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# **Exploration of Culture in Relation to Hoarding Disorder:**

What are the lived experiences of individuals that suffer from HD, and hoarding-related symptoms, between three of the largest racial demographics in the UK; Black, White and South Asian?



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Portfolio submitted in fulfilment of the requirements for the Professional  
Doctorate in Psychology (DPsych)

City University London Department of Psychology,  
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## **Abstract**

This portfolio focuses on the significance of culture pertaining to Hoarding Disorder (HD) and other aspects of social structures that impact Mental Health (MH). The research study is titled 'Exploration of culture in relation to HD' given the limited research into this field with regards to cultural impact/influence. Twelve participants were surveyed and interviewed for IPA analysis, with four participants categorised to one of the three assigned racial-cultural cohorts to explore the following: What are the lived experiences of individuals that suffer from HD, and hoarding-related symptoms, between three of the largest racial demographics in the UK; Black, White and South Asian (SA)? Contrary to the current assertion by HD services, whereby there are no distinctions pertaining to racial-cultural backgrounds, findings from each participants analysis within this study exhibit several nuances and variations between each racial cohort of how HD is understood, managed and experienced; citing a strong basis for further research within the field of counselling psychology (CoP).

## **Preface/Introduction to the Portfolio**

This focus for this portfolio is derived from a larger thesis project, which explores the role of culture in relation to Hoarding Disorder (HD). Findings from the mixed methods design revealed a common theme of 'loneliness' across 3 cohorts of participants grouped according to race (Black, White and South Asian). Yet, despite this commonality, the awareness, experience and impact of loneliness varied a great degree among participants who hailed from more collectivist cultures, namely Black and South Asian – the latter being predominant. It is imperative to note that loneliness can transpire in different ways, though considered a universal phenomenon among all humans (Yang, 2019). The 'multidimensional' aspect of this phenomenon can be understood according to the social constructs that forge specific values around interpersonal dynamics and social connectedness.

The case study for this portfolio also captures the essence of culture and loneliness, as my client's Arab heritage played a significant role in working alongside her trauma from a compassion focused stance. With the case study, family dynamics and attachments were identified as crucial with regards to early experiences as part of a compassion focused formulation. In essence, given the client's tense and strained dynamics, which encompassed cultural ideals of traditional gender roles, fear and loneliness featured heavily in the 'early experiences' part of her formulation that culminated into self-directed hostility and shame. The culture-based nuances within her account were poignant for me, as such aspects are generally overlooked when examining British populations (Gelfand et al, 2021).

The role of the family also features strongly within the findings of the thesis, and early attachments are described in detail as part of the 'Discussion' chapter presented in section B, with an emphasis on systemic approaches and Schema therapy. Both approaches are detailed within the Journal article of this portfolio that emphasizes the experience of loneliness in collectivist cultures. Staying with the rationale of my exploration into Hoarding Disorder, collectivist cultures (Black and South Asian within this study) were specifically chosen to elevate minority voices. The assumption of how loneliness is experienced is again, predominantly through a White, Western lens that is detailed within section B.

Moreover, in honor of reflexive practice, I looked inwards given my own personal identification within a racial and ethnic minority group. As a South Asian woman, I have been privy to the narratives both in my personal and professional life around different aspects of loneliness and the ways in which this is perceived and addressed within a culture that can be considered as

significantly aligned with the interests of the group over the individual. Additionally, by virtue of having been raised in a multi-cultural environment, it is particularly significant to me that those who I have been lucky enough to work with, attend my higher education with, interview and provide a service for, are ensured the time and space that they deserve to share their experiences. Given that this subject in Britain has had a prominent presence within the UK's dynamic and diverse multi-cultural makeup, intersectionality within this cohort, amongst others remains limited.

It is because of my personal and professional exposure within said subject, I began observing the perceptions, feedback and beliefs of those around me in relation to mental health, particularly, HD as this was most prevalent within my caseload at the start of my career, pre-Doctorate. Professionally, I was assigned a caseload with a great number of individuals who required support for HD. Colleagues of mine also experienced a high number of referrals, and the individuals whom we supported hailed from an array of racial and ethnic backgrounds. When discussing this with my South Asian, more specifically, Pakistani friends, family and relatives – with adherence to the protocols of confidentiality (no names/identifying features of any persons I had/have worked with) – the overwhelming majority appeared perplexed, having assumed that this was a 'White' issue, or 'Western thing'.

Some had awareness around this area of mental health, due to sensationalized television programs and/or other media outlets, however the majority of such programs showcased families and individuals mostly from the U.K., U.S. and/or Australia and even then, people who were predominantly White. Subsequently, I became increasingly motivated to enhance my understanding about HD, and attempt to bridge the gap between people's lived experiences and the awareness, understanding and education of wider society. Three and a half years after my initial graduate job, my motivation only gained momentum and I was earnest to explore HD in relation to culture in greater depth.

Other aspects that make up this portfolio include differences in the interactions between individuals from minority cultures with wider services. One example is highlighted within my case study, as the client and I built a positive rapport on the basis of our shared collectivist cultures. Others who may not have access to or opportunity to receive therapy from a therapist who shares the basis of their world view may encounter challenges within the therapeutic relationship. Additionally, within the findings of my thesis, all three cohorts differed in how they were approached by services and the way in which services were provided. Given that these

variations not only exist but are complex in the way that they transpire, and ever evolving, this portfolio emphasizes and builds upon previous, yet limited research.

A significant aspect of the thesis component of this portfolio is the analysis of participant interviews: Interpretative Phenomenological Analysis (IPA). IPA allowed me to get as close as possible to participants subjective realities, which was a privilege to be a part of. Their willingness to partake in the study to further contributions within this field was both appreciated and humbling. For me, this highlighted that people want to be heard. They want their experiences noted and validated somewhere (albeit anonymized of course).

Some examples of where research into collectivism pertaining to mental health, cultural dynamics and service input can be expanded on is with a focus on intersectionality. The findings of my study, alongside the IPA strategy, enabled interpretation of data that can be transferable. Although it can be considered that people are bound by cultural groups with their collective or individualistic scripts, it is important to bear in mind that each individual's experiences is their own, and intersectionality can be further examined by the way in which one navigates their cultural scripts. By highlighting minority voices, there are still elements within this portfolio that could attempt to go deeper, i.e., by examining gender roles, religious differences and those who identify within the LGBTQ+ communities. This is my hope moving forward in contributing towards the field of Counselling Psychology.

## **References**

Yang, K., 1965. (2019). *Loneliness: A social problem*. London: Routledge, Taylor & Francis Group.

Gelfand, M. J., Chiu, C., & Hong, Y. (2021). In Hong Y., Gelfand M. J. and Chiu C. (Eds.), *Handbook of advances in culture and psychology: Volume 8*. New York, NY: Oxford University Press.

## **Section B Exploration of Culture in Relation to Hoarding Disorder**

### **Chapter 1: Introduction and Literature Review**

#### **1.1. Overview**

This Chapter will provide an overview of the history of Hoarding Disorder (HD) and cross-cultural attempts to study this subject through an extensive literature review. The racial-cultural aspects around this are detailed in relation to current HD interventions, and the limited considerations around this, particularly within the UK that is cited to encompass a diverse and dynamic population (Nwonka et al, 2018). I then provide the rationale for my study's focus, which is to explore racial-cultural influences pertaining to HD, which few studies have considered thus far. Finally, implications for the field of Counselling psychology (CoP) are detailed on the basis of the findings from this literature review.

#### **1.2 Terminology**

##### ***1.2.1 Cross-Cultural***

Before examining the literature, it is important to establish certain terminology used throughout this study. It is important to mark the distinction between 'transcultural' and 'cross-cultural' terms as to avoid misunderstanding of their categorisation. Transcultural concepts having been deliberated to transcend cultural boundaries; the studies primarily focus on national sampling between different countries. Cross-Cultural studies are by contrast investigative of phenomenon across and between secondary cultures, in comparison with the normative (Lonner, 2018).

##### ***1.2.2. Racial-Cultural***

For the purposes of this study 'Race' and 'Culture' are used interchangeably. Though there are many facets of culture that can be understood, i.e., workplace culture or sports culture, as this study specifically explored aspects of culture across and between race, this is the term primarily used. Noteworthy, race and culture are not always complimentary terms, for example, 'Black' can be used as an umbrella term of racial identity by people from different ethnic background such as African, Caribbean, mixed-race or 'dual/multiple heritage'. Subsequently, their experiences, customs and values, which form its own subset of culture, can vary to a great degree. For the purpose of this study, the generalised categorisation of race within the

UK, as outlined in the Regional Ethnic Diversity Committee, which records official national statistics for England and Wales, (last updated 2019), will be used as a broad starting point, with respect to ethnic differences noted for discussion and future research beyond this study.

### **1.2.3. 'White' Vs. Western'**

It is imperative to note that many individuals from Black and South Asian backgrounds also identify as 'Western' as Akinleye (2018) highlighted in the exploration of diaspora and identity within a post-colonial context. To honor the multi-dimensional and nuanced perspectives of participants, this study subsequently maintains a distinction between 'White' and 'Western', so as not to assume that they are interchangeable. Similarly, White individuals who reside outside of the geographical 'West' may refute the term 'Western', given the existing intersections of Whiteness (Kindinger and Schmitt, 2019). Hence White 'American' and White 'Eurocentric' perspectives upon which HD research has primarily been based are emphasized and discerned from other Western perspectives as per the exploration of this study.

## **1.3 Introduction and Historical Context of HD**

According to Hoarding UK – the UK National Charity supporting people impacted by hoarding behaviour – approx. only 5% of hoarders come to the attention of professionals (Singh, 2012). According to the charity, there is no distinction between age, gender, racial background or socio-economic status. By the same virtue however, it is stated some research finds that hoarding disorder is more common in males, but more females present for support (Singh, 2012). This poses the question as to whether adequate research has been conducted into the multifaceted aspects of this phenomenon, particularly within a dynamic nation nuanced with diversity. Points to consider can include the following: factors that may contribute towards a greater onset or maintenance of one group of people as opposed to another, awareness and understanding of the disorder, willingness to seek support, accessibility of services and availability of culturally aware/sensitive practitioners; evidenced as an essential component of effective practice by Fouad N.A (2006).

Ongoing research is crucial to the development of new strategies for treatment and management of persistent and complex difficulties. This review examines and evaluates the

available literature on Hoarding Disorder (HD), and hoarding related features, across and within the available range of racial and cultural contexts. The phenomenon of Hoarding presently assumes universality that can be called into question on several accounts.

Firstly, current characterisations and cognitive correlates have been recorded from an evidence base that largely relies on Western samples. One of the earliest known cases of Hoarding can be traced back to 1947 when the infamous case of the Collyer brothers sparked a media frenzy, creating a public source of fascination, entertainment and alarm (Weiss, 2010). Known as the 'hermits of Harlem', the White, US-based brothers garnered much public attention following their death and the circumstances in which they were found. They shocked and fascinated audiences, evoking substantial interest into hoarding and its related features. Given the extreme nature of the phenomenon, it is comprehensible that multi-agency investigations paved the way for multi-agency *interventions*, including the input of welfare systems such as social services and environmental health, psychiatric considerations and psychological interventions.

The emergence of subsequent interventions has thus been considered from substantially White, Americanised/Eurocentric perspectives. Even within White-Western studies, understanding of the expression in minority communities remains unclear. A proportion of research included in this review suggests that this may be due to low levels of participation within HD studies; highlighting further issues around sample-selection and its procedures. Other potential factors remain abstract i.e. subjective meanings behind objects. For instance, Steketee (2009) highlight variances around reasons for saving, which include sentimental and intrinsic that have been primarily explored within White - European/Americanised samples. Connectedly, instrumental measures used to assess the criteria of HD can also suffer similar limitations, for instance variations in language used to describe symptoms can differ in important ways.

Furthermore, much of the investigations into culturally diverse samples have sought to inspect hoarding features exclusively as a sub-type or dimension of obsessive compulsive disorders (OCD). Although some cultural variations having been identified within an OCD-specific context, HD was first included as an isolated entity in the Diagnostic and Statistical Manual- Fifth Edition (DMS-5) in 2013 (Glasheen et al, 2016). It is therefore apprehensible as to why specific studies of HD remain limited within the realms of White, Western analysis, as its standalone diagnosis was defined only within the last decade. In evaluating relevant studies for this paper there is strong indication of a greater need to propagate research towards cultural aspects around mental health issues. This being notably relevant to the field of Counselling Psychology.

### **1.3.1 Diagnostic Criteria of HD**

It is imperative at this juncture to provide the current diagnostic criteria of HD established as of 2013 within the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V).

This is to establish an understanding of the current criteria in reference to the relevant studies reviewed in the following sections. This includes the following:

- Persistent difficulty discarding or parting with possessions, regardless of their actual value. This difficulty is due to a perceived need to save the items and to the distress associated with discarding them.
- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, or the authorities).”
- The hoarding causes major distress or problems in social, work or other important areas of functions (including maintaining a safe environment for self and others).

This criterion is accompanied by the following specifications around levels of HD severity and insight.

- With Excessive Acquisition: If symptoms are accompanied by excessive collecting or buying or stealing of items that are not needed or for which there is no available space.
- Good or fair insight: The individual recognizes that hoarding-related beliefs and behaviours are problematic.
- Poor insight: The individual is mostly convinced that hoarding-related beliefs and behaviours are not problematic despite evidence to the contrary.
- Absent insight (i.e. delusional beliefs about hoarding): The individual is completely convinced that hoarding-related beliefs and behaviours are not problematic despite evidence to the contrary

### **1.4. Identification of relevant studies**

In order to identify relevant reviews, three electronic databases were searched I. Google Scholar II. PsycINFO III. Research Gate. To begin with a broad concept of culture in relation to HD/Hoarding-related features, ‘Hoarding across cultures’ was inputted into google scholar. A total of 40 articles were initially screened and included based on titles, which contained requisite

keywords of 'culture', 'hoarding and 'saving practices'. After reviewing the abstracts, 23 articles were included within the literature as relevant themes were identified. Criteria for inclusion constituted of systematic reviews, meta-analyses and cultural comparisons of HD. Additionally, discussion of assessment measures, chiefly the Savings Inventory Revised (SI-R), and its efficacy across varying demographic samples. A further 5 studies were selected for inclusion, supplemented by snowball searching via citations from two articles yielded through google scholar. Another 4 papers were included from Research Gate and one in addition from PsycINFO. The articles excluded were ultimately based on little to no discussion around hoarding attributes within samples, as well as a lack of ethnic distinctions within Ethnocultural studies.

The finalised papers were categorised – but not limited to – the following themes: Transcultural comparisons, Cross Cultural Studies and Research Post-2013.

### **1.5. Literature Search Strategies: Cross-Cultural Studies and Transcultural Comparisons**

The first paper extracted from Google Scholar; 'Ethnocultural Aspects of HD' by De la Cruz et al (2016), conducted a systematic review of treatment studies to obtain insight into the expression of HD across minority groups in the United States. Approximately 90% of individuals were White-American/Euro-American. Ergo, the inadequate representation of minorities calls into question the generalizability of interventions. Although the review is thorough and provides a succinct overview as to why future studies of phenomenological differences should be prioritised, there was no reference to the sub-categories of epidemiological and assessment studies. This would make way for the assumption that the systematic review was exclusive to U.S samples. The literature in fact provides a stealthy breakdown of explorative methods within each detailed subsection of the review – with samples from Spain, Iran and Brazil.

