

AN EXPLORATORY STUDY OF
A TURKISH SAMPLE OF PERSONS WITH HOARDING BEHAVIOR



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PLAGIARISM DECLARATION

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

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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, those who met the criteria for hoarding disorder ($n=13$) 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. Limitations of the present study were discussed and suggestions for further studies were presented.

Keywords: hoarding disorder, qualitative research, Turkish sample, interpretive phenomenological analysis

ÖZET

Biriktirme davranışı çalışmaları Türkiye’de hala çok yeni hem nicel hem nitel çalışmalarla biriktirme davranışını Türkiye örnekleminde araştırılmalı ve anlaşılmalıdır. Bu çalışma Türkiye örneklemindeki obsesif biriktirme davranışı gösteren bireylerle ilgili keşifsel nitel bir çalışmadır. Araştırma iki bölümden oluşmaktadır. İlk kısımda katılımcılara çevrimiçi anket verilmiştir ($N=357$). İçerisinde 3 adet biriktirme davranışı ölçmek amaçlı anket ve demografik form bulunmaktadır; Biriktirme Envanteri-Gözden Geçirilmiş Formu, Biriktiricilik Değerlendirme Ölçeği, Dağınıklık İmgesi Derecelendirme Ölçeği ve demografik form verilmiştir. İkinci kısımda, biriktirme davranışı kriterlerini karşılayan 13 kişi çevrimiçi mülakata davet edilmiştir. Onlardan 4 tanesi mülakata katılmayı kabul etmiştir. Tüm mülakatların yazılı dökümü yapılmıştır. Mülakat dökümleri yorumlayıcı fenomenolojik analize ait olan idiyosinkratik vaka incelemesi yöntemi ile analiz edilmiştir ve bu sayede araştırmacı yapılan mülakatlara ait ortak 4 adet üst tema, bunların altında da kendi alt temalarını belirleyebilmiştir. Bu temalar şu şekildedir: 1) “Başarısızlığa Karşı Savunma” üç alt-teması “İhtiyaç Halinde Gereken Nesneye Sahip Olamama Korkusu”, “Finansal Kaynakları Kaybetme Korkusu”, “Hatıraları Kaybetme Korkusu”; 2) “Ailede Temellenme” üç alt-teması “Anne-Kız”, “Model Alma”, “Ailecek Paylaşılmış Biriktirme”; 3) “Tetikleyici Travmatik Deneyimler” iki alt-teması “Ailede Sağlıksal Kriz” ve “Ailede finansal kriz”; 4) “Limitli İç-Görü ve Gerçeklikte Çarpıklaşma” dört alt-teması “Normalleştirme”, “İnkâr”, “Küçümseme”, ve “Gerekçeleştirme”. Bulgular biriktirme davranışının bilişsel modeli ile paralel gidiyor olmasının yanı sıra, ailecek paylaşılmış biriktirme ve ailedeki travmatik olaylar gibi aile tabanlı temalar da katılımcılarda göze çarpan bulgulardan. Son olarak çalışmanın sınırlandırmaları ve gelecek çalışmalar için tavsiyeler çalışmanın sonunda yer almaktadır.

Anahtar kelimeler: biriktirme bozukluğu, nitel araştırma, Türk örneklem, yorumlayıcı fenomenolojik analiz

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1. INTRODUCTION

The focus of this thesis 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. This chapter briefly introduces HD from historical understandings to the contemporary model and recent findings, which is followed by the statement of the context and the purpose of the present research.

1.1 Understanding Hoarding as a Distinct Disorder

The word “hoard” emanates from the Old English word “hord,” which means “treasure, valuable stock or store” (Online Etymological Dictionary, 2012 as cited in Penzel, 2014, p. 6). A dictionary explains the noun “hoard” as “a supply or fund stored up and often hidden away” (Merriam-Webster, 2021). Hoarding is a natural behavior that ensures our safety and survival. It may have been ingrained in our genes from the early years of humankind. Hoarded objects have been discovered in many archeological sites around the world. Our hunter-gatherer ancestors would stock up on food supplies and necessities. Nowadays, our consumer society encourages us to obtain whatever we can. We keep a vast number of possessions in our homes. For some, the hoarding instinct may go out of control, and their possessions start to occupy every inch of space in the house.

HD became known as Collyer Brothers syndrome, as they are the first sensationally reported case of HD in history (Herring, 2011). According to Penzel (2014), only one of them, Langley Collyer, was the hoarder, not his brother Homer. Langley Collyer was taking care of his blind and paralyzed brother, Homer, in their home on 5th Avenue in Manhattan, New York. However, Langley’s excessive hoarding behavior reportedly resulted in the death of both in 1947. Langley was known to have died because of the booby traps for burglars that he himself placed in their home. After Langley’s death,

Homer could not get food and died because of starvation and heart disease. The police later recovered their bodies in extremely cluttered squalor filled with assorted objects and a pile of trash. This case exemplified hoarding as a mental illness and highlighted its serious health risk. People with pathological hoarding behavior live in conditions that can easily lead to events that cause physical harm such as, fire, falling, crushing, and other health risks (Kim et al., 2001)

Within the psychoanalytic school of thought, the “anal character” is considered the root of hoarding. Freud (1908, as cited in Penzel, 2014, p.13) defined “anal character” in his paper titled “Character and Anal Eroticism” as a personality trait characterized by obstinacy, inflexible orderliness, and parsimony. Freud claims that individuals with the anal character have a pathological fixation on the anal stage of psychosexual development. According to this Freudian analysis, actions such as hoarding are substitutions for retaining and storing one’s own excrement. While Freud mainly discussed the hoarding of money (the hoarding possessions), Psychoanalyst Ernest Jones (1938, as cited in Kyrios, 2014, p.210) later added hoarding of objects which are not food or money to the definition. Jones observed that people with pathological hoarding collect apparently useless objects and use a rationale that they might need these items in the future (Anal erotic character traits). Freud’s description of the anal character has made the basis for the definition of obsessive-compulsive personality disorder (OCPD) that appeared in DSM-I in 1968 and lasted until DSM-IV-TR in 2000 (Penzel, 2014). The term anal character has now been largely replaced by OCPD (Mataix-Cols et al., 2010).

Other names used to describe what was now known as HD include “pathological collecting,” “collector’s mania,” and “sylllogomania (collector of rubbish)” (Herring, 2011, p.159-160). However, HD is not just about collecting. HD has some distinct characteristics: continuously having trouble giving up or letting go of possessions no matter what their values are. As a result of hoarding, the items end up piling up. These piles lead to chronic disorganization and start to sabotage the living space. Although there is no accessible space for new items, hoarders keep collecting, purchasing, or even stealing in some severe cases of HD. Previously in DSM-IV-TR, milder hoarding behavior appeared as one of the symptoms of OCPD whereas severe hoarding is suggested to be a symptom of OCD (Fontenelle & Grant, 2014; Mataix-Cols et al., 2010). However, DSM-5 now lists HD as a separate disorder. HD should be treated as a distinct disorder from other psychiatric and neurological disorders, including OCD and OCPD.

HD and OCD can co-occur within the same individual, but the comorbidity rate is not as high as previously believed. In the study conducted by Frost et al. (2011), less than 20 % of people with HD ($n = 217$) were diagnosed to have OCD at the same time. The comorbidity rate was much higher between HD and major depressive disorder (MDD) than between HD and OCD. In the comparison between HD and OCD patients, ADHD was more prevalent among HD patients (28%) compared with those with OCD (3%). MDD and acquisition-related impulse control disorder were more frequently found in HD patients than OCD patients (Frost et al., 2011). A large-scale survey in the Netherlands involving 15,194 individuals (Cath et al., 2017) found that only 0.4% of them received provisional diagnoses of both HD and OCD. Cath et al. (2017) called these diagnosis “provisional” as they are solely based on self-report in the absence of clinical interview.

Studies have been conducted in Europe (Italy, the Netherlands, and the UK) 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 (See a review in Section 2.1).

1.2 Cognitive-Behavioral Model of Hoarding

Scientific investigation into 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 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 highly 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 an

extremely emotional attachment to possessions, such as 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.

Hoarding has been extensively researched by Randy O. Frost, Gail Steketee, and their colleagues over the years. Their work contributed to the recognition of HD as a distinct disorder in DSM-5 in 2013. They have published a series of self-help books and therapist guides, together with scientific papers on characteristics, assessment, and treatment of hoarding. According to one of their books, *Treatment for hoarding disorder: Workbook* (Steketee & Frost, 2013), cognitive behavioral therapy (CBT) is an evidence-based treatment for HD. CBT assumes that individuals with excessive hoarding behavior hold distorted beliefs about the items they hoard. Therapy for HD attempts to confront these beliefs. Using behavioral experiments, one of the methods of CBT, the therapist works on the negative beliefs associated with giving away the items. The aim is to improve the person's ability to organize possessions and withstand the impulses for collecting and keeping.

1.3 The Context and the Purpose of the Present Study

HD is still a new research area in Turkey, as it is for most of the world outside North America. Only a limited number of hoarding studies have been done in Turkey, most of which are basic epidemiological studies done by psychiatrists, assessing the occurrence of HD and other comorbid disorders within the selected samples (e.g., Akıncı, 2019; Aydın et al., 2014; Biçer Kanat et al., 2016; Dondu et al., 2015; Tunkaya et al., 2020). For instance, Akinci and colleagues (Akinci, 2019; Akinci et al., 2021) researched the prevalence of HD among secondary school children. Their study aimed to examine the risk factors that may lead to HD or other comorbid disorders. Children were invited to a clinical interview if their parents reported their child's hoarding behavior on a questionnaire. Out of 3249 who responded to the questionnaire, 318 children and their parents were interviewed, and 32 children were diagnosed with HD. The prevalence rate for secondary school children thus turned out to be 0.98%. Another example of Turkish hoarding research is a study by Aydın et al. (2014), which investigated domestic squalors

in the Zeytinburnu district of Istanbul and the prevalence of HD among the residents. Domestic squalors refer to the residential environment that is in an extremely cluttered and filthy condition (so-called *çöp evleri* in Turkish colloquial). Field scanning was done to locate domestic squalors, and the Living Condition Rating Scale was used to evaluate the residents. As a result, they identified 41 squalors, which were homes to 103 people in total. Thirteen of these people could be diagnosed with HD according to DSM-5. A more extensive review of Turkish research on hoarding can be found in Section 2.8.

Hoarding disorder is a relatively newly recognized disorder with many unknown features and misconceptions. Although it is now known that HD and OCD can sometimes co-occur but are two independent disorders with distinct features, earlier hoarding research has often been conducted with samples of individuals diagnosed with OCD (e.g., Chen et al., 2017; Samuels et al., 2007; Tunkaya et al., 2020; Winsberg et al., 1999; See Chapter 2). More research should be conducted with a sample from the general population without OCD. Furthermore, since the reasons why people start hoarding are not fully understood, more research is needed about individual experiences of hoarding. Many existing studies focused on the quantitative side of HD, such as prevalence and concordance rates. Yet, such studies do not provide researchers with a deeper understanding of the personal experiences and meanings of HD. A limited number of qualitative studies have been conducted so far. Interestingly, these qualitative studies were conducted mainly outside the US. A review of these studies (See Sections 2.5 & 2.6) gave the researcher a deeper insight into the phenomenon of hoarding and its associated personal meanings.

Especially in Turkey, in this early stage of the investigation, qualitative research is particularly valuable in 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 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 survey, 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 themes related to hoarding 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 quantitative studies.



2. LITERATURE REVIEW

This chapter first reviews general findings from hoarding studies, which were mainly from North America, Europe, and Australia. While a large volume of research is quantitative, there are also qualitative studies based on interviews with hoarders and their family members. These studies will be reviewed in some detail. This is followed by a review of studies done in Turkey.

2.1 Epidemiology of Hoarding: Age of Onset, Prevalence, and Comorbidity

Grisham et al. (2006) conducted a study that focused on the age at which individuals first show the symptoms of compulsive hoarding (clutter, acquisition, difficulty discarding). They studied individuals with hoarding behavior and their family members as participants. Fifty-one people with compulsive hoarding participated. The mean age of participants was 51.14 years. A battery of questionnaires, one of which was the Saving Inventory-Revised (SI-R; Frost, Steketee & Grisham, 2004) that was also used in the present study, were used to measure the severity of compulsive hoarding symptoms. Results showed that mild symptoms began in the mid-teens, while problematic symptoms did not occur until at least 10 years after the first symptoms came out. On average, a mild hoarding symptom starts at around the age of 13, then moves on to a moderate level at around 24. The mean age for the onset of a severe hoarding symptom was 33.6. However, the self-recognition of hoarding problems occurred significantly later than the onset of each symptom. A study of adults ($N=751$) who self-reported hoarding symptoms (Tolin, Meunier, et al. 2010) found that almost 70% of the participants reported hoarding behavior started before they turn 20. The median of symptom onset was in the age range between 11 and 15. Less than 4% of the participants reported that hoarding symptoms started after age 40. The study also found that hoarding severity rises with age.

Ayers et al. (2010) also studied the clinical characteristics and the age of onset of late-life compulsive hoarders. Eighteen participants who were 60 years old and above formed the sample. They found that the onset of compulsive hoarding symptoms of the participants was either in childhood or adolescence. They also found that, after the onset, severity increased with age. Dozier et al. (2016) conducted a study with older adults who hoard. Eighty-two people with hoarding symptoms who were over 60 years old participated in the research. The mean age of the participants was 66.3 years old. The

median age of the onset of minor symptoms was between 10 and 20. The median of possible HD diagnosis with a complete set of hoarding symptoms (difficulty discarding, clutter, and excessive acquisition) was in the age range between 20 and 30, according to the participants' reports. 77% of the participants reported that the hoarding symptoms started before age 40. It was found that hoarding symptoms started early and increased over the lifespan. A recent meta-analysis of 25 studies published in English between 1900 and 2016 (Zaboski II et al., 2019) revealed that the mean age of onset of hoarding was 16.7. These studies suggested that compulsive hoarders' symptoms tend to start quite early in their adolescence, not in middle age or later in life as often believed.

Epidemiological research on hoarding has been conducted in many countries to examine its prevalence and comorbidities. A European survey across six countries (Fullana et al., 2010) revealed a lifetime prevalence rate of 2.6 %. The study drew cross-sectional samples of the general adult population from Spain, the U.K., the Netherlands, Belgium, Italy, France, and Germany. The total number of participants amounted to 2804. The lifetime prevalence of hoarding for the subgroup of individuals with no diagnosis of mental disorders ($n = 1,285$) was 2% in this study. An earlier study conducted in the US by Samuels et al. (2008) assessed a Baltimore community sample of 742 people aged between 34 and 94. Out of 735 participants whose hoarding-related information was available, 27 were diagnosed as pathological hoarders, thus making the prevalence rate 3.7% (5.3% after being weighted for the unequal selection probabilities). The prevalence increased with age, from 2.3% in the youngest subsample to 6.2% in the oldest subsample. The occurrence of hoarding in men (5.6%) was more than twice as frequent as in women (2.6%).

Iervolino et al. (2009) administered a self-report version of the Hoarding Rating Scale (HRS) to twin pairs from the UK Adult Twin Register, Twins UK ($N = 5,022$). They found a point prevalence of 2.3%. In Germany, Mueller et al. (2009) studied a nationally representative sample of the German general population ($N = 2,307$) using Savings Inventory-Revised (SI-R) as a self-report measure. They estimated the point prevalence to be 4.6%. Timpano, Exner, et al. (2011) also assessed a representative sample of the German population ($N = 2,512$) using Hoarding Rating Scale (HRS). They estimated the hoarding prevalence of the current population to be 5.8%.

Bulli et al. (2013) conducted two studies with non-clinical Italian samples. The first study was conducted with 1012 participants (mean age: 36.6 years). The participants were divided into two groups. The first group responded to the Saving Inventory-Revised (SI-R) online, and, the other group responded on paper. The prevalence of hoarding in this sample was found to be 6.0%. The demographic characteristics of the participants who were diagnosed with HD based on the SI-R scores were not different from those without HD. The second study consisting of 460 participants, aimed to get comorbidity data between hoarding behavior and other clinical diagnoses (OCD, anxiety, depression, compulsive buying) using the Saving Inventory-Revised, the Compulsive Buying Measurement Scale (CMBS), Beck Depression Inventory-II (BDI-II), Vancouver Obsessive-Compulsive Inventory (VOCI) and the State-Trait Anxiety Inventory-Y2 (STAI-Y2). The prevalence of HD was 3.7% in the second study. Participants who showed HD symptoms (i.e., high SI-R scores) also had higher scores on the other scales when compared to non-hoarder participants.

Nordsletten et al. (2013) conducted a two-wave epidemiological study with a Southeast London community sample of 1698 adults in the UK. Wave I was for screening participants with hoarding problems. Those selected through Wave I and who agreed to participate in Wave II were invited for a clinical interview and completed self-report questionnaires ($n = 99$). As a result, 19 were diagnosed with HD. Accordingly, a weighted prevalence of 1.5% was reported by the researchers. They also reported that the participants who were diagnosed with HD were older, and 67% of them were unmarried. They were also more likely to show physical health issues and other mental disorders.

A large-scale study ($N = 15,194$) in the Netherlands (Cath et al., 2017) examined age-specific prevalence rates of HD and OCD. The participants of both sexes were taken from the Netherlands Twins Register. The participants, whose ages ranged between 15 and 97 years, were composed of pairs of twins, spouses, parents, children, and siblings whose data about hoarding and OCD were available. HD was assessed based on the self-report of the five-question Hoarding Rating Scale (HRS). The results showed that the overall prevalence of provisional HD diagnosis was 2.12% and steadily increased with age. With every five added years, the prevalence of HD increased by 20%. No significant difference in prevalence was found between genders. Within the current sample, 0.4% met diagnostic criteria for both HD and OCD. HD accompanied by OCD increased the severity of hoarding behavior. HD symptoms generally increased with age, especially

after the age of 35. Among the HD symptoms, difficulty in discarding most clearly increased with age. Thus, it was concluded that the increase in difficulties with discarding mainly contributed to the overall increase in prevalence and severity of HD with age. The most recent meta-analysis of 11 studies ($N= 53,378$) (Postlethwaite, 2019) reported 2.5% as the pooled estimated prevalence for HD.

Outside Europe, Jaisoorya et al. (2020) conducted a large-scale study ($N = 7,555$) across 71 primary healthcare centers to examine the prevalence of hoarding disorder in India. The study also examined the socio-demographic backgrounds and other correlates, using the Hoarding Rating Scale Interview (HRS-I), the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder (GAD-7) scale, the PHQ for Panic Disorder (PHQ-PD) scale, the Alcohol Use Disorder Identification Test, the Fagerström Test for Nicotine Dependence and the WHO Disability Assessment Schedule. The mean age of the participants was 41.4. The prevalence of hoarding was found to be %1.02. Depression, panic, anxiety, use of alcohol and nicotine, and disability had a positive correlation with HD.

2.2 Genetic and Environmental Influence from Family

Hoarders' family backgrounds have 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 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.

Using data collected for a genetics study involving individuals with OCD, Samuels et al. (2007) conducted a study that made a comparison between 235 hoarding and 389 non-hoarding individuals with OCD in the US. They reported that the prevalence of hoarding, as well as indecision, was greater among the relatives of hoarders than of non-hoarders as probands. It was the probands' indecision, regardless of the existence of hoarding symptoms, which was associated with relatives' hoarding behavior. Thus,

family influence may not be limited to an environmental factor such as observational learning. There seems to be a genetic dispositional factor for hoarding that runs in these families.

Some twin studies were conducted to estimate heritability. Research by Iervolino et al. (2009) examined the prevalence and heritability of 5,022 twins in the UK. As a result, 2.3% of these twins met the criteria for compulsive hoarding, while 50% of the variance comes from genetic factors. Lopez-Sola et al. (2014) investigated the heritability and prevalence of hoarding and some other mental disorders in Australia. The participants in the study were 2,495 adult twins. The prevalence rate of hoarding behavior was found to be 2.6%. The heritability estimate for females was 38%, and it was 25% for males. Ivanov et al. (2017) conducted a longitudinal study regarding the heritability of hoarding behaviors with three cohorts of twins in Sweden. Estimated rates of heritability at 15, 18, and 20–28 years of age were respectively 41%, 31%, and 29%. Symptoms of compulsive hoarding were thus found to be heritable in these cohorts of young adolescence and young adults, with heritability slightly decreasing with age. Genetic factors largely account for the stability of hoarding symptoms between ages 15 and 18. Thus, the genetic factor more largely accounts for the hoarding symptoms of younger people.

Chen et al. (2017) studied the relationship between hoarding behavior and parental bonding within the context of obsessive-compulsive disorder. The sample was consisting of 894 individuals who have obsessive-compulsive disorder. Hoarders and non-hoarders were compared according to their Parental Bonding Instrument (PBI) scores. The scores were also compared according to gender. Results showed that hoarding men and non-hoarding men did not differ in their PBI scores. On the other hand, women with hoarding behavior scored lower on maternal care while higher on maternal protection and maternal control compared to the scores of women with no hoarding behavior. It was thus speculated that getting poor maternal care, extreme maternal protection and maternal control may contribute to the development of hoarding behavior in women with OCD.

