identified by the researchers. While compulsive hoarders tended to behave in an ego-syntonic manner, the themes identified in Kellett et al.'s (2010) study showed evidence of deep psychological distress caused by hoarding. Only a limited number of hoarding studies have been done in Turkey, most of which are basic prevalence studies or scale adaptation studies. Especially in this early stage of the investigation in Turkey, qualitative research is of value for understanding Turkish experiences of hoarding. Still, not much is known about the experiences of Turkish people with hoarding disorder. Given that, a qualitative, interview-based study was designed to gain an in-depth understanding of hoarding

behavior and its personal meanings in the Turkish cultural context. For this purpose, the present study was designed as two-phased research. The first phase aimed to screen those with hoarding symptoms from a sample of the Turkish general adult population, not from OCD patients. Based on the result of the screening, selected individuals who met the criteria of HD were interviewed in the second phase. The interviews were conducted and analyzed according to the principle of interpretive phenomenological analysis (IPA). The interviews aimed to elicit hoarding-related themes that are important for Turkish hoarders by listening to their own words and interpretations. The study is expected to fill the gap in the literature on hoarding disorder in the Turkish population and pave the way for future qualitative and qualitative studies.

### **Participants**

In the first phase, 357 individuals (65 males, 291 females, and 1 other) participated in the online survey. The participants' age ranged from 18 to 68 years. The mean age of participants was 29.9 (S.D. = 11.5), while the median of their age was 24. The majority (65%) were under 30 years old. 69.3% of them participated from Istanbul, and the rest of them participated from many different parts of Turkey. Out of 357 participants, 197 (54.9%) currently were students, 12 (3.4 %) were homemakers, 10 (3.0 %) were retired, three (0.9 %) were unemployed, and the rest of them come from a variety of occupational groups. 67.8% were single, 28.3% were married, and 4% were either divorced or widowed.

### **Instruments**

In the participant selection phase, three scales were used to measure the severity of hoarding behavior. These scales are commonly used diagnostic tools for HD, which can be found in handbooks for therapists/researchers (e.g., Frost & Steketee, 2014; Steketee & Frost, 2006).

Saving Inventory-Revised (SI-R) was designed by Frost et al. (2004). The scale consists of 23 items. It has three subscales: 9-item "clutter" subscale, 7-item "difficulty discarding/saving" subscale, and 7-item "acquisition" subscale. A total score of 41 or above is used to identify hoarding disorder (HD). The Turkish adaptation was made by Demirhan and Yorulmaz (Demirhan, 2014; Yorulmaz & Demirhan, 2015).

The Hoarding Rating Scale (HRS) was originally devised by Tolin et al. (2010) for use in the interview format (i.e., HRS-I), although it can also be used as a self-report format (i.e., HRS-

SR). In the present study, HRS was used in the self-report questionnaire. The sum of all item scores is used as the total HRS score, whose diagnostic cut-off point is recommended to be 14. In the present study, the Turkish HRS by Tezcan, Tumkaya, and colleagues (Tezcan, 2016, Tumkaya et al., 2020) was used with minor modifications to its Turkish translation.

Clutter Image Rating (CIR) was designed by Frost et al. (2008). The scale presents nine photographs each for a living room, a bedroom, and a kitchen. For each room category, the participants are asked to select a photograph that resembles their room. It can be used either as a self-report measure or as a diagnostic tool for the observer. The photographs are numbered from 1 to 9, ranging from “no clutter” to “severely cluttered.” Frost et al. (2008) reported average scores for people with HD were 3.7 for the living room, 3.4 for the kitchen, and 4.1 for the bedroom, while average scores for those without HD were 1.3, 1.2, and 1.3, respectively. A CIR score of 4 or above can be used to identify significant clutter due to hoarding. With the permission of the original authors, the CIR Turkish version was prepared by the researchers and used in the present study.

## **Procedure**

Prospective participants were recruited via a notice asking for participation in a research project on hoarding-related behavior. The call for research participation and a link to the online hoarding-screening survey (Google Forms) were distributed and shared via social media platforms to reach as many people as possible. As a recruitment incentive, the call for research participants stated that three of the participants would be selected via a draw and given a gift card worth 50 Turkish Lira. Those who saw the call were able to use the link to respond directly to the survey questionnaire. In the hoarding screening survey, the participants completed Saving Inventory-Revised, the Hoarding Rating Scale, and the Clutter Image Rating in this order. Participants' scores on these diagnostic scales were calculated to identify high scorers who met the criteria for HD on multiple scales. As a result, 35 participants (9.8%) out of 357 met both SI-R ( $\geq 41$ ) and HRS ( $\geq 14$ ) criteria. Among them, 13 participants (3.6%) met the selection criteria for CIR set by the researcher (either CIR mean  $\geq 3$  or CIR bedroom  $\geq 4$ ) as well. Those 13 participants were contacted via e-mail and invited to an online interview. Four of them responded and accepted the invitation, which made the return rate 30.8%. The profile of the four interview participants is presented in Table 1.