Keeping within the bounds of this review, Ong et al (2013) reported lower-levels of clutter among an Asian-outpatient sample with hoarding symptoms from a hospital in Singapore. The hoarding-specific assessment tool, the SI-R was utilised to discern this variation from previous investigations carried out in Western countries. It would be tempting to assert this finding as evident grounds for further transcultural research, however a drawback to this study could be linked to issues with the psychometric measure itself. It cannot be assumed that means of assessment considered valid and reliable in one context, retains soundness across others. A

study by Wang et al (2016) considered available data about pathological hoarding in East Asia and found the condition to be relatively common and symptomatically similar to that reported in Western countries. Providing good validity of the new diagnostic criteria for hoarding disorder.

Nevertheless, Findings from Iran and Brazil analysed within this systematic review denote good convergent validity, test-retest reliability and internal consistency of the SI-R (Fontenelle et al, 2010). With specific regards to the translation of this instrument, it is one that has been most tested in non-western samples. Evidence from the SI-R alone, within pluralistic contexts, exhibits an occurrence of clinical hoarding symptoms upon which cross-cultural research can gain expansion (Tortella-Feliu M. et al, 2006). A paper by Timpano et al (2015), yielded via snowball searching from the article prior, examined the psychometric properties of a Chinese version of the SI-R in a transcultural investigation. This was an expansion of their 2013 study, which revealed significant similarities between two Western samples (Germany and the U.S) in relation to impulsivity and hoarding. This study, aimed to explore features of hoarding symptoms and beliefs in China compared to a U.S sample.

The investigation was broken down across two studies with the following aims: I. to assess construct and temporal validity of HD in accordance with DSM-5 defined hoarding symptoms. II. To examine hoarding beliefs in China to compare with a U.S sample. Verification of the assessment tool itself ensured robust methodological undertakings for the second stage of the study. There is substantial advantage in doing so for potential replication. Findings exhibited preliminary evidence for the reliability and validity of the C-SIR, similar to results obtained by Fontenelle et al (2010). However, temporal stability was found to be 'modest' and requiring further investigation, calling into question generalisability of the SI-R.

Yet the process of quantitative data collection was detailed meticulously, with an equally thorough analysis. The C-SIR in conjunction with a Hoarding Beliefs Questionnaire uncovered greater symptoms and saving beliefs among Chinese participants. Coinciding factors within the Chinese sample revealed 63% of participants were from rural areas, from which it can be reasoned that individuals from agricultural populations tend to have stronger saving-beliefs due to scarce or limited recourses. In contrast, rural vs. urban populations were unclear within the U.S sample, with a 30.4% non-white participant sample for which differences were unaccounted. Perhaps the likelihood of such results would deviate among equal socioeconomic samples.

In contrast, results from an Indian study by Chakraborty V. et al (2012) provided different socio-economic outcomes; in that hoarders hailed exclusively from urban backgrounds. One argument provided was the growing scarcity of space within urban settings may result in the prevalence of this phenomenon. It can be noted for further study that other factors such as division of wealth, markers of status, and beliefs around objects can bear polarity among non-western samples as well; of which no discussion was publicised. 'Meanings' around objects are somewhat touched upon by Frost, O and Steketee G. (2010), but again fail to provide any cultural/racial or even faith-related considerations.

Going back to the Timpano et al's study, it is striking in its discussion of cultural-specific factors, as oppose to the majority of the studies that do not account for this. Explanations proposed included higher rates of health problems and life stressors in Chinese populations, as well as a cultural preference for strong responses. It can be argued however, that not only were demographic differences within the U.S sample overlooked, but also meanings and associations around retention and acquisition of objects. The Chinese sample identified the 'type' of objects collected as well as a cultural stance of 'waste not'; a phrase used to reflect beliefs around object-saving.

Timpano et al's investigation paved the way for a review of three more papers via snowball searching. The hoarding beliefs questionnaire issued by Timpano et al was derived from Frost & Hartl's Cognitive-Behavioural model (Savings Beliefs Questionnaire). The cognitions specific to saving practices, were defined as problems having stemmed from information-processing deficits, emotional attachment, behavioral avoidance and erroneous beliefs about the nature of possessions. The purpose of these specifications was to provide a framework for hypothesis-testing of compulsive hoarding.

Unlike the SI-R, Timpano's study did not scrutinise this measure as extensively within wider cultural contexts. This impacts the generalisability of 'beliefs' in the following ways; firstly, in terms of conceptual differences of words and their meanings. To denote a belief as 'erroneous', is to assume that the error encompasses universal notions of correct vs. incorrect perceptions around objects. Research by Wallendorf M. and Arnould E.J (1988) and Gulerce A. (1991) substantiate variations of meanings attached to objects according to culturally-specific interpretations. Nevertheless, this is an area of research that requires rigorous exploration within itself.

Secondly, the publication date of 1996 whereby hoarding-related features were regarded entirely within the context of OCD. Supplementary papers were searched, to analyse as to whether there has been any sufficient developments. The three papers yielded, highlighted Frost et al's dedication in developing their initial framework (Frost et al, 2013), however there were no marked expansions, which sheds light on the lack of racial or cultural considerations across samples. Yet age, gender and socioeconomic status were still noted for discussion.

At present, there appears to be a gap into underlying beliefs and influences, contributing factors and interpretation across cultures surrounding HD and its related features. The study by Frost et al (1996) was unable to outline the demographic for its case study participants. The study reported correlations between onset of age, lower socio-economic status and compulsive hoarding, factors that have been largely explored – yielding 10 relevant journal articles from google scholar alone. Nevertheless these investigations remain within the realms of UK and U.S studies, with just one study out of the aforementioned ten being carried out in a German-population based sample; in any case a Western demographic (Muller A. et al, 2009). In line with this, it is necessary to reflect on the applicability of their questionnaire, as only the study from 2009 discusses the limitations of online self-reports, as elderly representatives may not have access, or proficiency of technology-based means.

Referring back to the search commenced via Timpano's investigation, references 10 & 11 from the paper's index were selected for snowball searching as the studies in Iran and Brazil re-emerged from De La Cruz et al's systematic review. The paper by Fontenelle et al (2010) tested the Brazilian-Portuguese translated version of the SI-R. The assessment tool is one which affirms consistency and reliability for further hoarding-related research. However, pertaining to a understanding of the phenomenon within a situational context, this paper falls short in any attempts to generate rich, insightful data into any cultural practices around saving, notions of 'clutter' and 'discarding' within a diverse - albeit Western – demographic, with an overwhelming culmination of ethnicities and culturally diverse population. Whilst the aim of the study was to assess outcomes of the SI-R, there was scarcely any discussion around even the higher correlates of hoarding related features of the 65 person sample of OCD patients, compared to the non-clinical sample of 70 individuals from the community.

Similarly the study in Iran by Mohammadzadeh A. (2009) did not display any attempts to attain expression of beliefs or experiences within the larger sample size of 348 participants. It was also difficult to ascertain the suitability of factor analysis, as no insight into the number of

hypothesised factors were rationalised. In line with this, the study lacked clarification into the set of underlying factors that could explain the interrelationships among the observed variables. Moreover, means of acquisition, impact of economic instability, cognitions relating to the retention of objects and perception of clutter – particularly within the realm of ‘excess’, remain unexplored within the dynamic and diverse nation. A study by Nordsletten A.E and Mataix-Cols D. (2012) showcased specific criteria for core features of hoarding, which entailed subjective approaches to ‘beliefs’, object ‘values’ and factors of distress. The criteria may prove useful for further research within the parameters of cultural specificity.

### **1.6. Research Post-2013**

A pivotal point for research into HD occurred post-2013 as a classified diagnosis. The Transcultural Study of Hoarding Disorder by Nordsletten et al (2018) aimed to describe and directly compare features of individuals meeting diagnostic criteria across 4 distinct cultural settings: U.K, Japan, Spain and Brazil. The study ensured investigation into any differences between co-morbidities, coinciding factors and cognitions in relation to cultural influences. Significant differences came to light from clinical samples across the 4 nations: Lowest rates of marriage in London, highest rates of medication in Rio de Janeiro and lower rates of psychiatric comorbidity in Barcelona and Fukuoka. The study also included a semi-structured interview that gave insight into motivation and self-perception that can be further examined for interpretation. Nevertheless, the authors did not provide transparency as to the length of time or cost-effectiveness in conducting such a large-scale study, and identifying the feasibility for potential replication was vague.

The aforementioned remain two of the few studies that account for national variances. Nevertheless, a paper by Woody et al (2020) – yielded as part of the google scholar search – does consider selection bias for research studies: samples from community settings vs. research volunteers may encompass a more diverse range of people. However sample differences in race or ethnicity were not well-tested in this study. Additionally, community agencies did not collect data on psychological facets of HD yet highlighted higher volumes of clutter among financially disadvantaged individuals. It can be argued that research volunteers may have larger homes that explains differences in clutter volume; suggesting that there may be important differences in cultural norms and standards for the arrangement of possessions within the home. This paper denotes a need for further scrutiny of research samples and their

representation among populations with HD. Prior to this, Bulli et al (2014) focused on a non-clinical sample of hoarding in Italy. Their findings entailed significant correlations within the sample, and although the authors suggest the need for further epidemiological studies, it is questionable as to the purpose for the undertaking of the research when there appears to be very little research into HD itself within Italy.

Furthermore, dimensions that have been identified to underpin hoarding experiences can be re-examined against different sample demographics. A study by Ferrari and Roster (2017) explored the relationship between procrastination and clutter across three generations and found substantial divergence across their sample set, highlighting the nuances within this phenomenon and those who experience it. In line with different features that construct lived experience with HD, the study by Gordon et al (2013) outlined three main factors: I. Harm avoidance, II. Fear of material deprivation and III. Heightened sentimentality. These factors were spotlighted in accordance with the diagnostic criteria of HD within the DSM-IV (2013), which includes persistent difficulty discarding or parting with possessions, excessive levels of acquisition and the degree of insight into whether the individual recognises HD's functional consequences.

Findings by both Timpano et al and Nordsletten et al exhibit significant variations across cultures whereby these factors could potentially illuminate important divergences. Similarly, Yorulmaz O. and Demirhan N. (2015) investigated cognitive correlates of hoarding (evolving from the CBT framework by Frost et al), in a Turkish community sample. The study yielded fascinating results: 'ways of coping' were impacted by stigma, and cognitive constructs were accompanied by superstition.

In line with social norms and pathology, Herring S. (2016) challenged the classification of hoarding as a disorder itself in *A Review of American Studies*. Arguing instead that the phenomenon is influenced by powerful social conventions, which enforce rigid attitudes and behaviours towards objects. The difficulty with this notion however, is that this does not account for the debilitating effects experienced by sufferers (Ong et al, 2015), nor discuss findings that support the reasonable soundness of the SI-R. With regards to minority voices within the U.S, the text highlights disproportionate levels of diagnoses across marginalised groups. However cross-cultural investigations have yet to gain momentum with regards to HD, and so assumptions of invariability are premature. Equally, it negates the impact that HD has on family

members, friends and mental health services, for which interventions can be difficult to implement if it is to be perceived that disorder itself does not exist (Frost O. and Steketee G 2014).

## **1.7. Discussion/Conclusion**

It is clear that research into Hoarding Disorder has appeared to have gained momentum. Factors including impulsivity and selection bias are being thoughtfully considered. However, very few authors have attempted to ascertain any contributing factors around development, onset and maintenance of the phenomenon – within culturally specific contexts. Findings within and apart from OCD-related research display considerations for age and socioeconomic status, and indeed when investigated in non-Western samples, there have been mixed findings. Yet links or understanding around these variances have rarely been sought to uncovered. Timpano et al, Nordsletten et al and Yorulmaz et al are the minority authors who exhibit differences in meanings around objects, variations in language and even culturally-specific reasons for the maintenance of the disorder, but there are of course coinciding factors to bear in mind within each study, i.e. differences between demographics within sample sets/clinical vs. non-clinical samples

Yet within pre-2013 studies, the main body of work even within a non-Western, non-White sample appears to overlook the cultural context itself, with studies in Japan by Matsunaga et al (2008) and Matsunaga et al (2010) providing no insight into the Japanese influences or cross-national differences of hoarding-related features within OCD. There also appears to have been a regression in regards to systematic reviews, as Adam P. et al (2019) conducted the aforementioned with no discussion around varying populates, nor any indication as to the specificities of the Western sample used in the review itself. Curiosity around socio-cultural contexts may be pivotal in trying to meet the psychological needs of our culturally diverse population through evidence-based practice.

The papers in this review evaluate an intervention-model of HD that also highlights minimal attempts to research relevant cultural factors within the current, global climate. The current intervention model outlined by Muroff & Otte (2019), is the specialized CBT for Hoarding, which

includes education and case formulation, determination of values, goal setting, motivational enhancement, skills training for organizing, problem solving, decision-making, practice discarding & non-acquiring, evaluate thoughts and beliefs and maintain new behaviors. This can include individual and/or group sessions and support from a multi-disciplinary approach, which would be imperative to closely examine as to the suitability of such interventions outside of the current sample population.

Addedly, findings from assessment measures and its outcomes point out a number of factors that may increase vulnerability to developing HD in conjunction with cultural settings and social values. Based on the possibility of differences across ethnic groups, a gap into underlying beliefs and influences, assumed levels of stigma and ambiguous interpretations across cultures surrounding HD and its related features, inclusion of minorities in treatment and clinical studies should be prioritized. This is particularly significant within the realm of Counselling Psychology, whereby progression of interventions and quality of support can be more adequately implemented; with a greater more holistic understanding of the individuals with HD, as oppose to HD as an isolated part of people's lives.

### ***1.7.1. Basis for Future Studies***

Since HD's inclusion in the DSM-5 was made official in 2013, It is difficult to establish whether this phenomenon occurs more frequently in western societies, or that research has simply been more ethnocentric to due to the timescale. If this is the case, then the applicability and effectiveness of interventions such as CBT can be queried, as outcomes have so far been assessed in largely Western and European populations (De la Cruz et al, 2016). Moreover, other systems that support those who suffer from HD, such as environmental health, social services and local councils, can be further scrutinised in relation to their understanding of the groups and individuals with whom they work.

Yet the opportunity presented to explore the aforementioned is obscure within contemporary contexts of assimilation and intersectionality. Very much a part of peoples 'lived experience'; racial variations have been largely neglected in comparison to other psychosocial characteristics. Moreover, the expression in minority communities within Western contexts have been especially limited. In short, the methodological underpinnings for this cross-cultural investigation, has built

upon previous, yet minimal, investigations to initiate curiosity around phenomenon that is researched at greater levels within an Americanised/Eurocentric framework.

Extensive reading and research have also been carried out into the area of cross-cultural psychology, which has yielded fascinating results. Research by Pittu (2007) provides insight into Eastern and Western perspectives that are both distinct yet intertwine at various points. Moreover, studies by Hogstel (1993), Davidson (2019) and Weiss et al (2020), highlight that loneliness and lower rates in marital status are some of the repetitive trends within HD, which may allude towards those within more individualistic cultures being at greater risk of HD. Yet other studies have showcased that levels of emotional attachment to objects may have stronger correlates with HD, that can be identified amongst many individuals across different cultures (Yap et al, 2020).