2.3 Traumatic Events and Hoarding

Hartl et al. (2005) studied the relationship between HD, post-traumatic stress disorder (PTSD), and attention-deficit/hyperactivity disorder (ADHD). Participants consisted of 26 hoarders and 36 non-hoarders as controls. Saving Inventory-Revised (SI-R; Frost et al., 2004) was used to assess hoarding. The results showed that there was a

significant association between traumatic experiences, attentional difficulties, and hoarding behavior. Compared to the non-hoarder group, hoarders reported having experienced traumatic events more frequently and that they reported a greater variety of traumatic experiences. In Cromer et al.'s research (2007), 54% of 180 participants, who were diagnosed to have OCD with hoarding symptoms, reported that they had experienced at least one traumatic experience in their life, such as the loss of a loved one, natural disaster, war, terrorism, serious illnesses, rape, or abuse.

Tolin, Meunier et al.'s (2010) study, which was mentioned earlier in Section 2.1, also showed some important findings about the influence of traumatic or stressful life events on hoarding behavior. It was found that life events that were reported by the participants are correlated with hoarding behaviors' severity. They categorized the courses of participants' hoarding behavior at the time of the study into four patterns: increasing, decreasing, chronic, and lastly, relapsing and remitting. It was found that participants from chronic, increasing, and relapsing/remitting groups had reported they had experienced one or more traumatic events. In a study conducted by Landau et al. (2011), a greater number of traumatic and stressful life events was reported by the hoarding group compared to the non-hoarding groups. There was a positive correlation between the total number of traumatic life events and the seriousness of HD. No relationship was found between material deprivation and hoarding in this study.

2.4 Dispositional Characteristics of Hoarders

Samuels et al.'s (2007) research of individuals with OCD revealed that, compared with non-hoarders, hoarders are more prone to have obsessions with symmetry and compulsive behaviors involving repeating, counting, and ordering; insufficient insight to recognize their own problematic behaviors, serious ill-health, problems in task initiation and completion, and indecision. The same study found a higher prevalence of some psychological disorders among hoarders: social phobia and generalized anxiety disorder, obsessive-compulsive disorder, and dependent personality disorders. Hezel & Hooley (2014) conducted a study that focuses on the relationship between hoarding behavior and creativity. The study also investigated the extent to which hoarding was associated with personality and other variables such as impulsivity, tolerance to distress, attitude towards the environment, and attitude towards money. Participants consisted of a community sample of 80 individuals aged 17 and above. This study also used the Saving Inventory-Revised (SI-R) as a hoarding assessment tool. Results showed that hoarding behavior was

not associated with creativity, contrary to the hypothesis. On the other hand, clinical hoarding diagnosed on SIR was positively correlated with neuroticism and impulsivity and negatively and negatively correlated with tolerance to distress and conscientiousness. Finally, the study found that extraversion, being open to experiences, agreeableness, frugality, and attitudes towards the environment or money were not related to hoarding behavior.

2.5 Qualitative Research on Personal Experiences of Hoarders

Apart from quantitative research reviewed in the previous section, there is a group of research that is exploratory and qualitative. This kind of research gives a researcher a chance to explore the first-hand experience of individuals with compulsive hoarding. 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 understand hoarders' experiences in their own words. Eleven participants from OCD Action in the UK were interviewed. "Childhood factors", "relationship to the hoarded items", "avoidance of discarding", 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. Singh and Jones (2012) also conducted a qualitative study with 12 hoarding treatment group members in England to explore the personal experiences of hoarders and their thoughts about going to group therapy. This study used a unique method called participatory photography, in which participants were asked to take up to three photographs that best portrayed their hoarding difficulties, and these photographs were later used in a semi-structured interview to elicit narrative dialogue. "Feeling isolated and vulnerable" (e.g., the participants talked about the inability to have any visitor in their house), "lifestyle disruption" (the participants talked about the lifestyle changes they had to make to overcome the difficulty of living in their cluttered house), "losing and misplacing" (the participants described the difficulty and frustration of not being able to find important things in their house), "metaphor and clutter" (e.g., the participants' use of metaphorical language like "barricade", "living

mausoleum”, and “sea of stuff” to describe their clutter), “rationalizing acquisition of items” (rationalization and justification of their hoarding behaviors), “failed previous support” (the participants mentioned failure of the previous support they received for their hoarding problem), and “beneficial group support” (the participants’ comment on the benefit of therapy support group) were the seven main themes elicited. Hoarding behavior was found to be a source of psychological and physiological distress and had huge effects on everyday life and relationships with people.

Taylor et al. (2018) conducted a qualitative study about emotion regulation and hoarding in Australia. IPA was used to design interviews and analyze the data. Eleven participants were interviewed. The study documented emotion regulation difficulties among individuals with HD. The onset and/or development of hoarding symptoms were linked with emotional factors such as material deprivation during childhood, loss of someone close, and emotional states. Hoarding was found to be a kind of emotional regulation strategy for the participants. Acquiring was used as a tool to run away from negative emotions and to build positive emotions. Possessions were found to be used to feel safe and secure and have correlations with the fear of deficiency and loss. Moreover, the participants reported that possessions provided comfort.

Brien et al. (2018) conducted a psychoanalytically oriented qualitative study in Ireland to understand compulsive hoarding behavior. Five participants with HD that required intervention were interviewed four times over the period of six weeks. Each interview session lasted 60 minutes. Unstructured interviews were centered on the themes of “self” and “possession”. Free association and the interaction with the interviewer were also considered of value during the interviews. The interview data yielded three themes. The first theme, “in two minds,” was about the participants’ emotional conflicts in their relationship with others, such as those between excitement and fear. The participants showed feelings of desire to meet but also felt unconformable about the interviews. The study named this situation as “eager mind”, which was interested in the meetings, and as “wary mind”, which had doubts and was not sure about the meeting. The second theme was “covered up shame”. This theme is about the underlying sense of shame that drives participants to try to show a good side of the self and their potential. The unrealized potential was often linked to their possessions. The participants did not want to be looked at as ‘hoarders’ by others, including the interviewers. The last theme was “meaningless

carry-on”. It represented the participants’ use of hoarding as an escape from facing up and processing their emotions and experiences.

Subramaniam et al. (2019) studied the experiences of hoarders in Singapore. 12 participants with HD were interviewed about their hoarding behavior and experiences in a semi-structured format. The study presented detailed accounts of what items they hoard, where and how they store hoarded items, from where and how they obtain the hoarded items, why and how they got help or treatment, and so on. In this study, the youngest age for the reported onset of hoarding was 12. It was revealed that, with time, the behavior got harder to control, more severely affecting the daily life of the individual. The participants hoarded a variety of items –e.g., newspapers, magazines, documents, drink cans, plastic bags, electronic items, toys, clothes and so on. Two reported animal hoarding (e.g. cats). Most of the participants stated that their possessions were mostly saved from rubbish bins, neighbors, friends, strangers, and void decks. Some paid money to obtain them. Most participants stored the hoarded items in a cluttered and disorganized way. Two of the participants decided to have treatment for themselves, others were told to get help from social services or family members. The participants’ accounts of why they hoard were very interesting. The researcher categorized them under six subordinate themes: “relationship with hoarded objects”, “strategy to deal with an uncertain future”, “avoiding waste”, “discarding difficulty”, “role of the family,” and “life events”. Most of the participants reported that hoarded items were like a companion to them. Some kept them as memorabilia. Some insisted that they could sell them. Three participants stated that hoarded items were valuable, much-loved collections, while others stated that it was their duty to save items for the use of further generations. Decluttering after family or social work intervention and during treatment was described as “heart-breaking” by one participant. The participants generally described emotions felt during the decluttering process using words such as distress, anger, worry, helplessness, and wretched feeling. Most of the participants showed a lack of insight and were not aware of the problems brought about by their hoarding behavior.

Orr et al. (2019) conducted in-depth interviews with 10 individuals in England, who had experienced intervention by social services regarding hoarding. From an anthropological perspective, this study advocates a more culturally informed and person-centered analysis of the meaning of hoarding, in contrast to the reductionist DSM-5 type approach. The meaning of hoarding varies from person to person. When asked about how

they felt when they were labeled as hoarders in society, one of the participants said, 'Hoarding is my mind.' Inviting the interviewer to see how she lived in her house, she also said, "The house is my mind," and then added, "This is me as I really am." (p.268). Hoarding was an integral part of her identity. On the other hand, other participants rejected being categorized as a "hoarder" and did not use the term to describe themselves. Every participant tried to make sense of their hoarding in the context of their life stories, social relationships, and personal values. For example, one participant said that when he was little, the Second World War had started, and in these times, everything was valuable. He believed that this thought process stayed with him and eventually led to hoarding disorder.

Kings et al (2020) in Australia conducted qualitative research to understand hoarding behavior from a perspective of the extended self and the relationships with significant others. The study used a photo-elicitation technique like the one used by Singh and Jones (2012) with 10 participants from hoarding group treatment programs. The participants were asked to take photographs of meaningful possessions in their homes, and semi-structured interviews were conducted based on these photographs. The interview accounts were analyzed within a framework of IPA. The resulting main themes were "time travels with you", "possessions are me: they're a reflection of my life," and "they're linked: I look at them, and I think of people". The study indicated that difficulties encountered early in life were the origin of the self-uncertainty of hoarders, and their self-confidence depends on possessions, which are also reminders of both good and bad relationships. Photo elicitation helped researchers to better understand the participant about their living environment.

2.6 Qualitative Research on the Experiences of the Families of Hoarders

Some qualitative studies were conducted with individuals who are living with a family member with hoarding behavior. Wilbram, et al. (2008) conducted semi-structured interviews and investigated the lived experiences of 10 carers of a hoarding family member in England. The interview contents were analyzed by IPA. Five themes were identified as a result. The first theme, "loss of 'normal' family life," was about the wish to live normal family life without hoarding-related problems, e.g., having enough space for living, being able to welcome guests at home, and not feeling alienated from outside of the house. The second theme, "the need for understanding," was about searching for meaningful explanations and understanding about hoarding. The participants reported

that they thought the hoarding family member they were caring for did not have any insight into the problem. The carers also expressed the desire to be understood by others about their situation. The third theme, “coping with the situation,” was the central theme for the carers deprived of external support. They reported that they tried different strategies to cope with the situation and to find a solution to the disorder of the hoarding family member. They described the struggle and the despair and helplessness they felt in not finding a solution. The fourth theme, “impact on relationships,” was about the effects of hoarding on family relationships, including conflict, frustration, anger, and in some cases, relationship breakdown in the family. The participants reported conflicting emotions toward the hoarder, and the feeling of intense love and hate at the same time. The fifth and last theme, “marginalization,” was about caretakers and other family members becoming socially excluded and marginalized- e.g., withdrawing from social life, and being rejected by the hoarding family members. It was also about physical marginalization, being squeezed by clutters to a small space in the house, and gradually distancing from the hoarder.

Sampson (2013) in the US also explored the experiences of 12 people who were living with a hoarding family member using IPA. Five themes came out from the analysis. These were: 1) negative opinions and emotions about the hoarding family member, 2) inability to understand hoarding behavior, 3) experiencing loss of relationships, family rituals, future opportunities, and a sense of home, 4) psychological barriers to getting outside support, and 5) a psychological conflict within the person.

Another qualitative study by Rees et al. (2017) from Australia focused on children of a parent with hoarding difficulties. Seven adult offspring (all females aged 35- 62) of parents with HD participated in the study. Semi-structured interviews were conducted with them, and the interview transcripts were analyzed using IPA. The emergent themes were: “psychological and emotional outcomes”, “coping strategies”, “perceptions of parental hoarding”, and “impact on relationships”. The participants reported negative emotions associated with their parents’ hoarding and their worries about the well-being of their parents. They were also worried about dealing with the possessions their parents would leave after their death. The participants stated that it was hard when they were kids, and it still is. Some of them also stated that their experiences made them mentally strong. Different coping strategies were used by the participants, including acceptance, avoidance, and leaving home. Many reported their parents’ resistance to getting help and

the lack of insight or denial of their hoarding problem. Six of the participants stated that, as a child, they did not want to invite friends home and felt socially isolated as a result. In conclusion, the study suggested the need for more information and professional support for children living with a hoarding parent.

2.7 The Limited Insight of Hoarders

Many individuals who have hoarding problems typically show a lack of insight or awareness of how severe their problems are, and this often leads to denial of the problem and resistance to intervention efforts (Tolin, Fitch et al., 2010). There is a limited amount of research focusing on the lack of insight exhibited by people with hoarding problems that were conducted with the help of their relatives and friends. The first study was conducted by Tolin, Fitch et al., (2010). The participants of this online survey were 584 informants who reportedly had a relative or friend with hoarding problems. The informants rated the level of insight of a hoarder (relative/friend). They also rated the severity of their hoarding behavior. They were then asked to rate the severity of hoarding behavior again, but this time by imagining how the hoarder would do the rating. As a result, more than half of the informants reported their hoarder relative/friend has a “lack of/delusional” or “poor” insight about their hoarding problem. There were marked differences between the informants’ ratings and their estimates of hoarders’ self-ratings. The informants estimated that the hoarders would report their hoarding as less severe than the reality. Moreover, the hoarders showing less distress were interpreted as showing limited insight by the informants. These results indicated how friends and relatives who are close to the hoarders experienced their lack of insight leading to the severe hoarding problem.

Drury et al. (2015) also conducted a study with informants who were relatives of hoarders to understand the hoarder’s level of insight. The participants were 24 hoarder-informant pairs, and also an HD relative group which consisted of 40 relatives of hoarders who did not identify themselves as a hoarder and refused to participate in the study. The researchers compared the hoarder’s self-report rating with the ratings of their informants and the clinicians. They also compared those who accepted the HD diagnosis and those who did not, using the rating of informants. As a result, HD-diagnosed participants’ and their informants’ ratings were consistent. Compared to the clinicians’ ratings, the informants tended to underestimate the insight of the relative with HD. The participants who accepted the HD diagnosis were reported to have higher levels of insight by the

clinicians. They were evaluated to have less severe HD symptoms by the informants than the individuals with hoarding symptoms who declined to participate in the hoarding study. Naturally, people who can identify themselves as having hoarding behavior should have higher levels of insight about their own behavior than those who did not identify themselves with hoarding behavior. The study confirmed this tendency and also showed that those who did not accept their HD diagnosis tended to have lower insight and more severe HD.

2.8 Hoarding Research in Turkey

Research conducted on the topic of hoarding is still limited in Turkey. Some research papers have been published by researchers from psychiatry departments (e.g., Biçer Kanat et al., 2016; Dondu et al., 2015; Tumkaya et al., 2020). These studies tended to use clinical samples such as OCD and dementia patients and examine comorbid disorders and symptoms. For instance, case studies by Biçer Kanat et al. (2016) found that patients in the early stage of dementia exhibited hoarding behavior. Dondu et al., (2015) reported OCPD diagnosis was more prevalent among patients with Alzheimer's disease, compared to the control group. The current and lifetime prevalence of hoarding is also higher in the Alzheimer's disease group than in the control group. Tumkaya et al. (2020) investigated whether multifaceted impulsivity and hoarding have a relationship in people with OCD symptoms. The results have shown that attentional impulsivity has a relationship with hoarding.

Interesting field research on the so-called "çöp evleri" (domestic squalor) was conducted by Aydın et al. (2014) in the Zeytinburnu district of Istanbul. The study aimed to identify houses that can be labeled as domestic squalor and gain information about the residents of these houses. In total, 42 houses were judged as moderate- to severe-level domestic squalors. Semi-structured interviews were conducted with 103 residents of these houses except for one house. Hoarding problems that were causing the domestic squalor were observed in 41 of those interviewed, and 13 of them met DSM-5 criteria for HD.

A case report written by Tekin and Kaya Kılıç (Tekin & Kaya Kılıç, 2015; Kaya Kılıç, 2019) offers a rare glimpse of social work intervention for hoarders and their domestic squalor in Turkey. The report goes as follows. The social worker visiting a male patient with schizophrenia at home noticed the extremely cluttered and filthy living conditions of their house. After the interview with the patient and clinical examination, it

was understood that the mother of the patient exhibited HD. The schizophrenia-diagnosed patient was not being cared for and even got injured because of the mother's HD. While the patient and the mother were temporarily admitted to a hospital, the social worker and the healthy daughter of the family arranged to clean the house, and ongoing psychiatric treatment of the HD-diagnosed mother and the schizophrenia-diagnosed male patient was also planned. The treatment of the mother was successful. The article points out the importance of social work in several ways. Although the report is of great interest as it documented a real-life case of hoarding from the perspective of social services, there are some deficits. Most importantly, the psychological reactions of the hoarder and her family were not examined or considered. For example, decluttering was done without consent in the absence of the hoarding mother during the time she was hospitalized. The report thus leaves unanswered questions. What was her reaction after decluttering? What are the emotions felt by the hoarding mother and other family members?

Yorulmaz and Demirhan (2015) studied cognitive correlates of hoarding symptoms in a Turkish community sample of 775 adults based on the cognitive-behavioral model of hoarding. They did an adaptation study of a Turkish version of saving inventory revised (SI-R) at the same time. The Turkish SI-R was found to be valid and reliable for use with the Turkish population. The study investigated the relationship between the hoarding symptoms measured by SI-R (clutter, acquisition, discarding difficulty) and cognition-related variables such as indecisiveness, missing cognitive confidence, prejudiced and negative beliefs, strategies of coping, and symptoms of obsessive-compulsive disorder (OCD). The results revealed important contributors to hoarding symptoms: indecisiveness, emotional attachment to possessions, positive and negative beliefs about worries, and cognitive confidence. Other predictors of hoarding behavior were greater use of indirect coping strategies such as escaping or avoidance, belief in supernatural power, accepting responsibility, keeping to self, and less use of planned problem-solving strategies.

An epidemiological study by Akıncı and colleagues (Akıncı, 2019; Akıncı et al. 2021) aimed to reach children with hoarding symptoms, determine the risk factors of hoarding disorder, and identify comorbid psychiatric disorders. Secondary school children whose assessment scores pointed towards HD were interviewed with their parents after the first screening phase. Out of 3249 responses to the hoarding questionnaire, 329 (10.1%) were showing hoarding behavior, and 318 of them showed up

to the second-phase interview and psychiatric evaluation. As a result, 32 out of 318 secondary school children were diagnosed with HD, thus making the prevalence rate 0.98%.

Another study from Turkey was conducted by Binboğa (2020) to examine the role of personality-related irrational beliefs as predictors of hoarding symptoms within the framework of the cognitive-behavioral model. The sample of 305 university students filled out the Personality Belief Questionnaire-Short Form (PBQ-SF) and the Saving Inventory-Revised (SI-R). The PBQ-SF consisted of nine personality-type subscales: avoidant, dependent, obsessive-compulsive, narcissistic, paranoid, histrionic, passive-aggressive, schizoid, and antisocial. The results showed that the students' irrational beliefs about personality (measured by PBQ-SF) and their hoarding symptoms (measured by SI-R) were positively correlated. The histrionic subscale of personality-related beliefs predicted excessive acquisition and difficulty discarding, while both narcissistic and borderline subscales predicted the clutter. Personality-related beliefs were found to explain 33% of clutter, 23% of excessive acquisition, and 15% of difficulty discarding.

Recently, Meriçtan (2021) did her own Turkish translation of a battery of four commonly used hoarding assessment scales that have been developed in the US: Saving Cognitions Inventory (SCI; Steketee et al., 2003), Saving Inventory-Revised (SI-R; Frost et al, 2004) Hoarding Rating Scale (HRS; Tolin, Frost et al., 2010), and Clutter Image Rating (CIR; Frost et al., 2008). She then studied their psychometric properties with a Turkish non-clinical sample of 362 adults aged 18 to 65. Internal consistency was found for all four scales. Cronbach's α coefficients were .91 for SCI, .91 for SI-R, .75 for HRS, and .86 for CIR, suggesting acceptable to very good levels of internal consistency. Interscale correlations among these four hoarding assessment scales were examined for the assessment of convergent validity, while exploratory factor analyses were used to examine construct validity. Discriminant validity was tested with Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), and Yale-Brown Obsessive-Compulsive Scale (YBOCS). The study concluded that the Turkish versions of SCI, SI-R, HRS, and CIR were acceptable. Meriçtan's (2021) versions of these Turkish scales were not available to the researcher at the time of the study.

As shown above, only a handful of studies have been done on Turkish people with hoarding symptoms. On the other hand, the review of hoarding research, in general,

revealed that qualitative studies conducted in other countries offered very interesting and useful accounts of the lived experiences of individuals with HD. To truly understand the phenomenon of hoarding, more of such qualitative research is needed. This is the reason for the researcher's decision to conduct a qualitative interview study with a sample of Turkish people with HD. Before the main interview phase, a screening questionnaire that consisted of hoarding assessment measures was used to select interview participants. The next chapter details the methodology and the results of this screening phase.



3. PHASE I: HOARDING SCREENING SURVEY

The research was composed of two phases: the hoarding screening phase and the interview phase. In the first phase, an online hoarding screening survey was conducted. Of the respondents of the survey, those who met the criteria for HD were selected and invited for the second-phase interviews. This chapter presents the method and result of the first phase. The method and result of the interview phase will be presented separately in Chapter 4. This study (both Phase I and Phase II) was approved by Yeditepe University Human and Social Research Ethics Committee (no. E.50532705-302.14.01-935) (Appendix A).