A semi-structured, in-depth interview was conducted with each participant on the Zoom online meeting platform due to precautions related to the Covid-19 pandemic. The participants' accounts in the interviews were audio-recorded and transcribed verbatim. The interview transcriptions were analyzed following the ideographic case study approach within the framework of interpretive phenomenological analysis (IPA) (Smith & Osborn, 2003; Smith et al., 2009). Both Phase I (HD screening survey) and Phase II (Interview) of the research were approved by Yeditepe University Human and Social Research Ethics Committee (no. E.50532705-302.14.01-935).

## **RESULTS**

Four higher-order themes and 12 subthemes emerged from the analysis of the participants' interview accounts. Table 2 presents a summary of the emergent themes with example accounts. The first theme, "Guarding against Failure," was about hoarding as an act of protection from possible failure. Underlying this theme is the fear of failure and probably the desire to be perfect. By stocking up enough or by refusing to choose in case they make a wrong decision, they alleviate their anxiety about failure. The second theme, "Rooted in the Family," emerged because all participants reported that their mother or other family members also displayed hoarding behaviors. They believe they acquired hoarding habits by observing and modeling their behavior from an early age. The third theme, "Triggering Traumatic Experience," highlights the traumatic events reported by the participants that seem to have acted as a trigger for the onset or advancement of hoarding. The last theme was "Limited Insight and Distortion of Reality," which reveals how participants attempt to make their hoarding behaviors look okay using some excuses and explanations.

## **DISCUSSION**

The study aimed to explore the experiences of individuals with compulsive hoarding behavior and to discover the latent meaning of their experiences. Four individuals with hoarding behaviors were interviewed, and their accounts were analyzed with the IPA method. The IPA of a very small number of cases made it possible to look deeply into each participant's unique personal experience as a hoarder and to understand their hoarding-related experiences from their own perspectives. The interview participants were a homogeneous sample of hoarders in terms of age, gender, and occupation, which were ideal for IPA.

The analysis yielded many parallel findings with Frost and Hartl's (1996) cognitive-behavioral model of hoarding. According to Frost and Hartl's model, hoarders display deficits in their informational processing. These are decision-making deficits, categorization/organization deficits, and memory-related difficulties. All of them were observed in the participants of the present study. Moreover, the interview participants all reported their first-degree relatives with hoarding or excessive indecisiveness/obsessiveness tendencies, which was in line with earlier research (Frost & Gross, 1993; Winsberg et al., 1999) showing a high rate of hoarding among first-degree relatives of persons with HD. On the other hand, there are also culturally unique aspects. The family-centered themes were salient in the experiences of Turkish hoarders in this study, as described above. A traumatic event is often experienced as a family; hoarding is sometimes pursued as a family activity. Thus, the study revealed that hoarding was not only an individual activity but could also be a collective experience of family members. This finding may reflect the family-oriented culture of Turkish society, which is different from the individualist Western societies.

## **CONCLUSION**

This research clearly showed that the people who hoard are experiencing a lack of insight into their hoarding behavior. Those with more serious hoarding tended to have poorer insights. Those who lack insight into their hoarding problems are most likely to resist intervention and treatment. Therapists should understand the hoarder's level of insight and egocentric thinking to develop an effective treatment plan. Not only the lack of awareness of individuals but also society is not fully aware of HD. One of the participants reported that she had never heard of any such disorder until a friend mentioned this survey about hoarding. Some awareness campaigns can be organized to increase society's awareness of HD. People with HD have limited insight, distorted cognition, and egocentric reasoning, so their social environment needs to be aware of this disorder. Future research can focus on the treatment and practical support aspects of hoarding. Especially in Turkey, finding clinical psychologists specializing in HD or support groups for HD is currently very difficult.