Evidence from the SI-R alone, within multi-national contexts, denotes the occurrence of clinical hoarding symptoms upon which cross-cultural research can gain expansion (Tortella-Feliu M. et al, 2006). It is the lack of vigour in having seized this opportunity to explore meaning and insight into cross cultural and transcultural settings that propels the larger, qualitative aims for this study. The psychometric properties of the C-SIR in Timpano's transcultural investigation are an example of how positivist data collection can allow for the translation of statistical results into psychological meaning (Havercamp & Young, 2007 PP).

The small amount of research conducted into HD and cultures has thus far investigated samples between different countries.

### ***1.7.2. Rationale for this Study***

Although some studies have attempted to yield information from different racial-cultural perspectives around HD, they have yet to establish compelling advancements in this area of research whereby individuals are approached as 'sense-makers' of their world, rather than by this account, a post-positivist approach is appropriate, in order to generate findings that are inductive and can be interpreted, not only of people's experiences of HD, but the response(s) they encounter in relation to this by social networks, within family systems and across wider services. In order to facilitate suitable therapeutic intervention(s) within the realms of

Counselling Psychology, a robust evidence base is highly imperative to mitigate the negative impact of mental health issues and adverse circumstances on quality of life,

The exploration of research samples (HD) in community settings that was undertaken by Woody et al, from which findings suggest the possibility of differences in cultural norms and standards in the arrangement, collection and retention of possessions within the home. The study was carried out via a mixed method procedure, whereby the quantifiable SI-R was followed by structured interviews for a cumulative understanding of HD within the context of social norms and cultural specificities.

By virtue of the above, epistemology frames this research within a post-positivist orientation. Though a positive approach maintains good reliability and representativeness (Giddings, 2006), the 'representation' of reality is presumed to be the same across all groups; universal, objective and quantifiable (Darlaston-Jones, 2007). As the notion of 'universality' that HD presently assumes (Hoarding Uk, 2008) is called into question in this study, it would be incongruent to undertake a method of investigation based solely in empiricism (Giddings, 2006). Nevertheless, the existence of the phenomena and presence of common characteristics can be measured to some degree. To illustrate, studies by Mohammadzadeh (2009), Fontenelle et al (2010), Matsunaga and Matsunaga (2010), Yorulmaz (2015), and Timpano (2015) utilized the Savings Inventory-Revised (SI-R), which proved to have convergent validity, test-retest reliability and internal consistency. Equally, translation of this instrument into Mandarin for Timpano's study (C-SIR) exhibited preliminary evidence for the reliability and validity of the assessment tool that has been most tested for hoarding-related features in non-western samples.

As this study will be focusing on a British population, it is imperative to note that a multitude of subjective experiences for Black and South Asian participants may coexist within shared realities that include systemic oppression and a long history of prejudice and racial discrimination (Fernando, 2017). It is of even further importance to bear in mind the nuances and intersectional features that accompany individuals within these cohorts compared to their White counterparts such as gender roles, family structures, and generational integration within British culture outlined by Jivraj et al (2015).

Other factors that commonly interplay with wider systemic issues include each cohorts experiences in healthcare services, housing, education, employment and neighbourhoods. The 'semi-structured' component of the qualitative undertakings of this study are considered in

relation to these factors. Rather than closed questions, a series of prompts will be noted for the interviews to ensure that participants are able to discuss these elements in relation to their experiences and to avoid any pre-conceived judgements.

The tenant of this methodological process is to ensure depth and breadth of examination into a remarkably overlooked component of subjective experience in mental health. In the 9 years since Hoarding Disorder (HD) gained its own distinction within the DSM-5 (APA, 2013), further research into HD appears to be modest. Following a surge of investigations and analyses into the phenomenon during a review period of the classification system, several features were identified that distinguished HD from Obsessive-Compulsive Disorders (OCD) and its related subtypes (Mataix and De La Cruz, 2018). The opportunity for further research into hoarding since its official inclusion, however, appears to have remained within the parameters of its historical association with OCD-related treatment outcomes. It can be argued that the spirit of enquiry did pave the way for supplementary research i.e., examinations of co-morbidities and the role of social support (Medard and Kellett, 2014), alongside executive functioning and neuro-analysis (Morein-Zami, 2014), from which people's lived experiences are considered in more relative terms.

The assertion of phenomenology alongside social constructionism is particularly significant to the analysis of this study, IPA. Phenomenological underpinnings that guides this proposed study draws caution from the research by Yorulmaz et al (2015), whereby the complexity of HD was explored via exclusively quantified data that arguably deemed the multiplicity of information as overly simplistic. A positive correlation was identified between meta-cognition of cognitive consciousness, reduced reflection and problem solving, and hoarding symptoms through linear regression analyses. However, when the results from the analyses were examined between demographic variables (age and gender) with SI-R subscales, no significant relationship was established. Furthermore, superstitious beliefs within an-all Turkish sample was simply touched upon with ambiguous explanations citing room for further research.

In order to ascertain effective methods of treatment and coping, it is imperative to consider people's beliefs and backgrounds to recognise its influence on perspective and behaviour. Moreover, as the process of integration and assimilation continues to unfold within a multi-cultural Britain, further cross-cultural inspection is vital as rapid globalisation and human

migration suggest that once indigenous psychosocial factors of behaviours are becoming increasingly interwoven. Equally, to amass a comprehensive understanding of culture-specific factors that influence the development of HD, and how this is addressed between different communities in line with their customs. By the same token, to acknowledge and comprehend any culture-specific protective factors, and whether this provides probable links with causality, treatment and/or preventative measures. In essence, to question whether facets of HD parallel across cultures, or whether this is a phenomenon occurring at greater levels within Western societies.

The next chapter provides a breakdown of the methodology.

## **Chapter 2: Methodology**

### **2.1. Overview**

This chapter will provide an overview of the methodological undertakings to obtain a greater awareness of cultural relevance pertaining to HD, to address the following research question: What are the lived experiences of individuals that suffer from HD, and hoarding-related symptoms, between three of the largest racial demographics in the UK; Black, White and South Asian? This section entails the rationale for a mixed methods approach, the ontological and epistemological position of the research, procedure and analytic strategy of IPA – alongside the rationale, theoretical underpinnings, strengths and limitations of IPA – as well the quantitative aspects of the study. A detailed reflexive account is also included alongside ethical considerations and overall quality of the study.

### **2.2. Rationale for the Study**

Given the insufficient considerations of racial/cultural contexts thus far (DiMauro et al, 2015), this research aims to examine and compare lived experiences by addressing the subsequent aims through a mixed method procedure.

- Exploring culture in relation to HD, by understanding its relevance in the lives of individuals that in turn shape world views and behaviors.
- Examining subjective outcomes of current interventions (psychological, social, environmental), across the 3 distinct cultural cohorts
- Identifying any protective/preventative factors, and other features, distinct to any cohort.
- Ascertain meaning-making of HD and cultural experiences from a non-western lens in comparison with White, normative samples.

### **2.3. Rationale for a Mixed Methods Design**

The field of Psychology has historically geared its focus towards empiricism, with a quantitative approach to research that partners with the philosophical paradigm of positivism (Johnson & Grey, 2010). This approach attests several advantages including the obtainment of results that have been proven to draw valuable and unbiased comparisons between groups (Goertz et al, 2012). However, the notion of objective reality that can be measured and quantified also bears its limitations; particularly in a field that also emphasises perception and meaning based on subjective interpretation. By this account, researchers began to criticize the predominant use of the scientific method in its assumptions for the study of psychological phenomena (Smith & Heshusius, 1986).

This critique supported the propagation of research towards better understanding the quality and significance of people's experiences and entailed a shift towards qualitative research, underpinned by phenomenology (Willig, 2012). As this shift gained momentum, a stage of synthesis was achieved; eventually formalising the use of multiple research methods, including the combination of quantitative and qualitative. I employed this approach in order to attain a rich understanding of people's unique experiences; applying a qualitative approach that allows for open dialogue and expression, whilst obtaining empirical data via quantitative means, to strengthen the validity of the study. Moreover, my philosophical position can be considered pragmatic, which aligns with the exploration of meaning-making and subjective reality, whilst allowing for the incorporation of quantitative data; appropriate for a mixed-methods design (Fishman, 2017).

### ***2.3.1. Rationale for a Quantitative Component***

This study draws the quantitative part of its investigative procedure from the Transcultural Study of Hoarding Disorder (De La Cruz et al, 2016), owing to the high construct validity of the Savings Inventory-Revised (SI-R) and a detailed process for replication and analysis. Overall findings from the literature review highlight good convergent validity and internal consistency of the SI-R, and the instrument is one that has been most tested in non-western samples (Fontenelle et al, 2010). Tortella-Feliu M. et al (2006) strongly emphasised the expansion of cross-cultural research based on the assessment of clinical hoarding symptoms that were exhibited within pluralistic contexts from the instrument alone. Moreover, the SI-R is the most widely used self-report measure of hoarding symptom severity (Kellman-McFarlane et al, 2019). Although the Clutter Image Rating Scale (CIR) developed by Frost et al (2008) could have also been used, the scale specifically measures the severity of clutter in compulsive hoarding and has been used less among non-White, non-Western samples.

In order to ascertain participants subjective understanding of their symptoms and presentation, the SI-R was used in conjunction with their detailed narratives that expand on beliefs, perceptions and cultural contexts. The 23-item self-report questionnaire measures hoarding experiences during the last two weeks to establish symptom severity (Kellman-McFarlane, K. et al, 2019). The measure is worded in an easy-to-understand format, and it's online set up was designed to increase accessibility for participants, particularly during COVID-19 restrictions. On a practical basis, the time-efficiency of this step allowed for the larger, qualitative part of this study to be completed with sufficient engagement of participants.

### ***2.3.2. Rationale for a Qualitative Component***

The Phenomenological epistemology that guided this study draws caution from previous research. To assume that the complexity of HD can be understood via exclusively quantified data would deem the ontology as overly simplistic. In lieu of surface level information, the semi-structured interview aimed to obtain a rich understanding of any significant bearings of heritage cultures. As the study draws its conclusions from British residents, it is imperative to consider levels of acculturation and how much heritage culture has been retained - particularly for non-White participants, to amass a comprehensive, detailed account(s) of lived experience with HD. Hence, the interview has been guided to a small degree by a few questions relating to attitudes towards heritage culture-values, and identification.

Furthermore, an in-depth understanding of lived experiences of underrepresented demographics within the context of HD remains largely negated. The few cross-cultural studies within the realm of HD, and/or OCD in relation to HD, which have considered cultural diversity (Yorulmaz O. & Demirhan N, 2015) did exhibit variations between their samples, but with little attention towards the cultural scripts that may have influenced said variances. Thus, a qualitative approach can allow participants the space and opportunity to express themselves more freely, provide insight into the significance of their cultural scripts and expand on their selections from the SI-R in detail.

## **2.4 Theoretical Aspects: Ontology and Epistemology**

### ***2.4.1. Ontology***

The ontological position of this research is rooted in bounded relativism (Moon & Blackman, 2014). As HD can be considered an observable phenomenon (Gulerce, 1992), the existence of such phenomena in the human world remains subject to research and open to further exploration. Its occurrence can be interpreted as multifaceted by those who live within its actuality; hence the relativist stance is adopted. Bounded relativism, pays homage to the cultural structures within which 'mental constructs' of reality are conceptualised. With reference to cognitive correlates, 'mental construct' is a term that can be linked to ways in which cognition is shaped and organised in accordance with the environment. A cross-cultural research study into ageing and cognition (Park, 2002), sheds light on the nuances across cultures in cognitive processes such as attention to context and the use of categorisation. To put it simply, mental constructs are significant in relation to 'reality' that is experienced according to time and place.

Studies have spotlighted the significance of societal and cultural factors on these constructs, and its impact on behaviour, from birth to adult life (Loewenthal, 2006) and (Saroglou, 2011). Seemingly, these factors contribute towards the relativity of lived experiences and perceived reality of a phenomenon such as HD that is arguably, a shared reality existing within a bounded group (e.g., age, socioeconomic status), with different experiences of the phenomena across the groups. In relation to the study's aims, this ontology would consider both similarities and differences across participants realities in accordance with heritage-culture and HD. This includes subjective outcomes of support and the exploration of protective and/or preventative factors.

This further advocates my pragmatic philosophical position, which considers reality as a construct that is constantly debated and interpreted in terms of its usefulness and is negotiated through problem solving (Tarragon, 2008). This aligns with both my personal and professional standpoint in that perception and understanding of one's reality are influenced by beliefs, ideas and values; the mental constructs that develop the structures of our world (Willig, 2013), signifying the importance of cultural considerations within this area of research. Addedly, the ontological position posits me to approach the analytic strategy of the qualitative component through an interpretative lens about the phenomena being explored (Willig, 2013).

#### **2.4.2. Epistemology**

The ontology would lend itself to the Social Constructionist epistemology of this study, guided by phenomenological underpinnings. Epistemology is concerned with the nature of knowledge; how knowledge is created and what is possible to know (Willig, 2019). It addresses questions about what characterises actual knowledge and how we acquire it, subsequently informing the methodology and choice of methods in this study. Social constructionism, emphasises the role of human relations, arguing that 'our ways of understanding the world do not come from objective reality but from other people both past and present' (Burr 2003, p.1). According to this philosophical branch, reality emerges from people's interpretation of social phenomena, created by groups and/or individuals with its origins in customs, cultural traditions and interpersonal interactions (Hosking & Morley, 1991; Morley & Hosking, 2004).

Referring to the term 'mental construct', this would align itself with the phenomenological essence that complements the constructionist epistemology of this research, conceptualising unique experiences and their attached meaning within individuals' 'inner world'. To categorise people's experience as universal and uniform would be to oversimplify a very complex disorder. Moreover, cognitive correlates such as motivation to change, information processing and spatial awareness (Frost et al, 2013) do not exist independently from the context within which the person exists. A deeper awareness is required to discern between two or more people who undergo HD with different subjective realities that impact cognition, patterns of behaviors and their relational experiences

Rooted in a post-modern school of thought, a social constructionist epistemology provides a foundation for acquiring knowledge through interpretation and enquiry, as opposed to finding a single, universal truth (Willig, 2019). This approach allows for knowledge to be conceptualised on a contextual basis that has guided the qualitative component of the study. In conjunction, the phenomenological underpinnings of this study have formed the basis of the analytic strategy of Interpretative Phenomenological Analysis (IPA). A Phenomenological approach focuses on perception of the world and its personal, subjective meaning that can vary from person to person (Willig, 2004). This approach also aligns with the relativist ontology as well as my pragmatic stance of meaning-making of reality that interacts with social and cultural constructs.