3.1 Participants of the Online Survey for Hoarding Screening

In the first phase, 357 individuals (65 males, 291 females, and 1 unspecified gender) participated in the online survey and responded to the hoarding screening questionnaire (See Appendix B). 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%) 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.

3.2 Hoarding Assessment Instruments

In the participant selection phase, three rating 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). The hoarding screening questionnaire (see Appendix B) used in the online survey consisted of Turkish versions of these three scales. They were used to determine the respondents' eligibility for the interview phase.

3.2.1 Saving Inventory-Revised

Saving Inventory-Revised (SI-R) was designed by Frost, Steketee, and Grisham (2004). The scale consists of 23 items. The internal consistency of the original scale was reported to be very high ($\alpha = .94$). It has three subscales: a) 9-items clutter subscale, b) 7-

items difficulty discarding/saving subscale, and c) 7-items acquisition subscale. The total score is the sum of all item scores. A total score of 41 or above is used to identify hoarding disorder (HD). While the average score for people with HD was 62, the average for those without HD was 23.7 in the sample of Frost et al (2004). The Turkish adaptation of the scale has been done by Demirhan and Yorulmaz (Demirhan, 2014; Yorulmaz & Demirhan, 2015). The present study used this. The Turkish SI-R (Appendix B-2 *Biriktirme Envanteri-Gözden Geçirilmiş*) can be considered as an internally consistent and reliable. The Cronbach's Alpha coefficient reported by Yorulmaz and Demirhan (2015) was .88. The average SI-R score for their non-clinical, Turkish community sample ($n = 775$) was 25.57. Yorulmaz and Demirhan (2015) also used a total score of 41 to screen HD.

Note that the order of scale items in the Turkish version by Demirhan and Yorulmaz (Demirhan, 2014; Yorulmaz & Demirhan, 2015) differs from the original English version. Thus, the composition of three subscales in the Turkish version of SI-R was as follows. The Excessive Clutter subscale consists of items 1, 3, 5, 8, 10, 12, 15, 20, and 22. The Difficulty Discarding subscale is composed of 1, 2, 4, 11, 16, 17, and 23. The Excessive Acquiring subscale is formed by items 5, 8, 9, 10, 15, 19, and 22. Moreover, no reverse scales were used in Turkish version by Demirhan and Yorulmaz unlike the original.

3.2.2 Hoarding Rating Scale

The Hoarding Rating Scale (HRS) was originally devised by Tolin, Frost 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 scale consists of five questions that can be rated from 0 to 8. The internal consistency of the scale was reported very high ($\alpha = .97$). Inter-item correlations ranged between .77 and .91. The sum of all item scores is used as the total HRS score, whose diagnostic cut-off point is recommended to be 14. The average HRS score of people with HD was reported to be 24.2, compared to 3.3 for those without HD (Tolin, Frost et al., 2010). HRS was translated into Turkish by Tezcan, Tumkaya, and colleagues (Tezcan, 2016, Tumkaya, et al., 2020). Tumkaya et al. (2020) reported that the Turkish HRS (*Biriktiricilik Değerlendirme Ölçeği*) was reliable enough ($\alpha = .72$). They divided a sample of people with OCD into high and low hoarding groups using the cut-off HRS score of 14. The average score for those with OCD and high hoarding symptoms was

22.97 compared to the average score of 4.38 for those with OCD with low hoarding symptoms. In the present study, the Turkish HRS (*Biriktiricilik Değerlendirme Ölçeği*) by Tezcan, Tumkaya, and colleagues (Tezcan, 2016, Tumkaya, et al., 2020)) was used with minor modifications to its Turkish translation (Appendix B-3).

3.2.3 Clutter Image Rating

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”. 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 (Frost, et al., 2008). As a Turkish version had not been found, CIR was translated by the researcher and the advisor using both back-translation and committee methods (Appendix B-4 *Dağınıklık İmgesi Değerlendirme Ölçeği*) with the permission of original authors. Many researchers (e.g., Ayers et al., 2011; Frost et al., 2011; Mataix-Cols et al., 2013; Subramaniam et al., 2019) preferred this scale to assess hoarding behavior. CIR has good internal consistency ($\alpha = .84$). The CIR composite showed strong correlations with the HRS clutter-rating item ($r = .82$) and SI-R clutter subscale ($r = .72$) (Frost, et al., 2008). Since this is the first time a Turkish version of CIR was used, the reliability and validity of this instrument were checked based on the data obtained in this study and reported in the result section (see Section 3.5).

3.3 Hoarding Screening Procedure

Prospective participants were recruited via a notice asking for participation in a research project on hoarding-related behavior. To help the public to understand the topic of research, the notice included an image that depicts an example of a hoarder’s cluttered room and a brief description of the study, together with an email address of the researcher. The age of participants was specified to be 18 years and over. The call for research participation and a link to the online hoarding-screening questionnaire (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 participation 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 directly respond to the questionnaire.

The online hoarding screening questionnaire (see Appendix B) started with an informed consent form (Appendix B-1 *Bilgilendirilmiş Onam Formu*). The informed consent form specified confidentiality principles and the rights of participants to quit the volunteer participation at any time they wish. Because email addresses of the participants were collected with their consent, explanations about the need for email addresses to contact those selected for the next interview stage of this research and how the collected email addresses would be handled during the research were included in the informed consent form. The participants were clearly informed that the collected email addresses would be destroyed at the end of the research (by 31 December 2021). The informed consent also explained that five persons selected via a draw would be sent a gift card worth 50 Turkish Lira via email. The contact number of a recommended mental health service and the researcher's e-mail address were also given if the participant wants to ask for a different mental health service or other questions about the research while generally explaining the purpose and the procedure of the study. After giving a consent, the participants proceeded to the sections where the Turkish versions of SR-I, HRS and CIS (*Biriktirme Envanteri-Gözden Geçirilmiş, Biriktircilik Değerlendirme Ölçeği, & Dağınıklık İmgesi Değerlendirme Ölçeği*) would appear. At the end of the questionnaire, the participants were presented with a debriefing form (Appendix B-5 *Katılım Sonrası Bilgilendirme Formu*) that gave details of the research and the procedure for the next interview phase. It also kindly asked the participants to recruit others they knew with hoarding tendencies for participating in the research.

At the end of the hoarding screening process, five participants of the online survey, apart from those who agreed to participate in the second-phase interview, were selected using a random number generator program. The five people selected were sent via email a gift card worth 50 Turkish Lira as a token of appreciation. Explanation about the gift card prize was given to the participants in the call for research participation shared on social media and the informed consent form (Appendix B-1).

3.4 Analysis of Hoarding Assessment Instruments

Table 1 presents the statistics for distribution analysis. While Kolmogorov-Smirnov test of normality pointed to non-normality, Skewness and Kurtosis scores suggested all

three scales were right-skewed. However, SI-R and HRS-SR were more or less within an acceptable range. CIR was found to be extremely right skewed which means that the majority of scores were distributed on the lower side of score range. This right skewness was something expected because the study aims to detect the small number of hoarders who are on the higher end of the normal range and who score disproportionately higher than the others on these scales.

Table 1

Tests of Normality, Skewness and Kurtosis for Hoarding Assessment Instruments Used in the Study

Measure	Skewness ^b	Kurtosis ^c	Kolmogorov-Smirnov ^a	
			D (357)	P
Saving Inventory-Revised (SI-R)	0.767	0.398	.093	.000
Hoarding Rating Scale (HRS-SR)	1.450	2.098	.168	.000
Clutter Image Rating (CIR)	2.655	12.460	.239	.000

^aLilliefors Significance Correction, ^bSE = .129, ^cSE = .257.

Table 2 is a table for Spearman's rho correlations between the three hoarding assessment scales. The scales found to have positive intercorrelations with one another, thus indicating a high convergent validity. This shows that all three scales are measuring the same thing, hoarding.

Table 2

Intercorrelations (r_s) for Scores on Saving Inventory-Revised, Hoarding Rating Scale and Clutter Image Rating

Measure	1	2	3
1. Saving Inventory-Revised (SI-R)	—		
2. Hoarding Rating Scale (HRS-SR)	.81**	—	
3. Clutter Image Rating (CIR)	.53**	.52**	—

Note. N=357, ** $p < .01$ (2 tailed).

Table 3 shows Cronbach α coefficients for SIR, HRS-SR and CIR based on the data of the present study. They show that all of the scales have acceptable internal consistencies. The best α value for internal consistency was found for SI-R (α , .925), which was followed by HRS-SR and CIR. To sum up, all scales have good internal consistency which means all three scales were reliable measures.

Table 3

Internal Consistency of Hoarding Assessment Instruments Used in the Study

Measures	n of items	Cronbach's α
Saving Inventory-Revised (SI-R)	23	.925
Hoarding Rating Scale (HRS-SR)	5	.862
Clutter Image Rating (CIR)	3	.758

3.5 Results of Hoarding Screening Survey

In the hoarding screening questionnaire, the Saving Inventory-Revised (SI-R), the Hoarding Rating Scale-Self-Report (HRS-SR), and the Clutter Image Rating (CIR) were used to screen participants with HD. Table 4 presents summary statistics for the participants' scores on these hoarding assessment instruments. Table 4 included a column indicating the number of participants who met the criteria for HD by scoring above the cutoff point on each scale and each subscale. The cutoff scores of 41 for SI-R, 14 for HRS and 4 for CIR that were suggested in the literature (Frost et al., 2004; Frost and Hristova, 2011; Tolin, Frost et al., 2010; Steketee & Frost, 2013; Frost et al., 2008) for SD diagnosis were used there. Previous adaptation studies of hoarding assessment scales (Demirhan, 2014; Meriçtan, 2021; Tezcan, 2016, Tumkaya et al., 2020; Yorulmaz & Demirhan, 2015) all used the original cutoff scores. Since reliable Turkish standards for these scales have not yet been established, the original cutoff scores were used in the present study as well. As shown in Table 4, out of 357 participants, 59 (16.5%) met the SI-R criterion (≥ 41) for HD while 45 (12.6%) met the HRS criterion (≥ 14) for HD. Only four participants (1.1%) met the mean CIR criterion (≥ 4).

Table 4

Summary Statistics Table for Scores on Saving Inventory-Revised (SI-R), Hoarding Rating Scale-Self Report (HRS-SR), and Clutter Image Rating (CIR)

Measure	<i>M</i>	<i>SD</i>	<i>Mdn</i>	<i>Min</i>	<i>Max</i>	<i>HD cutoff score*</i>	<i>n at or above the cutoff</i>	<i>N</i>
SIR Total	27.82	13.38	25.00	4	73	41	59	357
SI-R Clutter	9.40	5.38	8.00	0	28	17	42	357
SI-R Difficulty discarding	9.84	5.82	9.00	0	28	14	83	357
SI-R Excessive acquisition	8.55	4.66	8.00	1	24	9	165	357
HRS-SR Total	6.18	6.42	5.00	0	33	14	45	357
HRS Clutter	1.03	1.41	0.00	0	8	3	43	357
HRS Difficulty discarding	1.56	1.86	1.00	0	8	4	70	357
HRS Acquisition	1.15	1.45	1.00	0	8	2	111	357
HRS Distress	1.49	1.77	1.00	0	8	3	74	357
HRS Interference	0.94	1.45	0.00	0	8	3	41	357
CIR Mean	1.50	0.70	1.33	1.00	7.00	4	4	357
CIR Bedroom	1.55	0.94	1.00	1	9	4	13	357
CIR Living room	1.50	0.82	1.00	1	7	4	9	348
CIR Kitchen	1.44	0.74	1.00	1	7	4	3	353

* Cutoff scores were according to Frost and Hristova (2011). Scores at or above cutoffs indicate HD.

To select candidates for the Phase-II interview, the decision was made to lower the cutoff score for the mean CIR to 3.00. The researcher also decided not to use the living room and kitchen CIR scores because many of the participants were undergraduate students and they might not have their own kitchens or living rooms, nor have total control over these rooms if they shared them. Thus, only the bedroom score (≥ 4) and the mean score (≥ 3) of the CIR were used as a selection criteria. Out of 357, 19 participants (5.3%) scored 3 and above in the mean CIR, while 13 participants (3.6%) scored 4 and above in the bedroom CIR. For the SI-R and the HRS-SR, the original total cutoff scores were maintained to select candidates for the second-phase interview.

The number of participants who met the criteria for HD on multiple scales was as follows: 35 participants (9.8%) out of 357 met both SI-R (≥ 41) and HRS (≥ 14) criteria. Among them, 13 participants (3.6%) met the selection criteria for CIR set by the researcher (i.e., either CIR mean ≥ 3 or CIR Bedroom ≥ 4) as well. Those 13 participants were invited for a second-phase interview by e-mail.

4. PHASE II: INTERVIEWS

The second phase was semi-structured, in-depth interviews with selected participants from the first-phase participants. The interviews were conducted and analyzed according to the principle of interpretative phenomenological analysis (IPA, Smith & Osborn, 2003). A qualitative, interview-based study was designed to gain an in-depth understanding of the phenomenon of hoarding. The aim was to obtain the participants' detailed, personalized accounts of hoarding experiences and to elaborate on the meaning of hoarding behavior.

4.1 Interview Participants

Out of 357 participants of the first-phase online survey, 13 individuals who had met the criteria (See Section 3.7) were selected as participant candidates for the second-phase interview. They 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%.

In this way, four individuals with clear symptoms of HD participated in the interview-phase research. A small, closely-defined, and fairly homogeneous sample of individuals as participants are usually sought for an IPA study (Smith & Osborn, 2003). Leading IPA researchers Smith and colleagues (2009, pp. 51) recommend a sample size between three and six for a student project using IPA. Especially for undergraduate or master's students doing IPA for the first time, three is used as a default size (Smith & Osborn, 2003, p.57; Smith, et al., 2009, pp. 51-52). The sample size of four in the present study was thus judged acceptable and even ideal. The small sample size allowed the researcher to make detailed examinations of each idiosyncratic case.

Throughout the thesis, the four interview participants are identified by pseudonyms to protect their privacy. The demographic information and hoarding assessment scores of the interview participants can be found in Table 5. This sample was fairly homogeneous in terms of gender, age, and occupation, which is preferable for a small-sample IPA study. All four participants were female students in their early 20s.

Table 5*The profile of interview participants*

Participant	<i>Zeynep</i>	<i>Nilay</i>	<i>Atiye</i>	<i>Bahar</i>
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)
Psychiatric history	-	Anxiety disorder	-	Anxiety disorder
Psychiatric medication used	-	-	-	Prozac
SI-R Total (#=41)	56*	64*	71*	58*
SI-R Clutter (#=17)	21*	21*	28*	18*
SI-R Difficulty discarding (#=14)	16*	17*	24*	16*
SI-R Excessive acquisition (#=9)	19*	26*	19*	24*
HRS-SR Total (#=14)	22*	33*	22*	23*
HRS Clutter (#=3)	4*	5*	8*	5*
HRS Difficulty discarding (#=4)	6*	8*	6*	4*
HRS Acquisition (#=2)	4*	4*	4*	6*
HRS Distress (#=3)	4*	8*	1	6*
HRS Interference (#=3)	4*	8*	3*	2
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

Note: Names of the participants are pseudonyms.

Cutoff score for HD diagnosis * Score at or above the cutoff for HD diagnosis

4.2 Interview Procedure

A consent form for the interview (See Appendix C) was sent via email to the interview participants beforehand. All interview participants were promised to be sent a gift card worth 50 Turkish Lira at the end of the interview. This information was given to the participants both in the invitation email and the informed consent form for the interview. After they read and signed the informed consent form for the online interview, an online interview session was scheduled.

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. Under their consent, the interview conversations were audio-recorded and transcribed later. Each interview session lasted 35-90 minutes. At the end of the interview, the participants were given a debriefing form (See Appendix E) that explained the details of the research and offered guidance on what to do if they needed help.

Eighteen open-ended questions were prepared based on hoarding literature. In the interviews, these questions were asked to all four participants. These questions were to explore the participants' own experience of hoarding, including how and when hoarding had started, what kind of items they hoarded, the reasons why they wanted to hoard, and the emotions felt when hoarding. Family backgrounds, including physical and mental health histories, and traumatic or important life events were also asked. The standard interview protocol can be found in Appendix D. However, it should be noted that questions were flexible and adjustable to each participant's needs and situations. Extra questions were asked if necessary. The interviewer encouraged the participant to give free accounts in association with the open-ended questions.

4.3 Interpretive Phenomenological Analysis

The participants' accounts in the interviews were transcribed verbatim and analyzed following the ideographic case study approach within the framework of interpretive phenomenological analysis (IPA) (Smith & Osborn, 2003; Smith, et al., 2009). In the analysis, each participant was treated as a unique case. The interview transcript of the first case was read and read again and key phrases and accounts were underlined with initial notes until some themes are identified by the researcher. Emergent themes were checked for connection among them. The researcher then moved on to the next case. Looking at each transcript with a fresh perspective, the same procedure was

repeated for each case to develop its own set of emergent themes. In the final stages, shared patterns and higher-order common themes across cases were sought while distinguishing unique individual qualities. Finally, the superordinate themes were interpreted in-depth through other existing theories. The IPA-based interviews allowed the researcher to explore the participants' histories and lived experiences of hoarding including how the hoarding behavior started and developed and how they make sense of their own experiences.

The next sections present the idiosyncratic case histories of four participants. These sections provide some background information and depict the unique personal experiences of the participants. The following Chapter 5 presents the analysis of common themes and sub-themes of hoarding that emerged from the participants' accounts of their hoarding-related experiences.

4.4 Zeynep

Zeynep was a 23-year-old student. She was very eager to share as much information as possible when she gives answers to the interview questions, saying that she wanted to be useful for the study. She described herself as an easy-going, talkative, cheerful person. She said that others also described her as cheerful and talkative as well as hyperactive and funny, but also quick-tempered. She said she loves exercising, watching shows, spending time with animals and nature, music, and playing instruments.

4.4.1 Zeynep's Family

Zeynep was staying at the university's dorm before the Covid-19 pandemic. At the time of the interview, she was living at home with her father, her mother, her younger sister, and her older sister. Zeynep said she started to spend time with her family thanks to Covid-19. Zeynep described her family's relationship as fine without any communication problems. Zeynep talked a lot about her mother, who is a schoolteacher. She described her mother as obsessive, talkative, funny, and emotional. She believes that her mother's obsessiveness also affected her. She thinks that her resemblance to her mother leads to conflict between the two of them. According to Zeynep, her relationship with her mother was worse before, but they are getting along better recently.

Zeynep said that her mother also hoards a lot, keeping everything no matter whether the object is necessary or not, being unable to get rid of things. During the interview, she realized that her mother's mother, her grandmother, also was keeping items

in the same way. She described her mother's hoarding as more problematic than her own. Zeynep explained that her mother often has obsessive thoughts in the form of overthinking and over-planning everything, which makes her tired and sad. Zeynep said that her mother talks about everything that comes to her mind, which were often negative and full of worries, and this influenced the way she thinks as well. Zeynep says that she tends to make successive plans just like her mother does. According to Zeynep, her mother has been in this way for 10 years, but now she is not as bad as when Zeynep was younger. When asked about the time when her mother's obsessive thinking started to get worse, Zeynep talked about her older sister's serious accident that happened nearly five years ago. Her older sister had carbon monoxide poisoning in the bathroom because of a faulty water boiler. She remained in the hospital for 19 months before recovering. This was followed by a long period of physiotherapy. The whole family was affected by this traumatic experience but especially her mother. According to Zeynep, her mother started to be a more panicky, overthinking person after the accident. When asked whether her mother is getting professional support for her obsessive thought or not, Zeynep said that she talked about this issue with her mother and her mother is getting some support from a life coach. Zeynep said that she did not want her mother to go to a life coach, but her mother did not listen to her. Zeynep also shared the information about her mother getting help for her panic attacks.

Zeynep's older sister is two years older than herself. She describes her relationship with her older sister as a close one. Zeynep says they talk about everything and would not hide anything from each other. Zeynep was 12 and her older sister was 14 when the accident happened. Zeynep later stayed with one of their relatives for quite a long time because her mother and father were attending to her sister at a hospital in another city. She reported that she felt very lonely at that time. She missed her older sister as well as her mother and her father. The uncertainty about her older sister's life-threatening condition was also a hard concept for 12 years old Zeynep to process. She was experiencing loneliness and the fear of death at the same time.

4.4.2 Zeynep's Hoarding History

Zeynep reportedly started hoarding at the age of 12-13, which is around the time of her sister's accident. She started storing some garbage inside her wardrobe and kept some objects as memory tokens. She hid and accumulated her used sanitary pads inside the wardrobe because she did not want her family to see these pads. She said that she

thought at first she could throw out these pads altogether after collecting them in the wardrobe. The pads stayed there for a few months till her family found out and throw them away. She recalls that her family took her to a psychologist [sic, probably a psychiatrist] because of her hoarding of used sanitary pads.

