



Hoarding and depression: The mediating role of perceived burdensomeness



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ABSTRACT

Despite clear indications that hoarding behaviors contribute to social isolation and strained family relationships, no research to date has examined the associations between hoarding and several important interpersonal constructs (i.e., perceived burdensomeness and thwarted belongingness). Moreover, no research has examined how these various interpersonal needs may account for the associations between symptoms of hoarding and depression. Community participants ($N = 125$) with elevated hoarding symptoms were assessed on the interpersonal constructs of interest. Hoarding severity was significantly associated with perceived burdensomeness even after controlling for overall levels of negative affect. Moreover, perceived burdensomeness significantly mediated the relationship between hoarding severity and depressive symptoms. To our knowledge this is the first study to examine potential mechanisms that may account for the robust associations between hoarding and depression. Future investigations should attempt to replicate these findings using clinical samples.

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1. Introduction

Hoarding disorder, characterized by a persistent difficulty discarding or parting with possessions to the point of incapacitating clutter, has emerged as a considerable public health burden (American Psychiatric Association, 2013). With a prevalence rate that almost quadruples the rates of bipolar disorder and schizophrenia (Timpano et al., 2011), hoarding has been found to be associated with substantial impairment in social, occupational, and economical domains (Tolin et al., 2008a, 2008b). In addition, hoarding puts individuals at risk for the development of serious and sometimes life threatening medical and mental health conditions (Tolin et al., 2008b), highlighting the need for research in this area.

Recent advances in our understanding of the classification and measurement of hoarding have led to more reliable diagnoses and improved understanding of associated comorbidity. Indeed, hoarding was originally regarded as a symptom or subtype of obsessive-compulsive disorder (OCD). Whereas hoarding can occur in the context of OCD (Pertusa et al., 2008), OCD appears to affect only a minority of individuals with hoarding disorder (Frost et al.,

2011; Pertusa et al., 2010). In fact, recent research has found depressive disorders to be the most prevalent comorbid condition occurring in over half of individuals diagnosed with hoarding disorder (Frost et al., 2000b, 2011). Despite this considerable comorbidity, little to no research has examined factors that may be contributing this association.

Thwarted belongingness and perceived burdensomeness are two interpersonal constructs that may help to explain the robust associations between hoarding and depression. Thwarted belongingness, characterized by loneliness, detachment from others, and the perceived or definite absence of social connections, as well as perceived burdensomeness, the perception that one is a burden on others, have been proposed to arise as a result of interpersonal disturbances (Van Orden et al., 2012). These two interpersonal constructs have been extensively examined in the context of suicidal risk (Cukrowicz et al., 2011; Van Orden et al., 2008, 2012) and as such have been found to be highly correlated with depressive symptoms (Davidson et al., 2011; Hames et al., 2013, 2015).

Elevated burdensomeness and impaired belongingness are likely to impact many with hoarding disorder. In regard to burdensomeness, research has found that hoarding constitutes a serious threat not just for the individual who hoards but also for those living with or close to the sufferer creating significant interpersonal strain (Tolin et al., 2008a). For instance, Frost and Gross

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(1993) found that two-thirds of their hoarding sample reported that their saving behaviors posed a burden for family members and friends, particularly those living in the home. Tolin et al. (2008a), extended this research by conducting the first systematic study examining the burden of hoarding on family members. Individuals who resided with a hoarding family member rated their childhood as less happy, had friends over less often, argued with their parents more, and reported more humiliation about the state of their home than those who did not. In addition, they reported a high degree of hostility and rejection toward the individual who hoards.

Research has also demonstrated increased social isolation and limited social networks among those who hoard (Kim et al., 2001). It has been suggested that beliefs associated with hoarding, specifically an excessive emotional attachment to possessions, may be one factor contributing to this interpersonal strain (Grisham and Barlow, 2005). Indeed, research has found that individuals who hoard tend to anthropomorphize their belongings, connecting more to material objects than to other human beings (Timpano and Shaw, 2013). In addition, excessive clutter may also contribute to limited social behaviors due to embarrassment and an inability to invite others over to the home (Frost and Hartl, 1996).