Additionally, social constructionism asserts a critical stance towards the view that conventional knowledge is based upon objective and unbiased observation of the world, rendering this in opposition to positivism, i.e., 'the single truth' (Burr, 2003). To demonstrate, the method

proposed to obtain greater cultural insight into an object – in this case, the phenomenon of HD – requires knowledge into the meaning-making influences of said cultures itself. In order to ascertain this knowledge, one must first accept that ‘meaning-making’ results from an interplay between the shared reality of an object, and subjective constructs of the reality itself (Darlaston-Jones, 2007). Moreover, this also requires the researcher to have an awareness of one’s own subjectivity and understanding of reality as this interacts with participants and the data. This was imperative to be mindful of in order to reflect on biases for reflexive practice, which is discussed further in section 2.11.

It is important to acknowledge some of the differences between Phenomenology and Social Constructionism, namely, the former being centered on subjective, individual experience and the latter’s social context and perceived reality on shared assumptions (Starks & Brown, 2007). It can be argued that subjectivity and developing beliefs are shaped within cultural, religious, societal contexts, and that subjective processes can be socially embedded and relationally distributed (Binder et al, 2019). Furthermore, individual beliefs within cultural bounds can provide further insight into sub-variations such as ethnic diversity within a single race, multiculturalism within cosmopolitan settings and the nuances that unfold as a result. Therefore, I have used the term ‘phenomenological underpinnings’, which guides this study, as participant accounts will be analyzed individually to ascertain perceptions around socially constructed cultures alongside HD, then compared across cohorts to explore similarities and/or differences.

The rationale for the study’s methodology and methods is thus informed by social constructionism with a phenomenological foundation, by focusing on unique experiences of the phenomenon of interest. The latter, is to be measured in accordance with severity and impact on daily functioning, followed by an interview process intended to gather contextual information of cultural determinants and identify links between the two. This includes any significant markers that vary in terms of onset and maintenance of the disorder, understanding of its impact, interpersonal dynamics, accessibility of services/therapeutic intervention and their outcomes(s) between and across the three racial cohorts. The semi-structured aspect of the interview provides participants the opportunity to speak openly whilst providing gentle prompts and guidance, aligned with the research aims, to prevent stress or discomfort whilst also ensuring fruitful data (Levitt, 2020).

## **2.5. Overview and Rationale for IPA**

### **2.5.1. Overview for IPA**

The qualitatively driven inquiry of IPA is characterised by an in-depth analysis of data that focuses on phenomenological studies (Smith et al, 2009). It aims to gain insight into the lived world and experiences of participants that is both descriptive and interpretative (Willig, 2013). Its development in 1996 by Jonathan Smith, primarily within the field of Health Psychology, has since expanded to Clinical and Counselling Psychology with strong and increasing momentum given its aim to carefully examine the quality and significance of people's experiences (Smith et al, 2009). The theoretical foundations of IPA are informed by three key areas of the philosophy: Phenomenology, Hermeneutics and Ideography, which are central to this approach and detailed further in section 2.6.

### **2.5.2. Rationale for IPA**

As this study focus on a multi-cultural demographic of Britain, with particular interest in exploring underrepresented groups, IPA was chosen as the research methodology for several reasons. Firstly, this approach allows for the in-depth exploration of nuance; Given the dynamic and contemporary setting within which participants were selected, an approach was required that would honour the plausible complexity of people's personal experiences.

Secondly, as the usual form of data collection for IPA is in the form of semi-structured interviews, the flexibility and timeframe within which one can build a rapport with participants to encourage open dialogue is provided by this approach. In line with flexibility, the rigorous methodological considerations are concerned with the 'how' and what' of a given phenomenon and not as prescriptive as traditional phenomenology (Miller & Minton 2016, p.3 & 4).

Furthermore, researchers are encouraged to bring their diverse perspectives, with insight and awareness into this, which relays back in line with my epistemological stance; that meaning making of 'reality' occurs in accordance with socially constructs that also applies to the researcher as well as participants. This approach also provides guidance around reflexive practice; to bracket out preconceived assumptions, and biases I.e., through journalling, as IPA acknowledges that the researcher's perspectives are based on their own subjective worldview and experiences that cannot be entirely avoided (Smith et al, 2009).

My ontological position of bounded relativism also emphasises reflexive awareness that aligns with the phenomenological underpinnings of IPA. Both argue that a shared reality may exist within a bounded group (e.g., cultural), but across groups different realities exist (Moon & Blackman 2014). Being a researcher from an underrepresented demographic in Britain myself, I entered this process with an awareness of the bounded group with which I identify (South Asian culture/British Asian) and that participants from the South Asian cohort may have different experiences from my own, owing to a variety of social constructs such (e.g., age and gender) that exist and shape their realities.

This affirms another point as to why IPA was selected; the way in which people make sense of their experiences is of great importance as this aims to ascertain detailed narratives into their unique, phenomenological world, rather than simple and depthless feedback around hoarding. Part of the theoretical underpinning is hermeneutics, including double hermeneutics, which in this case, provides a strong basis for me as the researcher to engage in interpretations and attempt to make sense of participant's own sense-making of their experiences (Smith et al, 2009). This is discussed further in subsection 2.6.2.

With regards to selecting the methods for this study, influenced by IPA, another fundamental point to consider was the audience and beneficiaries of this research. Within the realm of Counselling Psychology, it is especially prudent to expand our understanding of the dynamic processes of migration, integration and assimilation of cultures and value systems. Not only is it essential for clinicians to understand the lived experience of the phenomenon of interest (Starks & Brown, 2007), but also to honor the multifaceted and diverse individuals who seek support for HD, and for provision of therapeutic intervention to be understood in the context of their reality. It is for this reason that a phenomenological standpoint, which guides the analytic strategy of this study, alongside constructionist epistemology has been undertaken in favor of perhaps,

Grounded Theory (GT). Though complimentary in the sense that both approaches aim to further the adequacy and effectiveness of intervention (currently CBT, championed by Frost et al, 1996; 2010 & 2013), the GT approach may re-direct the study to generation of theory as opposed to exploration around structures of lived experiences (Willig, 2013).

To clarify, whilst IPA and GT bear some similarities i.e., both are inductive approaches, GT focuses on social processes for purposes of theory development (Bryant, 2017). Moreover, GT gives less consideration to the reflexive role of the researcher, which is of great significance within this study to ensure that biases and assumptions are limited as much as possible (Smith et al, 2009). Additionally, Thematic Analysis (TA) was also considered for the qualitative component for this study. With a strong focus on understanding social reality that is subjectively experienced, TA could have been employed within this study, given the focus on constructing common themes that may have been useful for the cross-cultural comparison. The approach searches across a data set to identify, analyse, and report repeated patterns of the phenomenon of interest (Braun & Clarke, 2022). Though this approach also aligns with phenomenology and its methodology also employs the description and interpretation of data, ultimately, the unique individual experience, within which nuances can be considered could have been overlooked (Smith et al, 2009).

## **2.6. Theoretical Underpinnings of IPA**

### **2.6.1. Phenomenology**

To fully understand the philosophical approach of IPA and how this guides analysis, it is important to discuss its three key theoretical underpinnings. The first, is phenomenology. Initially articulated by Husserl, phenomenology aims to produce an account of lived experience in its own terms rather than one prescribed by pre-existing theoretical preconceptions (Smith & Osborn, 2015). In essence, how the world presents itself to us humans (Smith et al, 2009). As IPA aims to provide detailed examinations of personal lived experience, the focus of phenomenology is to attain a deep understanding of participants perception of the world and what this means to them in relation to a particular phenomenon (Langdrige, 2007). Husserl invoked the term 'intentionality' to 'describe the relationship between the process occurring in consciousness and the object of attention for that process (Smith et al 2009, p. 13). This concept argues that the act and object of consciousness are intentionally related.

Subsequently each act of consciousness is an experience of something that shapes an individual's reality at any one time (Langdridge, 2007) In order to understand the phenomenon being explored, Husserl developed a 'phenomenological method' which was intended to identify the core structures and features of human experience (Smith et al 2009 p13). He proposed 'bracketing', or putting to one side, our taken-for-granted ways of living in order to concentrate on our perception of that world (Smith et al, 2009). Husserl's ideas have thus emphasised the process of reflection and meaning making in exploring lived experiences of phenomena (Langdridge, 2007).

Heidegger expanded on the work of Husserl and introduced hermeneutics and existentialism in phenomenology, which challenged the notion of 'bracketing' (Langdridge, 2007). He asserted that we are unable to separate ourselves from the world we live in, therefore the researchers experience must also be acknowledged and interpreted within the context it occurs (Marder, 2018). This substantiates reflexive practice as Heidegger believed our understanding of an event is influenced by our pre-existing knowledge of the world through our experiences (Smith et al, 2009). Additionally, Heidegger emphasised the relational nature of our engagement of the world (Smith et al, 2009).

Similarly, Merleau-Ponty highlighted the significance of contextualised phenomenology that emphasizes the interpretative aspect of our knowledge about the world (Smith et al, 2009). However, unlike Heidegger, Merleau-Ponty stresses the embodied nature of one's relationship with the world, suggesting that each individual's embodied position in the world is uniquely their own and that we cannot fully share the other's experience (Russon et al, 2017), nevertheless this must not be ignored or overlooked (Smith et al, 2009). Lastly, Sartre, highlights existential phenomenology and expands on Heidegger's emphasis on the relational significance of one's experiences. Both Heidegger and Sartre view people as immersed and embedded in a world of objects, relationships and culture. The works of Husserl, Heidegger, Merleau-Ponty and Sartre all contribute to the developments in phenomenological philosophy, with Heidegger and Sartre's contributions being significant with respect to this study, as they expanded on descriptive commentary and moved towards a more interpretative and worldly position with regards to perspectives and meaning (Smith et al, 2009). This leads into the second theoretical underpinning of IPA that is Hermeneutics.

### **2.6.2. Hermeneutics**

Hermeneutics is the theory of interpretation (Smith et al, 2009). Originally an attempt to provide a stronger foundation for the interpretation of biblical texts, this developed as a philosophical underpinning that presently considers a wide range of texts for interpretation, including the method(s) and purpose(s) of the interpretation itself (Smith et al, 2009). Heidegger asserted that hermeneutics is a necessary component of phenomenology as this approach strives to ascertain the relation between the context of a text's production as well as the context of its interpretation (Smith et al, 2009). In essence, focusing on how the researcher interprets the data of lived experience alongside the context of the experience itself. Arguing the implausibility of researchers not bringing their own understanding of the phenomenon of interest, double hermeneutics and reflexivity and are called forth for discussion.

Double hermeneutics gives prominence to the researcher and how they engage in their attempts to make sense and interpret participants sense-making of their lived experience (Smith et al, 2022). In other words, 'making sense of making sense'. This is driven by two types of interpretation, empathic and suspicious (Ricoeur, 1996). In order to interpret meaning beneath the surface, suspicious interpretation adopts a critical approach of the text and aims to obtain a deeper insight into the client's verbalizations and construction of their social reality (Willig, 2013). Empathic hermeneutics aims to get as close to the participants experience and understand it from within, without drawing on theoretical concepts from the outside. This focuses on what is present in the data, rather than hidden, to gain a fuller understanding of what presents itself. Thus, the researcher's role within IPA can be considered as active in influencing the degree of sense-making of participants experiences through interpretation.

The second crucial component of hermeneutics is reflexivity. This is the researcher's attempts to separate their perceptions from the phenomena of interest whilst recognising that their interpretation, and ongoing discovery of the phenomena of interest, are correspondent (Smith et al, 2022). Reflexivity invokes an interpretivist epistemology that enables the researcher's reflection upon their co-constitution of meaning (Shaw, 2010). Heidegger's work exhibits how biases and assumptions are inevitable, illustrating why it is imperative for the researcher to reflect and 'turn one's gaze in on oneself' (Shaw 2010 p. 234). Furthermore, it is of utmost importance to continually reflect on the way in which this impacts the research (Smith et al, 2009).

### **2.6.3. Idiography**

The third theoretical underpinning of IPA is idiography. This is concerned with the particular i.e., studying the individual(s) in depth, rather than a nomothetic approach that involves making generalisations of large-scale groups/population (Smith et al, 2022). The idiographic approach operates at two levels, firstly in the sense of detail i.e., the depth of analysis by its commitment to the particular. Secondly, the commitment to understanding how particular phenomena has been understood from the perspective of particular people, in a particular context (Smith et al, 2009). In the context of my study, IPA is employed with this theoretical underpinning to understand HD (the particular phenomenon), from the perspective of individuals who identify as belonging to one of three distinct racial-cultural groups (particular people), within the U.K. (particular context).

A way that idiography is achieved is via small, purposive selected samples that allows the researcher to focus on individual interview transcripts prior to a comparative analysis across all transcripts (Piccirillo & Rodebaugh, 2019). By this account, the researcher searches for patterns across each participant transcript whilst retaining their individual and nuanced experiences. Subsequently, convergence and divergence within and across participant accounts are considered, which controls for generalisations of the data with focus towards transferability (Willig, 2013).

## **2.7. Limitations of IPA**

When considering cultural and racial differences, the importance of language had not been neglected, and contemplation of Discourse Analysis indeed took place. With a key focus on linguistics and semantics (Brian, 2012), an exploration of identities, action and interpersonal relationships that are shaped by discourse is a methodology that could also make headway in meaning-making of lived experiences. Yet, as research is already limited within this area, a more reasonable approach has been to propagate exploration towards a holistic understanding of racial contrasts and comparability's, prior to niche investigations of language. Nevertheless, the role of language remains one of the limitations of IPA given its reliance on individuals who are proficient in the skill of verbal communication as well as nuanced expressions e.g., being able to name and describe an emotion and relate this to an experience.

Consequently, researchers must ensure that participants are attended to with extra care and provided sufficient time and space to express themselves so there is an understanding between

them and the researcher. I aimed to support participants by providing gentle prompts, space and questions so that they had the opportunity to expand on their narratives. Moreover, I aimed to use words and phrases in the language of participants (e.g., abbreviations) to ensure that they felt at ease during the interview and kept communication as jargon-free as possible. Although this was time consuming, I have confidence that there was development of a good rapport throughout the interview, which culminated in in-depth and insightful data.

However, Willig (2013) argues an additional limitation of language within this context, which is that direct access to someone's experience is highly unlikely, and that language simply gives meaning to the words themselves rather than the experience. I.e., the same event can be described in several ways (Willig, 2013). Nevertheless, the methodology and theoretical underpinnings of IPA endeavours to aim that researchers are as close to the experiences of participants as possible, going beyond just surface level accounts.

Another limitation of IPA is the suitability of accounts. This approach relies upon participants' descriptions of their experiences, which can raise questions as to the extent to which participants accounts are suitable for phenomenological analysis. Additionally, the approach does not aim to provide an understanding of why such experiences take place, I.e., 'the research can describe the lived experience of participants but does not attempt to explain it' (Willig, 2013). Nevertheless, to address the former limitation, the methodological undertakings of semi-structured interviews attempt to provide prompts that are relevant to the research aims. The latter can be considered in relation to the aim of IPA, which is to obtain an understanding of what and how people think and feel about the phenomenon of interest, therefore insight into their worldviews can produce some knowledge around why they think the experience(s) took place (Smith et al, 2009). Ultimately, despite the limitations of IPA, the advantages of this approach surpass the drawbacks and was subsequently retained as an appropriate approach for this research.