Going to the psychologist [sic] was not a good experience, she reported, because she later found out that the psychologist [sic] shared information with her family without her consent, despite that she insisted she wanted some information to remain confidential. After learning that, she stopped going to the psychologist [sic]. Zeynep's family did not insist on her going. Zeynep also said that she suspected that the psychologist [sic] was not qualified because the psychologist [sic] diagnosed her with a personality disorder only after one consultation and immediately put her on Prozac. She did not use Prozac regularly and stopped taking it after a short time. She remembers Prozac stayed in the house for about a year, but she does not remember for how long she used it.

She reported that she did not go to a psychologist during her high school years or after. Zeynep reported that, in high school, she mostly hoarded the same stuff she is hoarding currently. She said that she started to hoard things that are like memory tokens for her. She gave chocolate wrappings and packages as examples of such objects. Zeynep has difficulty finding enough room for her stuff. She has storage space problems. She said that she could not let go of any shoes, any clothes, or any plastic bags, and that these behaviors resulted in an untidy and cluttered living situation for her. Her cabinets are also untidy and full inside. She does not give away any objects but at the same time buys new ones.

Zeynep thinks that her hoarding of non-valuables is related to her laziness and procrastination. As an example, she described how receipts keep piling up in her bag because once they were thrown in the bag she cannot be bothered to organize or clean them up. She talked about a big cleaning operation she did in her high school years. She threw away many bags of old books, papers, and so on. Yet, she admitted that she was mostly relocating the objects but not discarding them because of her laziness. "Tidying up and discarding was physically exhausting for me," she reported. She believes other things she collects are of value, especially to remember and not to forget about what she has been through in the past including events and people, and to preserve her age-related

memories. She also keeps things believing that “they will be needed later” and believes that this is a big part of her hoarding behavior.

Zeynep’s hoarding involves papers, which is a documentation of something important to her, e.g., cinema tickets, memos, lecture notes, and formal documents like a rental contract. She reports that she keeps her clothes even if they do not fit her anymore although she is giving away some of them. She considers these objects as “what has been lived (*yaşamıştk*).” Some of the clothes are from Zeynep’s loved ones and she said that she does not want to wash them before storing them. She tends to attach personal meanings to them. A bracelet of a friend’s or some other personal items are among what she keeps. It does not matter whether the item can be of use for her or not. The most important criterion for her to hold on to is the value of the object as a representation of lived experience. She gave an example: “I would not keep a whole flower, I would discard the flower after a certain period, but I’d like to save one leaf out of it as a token of remembrance. (*Ama bir hatıra olarak, bir çiçek saklamam mesela çiçek bir yerden sonra çiçeği atabilirim ama bir yaprağının onun saklayabilirim.*)” She also talked about what can be categorized as “digital hoarding”. She said she kept records of everything, including photos, notes, and all other documents, on hard disks and an “incredible” number of flash memories. Zeynep said she thought the use of such digital storage devices was so normal that she almost thought it unnecessary to tell the researcher.

She explained why she hoards in this way. She said that keeping these things was for her to “remember” and “not to forget”. She explained that she used to keep diaries, but she got afraid of keeping them physically, so she decided to store them digitally, too. Before discarding her diaries, she took photos of all pages and transferred all the contents to the digital environment. She believes this method is much safer for her, she now prefers to keep diaries digitally instead of notebooks. When asked about the history of digital hoarding, she said she had been hoarding digitally since she was in the 8th grade, when she acquired a digital camera. After that, she also got her own mobile phone and learned to use a computer, which opened a way for her digital hoarding. She started to hoard these in flash memories and mobile phones. At that time, she said, she was keeping half in notebooks and the other half in digital devices. The important factor for the onset of her digital hoarding was getting access to technological devices.

When asked “How do you obtain these objects that you hoard?” Zeynep answered that she mostly buys them. She loves visiting one-coin shops and buying visually attractive or small portable things that are easy to carry. She added that she buys a lot of stuff from this kind of shop. The thought of “This will be needed, I will use it one day somewhere. (*Lazım olur, bir gün bir yerde kullanırım*)” affects her buying behavior according to Zeynep. It does not matter whether she actually uses the object or not. For example, she may buy hobby-related materials which she does not use or a musical instrument she does not know how to play yet. She also likes to buy small things but a lot of them because she loves being surrounded by lots of variable objects. The number of things she buys is more important than the size, she says. She also likes to pick up things to save from what her family members decided to throw away. According to her, seeing the variety of things makes her happy and secure because she knows when something is needed, she can find it immediately.

Zeynep carries her objects in batches because she cannot choose. She explains that, if she chose one, then she would then start thinking about the others she did not choose. Carrying them all makes her feel good because she can tell herself “Okay, all of them are there (*tamam hepsi orada*).” Otherwise, her mind would be busy with thoughts like “What if I need the ones that I left? Did I forget something? (*ya bıraktığım şey bana lazım olursa ...ya bir şey unuttum mu*)” She holds on to all the objects to avoid the feeling of anxiety like that. She described her thought of “at one point I will select (*bir yerde bir gün seçerim*),” which suggests that the prospect of her sorting out these hoarded objects one day is making her feel good and that she has to carry all the unsorted objects with her until then.

Thus, the base emotions of her hoarding are the feelings of comfort and security. When asked what hoarding means to her, Zeynep said that hoarding made her feel safe and that buying and keeping objects was comforting to her. Otherwise, she said, her mind would be stuck on the idea: “If I didn’t buy it, what will I do? What will happen, if I needed it in the future? I won’t be safe, I won’t be comfortable about it (*Onu almazsam işte ne yapacağım peki almazsam ne olacak bu sefer bu lazım olacak, güvende olmayacak işte rahat hissedemeyeceğim*).” When the researcher asked whether hoarding is a way to cope with these anxiety-provoking thoughts and stressful situations, she said yes. For Zeynep, hoarding means a step to put her mind at rest. She used the word “my safe zone (*güvenli alanım*)” when describing her feelings about the environment with many objects.

Zeynep reports that hoarding became a routine and a habit to her, so she does not especially think about why she hoards when she does it. However, she has ambivalent attitudes towards her hoarding behavior. On one hand, she says that her hoarding behavior causes no problem, and she considers it normal because she has always been in this way. At the same time, she says that she can get rid of hoarding behavior if it really causes problems. Zeynep sees laziness as a cause and believes that she can stop hoarding if she really wants to. She just does not want to stop for now because it is not a problem for her. She sometimes wonders why she is untidy and why she keeps these objects but that is all. For her, trying to clean and select from these objects would be a waste of time because she might still want to keep them. She believes she can sort them whenever she wants once she puts her mind to it. Keeping them in storage is okay because she thinks she can discard them at any time, but she knows that she is just delaying.

When she is at her family home, she cannot spread her belongings everywhere, but in her dorm room, she says, she becomes untidier than she was in her family home. She also reports that her mother messes up her room and its storage spaces like wardrobes and cases. This makes her uncomfortable and she has an urge to check them frequently. She says that she is afraid of her mother replacing or throwing away some items. The thought gives her anxiety. When she goes away from home, she sometimes carries some items with her or entrusts some items to a friend whom she trusts. If she cannot find a certain item, she gets angry with her mother even before asking her. She also rented a warehouse to keep some of her belongings from her dorm room. Securing a safe place for her items is an important recurrent theme for her.

Zeynep does not believe her hoarding behavior negatively affects her life, but she thinks untidiness does. She believes that difficulty finding the items is caused by her untidiness. For her, the situation such as not being able to find an item that came to her mind and not being able to remember its location is extremely upsetting. She would search for that item till she finds it. The usual scenario described by Zeynep goes as follows. Her living space is untidy. She remembers a certain object and feels like she has to find it. The clutter makes it difficult to find the object. She feels distressed when it takes too long to find the object she is looking for. It does not matter if she needs the item immediately or not, but she has to find it when it comes to her mind. Zeynep feels deficient until she finds the item. She is sure that, if the item comes to her mind, it means that this is an important object. If she cannot find the item that came to her mind, some worst scenarios

start to pop up in her mind, thus causing her anxiety. To cope with this disturbing negative thought, she starts to seek reasons why she needs this object. She experiences uneasiness, pessimism, anger, and aggression when she cannot find the object. Zeynep says she always finds what she is looking for at the end of her search, though it costs a lot of physical and mental energy to her.

4.5 Nilay

Nilay was a 20-year-old university student who lives with her family. She told the researcher that one of her friends first had seen the call for this online survey about hoarding and said to her, “You should participate. Maybe they can help you.” This is how she decided to take part in this survey. When answering the invitation for an interview, she requested to see the list of interview questions beforehand. The questions were sent to her before the interview.

She described herself as a person who is not very organized, who would like to do what she wants when she wants, and who loves to be successful in things that she loves to do, especially computer games and drawing. She likes to play competitive games with rankings such as war games. She prefers the competitive modes of these war games. She says she pays too much attention to what others say and she can be very upset about what they say and because of that she is not very sociable. She says she is a productive person who does not like spending money at all and prefers to save it instead. She claims that she buys everything on sale to save money.

When the question “How do other people around you describe you as a person?” was asked, she said she had asked her mother and a few friends before the interview. According to her mother, Nilay is a very angry person with a calm exterior. According to her friends, she is creative, determined, a challenger, and sometimes shy. They also told her that she is a controlling person and an angry person who cannot manage her anger. Having asked this question to people around her before the interview, she was obviously well-prepared for the interview. She stated that she agrees with the others’ description of her.

4.5.1 Nilay’s Family

The interviewer asked the question; “What kind of a person is your mother?” Nilay said that she also asked that question to her mother before the interview. She said that she made her mother read the questions. Her mother described herself as “quick-

tempered.” Nilay agreed with her and added that she is both a controlling person and a hoarder, who does not like to spend money, and who very much likes to re-evaluate and make use of things.

Nilay is the only child of the family. Her mother worked at a mercer for 2-3 years, but she quit her job after having a heart attack. Nilay’s father is a recently retired traffic technician. She says that they do not talk much. According to Nilay, they cannot get along and agree when they talk. Her father tends to say the opposite of what she says. She does not think they understand each other. Her father is calm and quiet when he is with other people. Nilay thinks that her father tries to make jokes but is terrible at it. She said that her father does not say anything to her when her voice sounds angry. When they are both angry, they move away from each other according to Nilay.

When the researcher asked about her family members’ physical and mental health history, she reported that currently, the family members do not have any physical health problems apart from her mother’s earlier heart attack. Nilay also talked about her parents’ relatives. She said that both the paternal and maternal sides of the relatives damaged her family’s financial situation. According to Nilay, her relatives got into debt and then led her family into financial difficulties, too, because her family helped them to pay their debt. Earlier her family was living in an apartment owned by her aunt’s family. They decided to sell the apartment in which Nilay’s family was living because the aunt’s family needed money. Nilay’s family was forced to move out. She thinks that this experience is the reason she always feels the need to save and earn money. Nilay stated that her family, including her, have been trying to be thrifty since then.

Nilay told the researcher that her mother is also a hoarder. For example, when Nilay’s aunt’s shop was closed, Nilay’s mother kept all the unsold merchandise with the thought of preventing waste. Nilay reported that her mother collects things to burn as fuel for the stove, and that her mother also hoards yogurt and cheese containers and other kinds of jars and containers. According to Nilay, her mother keeps telling her that she will throw them away but never does. Nilay thinks she acquired hoarding behavior from her mother. She told the researcher that her mother’s mother, that is her grandmother, hoarded so many objects, too. Nilay believes that her mother also learned hoarding behavior from her own mother.

4.5.2 Nilay's Hoarding History

Nilay said that she has been hoarding for as long as she remembers. She took part in the research because her friend recommended her to do that. This episode alone suggests that her severe hoarding is well-known by her friends. According to Nilay, hoarding has always been a normal thing for her. When she was 12 years old, she was collecting papers from trash, cardboard, notebooks, shells of sunflower seeds, and pencil sharpener wastes to burn in the stove. At that time Nilay and her family were living in a house where they had to use a stove to heat the house. She was trying to save money by doing so. She used to collect them from friends and teachers at school. Even after that period of her life, she still collects cardboards, asking people around: “Don't throw away cardboards, I will need them (*Kartonu atma bana lazım olur.*) ... Let me have them. I'll paint them or do something different. I'll use them (*Alayım ben onun üstünü boyarım değişik şeyler yaparım, kullanırım.*).” Apart from cardboards, Nilay now hoards toilet paper rollers, empty egg containers, and old and out-sized clothes as well. She collects them from her friends or the workplace by asking people in the same way: “I'll need them. Shall I have them? (*Bana lazım olur alayım mı?*)” She said that she loves recycling, and she does not like discarding anything at all. Although she does not use them much in practice, she always has ideas such as, “This will surely be useful in the future (*İleride illaki işime yarar.*)” or “I can definitely use them later (*İllaki daha sonra kullanabilirim.*).” She defends herself by saying: “I'm happy anyway, let them be on my side, I will use them later (*Ya ben mutlu oluyorum. Kenarda dursun etsin, illaki kullanırım.*).”

Nilay claims that she hoards for money. She believes that the hoarded items will ultimately help her make a profit. Her family's financial struggle affected her hoarding behavior and attitude towards money. She said: “I always think about making money because of that, in my opinion. (*O yüzden bende hep para kazanma şeyi bence o yüzden var.*)” According to Nilay, being thrifty has always been an important attitude for her family and still is. However, she admitted that she did not make much profit by hoarding. She said: “I didn't make a lot of profit, not too much, but if we sell those things we keep, we will make money. (*Ya çok kazanamadık o kadar fazla ama kenarda duran şeyleri satsak kesin kazanırız.*).”

On the other hand, Nilay also keeps some objects for their sentimental value as a keepsake. They are her notebook that has her writings from the day she got angry at

school, clothes, toys of her own, and toys of her aunt's children. She said that these toys reminded her of the good old days when she and her relatives lived in the same apartment building and were together most of the time.

Nilay reported that being surrounded by objects makes her feel happy. Hoarded objects are like an inspiration to her, making her think about what she can do with them. She gets more ambitious and creative with them. At the same time, hoarding made her room messy and dirty. This made her feel jammed and restricted. She said that she had decided to tidy up her room, but the room got messy again so quickly. She does not want to clean the room again because the dust lifted by the act of tidying makes her sick. Leaving the room messy is better, she says and adds that she likes it this way. On the other hand, she is aware that the clutter makes her life difficult. She has very limited space to move around because of all these hoarded items. She reported that she cannot find space for her new belongings. Her wardrobes are full. Glues, papers, trash bags, and boxes are left on the floor. The new items end up joining them there. She does not even know how many objects she accumulated and only began to realize the scale of her hoarding during the interview.

She has no intention to control or do something about her hoarding as she claims she likes it this way. Nilay also does not want to tidy and organize the objects because she thinks that if she does, this will make it hard to find the objects when she needs them. Nilay feels the need to instantly find an object that comes to her mind, just like Zeynep does. She keeps looking for it till she finds it, and if she cannot find it, this makes her feel very upset. She gives at least one hour to find the object.

4.6 Atiye

Atiye was a 25-year-old university student. She lived with her mother, father, and two sisters when interviewed. She described herself as a calm, quiet, self-contained person who was at peace with herself. She also said that she was a serious person but not anxious. She claimed that she was not much of an extrovert, but it was because she preferred to be this way and she could be outgoing as well if she wanted. She said others would also describe her as calm and quiet.

4.6.1 Atiye's Family

Atiye believed that she acquired her hoarding behavior by watching her family. Both her parents hoard, according to Atiye, and so do her siblings. Her father is a collector

of things like old coins and stamps. Her mother hoards old clothes, shoes, and other things. She added that her parents hoard much more than she does. Her family has always been in this way ever since she can remember.

When Atiye was 13-14 years old, her father went bankrupt. The family had to move out of a 3-storey house and moved to a smaller house when the financial status of the family declined. Things from the former triplex were now squeezed into a smaller home. Atiye said that it was hard to fit everything into the new place. All members of the family have busy lives, according to Atiye, that they do not have time to organize or sort out their belongings. Some unopened boxes from moving are still there after 6 years.

4.6.2. Atiye's Hoarding History

Atiye mostly hoards objects that have sentimental value to her, such as train tickets, restaurant receipts, and similar sorts of stuff from her abroad travels. When the topic was how the behavior started, she mentioned her father's old coins and stamp collection. Her father bought a stamp book for Atiye and her siblings when they were children. Atiye was 9-10 years old. She thinks that this may have encouraged her hoarding behavior. She now has a travel notebook in which she keeps her travel-related memorabilia. She bulk buys things like cosmetics, but when she buys new ones, she does not discard old ones. So, she keeps many bottles of cosmetics, including the half-used and the finished ones, she cannot discard telephone charging cables that are no longer working and at times she kept 20-30 of them in drawers. She gave another example; she bought the same pen three times and kept them all without throwing out the finished ones. She keeps some clothes even though they do not fit her anymore because she believes that she can wear them when she loses weight. Atiye told the researcher that her mother keeps old clothes in the same way. In fact, there is a room in their home where all family members store a mountain of their clothes. She admitted that hoarding is a common problem for all her family. After moving to a smaller house, the family's hoarding and the cluttered state of the house got worse. For example, they bought a new desk for Atiye when they moved to the new house. Atiye has an old desk she does not use anymore. They keep the old one, which nobody uses anymore, in one of the rooms with all the other clutter and never throw it away. There is a situation where each family member wants to get rid of the other members' personal belongings but wants to keep their own. For example, her father tells her mother to throw her shoes away, then her mother tells her father to get rid of his personal belongings, too, and nobody does anything about that.

The main idea behind her desire to hoard can be understood in her own words: “One day this will be needed (*Bir gün lazım olur*).” Keeping things that might be needed later also means being thrifty and saving money for the future. Unlike Zeynep and Nilay who collect them from her relatives or friends, Atiye only obtains her possessions by purchasing them. Another reason for hoarding some objects, Atiye reported, is keeping personally meaningful objects that are like a souvenir to her. She treasures the objects that take her to memories of her childhood or other memories.

According to Atiye, she acquired this hoarding habit by observing her parents, but another important event that affected her hoarding was her father’s bankruptcy when Atiye was 13-14 years old. The experience of financial hardship may have taught the family the need to be thriftier, according to her. On the other hand, she believes that learning by observing her parents’ day-to-day behavior is a much more dominant factor in her hoarding habit. For Atiye, hoarding is now like an automatic response to her. She reported:

So, it’s like a directly automatically occurring thing. As if I am storing things without thinking while doing it, and then later I look at them and realize, I’m like oh these things have accumulated here. (*Hani direkt otomatik gerçekleşen bir şey gibi yani. Düşünmeden üstüne sanki bir yere yerleştiriyorum o sırada sonra bir bakıyorum aa burada bunlar birikmiş gibi oluyor.*)

Atiye first said she could not think of any emotion associated with hoarding because her hoarding is like a reflex. However, after some thinking, she said that she felt comfort, peace, and happiness. On the other hand, Atiye is aware that the house is cluttered and causing problems. Atiye reported that hoarding does not affect her social life, but only affects the condition of the house. Two floors full of stuff create an uncomfortable living condition in their home. The clutter makes it harder for people to move around in the house. The disorganization of the house also causes difficulties in finding things when they are needed. On the other hand, she added, the untidy house is an obstacle for her to invite her friend to the house. She tries to organize, but nobody helps. In the end, she gives up as well and the house stays as it is. This makes her sad. She is frustrated that her family cannot make progress in tidying up the house. Thus, Atiye has a higher level of insight compared to other participants who do not see or try not to

see the problem of hoarding. This might be the influence of her seeing her parents hoard for so long as a bad example.

Atiye honestly tells her friends that the house is untidy, so that she cannot invite them. This is how she copes with this situation. Her mother and Atiye sorted out some of their clothes to donate. They donated some of them earlier. She also sells her clothes in online second-hand shops. She thinks that the family is getting much better at sorting and giving hoarded objects nowadays. Overall, Atiye's hoarding was less severe compared to Zeynep, Nilay, and Bahar. Atiye is the only participant who has a deeper insight into her and her family's hoarding behavior and the seriousness of the situations that causes. At least she is addressing the problem and trying to do something about it. She mostly keeps notebooks, textbooks and other books, clothes, and some keepsakes (tokens of memories).

4.7 Bahar

Bahar was a 22-year-old university student. She described herself as a hard-working person. She is interested in South Korean culture, sports, and academic work. She said others described her as trustable, extravert, active and talkative, to which she agreed. When she was talking about her hoarding behavior, she often used the word "indecisive (*kararsız*)" to describe herself. During the interview, she was much more reserved and less willing to talk about herself, compared to the other three participants.

4.7.1 Bahar's Family

Bahar lives with her mother and her father. She also has an older brother who lives on his own. Bahar reported both her mother and brother are indecisive like herself. They both reportedly have difficulty choosing between alternatives. She described her mother's tendency to buy two instead of choosing one when shopping. She, however, made it clear that her mother is not an untidy hoarder like her, but an organized person who often urges her to tidy up. Bahar's father had a serious traffic accident six years ago that caused him to become bedridden for one year. Bahar reported this accident as a traumatic experience for her. She also reported that her anxiety and hoarding tendency probably increased because of this accident.

