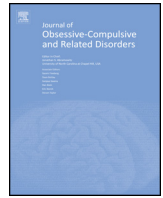




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Cognitive correlates of hoarding symptoms: An exploratory study with a non-Western community sample

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ABSTRACT

The cognitive behavioral model of hoarding, focusing on real/perceived deficits in cognitive processes, beliefs about possessions and avoidance, is mainly supported by several studies with Western samples. However, owing to the possible impact of cultural characteristics, more research is needed to support cognitive correlates of hoarding in a variety of cultures and to understand the role of the various ways of coping. Hence, the present study examines the relationships between certain cognitive constructs, namely attachment to possessions, indecisiveness, metacognitive beliefs and ways of coping with hoarding symptoms. We collected data from a Turkish community sample using self-report measures and performed correlation and regression analyses. The results confirmed the roles of indecisiveness, emotional attachment to belongingness, positive and negative beliefs about worries and cognitive confidence in hoarding symptoms. Moreover, the following factors also seemed to be associated with these symptoms: greater use of indirect ways of coping, including escape/avoidance, belief in supernatural forces, accepting responsibility, keeping to self, and less use of planned problem solving. In addition to highlighting the role of culture-specific descriptions and empirical studies, the current findings may be viewed as preliminary evidence that validates the current model and roles of various ways of coping.

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1. Introduction

Although saving and collecting may be adaptive, in severe forms it can prevent the normal use of space in the home and increases the risk of illness and injuries; and accordingly, its extreme version, as in the form of hoarding disorder, can be detrimental and stressful not only to the individual, but also to others significantly (Pertusa et al., 2010). Once considered as a manifestation and subtype of Obsessive Compulsive Disorder (OCD), contrasting research findings have prompted debate over its phenomenological and nosological distinctions from other kinds of OCD symptoms (e.g., Abramowitz, Wheaton, & Storch, 2008). Recently, a separate diagnosis, labeled hoarding disorder, has been described in the DSM-5 (American Psychiatric Association, 2013) based on the criteria of having persistent difficulty with, and being subject to considerable distress in discarding possessions, with a perceived need to keep the items and thus, leading to space limitations in active living areas, as well as impairment in important areas of functioning. In addition, two critical specifiers, namely

excessive acquisition and degree of insight, have also been implemented for the diagnosis.

Apart from clinical diagnoses, hoarding symptoms can also be commonly observed in the general population, and several researchers emphasize a continuum in experience of this behavior (e.g., Coles, Frost, Heimberg, & Steketee, 2003; Frost & Steketee, 1998). Saving, emotional attachment and reluctance to discard objects may be common experiences, but as the intensity of the hoarding behaviors increases, serious impairment can be caused by negative characteristics such as changes in the levels of distress, degradation in insight and functionality as well as the amount of space made unusable by these possessions (e.g., Nordsletten, Fernández De La Cruz, Billotti, & Mataix-Cols, 2013). Likewise, similar reasons for retaining items have been reported among those who hoard and those who do not (e.g., Mogan, Kyrios, Schweitzer, Yap, & Moulding, 2012). Recent epidemiological studies suggest that the lifetime prevalence of hoarding symptoms, as recorded in surveys with Western populations, ranged from 1.5 to 14 percent (Nordsletten, Fernández De La Cruz et al., 2013; Nordsletten, Reichenberg et al., 2013; Timpano et al., 2011). Only a few notable exceptions to date have focused on non-Western samples (Timpano et al., 2015).

Among the various conceptualizations of hoarding disorder, the

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current cognitive behavioral model (Frost & Steketee, 1998; Steketee & Frost, 2003) provides explanations for both the development and maintenance of such behavior. This model defines three basic deficits which have critical roles in hoarding, as confirmed in empirical research: (a) information-processing problems, (b) beliefs related to emotional attachments to possessions, and (c) emotions, their reinforcing impact and avoidance. It is asserted that a deficit in information processing, which refers to real or perceived problems in attention, categorization, memory and decision-making, can lead to loss of space due to excessive amounts of possessions, organizational problems and a reluctance to discard redundant items. In addition to actual poor performance, it is especially noteworthy that people with hoarding symptoms tend to report significantly less confidence in memory and some other cognitive processes; therefore, these reports also seem to highlight the perceived deficits (Fitch & Coughle, 2013). Indecisiveness appears to play a critical role in this behavior, especially in making decisions about possessions (Steketee & Frost, 2003), while maladaptive cognitions regarding excessive emotional attachment to possessions are considered central to the maintenance of hoarding, leading to delays in, or complete avoidance of, taking decision to discard (Grisham et al., 2009; Timpano et al., 2011). Similarly, metacognitions are viewed as important constructs, contributing both to the processing of information and dysfunctional cognitions in several psychopathologies, including OCD (Wells, 1997). To illustrate, a recent study has shown that metacognitions are also related to hoarding symptoms (Timpano, Rasmussen, Exner, Rief, & Wilhelm, 2014). In the model of hoarding, avoidance is another sensitive area; it has been highlighted that information-processing deficits, beliefs and attachment to possessions can lead to such negative emotions as distress, anxiety and sadness, specifically during the acquisition or discarding of possessions. As a result, people may avoid such actions in a bid to negate the related negative emotions (Wheaton, Abramowitz, Franklin, Berman, & Fabricant, 2011; Frost & Steketee, 1998).