## REFERENCES AND NOTES

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

Brien C, O'Connor J, Russell-Carroll D. (2018). “Meaningless carrying-on”: A psychoanalytically-oriented qualitative study of compulsive hoarding. *Psychoanalytic Psychology*, 35(2), 270 –279. <http://dx.doi.org/10.1037/pap0000100>

Bulli F, Melli G, Carraresi C, Stopani E, Pertusa A, Frost RO. (2014). Hoarding behaviour in an Italian non-clinical sample. *Behavioural and Cognitive Psychotherapy*, 42(3), 297-311. <https://doi.org/10.1017/S1352465812001105>

Cath DC, Nizar K, Boomsma D, Mathews CA. (2017). Age-specific prevalence of hoarding and obsessive-compulsive disorder: a population-based study. *The American Journal of Geriatric Psychiatry*, 25(3), 245-255. <http://dx.doi.org/10.1016/j.jagp.2016.11.006>

Demirhan N. (2014). KompulsifbiriktirmeninBilişsel-DavranışçıModeli'ninincelenmesivebiriktirmeenvanteri-gözdengeçirilmişformu'nunTürkçeyeyarlanması [Examination of cognitive-behavioral model of hoarding and Turkish adaptation of Saving Inventory-Revised] [Master's thesis, Division of Clinical Psychology, Department of Psychology, Uludağ University, Turkey)] Retrieved from <https://acikerisim.uludag.edu.tr/handle/11452/6276>

Frost RO, Gross RC. (1993). The hoarding of possessions. *Behaviour Research and Therapy*, 31(4), 367-381. [https://doi.org/10.1016/0005-7967\(93\)90094-B](https://doi.org/10.1016/0005-7967(93)90094-B)

Frost RO, Hartl TL. (1996). A cognitive-behavioral model of compulsive hoarding. *Behaviour Research and Therapy*, 34 (4), 341–350. [https://doi.org/10.1016/0005-7967\(95\)00071-2](https://doi.org/10.1016/0005-7967(95)00071-2)

Frost RO, Steketee G. (Eds.) (2014). *The Oxford handbook of hoarding: Hoarding and acquiring*. Oxford University Press.

Frost RO, Steketee G, Grisham J. (2004). Measurement of compulsive hoarding: saving inventory-revised. *Behaviour Research and Therapy*, 42, 1163–1182.  
<https://doi.org/10.1016/j.brat.2003.07.006>

Frost RO, Steketee G, Tolin, DF, Renaud S. (2008). Development and validation of the clutter image rating. *Journal of Psychopathology and Behavioral Assessment*, 30(3), 193-203.  
<https://doi.org/10.1007/s10862-007-9068-7>

Iervolino AC, Perroud N, Fullana, MA, Guipponi M, Cherkas L, et al. (2009). Prevalence and heritability of compulsive hoarding: a twin study. *American Journal of Psychiatry*, 166, 1156–61.  
<https://doi.org/10.1176/appi.ajp.2009.08121789>

Kellett S, Greenhalgh R, Beail N, Ridgway N. (2010). Compulsive hoarding: An interpretative phenomenological analysis. *Behavioural and Cognitive Psychotherapy*, 38(2), 141-155.  
<https://doi.org/10.1017/S1352465809990622>

Mueller A, Mitchell JE, Crosby RD, Glaesmer H, de Zwaan M. (2009). The prevalence of compulsive hoarding and its association with compulsive buying in a German population-based sample. *Behavioural Research and Therapy*, 47, 705–9. <https://doi.org/10.1016/j.brat.2009.04.005>

Nordsletten AE, Reichenberg A, Hatch, SL, Fernández de la Cruz L, Pertusa A, et al. (2013). Epidemiology of hoarding disorder. *The British Journal of Psychiatry*, 203(6), 445-452.  
<https://doi.org/10.1192/bjp.bp.113.130195>

Orr DM, Preston-Shoot M, Braye S. (2019). Meaning in hoarding: Perspectives of people who hoard on clutter, culture and agency. *Anthropology & Medicine*, 26(3), 263-279.  
<https://doi.org/10.1080/13648470.2017.1391171>

Pertusa A, Fullana MA, Singh S, Alonso P, Menchon JM, Mataix-Cols D. (2008). Compulsive hoarding: OCD symptom, distinct clinical syndrome, or both. *American Journal of Psychiatry*, 165(10), 1289–1298. <https://doi.org/10.1016/j.cpr.2010.01.007>

Samuels JF, Bienvenu OJ, Grados MA, Cullen B, Riddle, MA, et al. (2008). Prevalence and correlates of hoarding behavior in a community-based sample. *Behaviour Research and Therapy*, 46(7), 836–844. <https://doi.org/10.1016/j.brat.2008.04.004>

Smith JA, Osborn M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (p. 51–80). Sage Publications, Inc.

Smith JA, Flowers P, Larkin M. (2009). *Interpretative Phenomenological Analysis: Theory, Method, and Research*. Sage.

Steketee G, Frost RO. (2006). *Compulsive hoarding and acquiring: Therapist guide*. Oxford University Press.