## **2.8. Methods**

### ***2.8.1. Participants, Recruitment and Sampling Considerations***

This study has endeavored to explore nuances and intersectionality within cultures via a qualitatively driven mixed methods design of Triangulation (Creswell, 2013), with extensive

analyses to follow. The first part of data collection was quantitative; measuring hoarding-related experiences via the psychometric evaluation of the SI-R, carried out on a Qualtrics online survey. A semi-structured interview was then conducted, once participants and researcher agreed on a time/date, lasting up to an hour via Zoom or telephone call. The two sets of data were then analysed to examine participants' understanding and beliefs around the severity and impact of their hoarding symptoms, alongside their subjective interpretation of lived experiences, subsequently drawing cultural comparisons on a group level between cohorts.

Twelve adult participants who at the time of recruitment, were receiving or had previously received professional support for hoarding, were selected through quota sampling via specialist services. The study was advertised via MIND, the Mental Health Charity, Camden Social Services and Hoarding UK following approval from all three organizations. MIND and Camden members of staff were provided with leaflets to pass on to their clients, whilst Hoarding UK advertised the study on their website with the flyer attached. 'Support' included access to therapeutic interventions, intake of medication for co-morbidities and issues with housing, care and/or environmental health. This criterion was simply to ensure the required area of investigation reaches at least a baseline of hoarding-related symptoms, as formal diagnoses via the DSM-V may not be issued to those who have had no access to psychiatric intervention. This was outlined in the 'participant information sheet' (Appendix F.) with the specification for those who tend to experience difficulty parting or discarding retained objects, to the extent that living spaces are difficult to use for their intended purpose.

It was deliberated that some participants may consider themselves 'hoarders' but might not meet diagnostic criteria if there has been no formal assessment. However, given the literature obtained around HD as well as my own working knowledge, my understanding was that this would be highly unlikely within the context of their links to specialist services; selected as a part of recruitment for this study. This would also extend to Hoarding U.K., though a means of self-referral, it was reasoned that individuals would experience some degree of impact on their quality of life and functionality of living space to reach on a specialist website in the first instance.

Participants who responded to the advertisement with an interest to take part in the study were provided with a copy of the information sheet alongside of the consent form for a full understanding of the rationale behind the questions and reasons for the research. A time and

date for the interview were arranged between me and participants within 1-2 weeks of the signed consent form being received followed by completion of the SI-R.

### **2.8.2. Inclusion Criteria**

Inclusion criteria entailed individuals over the age of 18, who self-identified as Black, White, or South Asian - the UK's largest racial demographic make-up according to the Regional Ethnic Diversity Committee, which records official national statistics for England and Wales, (last updated 2019). 4 participants were required for each racial/cultural cohort with considerations for a multitude of ethnicities that indeed exist within these racial categories. This was noted as extraneous variables for this current study, alongside age, gender and marital status; factors that have been implicated with relevancy alongside hoarding symptoms, which is noted for further research.

### **2.8.3. Exclusion criteria**

Criteria for exclusion included those under the age of 18 to ensure child and adolescent well-being. Additionally, those receiving secondary psychiatric treatment and/or inpatient care that indicated high levels of risk with regards to their treatment and/or co-morbidities, and/or did not retain capacity to provide informed consent, were excluded from the study in order to protect their best interests and adhere to the legalities within the Mental Capacity Act (2015) and The Mental Health Act (1983).

### **2.8.4 Demographics**

Table 1 shows the demographics of all participants in the study, collected from the study's quantitative survey (Appendix I.). This study contains a heterogenous sample of twelve participants who self-identified as South Asian (SA), Black or White. The study sample included six males and six females, with ages ranging from 39 to 58. Ethnicity has also been noted, via the qualitative component of the study, to explore intra-cultural variances and for future research.

**Table 1.**

## Participant Demographics

Pseudonym	Racial/Cultural background	Age Range
Anita	<b>South Asian/Indian</b>	53-58
Rani	<b>South Asian/Sri Lankan</b>	39-44
Jay	<b>South Asian/Indian</b>	44-49
Mohammed	<b>South Asian/Bangladeshi</b>	39-44
Mary	<b>Black/African/Nigerian</b>	44-49
Michael	<b>Black/African/Ghanaian</b>	44-49
Tina	<b>Black/Caribbean</b>	39-44
Jade	<b>Black/Mixed Race</b>	39-44
Irene	<b>White/Irish</b>	53-58
Bob	<b>White/English</b>	53-58
Arthur	<b>White/English</b>	53-58
David	<b>White/English</b>	44-49

## 2.9. Procedure

A Qualtrics link was sent to participants via email once they provided signed consent. A point to note is that all participants who responded were via the Hoarding UK website. With the other two services, many individuals met the exclusion criteria i.e., lacking capacity to provide informed consent, were unable to communicate in a lucid state and/or mistrust of existing professionals in their lives, which made it more difficult to engage in research. This is detailed in the 'Discussion' chapter, within section 5.3.1. A total of 14 respondents showed an interest in the research, however one did not respond post-signed consent, and one did not respond post-SI-R completion. As the period for recruitment drew to a close, both were thanked for their initial interest in the study and informed that their information would not be used/withdrawn as the data was incomplete and had not been submitted for analysis or publication.

### 2.9.1 The Qualtrics Survey

The Qualtrics survey (Appendix. G) that was an online format of the SI-R also included two additional questions at the beginning of the survey: the first, asking participants to select the group/cohort that they identified as. The options being the three racial-cultural backgrounds that were assigned to the following cohorts.

- SA = 'Cohort 1' (C1)
- Black = 'Cohort 2' (C2)
- White = 'Cohort 3' (C3)

Cohort numbers were assigned to ensure that group variables could be established during the analytic process to avoid confusion as to 'who answered what'. Addedly, this helped to keep track of the number of participants who took part in the survey, specifically how many participants had completed the survey within each cohort.

The second question was for participants to 'add an assigned participant number', which I assigned to everyone based on the order they participated in within their cohort. For example, Rani was the second participant in C1, therefore was assigned the number '2', which I recorded within my notes, so I was able to view individual responses on the SI-R within each cohort. This is so I was able to observe and interpret scores from the SI-R in conjunction with each interview transcript, alongside the analysis for cross cultural comparisons. Addedly, a participant number retained anonymity so that the individuals did not have to include their actual names within the survey as per confidentiality. The table of assigned participant numbers can be found in section 3.15 and Appendix K. Items on the SI-R were measured on Likert scale of 0-5 with subscales.

### **2.9.2. The Semi-Structured Interview**

As the Qualtrics database gathered preliminary data, interviews were conducted that lasted between 45-60minutes. Three were carried out via telephone call and nine via Zoom depending on participants' preference. Each participant was reminded that they could pause or stop the interview at any point, whilst confirming that they were situated in a private space to speak openly. Questions were asked in an open-ended and assumption-free way as possible, with interview prompts used to draw participants to contextual factors being explored. This included paraphrasing questions from the VIA I.e., '*what was that like, growing up in your big Indian family*'? (See transcript in Appendix J.).

Questions were influenced from the Vancouver index of acculturation (VIA), (Ryder A. et al, 2000), (see Appendix E.). Though the VIA is a quantifiable self-report measure, a selection of questions was incorporated and reframed as prompts during the interviews, as part of the research agenda that would yield rich and insightful personal accounts. Though it is encouraged that participants speak openly and freely, it was imperative to retain the research aims as the fundamental driving force behind the interview. Thus, prompts ensured that subjective meaning was detailed within the context of the study's aims. Furthermore, it is imperative to consider levels of acculturation and how much heritage culture had been retained - particularly for non-White participants. As highlighted by Jivraj and Simpson (2015), dynamics of ethnic identity are multifarious, and it is important to regard how racial and ethnic groups have grown, how second and third generation nationals perceive their nationality and how identities can evolve, change or even assimilate overtime. Hence, the incorporation of the VIA.

To build rapport and trust, I summarised and fed back participants own words to ensure an empathic and warm approach. All participants completed their interviews with no instances of early terminations or requests to have data withdrawn. Where participants appeared to struggle expanding on their accounts, they were encouraged to pause or take a break. Once each questionnaire (SI-R) had an accompanying semi-structured interview, this was analysed within a day or two after transcription. The process of recruitment and data collection took approx. 8 months to carry out, with transcription and IPA taking another 4-5months. Interviews that were audio-recorded were transcribed verbatim and those that were pre-transcribed via Zoom were read and re-read to check for any discrepancies and mistakes. Linguistic and para-linguistic features were included to clarify sections of the transcript such as 'nervous laughter' and 'pauses' to support a double-hermeneutic analysis (Willig 2013).

### **2.9.3. Debrief and Data Storage**

Once interviews were completed for each participant, I thanked and debriefed them on the study whilst on the call/zoom, and ensured they had space to ask any questions and discuss any concerns. This was followed by an emailed copy of the debrief form (Appendix H.) being sent immediately after our discussion, which included further, written information of additional relevant studies as well as contact details of this study's research supervisor and the university's research integrity manager.

Interviews were recorded in two ways; the university's encrypted, password-protected recording device captured data for interviews conducted via telephone call. For interviews facilitated on Zoom, recording was done online and was downloaded only as an audio version, to protect participants identity. Their audio along with the transcript were saved in a password-protected file. Following completion of the study, and participants who requested their results having been provided a copy, audio recordings and participants' contact details were subsequently erased. In line with City's data retention policy, the anonymised transcripts and survey results that include part of the demographic information will be kept for a minimum of 10 years and after this will be destroyed.

## **2.10. Analytic strategy**

### **2.10.1 SPSS**

For the quantitative part of the study, SPSS was used to run the Kruskal-Wallis-Test to view divergence between the three independent groups (Del Toro & Yoshikawa, 2016). The non-parametric counterpart to a single factor analysis of variance was chosen to calculate the sum of each rank, in essence to view as to whether at least one group differs in rank sum, in this case perception of HD severity. This was also used as a part of De La Cruz's statistical analysis and in this study, further analyzed in comparison from themes and patterns from the interview via IPA. Although the survey was the first step of data collection, this was the latter part of the analysis following IPA in order to examine variances and draw cross cultural comparisons. Analyzed in conjunction with data generated from the qualitative part of the study, trends and correlations were inferred between the racial cohorts as well as the following:

- Amount of acquisition or saving lots of things regardless of their value.
- 'Object value' are subjective by nature and can have different meanings for different individuals, thus, accounts from the semi-structured interview alongside the outlined quantifiable SI-R assessment measure, in order to understand and interpret this.

- Associations of hoarding symptoms with Spearman's correlation analyses, where age, gender, racial identification are controlled (Pallant, 2020).

### **2.10.2 IPA**

As per the phenomenological essence of the study, IPA was chosen for analysis, which helped determine the number of participants. It is acknowledged that twelve participants in total is a slightly larger than recommended number for IPA (Brocki J.M and Wearden, A.J, 2006). However, a wider range of sample selection is proposed in order to avoid stereotypes. By virtue of this it could be argued that an even larger sample could have been selected, however would require more time and could prove impractical in the analytic process. Additionally, this study aims to make headway with inductive reasoning within the bounds of time-constraints and realistic ability to navigate an abundance of intricacies within a single sample-group. Hence, ethnic variations will be noted respectively, with the chief for aim of this research propagated towards generating compelling culture- centred (in this context, racial) cases. Addedly, Professor Jonathan Smith was consulted with regards to this approach, who was concurrent around the current number.

### **2.10.3. Breakdown of the process**

The stages of analysis outlined by Smith et al (2009) for IPA were broken down into the following steps.

#### ***Step One: Reading and re-reading***

I read and re-read the transcript several times whilst listening to the audio recording. This involved transcribing the data, then making annotations to record my thoughts, observations and recollections as they first arose when engaging with the text. I also kept a reflexive journal alongside this to ensure that I was attentive to the data. Addedly, each participant's name was changed on their transcript to ensure anonymity.

#### ***Step Two: Noting***

This entailed summary statements and descriptive commentary in the left-hand side of the transcript margin. In order to make sense of participants' experiences and remain close to their explicit meaning of the phenomenon of interest, I.e., discern between abstract notions and

concrete statements, an analytic tool of categorization was adopted. This entailed color coding of descriptive, linguistic and conceptual comments that contributed to the write up for each cohort.

#### *Step Three: Developing emergent themes*

Themes were noted through line by line analysis with considerations of the entirety of the text, as per the hermeneutic circle where the part is essentially interpreted with regards to the whole (Smith, 2009) and (Willig, 2013). These were recorded in the right hand-side of the transcript margin for each participant. I utilized the summary statements as a guide to label the emergent themes.

#### *Step Four: Searching for connections across emergent themes*

I then hand-wrote each theme in chronological order as this occurred in the transcript and viewed each on separate pieces of paper on my desk to begin searching for connections. Establishing superordinate and subordinate themes followed this trajectory of text revision to determine links and distinctions between them. Once Superordinate themes were determined through this back-and-forth process, corresponding labels were clustered as subordinate themes through the process of subsumption, abstraction and polarization, which granted further expansion of 'meaning-making' of superordinate themes (Willig, 2013).

One example is a section of text that was characterized by 'shame' and 'stigma' in C1. This was labeled as such in the transcript margin, as the participant's sense-making was associated with heritage-culture taboo that tended to discourage open dialogue around topics of mental health. As these patterns continued to emerge, they were identified in specific relation to culture, therefore clustered under the superordinate theme of 'How cultures communicate'. A summary table of these themes was created for each participant that included quotations to support each theme (Appendix. K).

#### *Step Five: Moving to the next case*

I repeated steps one to four for each transcript. In line with the idiographic underpinning, I ensured that each transcript was attended to with meticulous attention Smith et al (2009).

#### *Step Six: Looking for patterns across cases*

Finally, once the superordinate theme and subordinate themes for each participant were identified I repeated step four, but this time cohort by cohort. A master table of superordinate and subordinate themes for C1, C2 and C3 were produced with keywords, quotes and corresponding page and line numbers (Willig, 2013). Following individual write ups of the themes, the data was then distilled to create a group narrative and use an interpretative framework to understand what has transpired from the study. (Smith J.A, Flowers P. & Larkin M, 2009).

Noteworthy, given that group comparisons within IPA are a fairly recent application of the analytic process, I reached out to Professor Jonathan Smith for guidance in relation to this. The feedback was positive with recommendations to first look at cases within each cohort and then to cross compare them to note similarities and differences. His 'hybrid' analysis of quantitative and qualitative approaches, outlined by Conroy et al (2021) support this procedure as they examined results from groups through inductive qualitative analysis, from which data was transformed into a numerical into format and cross-compared.

Additionally, Conroy et al (2021) also proceeded with a larger-than-usual participant sample; having interviewed 32 individuals. With consideration of this feedback and the significant findings their methodology produced, a mass write-up that cross-examines all three cohorts, in conjunction with the quantitative findings, was then summarized for the final step of analysis.

### **2.11. Reflexivity**

It is important at this juncture to elucidate my interest in exploring this issue. In line with the philosophical underpinning of hermeneutics and Heidegger's assertion of the inevitability of biases and assumptions, reflexivity involved keeping track of my own preconceptions within this study. Firstly, I identify as belonging to one of the cohorts being explored: C1/SA. I ventured into this topic holding personal knowledge into some of the cultural values and scripts within this cohort, particularly within the context of a post-modern British society. What I discovered during my interviews with C1, was that participants appeared to be at ease given the assumption of my background, evident mostly by name and a degree of physical appearance when communicating online where they could see me.