4.7.2 Bahar's Hoarding History

Bahar does not remember exactly when she started hoarding objects. However, she stated she does not like throwing things away. She throws or gives away her

belongings only when she thinks she is 100% sure that the object will not be useful in the future, and only when she eliminated all the possibilities of using it one day. She mostly keeps notebooks, textbooks and other books, documents, clothes, and electronic goods' package boxes. She hoards stationaries such as coloring pencils by buying extra. She collects tokens of memories such as letters and notes from her friends and cinema tickets with some notes on them. As a souvenir, she keeps receipts from her trips, along with postcards and key chains. Bahar also collects coins from foreign countries she visited. When she buys some presents or souvenirs for her friends (e.g., key chains), she finds it difficult to actually give them to her friends, because she cannot let them go. So, she feels she has to buy one for herself as well. She keeps these items in random places which means she does not allocate specific storage spaces. She declares this does not bother her because she is an untidy person (*"Dağınık bir insan olduğum için"*). She denies the clutter invading her space.

For Bahar, being surrounded by objects makes her feel relieved because she can find them close to her when she looks for them. Likewise, it makes her happy to see tokens of memories close to her. She adds that, if she cannot find something she is looking for, she prefers buying the same one rather than looking for it till she finds it. This is unlike other participants who prefer to keep searching for it until they find it. As such, Bahar's hoarding involves excessive purchasing. She not only buys extra but also replaces missing objects by buying new ones. Bahar thinks her difficulty in making decisions is due to her indecisive character and anxiety about the future. She explained:

Indecisiveness it is. I have both indecision and anxiety about future. For example, I did that, what if this happens, because I did that? I didn't do that. What if this happens because I didn't do that? (*Yani kararsızlık hem kararsızlık hem ileriye dönük bir anksiyetem var. Hani şöyle mesela işte atıyorum bunu yaptım, ya bunu yaptığım için bu olursa? Ya da bunu yapmadım, bunu yapmadığım için bu olursa?*)

She reported that thinking about every possible option takes her 2 to 3 hours per day. According to her, choosing something makes her anxious because she does not want to make a wrong decision. Because of this, she cannot decide on things to discard. When shopping, she buys every option she likes. She is afraid of making a mistake and regretting later. Having trouble giving away gifts is due to the same line of thought. Hoarding is

somehow a way of coping with this anxiety about failure because if she does not choose and keeps all options, she cannot make mistakes. Thus, hoarding makes Bahar feel comfortable and safe. Not hoarding would cause her anxiety and discomfort.

Bahar thinks hoarding behavior is due to her being indecisive. She also stated that hoarding is an empty and unnecessary behavior that is time-wasting. This shows that Bahar has more insight into the nature of hoarding than Zeynep and Nilay. Yet, she also reported that she does not do anything to cope with that hoarding behavior.



5. FINDINGS FROM THE ANALYSIS OF INTERVIEWS

5.1 Common Themes of Hoarding

Four higher-order themes and 12 sub-themes emerged from the analysis of the participants' interview accounts. Table 6 presents a summary of the emergent themes. The first theme "Guarding against Failure" makes sense of 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 hoard. 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 is "Limited Insight and Distortion of Reality" which reveals how participants attempt to make their hoarding behaviors look okay using some excuses and explanations. The following sections discuss each superordinate theme and their subordinate themes with concrete examples.

Table 6*Common themes emerged from the interview*

<i>Higher-order Themes</i>	<i>Sub-themes</i>	<i>Examples</i>
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 (The apples do not fall far from the tree)	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> ...

5.2.1 Fear of Not Having Something Necessary When Needed

All four participants expressed the fear of not having what they need when they need it. The common Turkish expression they used was: “*lazım olur* (will be needed)”. They hoard things thinking that they will be needed later. According to Atiye, the idea of “might be needed” is the base of her hoarding behavior. She stated that “Generally, the purpose is this. I am keeping them thinking that they might be needed one day (*Genellikle hani zaten amaç o yani illa bir gün **lazım olur** belki düşüncesiyle saklıyorum*).” Typically, she keeps clothes even if it does not fit her anymore because she might wear it one day when she loses some weight. Another example is Nilay, who collects cardboards and other materials by asking around “I’ll need them. Shall I have them? (*Bana **lazım olur** alayım mı?*)” She collects these objects believing that she will use them for good purposes later.

Bahar keeps her belongings until she is sure that the item would not be needed anymore. She has a checklist in her head for every possible way in which the item might be needed. She explains:

How do I decide what to throw away? When I became absolutely sure that the object is of no use. Well, after all the possibilities were eliminated...For example, thinking like, if I throw this away, it might be needed on such a day for such a purpose... After that day has passed, you strike it out of the list ... Another example, you go back and check that object after one month, then decide it to stay. (*Nasıl atmaya karar veriyorum? İşim olmadığına kesin olarak emin olduğum zaman hani. Hani bütün şansları eledikten sonra atıyorum yani ... Yani mesela işte atarsam hani işte şu gün şuna **lazım olabilir** hani o gün geçsin tık ... Ya da işte eee mesela atıyorum bir ay sonra buna geri dönüp bakmak isteyebilirim kalsın.*)

Bahar also reported that she hoards because she cannot decide what to buy and this leads her to buy and keep all the alternatives. Otherwise, she becomes anxious about making mistaken choices. Thus, her hoarding is, in a sense, to avoid post-decision dissonance. Her souvenir-buying behavior was an example of this. When she cannot decide which souvenir to give her friend, she ends up keeping both for herself. She explains her reason:

So, in general, because I cannot decide between some items, I cannot decide to throw them away, either. Like not being able to make a choice. *(Yani genel olarak hani bazı şeylere karar veremediğim için atmaya da karar veremediğimi düşünüyorum. O seçimi yapamamak gibi.)*

Zeynep explains the reason for her hoarding is the thought of “they will be needed” as well:

Some says it’s my dilatoriness but at the same time it is about me thinking that things ‘will be needed.’ And, of course, these things **will be needed**. Not now, but later they will become necessary, I don’t know, but let them stay here and there just in case... that kind of feeling. Yes, I don’t know why I forgot to mention “that will be needed” but “that will be needed” is a big factor, too *(Yani kimine göre üşengeçliğim diğer kısım da ‘Lazım olur.’ Ve tabi ki hani **lazım olur** eşyalar hani. Şimdi olmaz sonrasında lazım olur bilemem şurada burada dursun o his yani. Evet lazım oluru nasıl atladım bilmiyorum ama lazım olur bu da çok büyük bir etken çünkü.)*

Zeynep reported that hoarding in this way makes her feel safe and happy:

I feel happy, possibly, a bit more like feeling secure because there I can find whatever I need whenever I need it at once. Or like I can use it for a different purpose. As I said, even when I don’t need it, I can save it and put it somewhere because I’ll be able to use it one day. I may need it. This makes me feel comfortable in where I am, like being in a safety zone. I mean I feel like being in a secure base. *(Yani mutlu hissediyorum biraz daha bir de güven duygusu olabilir çünkü ihtiyacım olduğunda herhangi bir şey onu hemen orada bulabilirim. İşte u, ya da farklı bir amaçla kullanabilirim. Dediğim gibi hiç ihtiyacım yokken bile bir şeyi alıp bir yere koyabilirim çünkü bir gün onu yani kullanabilirim, ona ihtiyacım olabilir o da beni hani daha olduğum yerde konforlu yani u safe zone’da hissedebilirim. Yani güvenli alanımda hissedebilirim.)*

Hoarded objects are like a safety belt to protect them from possible failures – failing to have something when they are necessary or failing to have enough alternatives when needed.

5.2.2 Fear of Not Having Financial Resources

Hoarding to save money, and even with the thought of turning them into money, was found among the motivations behind the participants' hoarding. As described in the previous section, Nilay believed the materials she accumulated will be very useful for her and might even help her make some profit out of them. For example, she keeps cardboard because she believes that she can use them for her artwork and sell them to earn money. This type of hoarding is based on the “fear of losing financial resources” theme because she is afraid that she throws away something that potentially is of great financial value. For her, throwing them away is like throwing money away. Nilay explains the reason for her hoarding as:

Completely for profit. Not to lose money or to earn money ... I buy things always thinking that I can make money with the things I have ... I am always thinking about making money (*Tamamen kazanç. Para kaybetmemek veya hatta kazanmak ... Ya ben elimde bulunan şeylerle sürekli para kazanabileceğimi düşünerek alıyorum ... sürekli paraya dönüştürme düşüncesi var*).

Nilay's idea of saving and making money out of hoarded objects may be rooted in the financial hardship she experienced when her parents got into debt because of their relatives when she was younger. They had to move out of the apartment owned by their relatives. Nilay thinks all the problems they have, started from that point.

When it comes to the topic of money, we are like this because of that (financial hardship caused by the relative). They kept falling into debt and we were affected by that, too. Because of that I've always had the desire to earn money. (*Ya şimdi para konusunda, o yüzden bence bu şekildeyiz. Onlar sürekli borçlara morçlara girdiler. Bizi de etkiledi. O yüzden ben de hep para kazanma şeyi bence o yüzden var.*

Nilay's hoarding with the idea of saving/making money thus continued and seemed to have advanced when she became unemployed after graduation from the college. However, she also admitted that she had not earned much money. There is a serious overestimation of the value of the hoarded objects. In addition to this, she now does a lot of bargain hunts through internet shopping. Again, she may be buying unnecessary things rather than saving money.

Atiye also said one of the reasons why she hoards is *“I am thinking that I’ll make use of this, rather than spending a lot of money in the future (... daha çok ileride para harcamak yerine bunu kullanırım diye düşünüyorum.)”* Her logic is that she must keep this item, which she believes she will use in the future so that she can avoid spending a lot of money to buy a new one when it is needed. Thus, hoarding is done to save money, by keeping things that would be useful in the future. This is not the most important reason for her hoarding, but it is one of the reasons for her to keep some items. Like Nilay’s family, Atiye’s family also went through a financial crisis when Atiye’s father went bankrupt and had to move their home. According to her, financial hardship following the bankruptcy might have made the family thriftier and triggered the family members’ hoarding behavior.

5.2.3 Fear of Losing Memories

Keeping some items not to lose the memories associated with them, was a recurring theme of the participants’ hoarding. The participants keep objects to remember and to protect their memories from certain events or periods of their lives from deletion. Parallel to this “Fear of Losing Memories” sub-theme is an obsession to remember every detail of their lives. For example, Nilay keeps her notebooks which she used to write down her thoughts and emotions when she was a child. She also keeps her cousins’ toys which were given by her aunt. These items remind her of a happy childhood and she likes keeping them. Atiye also reported keeping some items because they are the remainders of happy days:

For example, the things I collect now are those full of memories in fact, so I can say that I cannot bear to discard them. Things I give meanings to such as travel-related, train tickets, a receipt from a restaurant if it is a nice place for instance in a foreign country etc. ... Because I prefer things that are associated with memories, I prefer keeping them, I mean, I can say that they mean good old days for me. It is like going back to the past everytime I see them (*Mesela şu an topladığım kendimce hani daha çok anısı olan şeyler açıkçası hani atmaya kıyamadığım diyebilirim. Kendimce anlam yüklediğim işte seyahat, tren biletleri o bileti falan veya işte bir restoranın fişi böyle çok güzel bir yerse yurtdışında vesaire ... daha çok hani böyle anısı olan şeyler tercih ettiğim için, yani saklamayı tercih ettiğim için onları, benim için daha çok eski güzel günleri anlam ifade ediyor diyebilirim yani. Onları gördükçe eski günlere gitmek gibi diyebilirim.*)

As both Nilay and Atiye's happy childhood was interrupted by the family's financial hardship, memories from their childhood may be even more precious for them. Bahar also said, "So, I probably keep everything that can enter my mind as memories (*Anı olarak aklınıza gelebilecek her şeyi tutuyorumdur yani.*)" Bahar keeps souvenirs from the countries she visited. She also keeps receipts with some notes. She reported that she has been doing this since she was in elementary school. It makes her feel good to look back at them and remember what she did then.

It was as if she has a fear of forgetting, Zeynep kept saying "not to forget (*Unutmamak için*)" during the interview. Zeynep keeps some items because they remind her of past friendships and relationships as well as her childhood memories. Moreover, Zeynep reported how she keeps digital records of everything she did in the flush memories. She claims that keeping them on digital platforms is much safer than keeping them physically. She explains:

For example, I wouldn't throw away anything I'd written, the photos I'd taken, those flash memories - I have collected an incredible number of them, so I keep records of everything I've been through, I write everything down, and save them in a lot of hard drives. I've been saving them up as reminders. **So that I don't forget** all this. *Mesela yazdığım hiçbir şeyi de atmam, çektiğim fotoğrafları, o flashbackleri ama inanılmaz şekilde bunları da biriktirirdim yani yaşadığım her şeyi tutardım her şeyi yazardım bunları da böyle birçok hard disk ile hani saklıyorum. Bunları hatırlatma isteği ile biriktiriyordum. Bunları **unutmamak için.**)*

Zeynep described both her digital hoarding and physical hoarding as a kind of attempt to remember and not to forget past experiences. She said:

I'm collecting digitally as well, yes. So the logic there is, again, **not to forget**, to be able to remember when I look back. Objects are a little bit like that, too, for example, **not to forget** what happened to that person, **not to forget** things related to the person, or **not to forget** what happened when I was at a certain age. (*Dijital olarak da biriktiriyorum evet. Yani oradaki mantık da yine **unutmamak** aslında geriye dönüp baktığımda hatırlayabilmek. Eşyalar da biraz o şekilde, kişiye ait*

hani olayı unutmamak, kişiye dair bir şeyi unutmamak, yaşıma dair bir şeyi unutmamak.)

5.3 Rooted in the Family (or The Apple Doesn't Fall Far from The Tree)

All the participants reported the hoarding behavior or the predisposing tendency such as obsessiveness and indecisiveness of their family members, who were typically their mothers, but also maternal grandmothers (Zeynep' and Nilay's), siblings (Atiye's and Bahar's), and father (Atiye's). Hoarding thus seems to run in the family. The researcher identified three sub-themes of this "rooted in the Family" theme: 1) Like daughter, like mother, (2) modeling, and (3) shared family activity.

5.3.1 Like Mother like Daughter

All participants have a mother who showed hoarding tendencies. The mothers of Zeynep, Nilay, and Atiye turned out to be hoarders who exhibit all three symptoms of hoarding which are difficulty discarding, excessive acquisition, and extreme clutter. Moreover, Zeynep and Nilay reported that their grandmothers on the mother's side were also hoarders. Thus, either genetically or environmentally, hoarding has been passed from the mother to the daughter through three generations.

The mother and the daughter show common characteristics in their hoarding. The same "*lazım olur* (will be needed)" theme, which was found in Zeynep's explanation of her own hoarding, was evident in Zeynep's description of her mother's hoarding:

But in general, she always stops and look when I try to throw things away: "Ah what's this? Let me have a look. Why are you throwing this away? May be needed later, put it down, leave it there, or O.K. don't throw it away, let's give it to someone, why are you discarding it? (*Ama genel olarak şey ne atsam da bakar yani aa bu neymiş hani aa bakayım niye bunu atıyorsun ki **lazım olur** koy oraya orada dursun ya da hani tamam atma şeye verelim niye atıyorsun?*)

Moreover, Zeynep's mother keeps the items from her youth, just like Zeynep who said she keeps old items not to forget the memory related to that age (*yaşıma dair bir şeyi unutmamak*)."

Bahar's mother, on the other hand, is not a hoarder like Bahar, since she is not untidy or unorganized. However, she still has indecisiveness which is a well-known predisposition to hoarding. As Bahar reported, she tends to buy or keep two alternatives

rather than choosing one of them. Bahar sees a lot of resemblance between her mother's indecisiveness and her own and her brother's. She stated that:

I mean, for example, my mom, too, is very indecisive. My mom can't choose between 2 things that she liked, either. My brother is also like that, not my dad, though. (*Yani şimdi mesela annem de çok kararsız. Annem de seçemez beğendiği 2 şey arasında. Abim de yani o şekilde ama babam öyle değil.*)

In the case of Atiye, there are not only maternal influences but also paternal influences from both sides. In fact, her whole family (i.e., mother, father, and two sisters) are hoarders. It is easy to speculate how she got accustomed to hoarding behaviors in the family environment surrounded by more than one hoarder.

5.3.2 Modeling

Modeling means learning some behavior patterns by observing someone as a model and imitating their behavior. Many examples of modeling can be found in the participants' accounts of their hoarding history. Zeynep, Nilay, and Atiye, all described how they were influenced by the behavior of their parent(s).

When Nilay's family was in financial difficulties, her mother used to save shells of eaten sunflower seeds to burn in the stove to heat the house which was without central heating. Her mother was collecting papers and cardboards from her friends, too. Nilay reported that watching her mother collecting items affected her.

Then, my mother was collecting shells of seeds to burn in the stove. She was asking her friends if there is cardboard at hand for sale and saying 'give them to us, we'll make use of them, we'll burn them in the stove.' What I observed from her, I think, because of that I'm in this way. (*Sonra işte çekirdek kabuklarını topluyordu annem sobada yakmak için. Böyle dışarıdan arkadaşlarına soruyordu karton var mı satılacak edilecek verin bize biz kullanalım sobada yakalım diyordu. Ben de ondan gördüğüm ve bu şekilde olduğunu düşünüyorum.*)

Soon, Nilay started to imitate her mother and collected the same things from her friends at school. She does believe that her hoarding habits comes from seeing her mother. Nilay also believes that her mother acquired her hoarding behavior by observing her own mother, namely, Nilay's grandmother.

Both Zeynep's mother and grandmother were typical hoarders according to Zeynep's accounts. She said that her mother keeps old, antique decorative objects, old furniture, and domestic appliances even if they are useless. She also remembers her grandmother's house was always cluttered with useless objects.

Atiye reported that both of her parents hoard actively. Atiye's father is also a collector of coins and stamps. He gave Atiye a stamp book as a gift when she was a little girl. He wanted her daughter to pursue stamp collection, too. Atiye considers that this was the beginning of her hoarding history. Furthermore, she speculated about the cause of her hoarding this way:

I don't have any direct memory, but I think this comes from observing my family. From my mother, for instance, seeing things like my mother always collecting wet tissue from the table of a restaurant when we get up, etc. As I grew up seeing this kind of thing from my family, it stayed with me probably, because truly my family is always like this. *(Hani öyle direkt hatırladığım bir şey yok ama ben bunun hani biraz daha aileden görmekle olduğunu düşünüyorum. Hani annemden falan da mesela hep bir şeyleri atıyorum restorandan kalkarken oradaki ıslak mendili fazladan almak gibi. O şekilde şeyleri herhâlde göre büyüyerek yerleşmiş olabilir. Çünkü bizim aile gerçekten bu şekilde hep.)*

5.3.3 Shared Family Activity

Shared family activity is the other sub-theme of the "rooted in the family" theme. Nilay reported that both she and her mother collected shells of nuts and seeds, cardboard s, waste papers, and so on to burn as fuel for the stove. Atiye said that her whole family store many belongings in the house, and nobody dares to discard the accumulated belongings. This shows that hoarding became some sort of shared family activity for Nilay and Atiye at some point.

For example, keeping clothes that are not being used or do not fit anymore is one thing that every member of Atiye's family does. They have a room allocated for this purpose, where everyone stores their clothes. Her mother especially keeps Atiye's and her sister's clothes from her childhood. Atiye explains:

This is a bit like a family problem. My mother has clothes from her youth, I mean more like, out-sized clothes she cannot fit into as she gained weight. We have a room used like a laundry, which is full of clothes, I mean, full of storage bags for

clothes. *(Bizim bu biraz ailece sıkıntımız. Benim annemin de mesela gençlik giysilerini yani gençlik değil de hani artık giyemediği kilodan dolayı bedeninin değiştiği giysileri bizim evde bir tane çamaşır odasının niyetine bir odamız var o oda full giysi dolu yani hurçlarla dolu.)*

When asked about the parents' actions toward her hoarding, Nilay said her mother does not interfere with her hoarding behavior because her mother is a hoarder herself: "My mother herself hoards, too, so she doesn't say much (*Annem, zaten annem de kendisi biriktirdiği için çok bir şey demiyor*).” In this way, the mother accepts her daughter's behavior and they collect the same kind of things at home. Earlier, during the time of the family's financial hardship, Nilay joined her mother and together they collected cardboard, paper, seeds, and anything to burn inside the stove.

5.4 Triggering Traumatic Experiences

All four participants reported some sort of traumatic experience. They can be categorized into two sub-themes: 1) Traumatic experiences related to the family's health crisis and (2) traumatic experiences related to the family's financial problem. Both traumas are experienced as a family not only by the individual of concern. The whole families were affected by them.

5.4.1 Family Health Crisis

The episodes of a physical health crisis in the family were found in both Zeynep's and Bahar's accounts. Zeynep's older sister survived serious carbon monoxide poisoning. Her older sister stayed in a hospital for a year, followed by a long rehabilitation process. Thus, at a young age, Zeynep had the fearful experience of nearly losing a loved one. The poisoning of her sister caused a huge trauma for all her family members. The routines and dynamics of the family changed and affected each family member including Zeynep. She reported the loneliness she had experienced at that time, as her parents had mostly been with her sister in the hospital, and Zeynep was sent away to live with relatives. Zeynep talked about her sister's accident when she was explaining why her mother's obsessiveness got worse. Although she did not consciously associate her hoarding with this incident, the onset of her hoarding behavior, when she was 12-13 years old, is the same as the time of her sister's accident.