Subramaniam M, Jeyagurunathan A, Devi F, Chang SHS, Samari E, et al. (2019). An exploratory study on the lived experiences of hoarding in Singapore. *Health & Social Care in the Community*, 28(2), 456-466. <https://doi.org/10.1111/hsc.12878>

Tezcan D. (2016). *Obsesifkompulsifbozuklukhastalarindavebirincidereceakrabalarindadurumsalfarkindalikvetersine öğrenme: birendofenotipçalışması [Situational awareness and reverse learning in obsessive-compulsive disorder patients and their first-degree relatives: An endophenotype study] [Medical specialist thesis, Pamukkale University].DSpace Repository. <http://acikerisim.pau.edu.tr:8080/xmlui/handle/11499/1154>*

Timpano KR, Exner C, Glaesmer H, Rief W, Keshaviah A, et al. (2011). The epidemiology of the proposed DSM-5 hoarding disorder: exploration of the acquisition specifier, associated features, and distress. *Journal of Clinical Psychiatry*, 72, 780–6. <https://doi.org/10.4088/JCP.10m06380>

Tolin DF, Frost RO, Steketee G. (2010). A brief interview for assessing compulsive hoarding: the Hoarding Rating Scale-Interview. *Psychiatry Research*, 178(1), 147-152. <https://doi.org/10.1016/j.psychres.2009.05.001>

Tumkaya S, Yucens B, Mart M, Tezcan D, Kashyap H. (2020). Multifaceted impulsivity in obsessive-compulsive disorder with hoarding symptoms. *Nordic Journal of Psychiatry*, 75 (3), 207-213. <https://doi.org/10.1080/08039488.2020.1838605>

Winsberg ME, Cassic, KS, Koran, LM. (1999). Hoarding in obsessive-compulsive disorder: A report of 20 cases. *Journal of Clinical Psychiatry*, 60(9), 591-597. <https://doi.org/10.4088/JCP.v60n0905>

Yorulmaz O, Demirhan N. (2015). Cognitive correlates of hoarding symptoms: An exploratory study with a non-Western community sample. *Journal of Obsessive-Compulsive and Related Disorders*, 7, 16-23. <https://doi.org/10.1016/j.jocrd.2015.08.003>

Preprint

**Table 1**

*The profile of interview participants*

Participant	1	2	3	4
Age	23	20	25	22
Gender	Female	Female	Female	Female
Occupation	Student	Student	Student	Student
Marital Status	Single	Single	Single	Single
Living Status	Alone	With family (mother, father)	With family (mother, father, 2 sisters)	With family (mother, father)
SI-R Total (#=41)	56*	64*	71*	58*
HRS-SR Total (#=14)	22*	33*	22*	23*
CIR Mean (#=4)	4.00*	4.67*	3.00	3.00
CIR Bedroom (#=4)	8*	9*	3	4*
CIR Living room (#=4)	3	3	3	4*
CIR Kitchen (#=4)	1	2	3	1

#The cutoff score for HD diagnosis \* Score at or above the cutoff for HD diagnosis

**Table 2**

*Common themes emerged from the interview*

<b><i>Higher-order Themes</i></b>	<b><i>Sub-themes</i></b>	<b><i>Examples</i></b>
Guarding against Failure	Fear of not having something necessary when needed	<i>Will be needed one day</i> <i>Will be useful</i> <i>Fear of making a wrong decision</i> <i>Anxiety about future</i> <i>Not to regret after discarding</i>
	Fear of losing financial resources	<i>Be thrifty</i> <i>To save money by keeping,</i> <i>To make money by selling</i>
	Fear of losing memories	<i>Keeping tokens of memories,</i> <i>Sentimental attachment to objects</i> <i>Keeping digital records</i> <i>Not to forget</i>
Rooted in the Family ( <i>The apples do not fall far from the tree</i> )	Like Mother Like Daughter	<i>From Grandmother to Mother,</i> <i>From Mother to Daughter</i>
	Modeling	<i>Learning by observing and imitating a parent as a model</i>
	Shared family hoarding	<i>Hoarding together</i> <i>No one throws away anything</i>
Triggering Traumatic Experience	Family Health Crisis	<i>Sister's accident</i> <i>Father's accident</i>
	Family Financial Crisis	<i>Father's bankruptcy</i> <i>Family in debt</i> <i>Relocating home</i>
Limited Insight & Distortion of Reality	Normalization	<i>Hoarding is normal</i> <i>It is just a habit or routine</i>
	Denial	<i>My hoarding does not affect my life or others.</i>
	Underestimation	<i>I can always sort them out if I want to</i> <i>It's just due to dilatoriness.</i>
	Justification	<i>Keep hoarding is better because</i> ...