Taken together, individuals with hoarding disorder are likely to experience substantial interpersonal problems including increased social isolation and perceptions of burdensomeness on others. However, research has not yet examined whether these interpersonal problems may help to explain the link between hoarding and depression, which is quite plausible considering the well-established role of interpersonal problems in the development of depression (Hames et al., 2013). Thus, the current study sought to examine the associations between hoarding and depression and the potential mediating role of perceived burdensomeness and thwarted belongingness. In an effort to replicate prior research, we first examined the relationship between hoarding and depression. Consistent with extant research, it was hypothesized that increased hoarding severity would be associated with increased depression symptoms. Second, we examined the relationship between hoarding severity and perceived burdensomeness and thwarted belongingness. Once again, it was hypothesized that increased hoarding severity would be associated with perceived burdensomeness and thwarted belongingness. Finally, mediation procedures were used to test the hypothesis that increased levels of perceived burdensomeness and thwarted belongingness would mediate the relationship between hoarding severity and increased depression symptoms.

2. Methods

2.1. Participants and procedure

Participants were recruited from February 2015 to March 2015 through an online crowdsourcing marketplace, Amazon's Mechanical Turk (MTurk). Participants were recruited to participate in a study designed to examine the relations between mood and anxiety risk factors. In general, data collected through MTurk appears to be of good quality, capturing a wide range of variability (Buhrmester et al., 2011; Paolacci and Chandler, 2014). There are some differences, however. Individuals completing MTurk surveys are typically young (approximately 30 years old), over-educated, under-employed, and tend to be predominantly Caucasian and of middle class status (Berinsky et al., 2012; Shapiro et al., 2013). Access to the current study was restricted to U.S. residents over the age of 18 who had a Human Intelligence Task rating of over 90%, indicating that their prior participation on M-Turk studies had been deemed to be of good quality. Participants provided informed consent prior to completing the measures, all completed online.

The study took approximately one hour to complete and participants were paid \$1.00 for their participation. This study was reviewed and received institutional review board approval at Florida State University prior to data collection.

Overall, 574 individuals completed the online survey. Two validity check items (i.e., "Are you reading this questionnaire?") were included to ensure that participants were reading and responding appropriately to the assessments. No participants were excluded for responding inappropriately to at least one of the two validity questions. Participants were then selected for the current study if they scored equal to or greater than 1 standard deviation (SD) above the nonclinical mean (i.e., ≥ 36 ; Frost et al., 2004) on the Saving Inventory Revised (SIR; Frost et al., 2004). The final sample included 125 individuals (M age = 31.77 years, SD = 11.61; 63 female [50.4%]). The current sample was predominantly Caucasian (72.8%) with 10.4% reporting African American, 9.6% Asian, 5.6% reporting other (e.g., biracial), and 1.6% American Indian or Alaskan Native. Regarding ethnicity, the sample was 9.6% Hispanic/Latino. The sample included 40.0% individuals who were single or never married, 39.2% married, 15.2% cohabitating, 3.2% divorced, and 2.4% separated. Regarding education status, 33.6% completed some college, 33.6% had a college degree, 13.6% had a graduate degree, 10.4% had a high school diploma or equivalent, 4.8% had a degree from a business or trade/technical school, and 4.0% had completed some high school. Of note, 11.2% of the sample reported they were currently taking an anti-depressant medication.¹

2.2. Measures

2.2.1. Positive and negative affect schedule (PANAS)

The PANAS is a 20-item self-report questionnaire, including 10 items each assessing two global affective dimensions, positive affect and negative affect (NA; Watson et al., 1988). Individuals read various one-word adjectives that describe different feelings and emotions and indicated to what degree these adjectives were applicable on average on 5-point Likert-type scale (from *very slightly or not at all* to *extremely*), with a higher score on the NA scale indicating higher levels of NA. The PANAS scales have demonstrated reliability as well as stability over a 2 month time-frame (Watson et al., 1988). In the present study, only the NA scale was used. The NA scale demonstrated excellent reliability in the current study ($\alpha = 0.92$).

2.2.2. Saving inventory-revised (SIR)

The SIR is a 23-item self-report questionnaire designed to measure hoarding behaviors (Frost et al., 2004). Individuals responded to questions regarding hoarding behaviors on a 5-point Likert-type scale (from *None* to *Almost all/complete*), with higher scores on the SIR indicating higher levels of hoarding behaviors. The SIR has demonstrated good internal consistency, test-retest reliability, and convergent validity in clinical and non-clinical populations (Coles et al., 2003; Frost et al., 2004). The SIR demonstrated good reliability in the current study ($\alpha = 0.84$).

2.2.3. Interpersonal needs questionnaire-revised (INQ-R)

The INQ-R is a 15-item self-report questionnaire including six items designed to measure perceived burdensomeness (i.e., burdensomeness scale) and nine items designed to measure thwarted belongingness (i.e., belongingness scale; Van Orden et al., 2012). Individuals responded to questions regarding how much they felt like they belonged and how much of a burden they believed that

¹ Separate regression equations were computed controlling for use of anti-depressant medications. All results remained the same.

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