Bahar also had an experience of a health crisis in the family. Her father survived a serious car accident and stayed incompetent for a year. She described her father's

accident as traumatic. She also said her obsessiveness to study harder increased because of this: “It was a difficult time. I generally associate my obsessiveness with this...like my urge to study and so on. (*Yani zor geçti ben zaten genel olarak takıntılarımı buna bağladığım için biraz daha böyle ders çalışma isteğidir falandır filandır.*)” When asked if there is a relationship between the accident and her hoarding behavior, she answered:

In my opinion, as my anxiety increased (due to her father’s accident), my hoarding possibly increased as well. I think, even if hoarding behavior did not increase, my urge of it must have increased at least. (*Yani bence anksiyetem zaten yükseldiği için artmış olabilir. Ya en azından biriktirme davranışım artmasa bile hissettirdiği artmıştır diye düşünüyorum.*)

5.4.3 Family Financial Crisis

The second sub-theme of “triggering traumatic experience” was related to family finance. Atiye and Nilay both talked about their family’s financial decline and consequent relocation. Atiye’s father was a successful and wealthy businessman with a good income and her mother was a housewife. They had a comfortable life financially. Then, her father’s business went bankrupt, which changed the whole family’s lifestyle. Her mother had to start working. Her father started working in a different field. The family had to relocate from a comfortable triplex house to a smaller house. In that smaller house, they have been struggling to keep old furniture and boxes full of other personal belongings. When asked if she had any traumatic experience in her life, Atiye referred to the possibility that the family’s traumatic bankruptcy had affected her hoarding:

No, not firsthand, but maybe that bankrupt, that might have done something to me without realizing, or passed me through my family. (*Birinci elden hayır ama belki hani o iflas belki farkında olmadan bir şeyler yapmıştır veya ailemden dolayı bana geçmiştir.*)

Nilay reported that her family’s financial decline was brought about by their relatives. They, too, had to relocate to a smaller house. Because the house was without central heating, her mother first started collecting things to burn in the stove, and Nilay followed. Together they collected things from their friends, school, and workplace for free to save money for fuel. This was the beginning of Nilay’s hoarding.

5.5 Limited Insight and Distortion of Reality

The hoarding behaviors of four participants were of different levels of severity. Judging from the interview accounts, Zeynep's hoarding was at the most severe level, which is closely followed by Nilay's. Bahar exhibited less severe hoarding behavior than Zeynep and Nilay. The least severe hoarding was found in Atiye. The participants' insight into their own hoarding problem varied correspondingly to the severity of their hoarding. Although it is not a total lack of insight, the insight was most limited in the case of Zeynep, followed by Nilay, both of whom do not really see or try not to see the problem of their hoarding. Atiye has a higher level of insight compared to other participants. She was well aware of her family's hoarding problem and frustrated about the prospect of tidying up, thus at least trying to do something about it. The sub-themes identified under the "limited insight" theme were: "normalization", "denial", "underestimation", and "justification", which are the cognitive processes used not to see the reality of hoarding by some of the participants.

5.5.1 Normalization

The participants with severe hoarding symptoms like Zeynep and Nilay showed very limited insight into their hoarding behavior. Both Zeynep and Nilay tend to normalize their hoarding and not really see it as a difficulty. Rather, they seemed to be so comfortable or almost ego syntonic about it.

For example, Zeynep saw her digital hoarding as so normal and insignificant, that she almost forgot to mention it in the interview. Zeynep described her hoarding as a habit and a routine for her. Zeynep said:

...generally in the first stage, there is no purpose, I mean, I just want to get it at that moment, and after that my behavior escalates, I mean I don't really think about my behavior. After that, this behavior becomes a habit. It's my routine. (*...genel olarak ilk aşamada bir amaç yok yani o an onu almak istiyorum bir yerden sonra bu ilerliyor yani pek düşünmüyorum sonrasında da çünkü artık bu alışkanlık zaten bu benim bir rutinim.*)

This statement shows that Zeynep sees hoarding as normal behavior, as she has been always in this way. That is why she does not really question her behavior. For example, when she was asked about questioning her own behavior, Zeynep answered:

Yes, I see it as normal because I am like this, and I've been always like this. I've never thought "Why am I doing this? Why are they still here? Why can't I throw them away?" because I can get rid of them if it becomes really a problem, I mean, I can throw out the collected papers like I said, but I'm lazy and I don't throw them away. That's how I see it. So it wouldn't be a problem for me to leave them there. I say to myself, "Why am I so untidy? Why am I accumulating these things?" but that's all. So, it doesn't pose any problem for later (*Evet normal görüyorum hani zaten böyle olduğu için hep zaten bu şekilde gittiği için "Aa neden bunu yapıyorum neden bunlar hala burada atamıyorum." diye hiç düşünmedim çünkü çok sıkıntı bir boyuta gelirse zaten onlardan yani kurtulabilirim hani gidip bir kağıt yığını dediğim gibi oradan atabilirim ama hani üşeniyorum atmıyorum diye bakıyorum o yüzden onu oraya koymam da benim için bir sıkıntı olmuyor yani neden bu kadar dağınığım neden bu kadar işte bunları biriktirdim diyorum ama bu kadar. Yani herhangi bir şey teşkil etmiyor sonrası için.*)

Nilay also clearly stated that hoarding was a normal thing for her. Nilay reported that she volunteered to take part in this study via referral of a friend of hers. Her friend saw the call for research participation and decided to send it to Nilay because she thought that the topic of the research is exactly what Nilay struggles with. Nilay said that she was really surprised when her friend sended it to her as she had never heard of a hoarding disorder. She explained:

In fact, my friend told me to participate. I didn't know I have such a thing. It was so normal for me. (*Aslında bunu arkadaşım söylemişti katıl diye. Ben hiç bilmiyordum böyle bir şey olduğunu benim için çok normaldi.*)... Here is a thing, just for you, my friend told me. She recommended, so I participated. I didn't know of such a thing. This was such a normal thing for me, till she told me. I did some research and saw it's something like an illness, but I guess mine is not so much as the level of illness, but my friend said to me to go and talk, maybe I can get help. So, I said, let me talk. (*Şöyle bir şey var bir tek ben bunu arkadaşım söyledi bana, o önerdi de katıldım. Ben böyle bir şey olduğunu bilmiyordum. Benim için bu çok normal bir şeydi ki o söyleyene kadar, ben araştırma yaptım biraz baktım hastalık gibi bir şey ama benimki o kadar hastalık derecesinde de değil gibi ama*

arkadaşım dedi sen bir git konuş belki yardımını dokunur dedi. Ben de konuşayım dedim.)

When the researcher asked Nilay if she does anything to cope with her hoarding, she gave an answer which is another sign of her low level of insight,

I'm not trying to deal with it. Let it stay. I like it this way, so I don't take things away, I don't do anything. I'm continuing to tidy them. (Baş etmeye çalışmıyorum aslında hatta dursun etsin benim hoşuma gittiği için de kaldırmıyorum hiçbir şey yapmıyorum hala toplamaya devam ediyorum.)

After the interview, Nilay asked the researcher if she can see the researcher for therapy sessions. Since it was not ethical for the researcher to conduct therapy with a research participant, the researcher gave her information about places she can call to find a therapist. She said that she wanted to see a therapist for some other problems rather than her hoarding behavior. This shows that she still does not see hoarding as a major problem even though she mentioned that the pile of objects causes her difficulties. This is another sign that her insight is poor.

5.5.2 Denial

When asked if her hoarding behavior affects her life, Zeynep flatly denied that her hoarding behavior affects her life:

Well, I say I don't think this behavior affects my life, but because what affects my life is untidiness, I mean not my hoarding itself but the clutter. If we were in order, I would be able to find what I was looking for, but I can't, for instance. (Imm, şimdi etkilediğini düşünmüyorum diyeceğim ama, çünkü etkileyen şey bence dağınıklık yani biriktirme değil dağınıklık. Eğer biz düzen içinde olsaydı bulabilirdim, ama aradığım bir şeyi u bulamıyorum mesela.)

However, Zeynep's hoarding obviously affects her life. She is aware that disorganization in her life causes such troubles as not being able to find what she is looking for. However, she still denies that the true cause of the trouble is her hoarding behavior.

Bahar made some conflicting statements as if trying to deny the reality of her hoarding. For example, she stated that there is no space invasion or clutter problem in association with her hoarding. However, judging from her other statements, her family's

space is invaded by her belongings. She also admitted elsewhere she is an untidy person and everywhere becomes untidy.

5.5.3 Underestimation

Zeynep and Nilay, who are severe hoarders, both stated that they could sort out what they had hoarded if they wanted. For instance, Zeynep stated that she can always get rid of hoarded objects once they become problematic for her. She said, “If I want, yes, I can throw things away, but only if I do, if I want to. (*İstersem zaten evet olanı atabilirim ama yaparsam, yapmak istersem.*)” This shows she does not think her hoarding is problematic now. She thinks that her hoarding is just due to her dilatoriness (*Yani...biraz aslında üşengeçlik diye düşünüyorum*) and that it would be easy to sort it out. Thus, there is an underestimation of the seriousness of her hoarding problem due to the relative lack of insight. They believe it is easy to stop hoarding if they want. On the contrary, Atiye who has more insight into her family’s hoarding problem, knows very well that hoarding is a problem that is difficult to deal with.

5.5.4 Justification

Justification is a cognitive strategy used to reduce cognitive dissonance between your behavior and your positive self-concept that you are a reasonable person. Therefore, the participants who justified their hoarding behavior must know deep down that their behavior is problematic and runs counter to their positive self-image that they are rational people. For example, Zeynep more than once used the word “incredible (*inanılmaz*)” to describe her hoarding, such as she collected an “incredible” number of flash memories to store digital data. She also described her dorm room as being in an “incredibly” disastrous state. This shows that she has some kind of insight into her excessive hoarding behavior. But also she justifies her “incredibly” cluttered dorm room by saying she is comfortable with it:

So yes, as I said, I am there in the end, all the spaces belong to me. Only I live there and it’s private. No one else than me see it... I can live more comfortably. I don’t organize the room because as I said, unfortunately I physically get tired even with the thought of organizing, as it’ll take a long time. The thought of doing something about it makes me tired mentally as well. Especially, organizing things, because choosing between things and putting them in order takes my working time. It’s something I don’t like to do. So I feel more comfortable about the home.

It can be cluttered but at least I am comfortable mentally. *(Yani evet hani dediğim gibi sonuçta ben varım, bütün alan bana ait, tek kalıyorum ve gizli yani sonuçta hani benden başkası da görmeyebilir Daha rahat yaşayabiliyorum yani bir şeyi düzenlemem çünkü dediğim gibi maalesef bende fiziksel olarak yani onun düşüncesi bile uzun bir şey yani çok yoruyor. Mental olarak da yoruyor bir şeyi yapacak olma düşüncesi. Özellikle bir şeyleri düzenlemek çünkü yani hani bir şeyleri ayırtmak, düzenlemek benim mesai harcamam gereken bir durum, sevmediğim bir şey eve o yüzden hani zihnim de daha rahat oluyor. Dağınık kalabilir orası kalabalık olabilir ama en azından ben rahat oluyordum yani zihnen.)*

Zeynep also says it takes time to decide what to keep and what not to keep. Moreover, even if she selects them, there is a possibility that she will not be able to discard them, so this seems like a waste of time to her and she prefers to keep hoarding them:

So, as I told you, I am being slow to act. I'd like the sorting to finish it quickly. Now I'll sit down for a long time to select things one by one. I don't like to look at what I hoarded, and what I stored. Even if I look at them, I may not be able to throw them away. I see this a waste of time. *(Yani.. dediğim gibi biraz üşeniyorum ve hani hızlı bir şekilde olup bitsin istiyorum. Şimdi ben uzun oturup onları tek tek seçeceğim, neyi biriktirmişim, ne depolamışım diye bakmak istemiyorum ve baksam yine belki atamayabilirim bir zaman kaybı olarak göreceğim bunu.)*

Nilay said that her hoarding behavior made her living area crowded. The hoarded items tended to collect dust which brought about her allergic reactions. She was aware that the items she hoarded caused this trouble for her, but at the same time, she uses this as a justification for not tidying up.

In old days, when I didn't tidy up, my surrounding got cluttered, as it still is. It would get too dusty to clean up. At that time, I was feeling myself stuck and cramped. It got better after I tidied up, but it would get cluttered again. I don't feel like tidying up again. If I pick up things, everywhere will get dusty and I'll be sick. That's why, it's better for me to leave these things around. I like it this way. *(Ya eskiden işte bu toplamazken etrafı ki hala dağınık, aşırı tozlu oluyordu ve temizleyemiyordum. O zaman çok sıkışık hissediyordum kendimi, daralmış hissediyordum. Topladıktan sonra biraz düzeldi ama tekrar dağılıyor. Benim de*

bir daha hiç toplayasım gelmiyor. Bir topluyorum her yer toz oluyor, hastalanıyorum. O yüzden etrafta durması benim için daha iyi. Hoşuma gidiyor.)

Nilay also justifies her not tidying up her belongings in her room by insisting that if she does, this will make it hard for her to find the objects when she needs them. She says that, for example, if things are put in the cabinet, it is difficult to find them. She explains:

Yes, if I organize them, it will be difficult to find where they are kept. Now when I put something there and cannot continue to fit all the other things there, I'll be very angry. Everywhere will be mixed up. So, the cluttered surrounding is better for me. *(Evet, organize edince de bir de koyduğum yerde de belli olmuyor. Everywhere would become confusing. Şimdi ben bir şey koyacağım devamını oraya sığdıramazsam sinir oluyorum, her taraf karışıyor. Etrafta dağınık durması benim için daha iyi.)*

Atiye explains her family's belongings are unsorted because:

Right now, nobody has time, as everyone is working, nor sees the necessity to do something about it. No one would like to discard very much, either, but of course everyone wants to make a more comfortable home, too. *(Kimsenin ne zamanı var şu an, bir de herkes çalışıyor, ne de kimsenin de çok zaten gerek görmüyor yani çok atası da yok ama tabii ki de evi rahatlatmak ister herkes de.)*

6. DISCUSSION

6.1 Making Sense of Hoarding

The study explored the experiences of people who hoard in order to discover the latent meanings 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 fairly homogeneous sample of hoarders in terms of age, gender, and occupation, which were ideal for IPA.

The in-depth analysis of personal hoarding experiences discovered four main themes and their sub-themes. As explained in detail in Chapter 4, these themes 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 (The Apple Do Not Fall Far from the Tree)" whose sub-themes were "Like Mother Like Daughter," "Modeling," and "Shared Family Hoarding," 3) "Triggering Traumatic Experiences" whose sub-themes were "Family Health Crisis" and "Family Financial Crisis," and lastly 4) "Limited Insight and Distortion of Reality" whose sub-themes were "Normalization," "Denial," "Underestimation," and "Justification." 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 study.

The decision-making deficits of the participants were clearly illustrated under the "Guarding against Failure" theme. Under this theme, the hoarder's fear of making mistakes is seen as a driving force of their compulsive hoarding. The hoarders have difficulties in decision-making because they fear making wrong decisions and misjudgments. Their act of hoarding can be interpreted as a kind of protective shield against failure. Their strong urge to avoid decisions (and thus failure) has a strong undertone of perfectionism. For example, Bahar reportedly has difficulty giving away some souvenirs she got from her trips to her friends because she wants to keep them all.

It is hard for her to decide which one to give and which one to keep because they are all different and unique. It is seen that decision-making is tough for her, as there is no perfect decision. Bahar also displays a typical categorization deficit. For instance, she would make many sub-categories of them, although all the souvenirs are the same kind and from the same place; just because their appearances are slightly different, she would sort them into different categories, and then she would want to keep all the varieties.

According to Frost and Hartl's cognitive-behavioral model, not trusting memories is another information-processing deficit. Parallel to the model, all four participants in this study explicitly reported that they keep things to “remember” and “not to forget.” One of the sub-themes, “Fear of Losing Memories,” depicts the participants’ fear of forgetting and the need to use objects as a backup for their memories. The participants also give objects sentimental values. The intense emotional attachment to objects is another essential characteristic described in the cognitive-behavioral model. Those objects become a source of comfort and security to them. Zeynep reported that her objects make her feel safe and secure. Nilay described her old toys as comforting items that remind her of good times. The other participants also reported a similar relationship with particular objects.

The belief that hoarded possessions will one day become useful or valuable is described in the other sub-themes: “Fear of Not Having Something Necessary When Needed” and “Fear of Losing Financial Resources.” The participants tended to believe that their possessions were in high need and irreplaceable. This is a false “belief about the nature of possessions” (Frost & Hartl, 1996, p.349)” which is typical of hoarders. This kind of false belief was prevalent in the participants of the present study. For example, Zeynep was overvaluing the hoarded items, such as cardboard sheets, because she believed she would make money with these items in the future. However, such items were seldom useful nor worthy enough to be sold. During the interview, Zeynep herself admitted that she had never made much money.

The theme “Limited Insight and Distortion of Reality” and its sub-themes, normalization, denial, underestimation, and justification, are about the participants’ awareness and evaluation of their own hoarding. Researchers (e.g., Drury et al., 2015; Tolin, Fitch et al., 2010) suggested that hoarders often lack awareness of the seriousness of their own hoarding behavior. The participants of the present study more or less showed

the same tendency. Some participants do not see their hoarding behavior as posing any problem in the household; others reported that they could easily sort out the hoarded items if they wanted to. Drury et al. (2015) found that the more serious the person's HD is, the more limited their insight is. The same tendency was confirmed in the present study. The participants with more serious HD symptoms displayed poorer insight. Yet, the participants were not wholly lacking insight. They try to cope with the problems caused by hoarding by putting the blame on other reasons, such as laziness, lack of time, and so on. Thus, it is not a plain lack of awareness. They somehow know that there is a problem because they use such strategies as justification, normalization, and underestimation to make their situation look better. Maybe they are trying to reduce cognitive dissonance caused by the discrepancy between their positive self-image and hoarding problems. Alternatively, it may be a classic defense mechanism. In both ways, it can be said that hoarders have egocentric or ego-defensive reasoning, which causes them not to see their hoarding behavior as a problem. They use denial, underestimation, normalization, and justification to disguise the reality of hoarding and to make it easier to tolerate. Qualitative research conducted by other researchers found similar tendencies of hoarders. For instance, Brien et al. (2018) conducted qualitative research on hoarding from the psychodynamic perspective. One theme they identified was called "Covered up Shame" (p.273). It is about the participants' sense of shame that drives them to show only a positive picture of themselves. The participants reject being seen as 'hoarders.' Another theme identified by Brien et al. (2018) was "Meaningless Carrying-On" (p.274), which depicted how the participants continue hoarding as a way of avoiding the reality of their emotions and experiences. Kellett et al. (2010) point out that hoarding is often described in an ego-syntonic manner by the hoarders, but in fact, it is very ego-dystonic and distressing to the hoarders. Singh & Jones (2012) also found that hoarding behavior is a source of psychological and physiological distress to hoarders. One of the themes they found was "Rationalizing the acquisition of hoarded items" (p.40), which describes how individuals with hoarding problems attempted to rationalize or justify their cluttered living conditions.

6.2 Commonalities and Uniqueness of Turkish Cases of Hoarding

The present study showed that, although the number of cases analyzed was very limited, the Turkish cases of hoarding in this study have very high similarities with other cases worldwide regarding their hoarding patterns and triggering factors. As discussed

under the “Rooted in the Family” theme, Zeynep, Nilay, and Atiye reported some of their first-degree relatives as hoarders. Zeynep said that her mother and her late grandmother were hoarders, Nilay reported her mother as a hoarder, and Atiye reported her mother and father as severe hoarders. Although Bahar did not consider her mother a hoarder, she talked about her mother’s extreme indecisiveness and obsessive tendencies. Earlier research by Frost and Gross (1993) found that 78% of the participants ($N=35$) with hoarding behavior had first-degree relatives with the same behavior, Winsberg et al. (1999) found that 84% of participants ($N=20$) reported that they had first degree relatives with hoarding behavior. Although the sample was very small, the present study supported the previous findings.

The “Triggering Traumatic Experiences” theme emerged as all the participants talked about some traumatic events that seemed to have triggered their hoarding behavior. They were either financial crises or medical emergencies in the family. The link between traumatic life events and hoarding has been found in hoarding research (Cromer et al., 2007; Hartl et al., 2005; Landau et al., 2011; Tolin, Meunier et al., 2010). As clearly depicted in the “Family Financial Crisis” subtheme of the “Triggering Traumatic Experiences” theme of the present study, Nilay and Atiye’s onsets of hoarding were directly linked to their family’s financial hardship and forced relocation. Financial hardship was a factor as important as health emergencies in triggering hoarding. However, previous research in the U.S. and Europe found no association between early financial hardship or material deprivation and hoarding (Hazel & Hooley, 2014; Landau, 2011). Furthermore, these hoarding-triggering traumatic events described by the participants, whether financial or health crises, were all family-related, not personal incidents.