The participants assumed a sense of connectivity that entailed a shared understanding of broad cultural aspects. For example, during Anita's interview she explicitly stated the following '*I assume that you're from an Asian background because of your name, please forgive me if I'm incorrect, but if you are then you must know...*' (Appendix J.) This ultimately encouraged individuals to elaborate on their thoughts, beliefs and emotions about their experiences. Yet, whilst there were many cultural aspects I could relate to, I also found many differences related to factors such as generational gaps, gender and ethnicity that were helpful reminders of the nuances I had set out to explore. Moreover, I held awareness that C2 and C3 may or may not be as forthcoming as opposed to a researcher who perhaps identified with one of these cohorts. I reminded myself of the purpose of this study, which was an exploration of culture and ensured rapport building with participants with this in mind.

The meaning made by participants of their lived experiences were identified as both intersectional and individual. Yet, as an active and engaged researcher, it would be implausible to present an analysis underpinned by double-hermeneutics without acknowledging my own South-Asian heritage culture, as well as the influence of theoretical concepts from the division of Counselling Psychology (CoP), as part of the two-fold interpretative processes. Suffice it to say, the depth of analysis, structural development of themes and the relationship between them was impacted through psychological knowledge and personal insight. The intricacy of the hermeneutic circle is unpacked in the analysis chapter with elucidation of my own interpretations of the text and its context.

In addition, having worked within health and care settings with people who suffer from HD, outside the therapeutic role, most client interactions I had were time-constrained and solution-focused. Therefore, I entered this study with a keen determination to ensure participants could share their subjective experiences in detail. Through the interview and analytic process, I observed the following: a willingness of individuals to discuss their difficulties, the paradoxical features of this disorder i.e., feelings of shame, embarrassment and isolation that coincided with difficulties in discarding objects and how misunderstood participants felt by others. I therefore maintained my reflexive aim to ensure sensitivity and tact throughout this project, and not approaching this study as 'all-knowing'.

In short, my reflexive endeavour was to approach this subject with genuine curiosity around people's subjective narratives, with an ongoing awareness of my own professional, cultural and academic position. This was to better understand the unique characteristics of a domain and the individuals who comprise it, within a very complex shared reality of HD.

## 2.12. Ethical Considerations

This study was conducted in accordance with the ethical standards of the BPS code of Human ethics (BPS, 2014) and BPS ethics guidelines for internet-mediated research (BPS, 2017). Ethical approval was obtained from City, University of London Psychology Department Research Ethics Committee prior to starting the research (Appendix A). Participants were notified of the purpose, and objective of the study prior to participation through advertisement and the participant information sheet. Informed, written consent was obtained prior to any procedure in line with the BPS code of human ethics.

I ensured participant confidentiality and maintained anonymity in line with GDPR: Participants were informed of how the data would be stored and kept confidential, and that anonymity would be retained using codes and pseudonyms. All recordings were encrypted, and written transcripts were password protected with no paper trail. All recorded data on the Dictaphone device would remain in the primary researcher's home, and all data submitted via the Qualtrics platform would only be accessible to the researcher online and retained by the university in line with GDPR.

Potential distress that questions may have caused were outlined in the participant information sheet as such: Questions around the nature and severity of Hoarding Disorder and its personal impact on functioning, relationships and emotional wellbeing, which can be sensitive topics for many people. Additionally, cultural factors, customs and rituals that were asked in some detail for a comprehensive understanding was a topic that participants may have found taxing. Such questions were approached with empathy, in a non-judgmental way with curiosity and respect. I continuously checked in with participants throughout the interview process as to whether they were okay and reminded them that they were able to stop or discontinue at any point.

If the study triggered or exacerbated existing anxieties or emotional distress, I maintained responsibility for addressing this by escalating such a case to the appropriate service, such as the participants' local crisis service and/or safeguarding team. This information was obtained on their consent form. The participants were informed of this from the beginning. I also maintained awareness of the University's ethics committee and would have informed the institution of any critical incidents, which in this case did not occur. In accordance with City's data guidance, data

that is destroyed i.e., the Qualtrics survey, will be logged with the University via the IT Service That will allow for secure destruction of electronic records and detailed audit trails with a validation of destruction notice.

### **2.13. Quality and Validity of the Study**

To outline the quality and validity for this research, I will be drawing on Lucy Yardley's framework for validity in qualitative research (Yardley, 2000, 2008, 2017). This involves attention to four broad principles: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

The first principle is that I aimed to ensure sensitivity to context by demonstrating an awareness of participants' perspectives and the context of the research. In essence, how the context may influence what participants say/share and how I interpret this (Willig, 2013). Through reflexivity, sensitivity and my social constructionist epistemology I endeavoured to ensure this fundamental principle. In terms of commitment and rigour, I carried out an in-depth engagement with the study, whilst keeping up to date with research, literature and applied practice within the field of HD. Moreover, I followed recent developments with cross-cultural studies and the integration of approaches, i.e., mixed methods studies.

The third principle of transparency and coherence was ensured by the ethical guidelines for this study; given that the aims and purpose of the study was outlined to participants, and the university's ethics committee, prior to any exploration. Moreover, Yardley (2017) denotes that the reader should be able to see clearly how the interpretation was derived from the data. This was outlined by the breakdown provided in this chapter of procedure and analysis, which provides the reader with a close understanding of the research process. In order to ensure that study adhered to coherence, denoted as the fit between the research question, philosophical position, methods and analytic strategy, I endeavoured to provide a detailed rationale of the study including its aims, alongside the research methods and ontological and epistemological positions.

Finally, impact and importance guided this study's purpose in promoting research that examines different aspects of phenomena and human behaviour, which can be useful for the wider public (Yardley, 2000). To reaffirm the study's purpose, exploring cultural relevance that has been largely negated within the realm of HD can draw significant contributions within the field of CoP.

Additionally, the possibility of transferability of findings from group to group (Smith et al, 2009), can increase practitioners' knowledge and awareness of groups that are typically underrepresented within this area of psychological research. The next chapter presents the findings and analysis of this study.

### **3. Analysis: IPA**

#### **3.1 Introduction**

I will begin the qualitative section of the analysis with the South Asian Cohort (SA) labelled 'Cohort 1' (C1), as this was the first group of participants with whom data collection was completed. This is then followed by Black participants (cohort 2/C2) and White participants (cohort 3/C3), in order of transcript analyses.

Each cohort's master table of themes is then discussed alongside results from the SI-R during the quantitative analysis portion of this chapter. This is for comparison across the three groups for cross-cultural inspection. This final part of the analysis expands on similarities and differences of participant's subjective experience with hoarding related features, within contemporary contexts of interconnectedness, intersectionality, and racial-cultural variations. Elements of convergence and divergence that are presented within the themes are exemplified using data excerpts and quotes. It is important to note that all non-verbal communication is bracketed within excerpts e.g., (nervous laughter) and ellipses denote a pause (...). Not least of all, pseudonyms have been given to all participants and any names of friends, family and/or professionals that transpire in their accounts have also been given pseudonyms to retain anonymity in line with confidentiality.

#### **3.2 Cohort 1 (C1) South Asian/SA**

This section presents the 4 inter-related superordinate themes for Cohort 1. These themes were identified most recurrently within each participant's narrative during the annotative process and offers insight into how they made sense of HD within the South Asian culture. Each comprises several subthemes, showcased in Figure 2., that focus on participants' perceptivity through recollection, interpretation and creation of meaning they attached to the following aspects of their narrative,

- Sense of self
- The self in relation to others
- Beliefs about, and value assigned to objects and saving
- Impact of early experiences

**Figure 2.**

**Table of Mater themes for C1**

Superordinate themes	Sub-themes
Role of the family; protective yet punitive.	<p>Shifting and conflicting thoughts about the presence of family.</p> <p>Resentment due to imposition and maintaining distance.</p>
Complications with collectivism	<p>Striving for Autonomy</p> <p>Difficulties with independence, identity formation and relationships</p>
Loneliness, and beliefs around being lonely	<p>Early experiences of emotional loneliness</p> <p>Social isolation, beyond the collective experience.</p>
How Cultures Communicate	<p>Experiences of assimilation, integration and Culture clash</p> <p>Dealing with shame, stigma and taboo within</p>

### **3.3. Superordinate Theme 1: Role of the Family (RoF): protective yet punitive.**

All participants described an omnipresent quality about their families, which included extended family members and community affiliates. This superordinate theme illustrates participants' experience of the relevancy and magnitude of the family's presence, as well as their input and support (or lack thereof) both in the past and present, particularly within the context of their mental health. Whilst protective factors are either explicitly stated or implied within three of the participants account – noting the cultural significance of community, solidarity and connectedness – the weight of family expectations and enforced cultural values were characterized by all as burdensome.

By this account, the subthemes in this section are paradoxical, with participants having expressed elements of both guilt and gratitude alongside resentment and understanding. The friction highlighted between these concepts appears closely linked to difficulties with social and emotional development, and the role of the family is certainly meaningful in that it serves as both a crutch and a cane for regulating emotions and ways of coping. Beginning with the subtheme 3.3.2, this analysis is organized to expand on each participants personal meaning and shared experiences on the RoF.

#### ***3.3.1 Shifting and conflicting thoughts about the presence of family.***

During Anita's interview, she denoted a hectic quality about her upbringing and family dynamics. Hailing from a 'Big Indian family', her interpersonal relationships within the household was significant in shaping her personal identity and connection to others. A notable case in point is the way Anita recounts her positioning in the family, which captures a shortfall in communication that she received.

*'I was – am – the second to youngest so I guess no one really bothered to ask me. But I didn't know any different so just went along with it'. P.2*

This extract refers to the many stayovers of extended family members from abroad. As the second youngest child out of 6 siblings, within a family of 10, Anita positions herself as a witness to these events, rather than an active member who could partake in decision-making processes or be conferred with for her opinion. Her resignation is apparent through her family not having 'bothered' to 'ask' or even tell her, illustrating an expectation, perhaps retrospectively, of wanting to be consulted in family matters. The complacency captured by going 'along with it' indicates a passivity in Anita's response, which appears to transpire as a pattern and style of communication through various stages in her life. An example of such is the impact on forming social bonds during her time at university, which proved challenging as denoted in the extracts below.

*'It was so strange going from 'Piccadilly circus' to an ugly, grey student accommodation room' (p.4, 87-89).*

'Piccadilly circus' captures the busy nature of her family home, which despite the frenzy this conveys, was a familiar environment for Anita.

And

*'I was surrounded by mostly English people. They were very nice! But I felt different'* Despite going unnoticed for the most part within her large family setup, the opportunity to explore her sense of self outside of the household was compounded by the complexity of cultural differences. More interestingly, the entirety of her account includes the details of the relationship with her family at each life stage, illustrating the significance of her ties with them.

*'I'm from a very big Indian family you see, Sikh to be specific, and no one in my family really understands the way I choose to live' (p.1, 7-9).*

For instance, these standout features of her family were specified right at the start of the interview. Given that this was stated in acknowledgment to the study's purpose of cultural exploration, she nevertheless dove straight into her feelings of 'otherness' within her the family with such an immediacy that could suggest not having had any prior opportunity to discuss her sentiments. A sense of emotional loneliness is highlighted by the juxtaposition between feeling misunderstood whilst surrounded by many other people. Moreover, conflicting thoughts around the RoF is further exemplified by the following extract.

*'I see the time I lost with my wonderful nieces and nephews that I'm getting back now, and my own life that has been on pause ever since I can remember. I don't think I would have got some of those relationships back if I hadn't been diagnosed'.*

This contrasts with the previous extract of feeling misunderstood. The shift in sentiment from feeling dispirited to appreciative was accompanied by a generational shift in her family over time, which may have lent itself to the openness with which she has accepted her family's company in the present. Her diagnosis of HD in recent years served as reparative for her and her family, with whom relationships had soured over time. Her sense of stagnation in her own livelihood is also worth noting, drawing back to difficulties she seemed to face in forging her own sense of identity.

Much like Anita, there remains a tug-of-warlike element to Mohammed's experience with his family. In the following extract, he also welcomes a reunion, albeit strained, between him and his siblings. The youngest participant in the cohort, Mohammed's account of his family fluctuated between being regarded as a positive source of connection, to a deterrent of his autonomy. Following his move across the UK to London for a job opportunity in his late twenties, objects began to 'pile up' during a period of redundancy approx. two years later. He then spent eight years in supported living due to the risks outlined by his caseworker at the time, which looking back, he felt 'was a lot worse' than he 'thought at the time'. This extract outlines the semi-welcome re-entrance of his family that has transpired after much tension between them.

*'It was hard for me at first, really hard. Always having to explain why my things are important to me and their constant interference. Especially after the way we grew up. But it has also been amazing having my brother and sister speak to me again. Amazing. I knew when my things began to pile up, I was in over my head, but I don't think I fully got it at the time. Looking back, it was definitely a lot worse than I thought at the time, so I get it, why they worry. But I do still need my own time, it's my house and it can still be difficult to have to explain myself'.*

Mohammed highlights his willingness to receive their active participation in his life whilst trying to strike a balance with his personal choices, given the importance of the objects in his home. The words 'amazing' and 'interference' in the same statement about his brother and sister

amplify the conflict of the Rof, as both valued, and intrusive. Alluding to their upbringing as a reason to why he opposes family 'interference', the next extract expands on their estrangement.

*'I think that resentment was always there...obviously. But when I chose to stay in a (housing) complex with complete strangers instead of going back with them, well that was just a total betrayal'*

Whilst deciphering the origins of their rupture, Mohammed provides insight into his family dynamics. Hailing from a tight-knit Bangladeshi community, he did not feel that his relocation was well received. He paused and nodded my way as he stated the 'obvious' resentment, with a presumption that I would understand given my own South Asian background, with a common knowledge that leaving the family home deviates from the norm. Moreover, going against their expectations that he would return during ongoing service-intervention appeared to add insult to injury. In contrast with Anita however, he didn't seem to feel as out of place with his family's absence, which is asserted by the continuous emergence of the following statements throughout his interview.

*'I like my own space'*

And

*'It's tricky cause I love them, but then I also need to breathe'*

Given that Mohammed now lives on his own, the first extract is in specific relation to his feelings towards independent living. However, its frequency in his narrative can be contextualized in relation to his contrasting thoughts around reconciliation vs. independence, as the two can appear more binary as opposed to coexisting given the stifling metaphor about needing to breathe, pertaining to the family's presence. Whilst Mohammed's family are currently more involved in his life, he retains a level of emotional restraint, conceivably, to curtail encroachment upon his 'space'. This will be expanded on in the next superordinate theme.

Similarly, Rani thoughts about her family's presence denotes a degree of infringement, as they *'always have a lot of suggestions I cannot take'*. By contrast however, she described her childhood as 'problem-free'. The only participant in C1 who was not born in the UK, she detailed much appreciation of her parents 'sacrifices' in immigrating from Sri Lanka to the UK. Her

understanding is that she did not undergo any traumas growing up and was protected by her parents who housed and sheltered her. Below, she is plainspoken when discussing her family, which in one sense can be interpreted as setting a protective boundary within the context of the interview, whilst also recounting a genuine impression of her childhood.