The current study addresses the hoarding symptoms via two novel approaches. First, empirical studies have been carried out mainly in Western countries; therefore, the replication of these findings in other cultural contexts, particularly coupled with a cross-cultural validation of cognitive correlates of hoarding, deserves greater attention. Although there is overall similarity in the epidemiology of many psychiatric diagnoses and role of critical constructs across cultures, it is still possible to observe cross-cultural variations in symptom manifestations, different impacts in vulnerability factors and relevant cognitions about OCD and hoarding for the present case (e.g., Fontenelle et al., 2010; Timpano et al., 2015; Yorulmaz, Gençöz, & Woody, 2009). For instance, having compared hoarding symptoms and cognitions of Chinese and US subjects, Timpano et al. (2015) attributed the Chinese group's greater endorsement for a variety of saving beliefs to cultural characteristics (e.g., beliefs about wastefulness & usefulness of possessions). It would be reasonable to expect a similar condition for hoarding symptoms and relevant cognitions in Turkey, in particular, considering economic conditions and cultural characteristics. For instance, purchasing power in Turkey has only recently risen from a relatively low level. There are still scrap dealers who buy used possessions for token amounts of money or other exchange in the streets, and the majority of homes have the means to repair household items. Second, it is suggested in the cognitive behavioral model that, due to misconceptions in the areas of processing of information, beliefs, cognitions and emotions about possessions, those who hoard tend to use avoidance as a form of problem solving, or a method of coping with distress (Frost & Steketee, 1998; Steketee & Frost, 2003). The literature findings also supported the essential roles of indirect coping strategies in hoarding symptoms, such as avoidance (e.g., Wheaton

et al., 2011) and deficits in problem solving (e.g., Grisham, Norberg, Williams, Certoma, & Kadib, 2010). However, in the consideration of cultural aspects of coping (e.g. for Turkey, the role of emotion-focused strategies, namely superstitious practices and the belief in fate; Siva, 1991), further research is required to comprehend what kinds of coping methods are preferred for this behavior. Accordingly, the present study aims to investigate the main critical factors put forward by the cognitive behavioral model related to hoarding disorder (Steketee & Frost, 2003) in a non-clinical Turkish sample. In this respect, an instrument set about attachment to possessions, metacognitions, indecisiveness and ways of coping was administered to a non-clinical community-based sample. We first hypothesized in this exploratory study that in accordance with the model and previous research, essential cognitive correlates reflecting sensitive areas (i.e., object attachment as the belief, indecisiveness and metacognitive factors as information processing elements) would be positively associated with hoarding symptoms in our Turkish sample; particularly, the results of the analyses would provide cross-cultural empirical support for the theoretical model of hoarding and evidence of its incremental utility. In addition, we also hypothesized that problem-focused coping strategies would be negatively related to the hoarding symptoms, whereas, emotion focused strategies, including avoidance and other indirect methods, would be positively associated.

2. Method

2.1. Participants

The study sample was composed of 775 adults working in various private companies, and in elementary and high schools in Bursa-Turkey (419 males, 332 females, 24 unknown). The mean age of the participants was 32.32 (Sd=8.49) within a range of 18–63. The participants were mostly married (55.4 percent) and university graduates (52.2 percent). Additionally, among three options, 82.8 percent of the participants reported an average income level, and 47.8 percent reported having at least one child. Exclusion criteria for the current study included being under 18 and over 65 years old, illiteracy and any health problem leading to serious reading/understanding difficulty.

2.2. Measures

2.2.1. Saving Inventory-Revised (SI-R)

The Saving Inventory-Revised is a 23-item self-report scale with a 5-point response option designed to measure hoarding symptoms (Frost, Steketee, & Grisham, 2004). In line with main characteristics of hoarding, the scale includes three factors: difficulty in discarding, clutter and acquisition. Frost et al. (2004) showed that SI-R had well-established psychometric properties in both a clinical sample and the general population. It is now probably the most widely used tool for the assessment of hoarding symptoms with established psychometric properties (see Frost & Hristova, 2011). The Turkish version of the SI-R (Demirhan & Yorulmaz, 2012) has also been found to have good internal consistency ($\alpha=.86$), with the results of the factor analysis revealing the same factor structure as the original inventory, and the correlational analyses supporting its validity in a non-clinical sample. The Turkish version of the SI-R was administered in the present study to assess hoarding symptoms, and the internal consistency value of the SI-R for the current sample was .88.

2.2.2. Object Attachment Questionnaire (OAQ)

The Object Attachment Questionnaire is a 13-item self-report questionnaire with 7-point Likert scales designed for the

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