This study showed that Turkish cases of hoarding have basic features similar to those in Western literature. The fear of failure, indecisiveness, perfectionism, emotional attachment to objects, poor insight, and distorted cognition are universal characteristics of hoarders. On the other hand, 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.

The large majority of hoarding research was conducted in Western societies with white/Caucasian individuals (Fernández de la Cruz et al., 2016). No known qualitative research has done in-depth analysis of the phenomenon of hoarding from the perspective of cultural psychology or cultural anthropology so far. Future research should elaborate more on the role of culture on hoarding.

6.3 Assessment of Methodology

The study gained access to deeply personal information of the individuals with severe hoarding. The IPA was a difficult but fruitful way of analyzing the participants' inner world based on their own descriptions, statements, and interpretations. This insightful method allowed the researcher to make a genuinely exploratory study about the phenomenon of hoarding. Not enough qualitative research has been conducted so far to fully understand the life of people who hoard. Although quantitative and correlational research is much more popular than qualitative research such as this one, both qualitative and quantitative investigations are needed to understand the phenomenon of hoarding fully.

The scales used in the first phase were only for diagnostic purposes. It was essential to accurately diagnose those with HD by detecting the higher scores on these hoarding screening scales. The SI-R, the HRS-SR, and the CIR were used for the screening purpose for the first time in Turkey. The combined use of the three diagnostic scales was particularly beneficial in selecting those with hoarding symptoms among the participants in the first phase. The high interscale correlation between the SI-R and the HRS-SR demonstrated high convergent validity between these two scales. However, the interscale correlations between the CIR and the other two scales were much lower. The examination of psychometric properties of four hoarding assessment scales by Meriçtan (2021) also showed a relatively lower or no correlation between the CIR and the other scales (SI-R, HRS, and SCI). The CIR is a unique scale that directly measures the level of hoarding based on the room photographs with varied levels of clutter. While the SI-R and the HRS-SR measure hoarding-related attitudes, the CIR tries to measure the reality of their physical environment. While it is usually used as a self-report measure, the CIR can also be used by an informant (e.g., a relative or a close friend of a hoarder) or a third person, such as a social worker to objectively assess the level of clutter in someone's rooms in order to determine the severity of their hoarding. In the present study, the CIR was used as one of the self-report measures of hoarding. The participants rated their

residential environment according to the example images of the living rooms, the bedroom, and the kitchen. As a result, the CIR turned out to be a very reliable scale. With the help of visual cues, the participants could self-assess the state of their rooms reasonably objectively. No published research had used the CIR in Turkey before, at least at the time of the research in 2021. With the permission of Randy O. Frost and Gail Steketee, the CIR was translated into Turkish by the researcher and the supervisor for use in Turkey. In our correspondence on the 23rd of March 2021, Gail Steketee wrote that they did not have a Turkish translation, and asked for our Turkish version to keep it in their archive in case another researcher from Turkey contacts them.

In Phase II of the present study, the severity of the participants' hoarding can also be judged from the contents of the interviews. By comparing the contents of the interview and the scores of three assessment tools, the score of the CIR seems to indicate the level of hoarding of the participants the most accurately compared to the scores of the SI-R and the HRS-SR. Therefore, it was a good idea to include the CIR as one of the self-report assessment tools. Still, there is always a space for manipulation in any form of self-report measurement. Even if they do not do it purposefully, social desirability bias can make the participants rate their hoarding lower than the actual level. For an unbiased assessment of hoarding severity using the CIR, researchers should ideally visit the participants' homes and objectively rate the hoarding level.

After the screening phase, the participants at or above the cutoff point for HD diagnosis were invited for the interview. Naturally, many of them were unwilling to participate in the interview. Only four out of the 13 participants invited responded and accepted the invitation. Individuals with HD tend to have poor insight into their own behavior according to the literature (e.g., Drury et al., 2015; Steketee & Frost, 2003; Tolin, Fitch et al., 2010), and the findings of the present study supported this. One of the reasons for the difficulty in finding participants for hoarding research is that those with severe hoarding behavior are not fully aware that they have a serious hoarding problem. Another reason may be that those with some insights are ashamed of their hoarding problem and unwilling to come forward. Reaching individuals with severe compulsive hoarding symptoms who would agree to participate in the interview was thus a challenging part of the research.

However, the level of insight of the participants varied individually. Based on the CIR score and her own description during the interview, it can be understood that Atiye's hoarding was less severe relative to the other three participants' hoarding. Despite that, she scored high on the self-report hoarding assessment scales (i.e., SI-R Total Score - 71, HRS-SR Total Score - 22, CIR Mean - 3.00). Especially her SI-R score was the highest of all four. This may be a sign that she was more aware of her own hoarding behavior and answered the questions more accurately than the other participants. On the contrary, those with more severe hoarding symptoms had poorer insight into their hoarding problem, so their scores on the self-report scales did not necessarily reflect reality. As discussed in the previous section (Section 6.2), the self-measurement of hoarding can also be affected by social desirability bias. Therefore, the self-report scales alone are insufficient to diagnose severe HD accurately. The study proved that much information could be obtained through qualitative interviews, so clinical interviews should be used along with assessment batteries. In addition to it, as Drury et al. (2015) proposed, multi-informant assessments which use family members and friends of the hoarder as reliable informants is a good idea

6.4 Clinical Implications

One of the interview participants asked the researcher if they could continue meetings to discuss her mental problems. The participant wanted to have therapy sessions with the researcher. The researcher steered the participant to volunteer organizations to have therapy sessions. The participant wanted to see a mental health professional for her problems other than hoarding. Based on this experience, it would be useful for the researcher to conduct an overall psychological assessment in future qualitative research. This would help the researcher to explore the other mental issues of the participants and may also help to find the associations of these issues to hoarding behavior. This would make the study more comprehensive.

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.

Hoarding has been studied and mainly treated with CBT (Frost & Hartl, 1996; Steketee & Frost, 2013). Interview transcriptions of the present study were also analyzed

mostly from the cognitive-behavioral perspective. However, the analysis of hoarding behavior can also be benefitted from the psychoanalytic/psychodynamic perspective. For example, by focusing on object relations and attachment in the early relationships, hoarding was seen as a result of developing avoidant attachment style and ego-syntonic defense mechanism against unmanageable feelings (Duerden, 2018). Psychoanalytically informed qualitative research conducted by Brien et al. (2014) also offered one of the most interesting and rich in-depth analysis of the psychology of hoarding. It may be beneficial if the interview transcriptions of the present study are re-analyzed from another perspective with the help of a psychoanalyst or a psychodynamically oriented clinical psychologist. Treatment of hoarding disorder by psychoanalysis or psychodynamic therapy is also one area that needs to be explored.

In light of the findings, the treatment for people with hoarding may be better to focus on healing the traumatic life events. The traumatic life events were found to be a trigger for hoarding behavior. Focusing the therapeutic process on those traumatic experiences may help the clients to understand their own hoarding behavior better and link these events to their behaviors. This would also strengthen their insight and awareness of their disorder or behavioral patterns. Supportive psychotherapy may also be a beneficial choice for people with hoarding. Especially for hoarders with low functionality, supportive psychotherapy may help them to decrease the severity of the symptoms. On the issue of indecisiveness and perfectionism, clinical psychologists should help these people to strengthen their tolerance to failure and their inner sources to cope with it.

6.5 Limitations and Suggestions for Future Directions

The purpose of the Phase-I survey was just to screen individuals with hoarding symptoms. Therefore, although some questions regarding mental health history were included, no other diagnostic scale was included in the survey. If other scales were included, the data could be combined with the data from previous studies (e.g., Meriçtan, 2021; Tumkaya et al., 2020; Yorulmaz & Demirhan, 2015) to form a larger archival data in Turkey for the analysis of comorbidity and other correlates. That was a limitation of this study.

The research was conducted during Covid-19 Pandemic. Therefore, the scales could not be given by hand. The only way to collect data was through an online survey.

The interviews were only done on an online platform, too. The participants were given the option of shutting off their cameras during the Zoom interviews. This option was offered because the priority was to make them relaxed and willing to talk, given the fact that it was extremely difficult to find hoarders who agree to be interviewed. As a result, all four participants chose to shut off their cameras. They did not want to be seen maybe because they have some feelings of shame about their hoarding and also because the interviews were recorded. This meant the interviewer could not see the participant's body language, leading to the lack of observational data. Not being able to observe the nonverbal language is a weak point of online interviews. Face-to-face interviews might have been the best option for this type of research, but unfortunately, the pandemic made it impossible.

Similar qualitative research could be conducted with hoarders' non-hoarding family members in the future to understand their experiences, as in studies by Sampson (2013) and Wilbram et al. (2008). No such research that focuses on the families' experiences has been conducted in Turkey so far. Future research can also be conducted with a mother-daughter pair as all four participants reported that their mother showed the same behavior patterns or at least one symptom (e.g., indecision) associated with hoarding disorder. Furthermore, the other family members of the participants, who hoard at the same time or have a hoarding history, could also participate in a family-wide study. Such a study will make it possible to compare hoarding family members to see the similarities and differences between them. It will also allow the researcher to conduct an in-depth exploration of the hoarding experience of the family as a whole-family case study.

Another fact is that 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.

Just getting rid of clutters and cleaning the living spaces does not help hoarders who have a strong emotional attachment to the objects. Doing so without getting the hoarder's consent is emotionally damaging to that person. Some reports of social workers clearing the clutter without the consent of the hoarder (e.g., Kaya Kılıç, 2019; Tekin & Kaya Kılıç, 2015) are therefore disturbing. It was evident in the participants' descriptions in the interviews that they have a strong emotional attachment to their possessions, and hoarding provides them with a comfortable, safe space surrounded by their possessions. For this reason, the families and friends who live with hoarders should be educated about the sensitive nature of hoarding and how to deal with hoarders. Ideally, those close to the hoarding individual should be part of the therapeutic network with mental health professionals.



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Appendix A: Approval by Research Ethics Committee



T.C.
YEDİTEPE ÜNİVERSİTESİ REKTÖRLÜĞÜ

12.07.2021

Sayı : E.50532705-302.14.01-935
Konu : Saliha Ceren Ekiz Kurul Onayı

İLGİLİ MAKAMA

Üniversitemiz Sosyal Bilimler Enstitüsü Klinik Psikoloji Yüksek Lisans Öğrencisi Saliha Ceren Ekiz'in "An Exploratory Study of a Turkish Sample of Persons with Hoarding Behavior" başlıklı araştırmasının Beşeri Bilimler etik standartlarına uygunluğu Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurulu Onayı ekte sunulmuştur.

Gerekli iznin verilmesi hususunu bilgilerinize arz ve rica ederim.

İmza
Prof. Dr. Fatma Yeşim EKİNCİ
Rektör a.
Rektör Yardımcısı

Ek: Etik Kurul Onayı.pdf

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**YEDİTEPE ÜNİVERSİTESİ BEŞERİ VE SOSYAL BİLİMLER ETİK
KURULU KOMİSYONU**

**05.07.2021 TARİHLİ
20/2021 No'lu TOPLANTI KARARLARI**

- 6) Yeditepe Üniversitesi Sosyal Bilimler Enstitüsü Klinik Psikoloji Yüksek Lisans Öğrencilerinden Saliha Ceren Ekiz'in "An Exploratory Study of a Turkish Sample of Persons with Hoarding Behavior" başlıklı araştırmasının Beşeri Bilimler etik standartlarına uygunluğu Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurulu tarafından değerlendirilmiş ve onaylanmıştır.

Appendix B: Hoarding Screening Questionnaire - Google Forms

B-1 Informed Consent Form

Tez Araştırması

Katılım Sonrası Bilgilendirme Formu

Araştırmaya vakit ayırıp katıldığınız için teşekkür ederiz. Araştırmamız biriktirme davranışı olan bireylerin bu davranışını bilimsel şekilde ölçüp değerlendirmek amaçlı yapılmıştır. Bireyin biriktirme davranışını derecelendirmek için geliştirilen üç çeşit ölçek kullanılmıştır.

Değerlendirme sonuçlarına göre bazı katılımcılar bu araştırmanın ikinci aşaması olan mülakat için seçilecek ve bir online görüşmeye davet edilecektir. Bu görüşmede, biriktirmeye bağlı deneyimler odaklı, açık uçlu sorular sorulacaktır. Online görüşme ile ilgili ayrıntılı bilgi ve ayrı bir gönüllü katılım onay formu, davet edilecek kişilere e-posta ile iletilecektir. Tüm katılımcılara ikinci aşama ve çekiliş sonrasındaki sonuca göre e-mail yoluyla bilgi verilecektir.

Araştırmada toplanan bütün bilgiler gizli kalacaktır ve sonrasında e-mail adresleri en geç 31 Aralık 2021 tarihinde imha edilecektir. Kimlik bilgilerinizin hiçbir şekilde anlaşılma olasılığı yoktur. Araştırma ile ilgili daha fazla bilgi almak için araştırmacıya başvurabilirsiniz. Araştırma sonrası rahatsız veya kendinizi kötü hissettiğiniz bir durumda ruh sağlığı uzmanından destek almak istiyorsanız, Yeditepe Üniversitesi Bağdat Caddesi Polikliniği'ne 444 7000 numarasını kullanarak ulaşıp uzman desteği alabilirsiniz. Sormak istediğiniz soruların olması veya belirtilen poliklinik dışında uzman desteği almak isterseniz lütfen araştırmacı ile [redacted]@[redacted] adresinden iletişime geçin. Araştırmacı size bu konuda yardım alabileceğiniz alternatif uzman desteği ve sorularınız ile ilgili yardımda bulunacaktır.

Son olarak, biriktirme davranışı sergileyen yakınınız veya tanıdığınız varsa, katıldığınız araştırmanın ilan sayfası ile bağlantıyı doğrudan o kişi ile paylaşabilirsiniz veya araştırmacıya haber verebilirsiniz. Bu şekilde bize yardımcı olursanız çok memnun oluruz.

Saliha Ceren Ekiz [redacted]@[redacted]
Dr. Öğr. Üyesi Mari Ito Alptüren [redacted]@[redacted]
Yeditepe Üniversitesi Psikoloji Bölümü

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Google Forms



B-2 Demographic Form

Tez Araştırması

* Required

Kişisel Bilgi Form

Lütfen aşağıdaki bilgileri eksiksiz şekilde doldurunuz. (Gönüllü katılım formunda da belirtildiği üzere kişisel bilgileriniz sadece bilimsel çalışma amaçlı kullanılacak olup, gizlilik ilkesine bağlı olarak korunacaktır ve sonrasında imha edilecektir. Sonraki aşaması için size ulaşabilmemiz açısından aşağıdaki "E-mail" altında size ulaşabileceğimiz bir e-posta adresi belirtmeniz gerekmektedir.)

Size ulaşmamızı istediğiniz bir e-mail adresi. *

Your answer

Yaşınız *

Your answer

Cinsiyetiniz *

- ☐ Kadın
- ☐ Erkek
- ☐ Diğer
- ☐ Belirtmek istemiyorum.

Mesleğiniz *

Your answer



Oturduğunuz il ve ilçe *

Your answer

Eğitim durumunuz (Lütfen en son bitirdiğiniz kurumu seçiniz.) *

- ☐ İlkokul
- ☐ Ortaokul
- ☐ Lise
- ☐ Yüksek Okul
- ☐ Lisans
- ☐ Yüksek Lisans
- ☐ Doktora
- ☐ Other:

Medeni durumunuz *

- ☐ evli
- ☐ bekar
- ☐ dul
- ☐ boşanmış



Kim ile yaşıyorsunuz? *

- ☐ Tek başıma
- ☐ Ailemle
- ☐ Ev arkadaşı ile
- ☐ Other:

Bugüne kadar psikiyatri uzmanından hiç tanı aldınız mı? *

- ☐ Evet (Lütfen aşağıdaki soruda belirtiniz.)
- ☐ Hayır

Tanı aldıysanız lütfen ne olduğunu belirtiniz.

Your answer

Şu an psikiyatrik bir ilaç kullanıyor musunuz? *

- ☐ Evet (Lütfen aşağıdaki soruda belirtiniz.)
- ☐ Hayır

İlaç kullanıyorsanız lütfen ne olduğunu belirtiniz.

Your answer

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B-3 Saving Inventory-Revised Turkish Version

Tez Araştırması

* Required

Anket - Bölüm 1

Lütfen aşağıdaki soruları okuyarak size en uygun cevabı işaretleyiniz.

1. Herhangi bir şeyi atmakta ne kadar zorlanırsınız? *

- ☐ 0 = Hiç
- ☐ 1 = Az
- ☐ 2 = Orta derecede
- ☐ 3 = Oldukça
- ☐ 4 = Çok

2. Herhangi bir şeyi atmak sizin için ne kadar rahatsız edicidir? *

- ☐ 0 = Hiç
- ☐ 1 = Az
- ☐ 2 = Orta derecede
- ☐ 3 = Çok
- ☐ 4 = Aşırı



3. Oda(lar)ınızı dağınık hale getiren ne kadar eşyanız vardır? *

- ☐ 0 = Hiç
- ☐ 1 = Az
- ☐ 2 = Orta derecede
- ☐ 3 = Oldukça
- ☐ 4 = Çok

4. Sizi çok rahatsız ettiği ya da zamanınızı aldığı için, eşyalarınızı atmaktan ne sıklıkla kaçınırsınız? *

- ☐ 0 = Hiçbir zaman, eşyalarımı kolayca atabilirim.
- ☐ 1 = Nadiren kaçınıyorum, biraz zorlanarak atabilirim.
- ☐ 2 = Bazen kaçınıyorum.
- ☐ 3 = Sıklıkla kaçınıyorum, zaman zaman eşyalarımı atabilirim.
- ☐ 4 = Neredeyse her zaman kaçınıyorum, nadiren eşya atabilirim.

5. İsteddiğiniz bir şeye sahip olamamak size ne kadar sıkıntı verir veya rahatsız eder? *

- ☐ 0 = Hiç
- ☐ 1 = Biraz, sadece biraz endişelenirim.
- ☐ 2 = Orta düzeyde, stresim artar ama baş edebilirim.
- ☐ 3 = Şiddetli, sıkıntım belirgin ve çok rahatsız edici bir şekilde artar.
- ☐ 4 = Aşırı düzeyde, böyle bir çabadan dolayı başka bir şey yapamayacak kadar rahatsızlık duyarım.



6. Evinizdeki yaşam alanlarının ne kadarı eşyalarla doludur? (mutfak, oturma odası, yemek odası, koridor, yatak odası, banyo ve diğer yerlerdeki eşya miktarını dikkate alın) *

- ☐ 0 = Hiçbirinde eşya kalabalığı yoktur.
- ☐ 1 = Azında eşya kalabalığı vardır.
- ☐ 2 = Bazılarında eşya kalabalığı vardır.
- ☐ 3 = Çoğunluğunda eşya kalabalığı vardır.
- ☐ 4 = Hepsinde ya da neredeyse hepsinde eşya kalabalığı vardır.

7. Evinizdeki eşya kalabalığı sizin sosyal ve iş hayatınızı veya günlük işlerinizi ne kadar engeller? Eşya kalabalığı yüzünden yapmadığınız işleri düşününüz. *

- ☐ 0 = Hiç
- ☐ 1 = Hafif düzeyde, biraz engeller ama genel işleyişi aksatmaz.
- ☐ 2 = Orta düzeyde, belirgin şekilde engeller ama baş edebilirim.
- ☐ 3 = Ciddi düzeyde, önemli biçimde engeller.
- ☐ 4 = Aşırı düzeyde, bir şey yapamaz hale gelirim.

8. Ne sıklıkta, gördüğünüz şeyleri almaya zorunlu hissedersiniz? (Örneğin alışverişte ya da bedava şeyler sunulduğunda) *

- ☐ 0 = Hiç zorunlu hissetmem.
- ☐ 1 = Nadiren zorunlu hissedirim.
- ☐ 2 = Bazen zorunlu hissedirim.
- ☐ 3 = Sık sık zorunlu hissedirim.
- ☐ 4 = Neredeyse her zaman zorunlu hissedirim.



9. Acil ihtiyacınız olmadığı halde ücretsiz verilen şeyleri edinmek veya satın almak için duyduğunuz istek ne kadar güçlüdür? *

- ☐ 0 = Hiç
- ☐ 1 = Az
- ☐ 2 = Orta
- ☐ 3 = Güçlü
- ☐ 4 = Çok güçlü

10. Bir şeyler alma isteğinizi ne kadar kontrol edebilirsiniz? *

- ☐ 0 = Tam kontrole sahibim.
- ☐ 1 = Oldukça kontrollüyüm, genellikle alma isteğimi kontrol edebilirim.
- ☐ 2 = Biraz, alma isteğimi ancak zorlanarak kontrol edebilirim.
- ☐ 3 = Çok az, alma isteğimi çok zorlanarak ancak erteleyebilirim.
- ☐ 4 = Hiç kontrol sahibi değilim, alma isteğimi durduramam.