*'People always look for an answer, I cannot give such answers that my parents were bad or anything. They sacrificed everything to come here. I had a good childhood and came from an educated home, much more fortunate than others, no issues'.*

Whilst Rani's conceptualization of her experience is not disputed, the participant's account goes on to include several examples about the RoF in favorable and unhesitating detail, all the while in an unsentimental manner. This is very much in contrast to Anita and Mohammed, who recounted their familial ties with greater evocation and challenges. She also reflects on her experiences in comparison to others, viewing herself in a more privileged light. The extracts, above and below, which highlight Rani's almost factual statements about her family, should be noted – were halfway through her interview, which can be considered as reasonable caution on her part, in detailing personal relationships to an unfamiliar face.

*'They were fine, good people. Both are gone now, in a better place. They did very well here and made sure myself and my sisters had everything we needed'.*

As our rapport gained momentum, there appeared to be a gradual progression of subjective feelings around her experience in the RoF.

*'My father was reserved in nature. Most fathers are. He and my mother fulfilled all their duties. Now my sisters are here and feel that they need to take their place. I understand. But I am okay, mostly, and sometimes I don't always feel like talking (to them). They always have a lot of suggestions I cannot take. But they are here, and they want to help. So does my daughter'.*

Like Anita, Rani is also much younger than her sisters, although she grew up in a smaller family of five. Rani depicts a diffuse sense of their interpersonal relations. The word 'duty' strongly coincides with the narrative of parental role fulfillment that Rani describes, in a manner devoid of emotion, as having been adhered to. Moreover, there remains an undefined view of her sister's evolved role and increased presence in her life. The current RoF in 'being here' and 'wanting to

help' is in reference to their attempts to support Rani with her current living situation, whereby she is living in her own home with heavy service-involvement, including environmental health, social services and a charity mental health support group.

'Cannot take' appeared as an interesting way to phrase her response to their suggestions, which seemed unsolicited much like Mohammed's experience, hence her resistance. She presents this defiance in a strong manner that appears to go beyond not 'wanting' to take their suggestions. Noteworthy, as English is Rani's second language, I encouraged her to elaborate on this to ensure that I understood her meaning instead of relying solely on my own understanding of semantic arrangements. Rani emphasized the importance of the objects in her house, which her family encouraged her to part with.

*'I can't take their suggestions because they want me to give all my things to charity or throw them away. How will I live if I listen to them?'*

There is tremendous value placed on Rani's household items, and she responds with more evocation when discussing this, leaning into defensiveness that sheds light into conflicting thoughts around her family's presence and input. Much like the Mohammed and Anita, Rani's family features heavily throughout her narrative, including their bearing on her self-identity, which is mentioned exclusively in relation to them. For instance:

*'I am of course their sister'*

And

*'I was a wife at that point'*

And

*'As a mother, I must be the one who decides'*

Whilst the aforementioned participants appear to deliberate between the plus and minus points in the RoF, Anita details this with a much more ambiguous quality. By contrast, Jay's account differs from the other three participants' experience. Having grown up in a nuclear family, with a strong community presence, He describes his beliefs of the RoF quite unequivocally; they 'should have' and 'were supposed to' be a source of positive influence in his life, yet Jay's experience was quite the opposite.

*'They were supposed to act reasonably, if nothing else'.*

Whilst Anita and Mohammed appear to have undergone periods of re-adjustment, Jay's experiences and beliefs are concrete. He describes his family with contempt and expands on how deeply and negatively their role impacted his life.

*'My parents barely said two words to me growing up, but they were still so present. Their presence was just so heavy and they (family friends) had the same type of soul-sucking energy. I don't have a single happy memory with them.'*

### **3.3.2 Resentment due to imposition and maintaining a distance**

Whilst Jay's discontent about the RoF is apparent, this subordinate theme characterizes the cohorts overall struggle with their families. While Anita and Mohammed welcomed the presence of their family at different stages in life, and Rani spoke only with positive regard about her parents, there is nevertheless a degree of obligation and expectation that the three participants struggle(d) with, culminating in the need for 'space' and a degree of animosity. Anita's family ties can be characterized as dynamic and transformative, one aspect of which includes joyfulness as discussed in the previous subsection. Another is encumbered by exasperation and discontent, presented in the following extracts.

*'It was bad enough my own extended family and community gossiping about me, I really didn't want other people doing it'*

Despite the proximal distance for a period with her family and wider networks, Anita remained privy to the defamatory chatter about her, or certainly aware of the notion that she would be a topic of discussion within these circles. The sense of ostracization she describes seemed to loom over Anita quite prominently, as she attests this as a reason for her self-withdrawal.

*'Everyone says they're concerned about you and ask you lots of personal questions, but I think it's something they just do out of habit, not concern. I definitely distanced myself from my siblings for this reason'.*

Her response to this chatter is depicted by the same suspicion expressed by Jay in the previous section, which culminated in avoidance signifying a degree of resentment towards extended family members, cited as 'everyone'. The sense of intrusion that threads through this theme is

also emphasized by Rani, whose insights reflect frustration around the level of involvement by her family. Her resentment appears through moderated remarks, more implied than stated in explicit terms, throughout her account as can be seen in the extracts below.

*'The others can have quite a few opinions'*

And

*'Sometimes they think that I don't know what's best for me. They cannot always decide what is best for me. I am younger than them, but I am not a child'.*

Rani asserts a sense of ownership over her decisions, protecting her individual judgment and opposing her sibling's input. Although in the first extract she does not express any thoughts around her family's opinions, the statement is left open, which suggests a degree of inhibition in verbalizing outward resentment. This interpretation, perhaps bold, can be viewed in the context of the second extract, where Rani expresses resistance to the 'childlike' treatment she perceives from her siblings.

Rani's overall narrative includes several positive caveats about her family that are followed closely after an expression of discontentment. The intricacies of her relational dynamics are further denoted by descriptions of positioning and age, as per the acknowledgment that 'I am younger than them', which is indicative of customary respect for elder siblings. Yet this is followed by *'they cannot always decide what's best for me'*, signifying an imposing quality about her family's opinions that she averts. The contention between support and self-determination, much like Anita, depicts a more complex feature of resentment that is apparent, nonetheless. Jay, who is outright and definitive in his resentment, sheds light as to why in the following extract.

*"There's a lot of bad blood with the family and I'm in no hurry to go back to that so called 'support system'. My father was nasty, awful. And my mother never said a word to me unless it was to support him. I was always on alert because they were always there telling me what I was doing wrong. It made me want to disappear. So, I was quiet most of the time, and the quieter I was the angrier my father was. And my mother kept consulting others on how to fix me, like something was wrong with me, so I figured there was.*

Jay clearly harbors difficult feelings towards his father's criticism and disdain, alongside his mother's general indifference towards him. Her lack of support points to vulnerability in Jay, which is further brought to light through the vigilance he developed, alongside the sarcastic tone of the phrase 'support system', indicating how unsupported he felt. The 'bad blood' between them entails a contaminative edge to the saying, given that this has maintained his distance from them, and can be considered as encompassing a series of negative experiences that have manifested to toxic levels.

The assumption that he needed to 'be fixed' spotlights a sense of dehumanisation that was plausibly internalized, based on the assumption of needing to be 'corrected' in some way. Moreover, the only communication Jay's parents had with him was when they believed him to be doing something wrong, proceeding to impose their version of 'right'. Comprehensibly, Jay has maintained a social and emotional distance from them.

### ***3.4. Superordinate Theme 2: Complications with Collectivism***

For as much as the RoF was identified as a recurring theme, an accompaniment of collectivist principles emerged with such a level of synchronicity that the two themes could have been merged into one. Though rooted in the family system, all participants denoted religion, community and heritage-cultural practices and beliefs as an extension beyond this, which shaped, and continues to shape, their experiences within the context of HD, interpersonal relationships and sense of identity in varying yet significant degrees.

The prominence of collectivism is discerned against the context of a British culture that champions individualism, as detailed by all four participants. The 'complications' pertaining to this are highlighted through the interplay between the following. I. the advantages of group endeavors and cultural cohesion. II. The contention and repercussions in the desire to branch out from the group. III. Navigating two distinct cultural values whilst managing HD.

#### ***3.4.1. Striving for Autonomy***

Throughout Mohammed's account, he identified the RoF in emphasizing collectivist values that were reinforced by his local Muslim and Bangladeshi community. He denoted his struggle for autonomy within an environment that valued group needs over his own. We can see how this

affected his decision-making process, making him 'want to do almost everything in opposition to them', including renouncing the family's religion that he described as a turning point in his life.

*'I wanted to do everything in opposition to them. I couldn't have done that had I stayed. They would have all banded together to make me change my mind. Because of course, you're not allowed to have one of your own'.*

The use of the word 'you're' implies that this extends beyond just his experience. In a way, he denotes a shared experience by others who have an affiliation with the collectivist cultural value system, signifying how deeply collectivist thoughts are rooted and have shaped his perspective. The collective expectation to merge with the group is strong, and cultivation of one's independent thoughts, beliefs and values appear limited. The complexity of Mohammed's experience can be further understood by the elaboration of the group's influence and expectations.

*'I was told what I had to do for my O levels. I then I was told I had to work with my father when I turned 17. I didn't say no because it's what everyone did and I didn't want to answer everyone's questions'.*

Mohammed experienced collective decision making around his career and education, with which he acquiesced to avoid scrutiny. Having complied with his family's decided course of action, and adhering to the expectations of the wider community, his resistance to deviating from the collective norm has undergone several changes since, including striving for and achieving his own 'space'. Viewing this in relation to the previous subsection, it is unsurprising that Mohammed transferred this experience of enforced group decisions to other aspects of his life, including his reluctance to service involvement for HD.

*'I was having a hard time, I knew that. But having a bunch of people telling you they think is best for you, that's not exactly easy'.*

We can see that Mohammed again felt his autonomy and decision-making ability encroached upon. A sense of the collective re-emerges here, in the form of service-intervention, with expectations and opinions around his best interests that are seen as a threat to his autonomy and resisted. In a similar fashion, Jay recounts being dissuaded around decision-making based on the actions and expectations of his family and community. The enmeshment he conveys

highlights the restrictions placed on his autonomy that influenced his perception of self-sufficiency and how to attain this.

*'So and so has said this, or so and so has done that". I wasn't allowed to live for myself and if I'm honest I didn't really know how'.*

Living for himself is characterized as unfamiliar, despite the resentment towards his family. Hence, it is clear why Jay would harbor feelings of negativity. Like Anita's struggle upon leaving her family home, Jay faced a challenge in how to navigate independently despite the ferocity with which he wished to separate from them. Nevertheless, Jay prioritized living autonomously. This endeavor was arduous and met with hostility from those he described as 'being in each other's pockets' who 'ended up having more to say'.

*'They were just always on my head, which is why I had to cut them off. It was so normal, everyone just being in each other's pockets. Growing up as a young man, they shouldn't have had that much say in how I did things. They would try that now if I gave them the opportunity. I knew it was the best thing for me, being away from that area. I don't need people telling me what to do, I've had that all my life. Not now and not then, even with all of this. No doubt I've just ended up giving them more to say, but it had to be done'.*

In correspondence with subordinate themes of resentment and conflicting thoughts, Jay describes having re-located to a different area, away from family but also the South Asian community, a decision he made in his best interests. His metaphors not only depict an oppressive quality around collective input, but also illustrate his coming-of-age as having been confined to the demands of a tight-knit group with existing tensions. Suffice it to say, it is fathomable that Jay is filled with indignation, thus reluctant to affiliate with his heritage culture and instead, move away from it.

In the present day, there seems to be an element of instability around his carefully procured autonomy; given the opportunity, the re-emergence of intrusive counsel would ensue. Jay's earnest in protecting his autonomy speaks volumes about his apprehension with the collective dynamic. Much like Mohammed, this also exhibits a significant impact in shaping Jay's resistance in accepting input around his HD, which he refers to as 'even with all this'. Strong boundaries are implemented to avoid over-involvement.

Anita described altruistic principles in terms of obedience and obligation. She doesn't appear to question this to the degree that Jay and Mohammed did during her adolescent period, indicating a normalcy to her experience. Questions and complications appeared to arise gradually, where exposure outside the 'Big Indian family' culture increased. Her early reality was constructed according to collectivism and has since shifted.

*'Like when I told one of my colleagues that I had to give up my room for a month and share with my sister because some relatives from India were staying over, she was very shocked. Didn't understand why I had to give up my room. To be fair neither do I looking back. They could have stayed in a hotel. But it's what we did. Most Indian's in fact, you have to put others ahead of yourself'.*

Anita also uses the term 'you're', attaching a collective meaning to her personal experience. The unquestioning component of collective decisions by parents, and influence from older family members, is met with seeming acceptance by Anita, albeit devoid of enthusiasm. She also expresses the value of collective support from her family, within her more recent experience of the decluttering process required by local authority. It can be considered that Anita's gratitude towards her family's care outweighs the contention around the group-based decisions in her life, which is why she appears less resistant to the input around managing her HD.

Rani denotes the presence of her community as has having a less direct influence than the other participants, particularly as she highlights being around a smaller number of people. Yet she alludes to a tight-knit collective nonetheless, who valued social order and interdependence. In the following extract, Rani discusses the community and family's response to divorcing her ex-husband. A relative she referred to as 'uncle' attempted to mediate, in order to guard the family against disrepute. Although detailed loosely, their dissatisfaction in contrast with Rani's indifference suggests a collective standard that Rani did not uphold. In more recent years, her perseverance to maintain autonomy appears to have strengthened.

*'I remember my uncle was very concerned about the separation. He said it would be shameful for us. He tried to help but only the two people who divorce know why it is happening. I think they were disappointed, but it was not hard for me to leave'.*

The risk of shame appears to extend beyond just the couple, encompassing more than just Rani's relationship with her former husband. However, she persevered with her decision and continued to embark towards autonomy and choice with greater determination. The extract below exemplifies this, and there is fervency in her dialogue when detailing more recent collective input. This extract is one of the few in which Rani is expressive about her feelings.

*'My daughter, she thinks she's the parent. You only have two parents. After they are gone everyone thinks they are the mother and father. Always talking to the council. Maybe she is right, but she shouldn't have discussions about me without my knowledge, neither should they (her sisters).'*

She exhibits conflicting thoughts towards the collaborative approach taken by her family and the local authority regarding her welfare. Though she contemplates her daughter's concerns as valid, Rani's assertion of self-determination appears to outweigh this deliberation. This is conveyed quite firmly through her verbalizations of what 'should' and 'shouldn't occur, which transpires as a strive for autonomy through her opposition in being parented, analyzed and overseen. Throughout her narrative, attempts at resisting collective decision-making are apparent, alongside the other participants who illustrate a strong sense of tradition, shame and altruism that appears to influence receptivity towards support in later life.

### **3.4.2. Difficulties with independence, identity formation and relationships.**

Each participant shared complications in their attempts to assert a sense of independence within two competing cultural value systems. Interactions between collectivist principles and the wider social framework of individualism were illustrated through an incongruence between the two. This is presented in Anita's reflections during a period of distance from her multi-generational, interdependent household that entailed a sense of displacement and isolation. During university, she struggled to navigate away from the family unit and elaborated on her struggle with independence in the following statement.