11. İhtiyacınız olmayan ve koymak için çok az yeriniz olan eşyaları hangi sıklıkta saklamaya karar verirsiniz? *

- ☐ 0 = Asla böyle şeyleri tutmam.
- ☐ 1 = Nadiren.
- ☐ 2 = Bazen.
- ☐ 3 = Sıklıkla.
- ☐ 4 = Neredeyse her zaman böyle şeyleri saklarım.



12. Eşya kalabalığı evinizin bazı kısımlarının kullanılmasını ne ölçüde engeller? *

- ☐ 0 = Hiç engellemez, evin her yeri kullanılabilir.
- ☐ 1 = Çok az engeller, evin çok az kısmı kullanılamamakta.
- ☐ 2 = Biraz engeller, evin bazı kısımları kullanılmamakta.
- ☐ 3 = Çok engeller, evin birçok yeri kullanılmamakta.
- ☐ 4 = Oldukça çok engeller, neredeyse evin her yeri kullanılamaz durumda.

13. Evinizdeki eşya kalabalığı sizi ne ölçüde rahatsız eder? *

- ☐ 0 = Hiç rahatsızlık hissetmem.
- ☐ 1 = Hafif düzeyde rahatsızlık hissedirim.
- ☐ 2 = Orta düzeyde rahatsızlık hissedirim.
- ☐ 3 = Ciddi düzeyde rahatsızlık hissedirim.
- ☐ 4 = Aşırı düzeyde rahatsızlık hissedirim.

14. Eşya kalabalığı ne sıklıkta insanları evinize davet etmenizi engeller? *

- ☐ 0 = Hiç
- ☐ 1 = Nadiren
- ☐ 2 = Bazen
- ☐ 3 = Sık sık
- ☐ 4 = Çok sık ya da neredeyse her zaman



15. Ne sıklıkla, acil ihtiyacınız olmayan ya da kullanmayacağınız eşyaları satın alırsınız (ya da ücretsiz edinirsiniz)? *

- ☐ 0 = Hiç
- ☐ 1 = Nadiren
- ☐ 2 =Bazen
- ☐ 3 =Sık sık
- ☐ 4 = Neredeyse her zaman

16. Hiç kullanmayacağınızı bildiğiniz halde bir şeyi saklama isteğiniz ne kadar güçlüdür? *

- ☐ 0 = Hiç güçlü değil
- ☐ 1 = Az derecede güçlü
- ☐ 2 = Orta derecede güçlü
- ☐ 3 = Çok güçlü
- ☐ 4 = Oldukça çok güçlü

17. Eşyaları saklama isteğinizi ne kadar kontrol edebilirsiniz? *

- ☐ 0 = Tam kontrol edebilirim.
- ☐ 1 = Oldukça, saklama isteğimi genellikle kontrol edebilirim.
- ☐ 2 = Biraz, saklama arzumu ancak zorlanarak kontrol edebilirim.
- ☐ 3 = Az, saklama isteğimi ancak çok zorlanarak durdurabilirim.
- ☐ 4 = Hiç, saklama isteğimi durduramam.



18. Evinizin ne kadarı, eşya kalabalığı yüzünden yürünemez durumdadır? *

- ☐ 0 = Her yeri yürünebilir durumda.
- ☐ 1 = Bazı yerleri yürünemez durumda.
- ☐ 2 = Bir kısmı yürünemez durumda.
- ☐ 3 = Çoğunluğu yürünemez durumda.
- ☐ 4 = Hepsi ya da neredeyse hepsi yürünemez durumda.

19. Bir şeyler edinme (sahip olma) alışkanlıklarınız sizi ne kadar rahatsız eder? *

- ☐ 0 = Hiç
- ☐ 1 = Az
- ☐ 2 = Orta düzeyde
- ☐ 3 = Çok
- ☐ 4 = Aşırı düzeyde

20. Evinizdeki eşya kalabalığı, evin bazı kısımlarının amacı doğrultusunda kullanılmasını ne ölçüde engeller? (Örneğin yemek yapma, mobilyaları kullanma, bulaşık yıkama, temizlik yapma gibi) *

- ☐ 0 = Hiç
- ☐ 1 = Nadiren
- ☐ 2 = Bazen
- ☐ 3 = Sık sık
- ☐ 4 = Çok sık, ya da neredeyse her zaman



21. Evinizdeki eşya kalabalığını kontrol etmede kendinizi ne ölçüde yetersiz hissedersiniz? *

- ☐ 0 = Hiç
- ☐ 1 = Hafif
- ☐ 2 = Orta
- ☐ 3 = Oldukça fazla
- ☐ 4 = Çok fazla

22. Saklama ya da tekrarlayıcı (takıntılı) biçimde satın alma davranışı, sizin için ne ölçüde maddi zorluklara yol açıyor? *

- ☐ 0 = Hiç
- ☐ 1 = Çok az
- ☐ 2 = Biraz
- ☐ 3 = Oldukça fazla
- ☐ 4 = Aşırı düzeyde

23. Elden çıkarmak istediğiniz bir eşyayı atmakta ne sıklıkta başarısız olursunuz? *

- ☐ 0 = Asla
- ☐ 1 = Nadiren
- ☐ 2 = Arada bir
- ☐ 3 = Sık sık
- ☐ 4 = Neredeyse her zaman eşyalarımı elden çıkartmayı beceremem.

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B-4 Hoarding Rating Scale–Self Report (HRS-SR) Turkish Version**Tez Araştırması**

* Required

Anket - Bölüm 2

Lütfen aşağıdaki soruları okuyarak size en uygun cevabı işaretleyiniz.

1. Eşyaların sayısı veya birikmesi nedeniyle evinizdeki odaları kullanmakta zorluk yaşadığınız oluyor mu? *

- ☐ 0 Hiç zorluk yok
- ☐ 1
- ☐ 2 Hafif
- ☐ 3
- ☐ 4 Orta
- ☐ 5
- ☐ 6 Şiddetli
- ☐ 7
- ☐ 8 Çok şiddetli zorluk



2. Diğer insanların kurtulmak isteyeceği sıradan şeyleri elden çıkartmakta (veya geri dönüştürmekte, satmakta, vermekte) ne kadar zorluk yaşıyorsunuz? *

- ☐ Hiç zorluk yok
- ☐ 1
- ☐ 2 Hafif
- ☐ 3
- ☐ 4 Orta
- ☐ 5
- ☐ 6 Şiddetli
- ☐ 7
- ☐ 8 Çok şiddetli zorluk

3. Bedava şeyleri biriktirmek veya ihtiyacınızdan/ kullanabileceğinizden/ ödeyebileceğinizden fazla şeyleri satın almakla ilgili ne ölçüde sorun yaşıyorsunuz? *

- ☐ 0 Hiç sorun yok
- ☐ 1
- ☐ 2 Hafif, bazen (haftada bir kezden az) veya az sayıda gerekmeyen şeyleri satın almak
- ☐ 3
- ☐ 4 Orta, sürekli olarak (haftada bir ya da iki kez) veya bazı gerekmeyen şeyleri satın almak
- ☐ 5
- ☐ 6 Şiddetli, sıklıkla (haftada birçok defa) veya çok sayıda gerekmeyen şeyleri satın almak
- ☐ 7
- ☐ 8 Çok şiddetli sorun, çok sık (her gün) veya çok büyük miktarda gerekmeyen şeyleri satın almak



4. Eşyaların birikmesi, bir şeyleri elden çıkarma zorluğu veya gereğinden fazla edinmek - satın almak ile ilgili olarak ne kadar duygusal stres yaşıyorsunuz? *

- ☐ 0 Hiç
- ☐ 1
- ☐ 2 Hafif
- ☐ 3
- ☐ 4 Orta
- ☐ 5
- ☐ 6 Şiddetli
- ☐ 7
- ☐ 8 Çok Şiddetli

5. Eşyaların birikmesi, bir şeyleri elden çıkarma zorluğu veya gereğinden fazla edinme - satın alma sorunları yaşantınızı (günlük rutin, iş, okul veya sosyal aktiviteler, ailesel aktiviteler, ekonomik zorluklar) ne kadar bozuyor? *

- ☐ 0 Hiç
- ☐ 1
- ☐ 2 Hafif
- ☐ 3
- ☐ 4 Orta
- ☐ 5
- ☐ 6 Şiddetli
- ☐ 7
- ☐ 8 Çok Şiddetli

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B-5 Clutter Image Rating Turkish Version

Tez Araştırması

* Required

Anket - Bölüm 3

Lütfen aşağıdaki üç oda grubu (yatak odası, oturma odası ve mutfak) fotoğraflarından odanızdaki eşya yığınma derecesini en doğru şekilde yansıtan birini seçiniz.

Lütfen yatak odanızın durumunu en doğru şekilde yansıtan bir fotoğrafı seçiniz. *



1



2



3



4



5



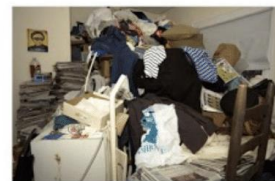
6



7



8



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1

2

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Lütfen oturma odanızdaki durumunu en doğru şekilde yansıtan bir fotoğrafı seçiniz. (Yaşadığınız yerde size ait böyle bir oda yoksa lütfen diğer soruya geçiniz.)



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3



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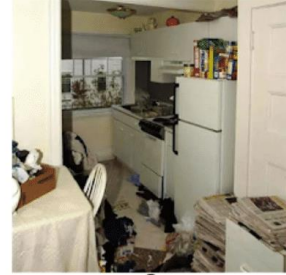
Lütfen mutfağınızın durumunu en doğru şekilde yansıtan bir fotoğrafı seçiniz.
(Yaşadığınız yerde size ait böyle bir oda yoksa lütfen anketi bitiriniz.)



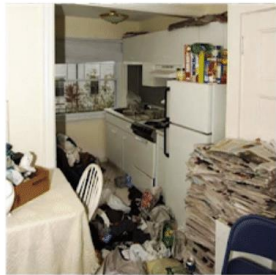
1



2



3



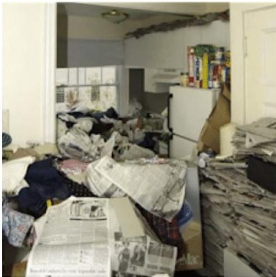
4



5



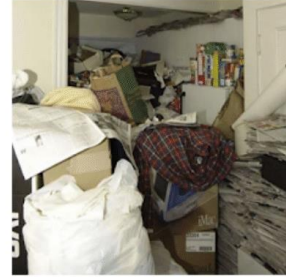
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B-6 Debriefing Form

Tez Araştırması

Katılacağınız araştırma, Yeditepe Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencisi Saliha Ceren Ekiz tarafından Dr. Öğretim Üyesi Mari Ito Alptürer danışmanlığında yürütülen biriktirme davranışı ile ilgili tez çalışmasının bir parçasıdır. Bu araştırmanın amacı eşyaları biriktirme davranışının ve/veya arzunuzun olması, eşyalarınızı elden çıkartırken zorluk yaşıyor olmanız, atamıyor olmanız, veya evinizdeki eşya kalabalığından hayatınızın olumsuz etkilendiğini düşünüyor olmanız gibi durumların değerlendirilmesidir. 18 yaş üzerinde bir bireyseniz araştırmaya katılabilirsiniz. Katılımcılardan birkaç kişi bu araştırmanın ikinci aşaması için seçilecek ve bir online görüşmeye davet edilecektir. Bu amaç ile anketin birinci bölümünde sizden e-mail adresi yazmanız istenecektir. Ayrıca, bu araştırmaya katılıp anketi cevaplayanlardan çekiliş ile üç kişiye ve araştırmanın ikinci aşamasına katılan herkese 50 TL değerinde Türkiye'nin her yerinde geçerliliği olan bir firmanın hediye çeki e-mail yoluyla verilecektir. Toplanan e-mail adresleriniz gizli tutulacak ve araştırmanın sonunda en geç 31 Aralık 2021 tarihinde imha edilecektir.

Bu araştırma kişisel bilgi formu ve biriktirme davranışınızı ölçmek amaçlı üç anket içermektedir. Anketlerin doldurulması tahmini olarak 10-15 dakikanızı alacaktır. Araştırmanın sonuçları açısından sağlıklı bilgiler edinilmesi için soruları dikkatlice okumanız ve samimi cevap vermeniz son derece önemlidir. Cevaplarınız tamamen gizli tutulacak ve sadece araştırmacı tarafından değerlendirilecektir. Araştırmadan elde edilen bilgiler yalnızca bilimsel araştırma amaçlı kullanılacaktır. Bu araştırmaya katılım gönüllülük esasına dayanmaktadır, araştırmada yer almayı reddedebilir, katılım sırasında herhangi bir nedenden dolayı rahatsız olursanız istediğiniz noktada araştırmadan çekilebilirsiniz. Sormak istediğiniz soruların olması ya da bir rahatsızlık hissedilmesi durumunda, istediğiniz takdirde, araştırmacıya başvurabilirsiniz. Araştırmacı size sorularınız ile ilgili ve gerektiği takdirde alabileceğiniz ruh sağlığı uzman desteği ile ilgili yardımda bulunacaktır.

Saliha Ceren Ekiz [Redacted]
Dr. Öğr. Üyesi Mari Ito Alptürer [Redacted]
Yeditepe Üniversitesi Psikoloji Bölümü

Araştırmaya katılmayı onaylıyorsanız, lütfen aşağıdaki ifadeyi kabul edip, sonraki sayfaya devam ediniz.

* Required

[Bilgilendirilmiş Onam Formu] Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman herhangi bir yaptırımla karşılaşmadan yarıda kesip bırakabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı olarak kullanılmasını kabul ediyorum. *

☐ Evet



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Appendix C: Online Interview Informed Consent Form

Çevrim İçi Mülakat Gönüllü Katılım Formu

Bu araştırma, Yeditepe Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencisi Saliha Ceren Ekiz tarafından Dr. Öğretim Üyesi Mari Ito Alptürer danışmanlığında yürütülen biriktirme davranışı odaklı tez çalışmasının ikinci kısmıdır. Bu araştırma biriktirme davranışı olan bireylerin kişisel deneyimlerini anlamak amacı ile yapılmaktadır. Bu amaç doğrultusunda Zoom veya Skype üzerinden (seçeceğiniz çevrim içi görüşme platformundan) sizinle mülakat gerçekleştirilerek, araştırmacı tarafından hayatınız ve biriktirme davranışınız ile ilgili bir takım açık uçlu sorular sorulacaktır. Lütfen soruları olabildiğince detaylı ve berrak bir şekilde cevaplamaya gayret gösteriniz. Mülakat süresi soru-cevap gidişine bağlı olarak kişiye göre değişmektedir. Ortalama 60-90 dakika sürmesi beklenmektedir. Zoom görüşmesinde görüntünüzü kapatmak isterseniz, bu konuda bir zorunluluk söz konusu değildir. Dilerseniz baştan görüntünüzü kapatarak da görüşmeye katılabilirsiniz. Yalnız, sözel verinin sonradan analiz edilmesi amaçlı olarak, görüşme sırasında Zoom üzerinden ve ses kayıt cihazından ses kaydı alınacaktır. Ses kaydı yazıya döküldükten sonra imha edilecektir. Mülakat sırasında sizden toplanan bilgilere sadece araştırma yürütücülerin erişimi olacaktır. Toplanan bilgiler sadece bilimsel amaçlı kullanılacaktır. Kimliğiniz her zaman gizli tutulacaktır.

Katılım gönüllülük esasına dayanmaktadır. Araştırma sırasında rahatsızlık hissederseniz veya herhangi bir nedenden ötürü bırakmak isterseniz bırakma hakkına sahipsiniz. Araştırma sonrası kendinizi rahatsız veya kötü hissettiğiniz bir durumda ruh sağlığı uzmanından destek almak istiyorsanız, Yeditepe Üniversitesi Bağdat Caddesi Polikliniği'ne 444 7000 numarasını kullanarak ulaşıp uzman desteği alabilirsiniz. Sormak istediğiniz soruların olması veya belirtilen poliklinik dışında uzman desteği almak isterseniz lütfen araştırmacı ile xxxxxxxxx@xxxxxxxxxxxxxx adresinden iletişime geçin. Araştırmacı size bu konuda yardım alabileceğiniz alternatif uzman desteği ve sorularınız ile ilgili yardımda bulunacaktır. Katıldığınız ve bilime destek verdiğiniz için teşekkür ederiz. Son olarak, mülakata katılan katılımcılara teşekkür amaçlı 50 tl değerinde Türkiye'nin her yerinde geçerli olan bir firmanın hediye çeki e-mail yoluyla gönderilecektir.

Saliha Ceren Ekiz
Dr. Öğr. Üyesi Mari Ito Alptürer
Yeditepe Üniversitesi Psikoloji Bölümü

Araştırmaya katılmayı onaylıyorsanız, lütfen aşağıdaki ifadeyi kabul ediniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman herhangi bir yaptırımla karşılaşmadan yarıda kesip bırakabileceğimi biliyorum. Görüşmenin ses kaydı alınmasına ve verdiğim bilgilerin bilimsel amaçlı kullanılmasını kabul ediyorum.

Tarih: _____

İmza _____

Appendix D: Interview Protocol

1. Kendinizi bir birey olarak nasıl tanımlarsınız? *[How would you describe yourself as a person?]*
2. İnsanlar sizi nasıl tanımlarlar? *[How would other people describe you as a person?]*
3. Günlük rutininizi detaylı bir şekilde özetleyerek anlatabilir misiniz? *[Could you summarize your daily routines with some details?]*
4. Biriktirme davranışınızın ne zaman nasıl başladığından bahsedebilir misiniz? *[Could you talk about when and how your hoarding behavior started?]*
5. Biriktirdiğiniz nesneler nelerdir? Evinizde biriken eşyalar nelerdir? *[What sort of objects are you hoarding? What are the things that accumulate in your home?]*
6. Neden bahsettiğiniz nesneleri/eşyalar biriktiriyorsunuz? *[Why are you hoarding these things that you have just mentioned ?]*
7. Biriktirdiğiniz nesnelere nerelerden, nasıl ulaşıyorsunuz? *[From where and how do you get these objects?]*
8. Biriktirmek sizin için ne anlam ifade ediyor? *[What does hoarding mean to you?]*
9. Sizce neden biriktirme davranışı sergiliyorsunuz? *[Why do you think you have hoarding behavior?]*
10. Biriktirme davranışı sırasında hangi duyguları deneyimliyorsunuz? *[What sort of emotions you experience when hoarding?]*
11. Sizce biriktirme davranışı sizin hayatınızı nasıl etkiliyor? (“Sorun” şeklinde cevap verirse 12. soru sorulacaktır.) *[In your opinion, how does your hoarding affect your life?(Proceed to Q12 if the answer describes a “problem”)]*
12. Bununla baş etmek için ne gibi şeyler yapıyorsunuz? (11. soruya “Sorun” olarak cevap verirse sorulacaktır.) *[What kind of things are you doing to cope with this? (Only asked if the answer to Q11 describes a “problem”)]*
13. Anneniz nasıl bir insandır? *[Could you describe your mother as a person?]*
14. Babanız nasıl bir insandır? *[Could you describe your father as a person?]*
15. Ailenizdeki bireylerin psikolojik ve fiziksel sağlık geçmişi ile ilgili kısaca bilgi verebilir misiniz? *[Could you give a brief information about your family’s mental and physical health history?]*

16. Aileniz bu davranışlarınız hakkında ne düşünüyor? [*What do you family members think about your hoarding behavior?*]
17. Ailenizde ve/veya akrabalarınızda biriktirme davranışı sergileyen bireyler var mı? [*Are there anyone in your family or among relatives who exhibits hoarding behavior?*]
18. Sizin için travmatik olan bir deneyim yaşadınız mı? [*Have you experienced any life event that was traumatic for you?*]



Appendix E: Online Interview Debriefing Form

Mülakat Katılım Sonrası Bilgilendirme Formu

Araştırmaya katılım sağladığınız için teşekkür ederiz. Bu araştırmada biriktirme davranışı olan kişilerinin anlatılarını dinleyerek, yaşadıklarını anlamayı ve biriktirme davranışlarındaki önemli olayları ve temaları çıkartmaya çalışmaktayız. Türkiye’de biriktirme davranışı konusunda yapılmış çalışmalar yok denecek kadar az. Bu niteliksel temel çalışma sonucunda, bilimsel literatürde geleceğe yönelik araştırmaların önünü açmayı amaçlamaktayız.

Araştırma sonrası kendinizi rahatsız veya kötü hissettiğiniz bir durumda ruh sağlığı uzmanından destek almak istiyorsanız, Yeditepe Üniversitesi Bağdat Caddesi Polikliniği’ne 444 7000 numarasını kullanarak ulaşp uzman desteği alabilirsiniz. Sormak istediğiniz soruların olması veya belirtilen poliklinik dışında uzman desteği almak isterseniz lütfen araştırmacı ile xxxxxxxxx@xxxxxxxxxxxxxxxxx adresinden iletişime geçin. Araştırmacı size bu konuda yardım alabileceğiniz alternatif uzman desteği ve sorularınız ile ilgili yardımda bulunacaktır. Katıldığınız ve bilime destek verdiğiniz için teşekkür ederiz.

Saliha Ceren Ekiz

Dr. Öğr. Üyesi Mari Ito Alptürer

Yeditepe Üniversitesi Psikoloji Bölümü