*'My friends from back in fifth form kept telling me that I should have fun. I'm lucky. I should be grateful I get to be independent, do whatever I wanted. Problem was I didn't know what I wanted to do. And when I did go home, on Vaisakhi or when my two brothers got married, I still felt alone.'*

She was faced with assumptions of western cultural values that equate independence with being happy/lucky/grateful. Making sense of her independent identity and forming relationships outside of the family & cultural context entailed a sense of disorientation. Noteworthy, however, she also described feelings of alienation upon returning to her familiar collectivist settings, spotlighting an overall difficulty in adjustment, goals, sense of self, and sense of belonging. By this account, it can be understood that the ambiguity that encompasses much of Anita's narrative is perhaps part of an ongoing struggle in balancing two systems that she has experienced as polarizing.

Mohammed, similarly, acknowledged that his idealistic view of the 'outside world' differed from his expectations. Much like Anita, sense-making had occurred within the familiarity of collectivist contexts, within which he experienced strong, positive aspects of community that he holds in high-esteem till the present day. Leaving the family home also entailed leaving behind a sense of security and support, which is likely to have been both exhilarating and confusing.

*'Everyone always had a say in how we should live our lives. Don't get me wrong, it helped sometimes...a lot of the time, especially financially. There's nothing else that can compare to a community of people who support each other so much and that's always something we've prided ourselves on, but the more I got older the more suffocated I started to feel. I wanted and needed a space of my own but now that I have it, I do miss the days where I was surrounded by people'.*

The encroachment of boundaries in Mohammed's statement is encumbered with an urgency to carve out a sense of personal space. Yet, in its attainment, his impression of independence intertwines with the superordinate themes of loneliness and culture clash. Anita and Mohammed's general attitude towards collectivism perhaps lies somewhere between existing within a state of conflict, whilst seeking a balance in interdependence. On the other hand, Jay's experiences are complete with loathing towards his inherited collectivist ideals, and he remains reticent towards any type of interpersonal relationships.

*'It was like being in a cult. You'd think things would be easier once you leave but you don't even realize how dependent you become'.*

Jay's statement is powerful in that he paints a picture of enmeshment that was all-consuming and difficult to escape; likening the collectivist community to a cult. Having closely experienced a lack of privacy and the pressures to maintain a status quo, the participant, surprisingly, described feeling 'aimless' and 'overwhelmed' upon exploring his identity outside of this.

*'I didn't know what was a them (community) thing and what was a me thing'.*

Owing to the familiarization of 'group-priority', the extract above exemplifies Jay's predicament with identity formation and 'separateness' despite his overt hostility. Rani, by contrast, appeared to value the sense of community despite alluding to difficulties in maintaining relationships with its members. Much like Mohammed, she denotes constructive aspects of collectivism and the fundamental impact this had on her world view and sense of self.

*'My parents and I are not from here (the UK), but other people like us, who were already here knew so much, they were very helpful, good people. They suggested to my father what classes I should be enrolled in and made sure I had a good education and upbringing. It can be very difficult otherwise; you can't trust strangers.'*

Much like in the previous sections, Rani describes this subtheme with positive regard. Pointing towards the immigrant experience, she explicitly outlines the benefits of collective group decisions in retrospect. It is through her restraint, and not altogether absence, in articulating anything counter, which can be interpreted as a type of inexact loyalty towards collectivist practices. Supplementarily, Rani did not particularize any pre-conceived ideals around individualism unlike Jay and Mohammed, and instead viewed this with a degree of suspicion.

*I do some work at the charity shop during the day and help others. Positive contribution, they (daughter, sister and council) do not need to worry. I respect them a lot but it is easier when they do not come. It is not a good thing to say but I prefer them not to.'*

The second extract, however, expands on her more recent efforts in sustaining self-determination, whilst circumventing any critical remarks around her family and the local authority. The last sentence indicates a degree of guilt, which is why Rani's sense of collectivist experiences and thoughts may be considered conflicted, much like Mohammed and Anita.

### **3.5. Superordinate Theme 3: Loneliness, and beliefs around being lonely**

### **3.5.1. Early experiences of emotional loneliness**

Early experiences of all participants hardly involved them being alone. Yet a common theme identified in each narrative was a feature of loneliness that transcended the cohesion and integration of their collectivist upbringings. Anita distinctly outlines emotional loneliness in instances where she was not physically by herself. Her feelings of being overlooked, discounted and misunderstood were aspects of existential loneliness shared by both Jay and Mohammed. Similarly, Rani pointed towards emotional loneliness during her marriage. Though her statements of interpersonal relations bear a diffuse quality, she expresses this dynamic more specifically.

*'I always felt like I was in a state of mourning. I lived with my husband who provided for me and my daughter so I was not supposed to be ungrateful. But then his problems got worse and I couldn't stay'.*

Having married young through an arranged marriage, Rani described feeling 'mournful' when she was 'not supposed to'. There are several things to consider in this statement, one being a sense of grief and loss that by some unspoken rule, was prohibited to named or felt. Its suppression can perhaps indicate as to why Rani tended to explain things in a factual way; still operating from honor-based collectivist principles.

Given the lack of support she received regarding her decisions, it is unsurprising that her sentiments remained restrained. Her emotions appear to have been stifled and one can detect a sense of loneliness in the absence of a support system that values emotional closeness and safety and encourages open and authentic dialogue. Moreover, there is an indication of possible expectations she had from her marriage, which were evidently unmet as she did not feel 'grateful' being espoused. There is a familiar undercurrent of duty when referring to her husband 'providing' for her, which points towards a lonesome dynamic sustained through formality and obligation.

Jay's more finite statement below, provides insight into his experience of interpersonal isolation. He refers to a situation where he had expressed boredom to his parents as a teenager and was met with nonchalance. Much like his previous statements, there is hostility within the way he

expresses himself with a strong recollection of rejection. His anger and exasperation with interpersonal isolation interplays with his overall sense of self, and mental wellbeing.

*'Excuse my French but who wouldn't be fucked up? Constantly having leeching, prying faces who do zilch for you but demand unquestionable loyalty. Getting pissed off when they didn't get it. It was them versus me. Is it any wonder I'm on the phone to a million different services at this point?'*

The quality of Jay's relationships were unfulfilling to say the least. The analogy of being alone in battle provides insight into the degree of desolation that can be interpreted as an individual who views the people in his life as being against him. The unsatisfying social bonds would have undoubtedly contributed towards a sense of detachment and emptiness that is counteracted through resistance of HD services and simultaneous active communication with them. Interestingly, Anita was the only participant to use the word lonely to express how she had felt, and had described having acknowledged this within her family but only outside of the family. Her description within the family was highly similar, which suggests that beliefs around loneliness were perhaps likened to social distance.

*'when I did go home, on Vaisakhi or when my two brothers got married, I still felt alone. That was really strange. It made sense at uni, but...I felt lost... I didn't seem to fit in anywhere....'*

his though not as potent as Jay's. Mohammed's departure from religion led to isolation despite an openness for support. He demonstrates empathy but ultimately experienced disappointment due to the reality of his relationships in the past vs his desired relationships. Moreover, he refers to a lack of opportunity in exploring online spaces, whereby he could have accessed emotional support via a virtual community and perhaps have experienced validation.

And

*'my family were so busy at the time they couldn't even tell when something was off with me when I visited'*

Alongside Anita, *'I could have screamed blue murder, but no one would have noticed or cared'*.

*'Being a minority within a minority. I do get that it wasn't easy for people to understand, and they were probably scared themselves, but it would have been nice to know I wasn't alone. We didn't have online access like you do nowadays.'*

### **3.5.2. Social isolation, beyond the collective context.**

Given that all participants currently reside alone, each refers to mixed feelings of loneliness that accompany independent living, denoting social isolation as opposed to solitude. For Mohammed, the independence he so longed for outside of family, and away from religious affiliates, led him to a difficult crossroad where he experienced different forms of loneliness beyond emotional disconnection.

*'Like I said, freedom from religion was one thing, great. I had like-minded friends who I spent a lot of time with at first. And then we got older, and everyone went on with their lives. It's better now but it was just me in my head for a very long time.'*

Despite finding liberation in non-conformity, his struggle with independence inadvertently tied into experiences with loneliness. This bears strong overlap with the previous subordinate theme; 'difficulties with identity formation and relationships. Concurrently, the extract below is reutilized from the previous subtheme, as the thread of loneliness strongly resonates with a lack of company alongside emotional distance. Both surface within Mohammed's narrative, indicating multifaceted aspects of this superordinate theme.

*'...I do miss the days where I was surrounded by people.'*

Affirming autonomy also resulted in longing for community, an experience echoed by Anita. She explicitly described feeling isolated and alone whilst at university and drew links between this and the onset of her depression.

*'looking back I was so lonely. So completely isolated from everyone and everything I knew.'*

And

*'I just felt more lonely then ever.'*

A multidimensional overview of loneliness is also highlighted by Rani and Jay, who value their independence yet mention aspects of social isolation; albeit with great reluctance.

*'It's not like anyone is really interested in me now, but I'm away from their nonsense at least'*

The latter half of the statement appears to caveat to the former, in a way that perhaps can be interpreted as a rationale for carving out his autonomy. There is an indication of hurt within this statement, which is followed quite quickly by a more practical rationale as to why being alone is tricky. In essence, drawing away from his feelings around others being disinterested in him.

*'It's not easy. I'm on my own so sometimes I forget to do all the things that I need to do, and there's so many appointments. That's why I have the support worker, but he's not great to be honest, mostly it's just me chasing him up.'*

He acknowledges being on his own but in a practical sense that appears to elude any sentiments. This may be interpreted as a type of belief around loneliness, as Jay as emphasized so strongly his betterment in being alone, perhaps he experiences difficulties in expressing feeling lonely in a lifestyle of his choosing. Similarly, Rani provides a logistical overview of the advantages of living on her own. However, the following extracts illustrate a sense of alienation.

*'My family are caring, but I cannot stay with them. I have been by myself for a long time now. It's easy but not easy.'*

And

*'They do everything together, my brother, sister and daughter. Sometimes my daughter's father even joins them. Because they cannot always come here. I do keep myself busy and go to the charity shop to collect my things and help others, so I do see people.'*

Rani depicts exclusion despite maintaining the betterment of self in residing alone. She visits the charity shop (her part-time place of work) to interact with others and acquire objects for her home. She seems to refrain from vocalizing how she feels about her family's group activities by rationalizing their obstacles in visiting her. Much like Jay, there may be reticence to articulate difficult feelings within a situation that she is now familiar with.

### 3.6. Superordinate Theme 4: How Cultures Communicate

#### 3.6.1. Experiences of assimilation and integration

In accordance with the 3 superordinate themes outlined so far, cultural overlap can be considered in terms of heritage culture (East) interacting with the host culture (West). Whilst Mohammad, Jay and Anita were first generation British Asians, Rani denoted her experience from an immigrant perspective, having arrived in the UK at age 14.

*'People here were nice but strangers. Over time it has become easier for us to understand each other. I used to find it strange that family values were not so important, but sometimes I understand why it is okay to be away from family, for a short time.'*

Rani loosely outlines the pros and cons of the contrasting cultural values; what she found peculiar about the host culture, and what she found to be reasonable. She appears to maintain connected and protective of her heritage culture whilst showing an inclination for interpersonal space. Correspondingly, Mohammed also exhibits appreciation towards his community, as outlined in the following extract also used in superordinate theme 2, subtheme 1b.

*'There's nothing else that can compare to a community of people who support each other so much and that's always something we've prided ourselves on'*

The collective support regarded as a community-specific sense of solidarity is held in high esteem. This is accompanied by an added complexity that differs from Rani's experience; a sense of belonging that was split into two ways.

*'lots of chatter about "becoming too much like the kids here", but I was a kid from here'*

Being first generation British, Mohammed had contemplated a different life script from the expectations he faced in line with his 'Bangladeshi roots'. The participant felt very much a part of British society, albeit with intersectional nuances. This coincides with Anita's understanding of identity, evaluation and experience as an Indian woman assimilated into Western society.

*'I didn't even realize just how Western I was when until an auntie of mine found out about my mental health problems and said 'it's because you live like White people do'. Complete rubbish! As if Asians or other types of people don't have mental health problems! But I guess what she meant by that was I didn't really grow up in a proper 'Indian' way and even now, I'm the only one out of my siblings who is unmarried and childless. I guess that's very Western for her'.*

Anita's account exhibits generational differences attached to the way in which social norms are perceived. She refutes the notion of her mental health issues being tied in with becoming 'too western', simultaneously she demonstrates empathy towards her auntie who expresses a different school of thought. A clash *within* heritage culture can be understood from this extract, highlighting the nuances within and across cultures that can present as a source of conflict. Jay's resentment of his heritage-culture that runs comprehensively throughout his account. Unlike the other participants however, integration with the host culture came with its own set of challenges.

*'It's a lot better now, but having people spit on the street every time they saw us, crude names, that really stays with you. I guess I became a bit of a nomad.*

Jay's experience with racism during his formative years contributed further to his overall mistrust of others. Not only has he expressed isolation from those within his heritage culture but was met with hostility from those outside of it. His experience outlines the power-play between a host culture that did not welcome him, and a sense of rejection from his heritage culture that left him feeling displaced.

### **3.6.2. Dealing with shame, stigma and taboo within heritage-culture**

All participants described feelings of embarrassment due to their HD, with specific descriptions of cultural-specific stigma and taboo around mental health.

*'It was embarrassing, having my family come over and seeing the look on their faces, so I stopped inviting people over, stopped visiting them, stopped going out. I knew that people already talked badly about me. So, it was easier if I didn't give them anything*

*else to talk about. I'm in my mid-fifties, unmarried with no kids. If you add mental health on top of that then it's safe to say that your life is over'.*

And

*'I assume that you're from an Asian background because of your name, please forgive me if I'm incorrect, but if you are then you must know that gossip in these communities spread like wildfire'.*

The first extract outlines Anita's difficulties with several stigmas she faced as an Asian woman; her relationship and family status in line with her age, alongside perceptions about her mental health. The irrevocability around difficulties with mental health came attached with shame and the expectation of a negative reaction from others. The second extract conveyed a lack of awareness around hoarding in the community. Additionally, assumption of shared culture with the primary researcher appeared to foster relational trust, with which Anita could express her sentiments openly. This highlights both the cultural impact of collective understanding as well as concerns she believes to be culture specific.

Rani discussed the stigma of life as a divorcee at length, however she did not verbalize mental health or HD.

*'A woman should support her husband; however the husband is, it is a woman's role. Divorced women are not well-thought of. We have broken the family'.*

And

*'Our husbands determine our worth, this is the reality, even in very progressive and educated societies and family like mine. For the English it is different. Also not good, they get up and leave whenever they want without a reason'.*

Like Anita, gender and relationship status appears to play a key role in preserving cultural dignity. To a degree, Rani expresses her understanding towards this, yet deviation from this life script is met with negative feedback and shame. Identifying as men, Mohammed and Jay's experiences varied in this regard from the female participants, yet stigma, shame and taboo featured heavily within their accounts. Mohammed detailed his life within an 'honor-based' culture that contributed towards his fear of disrepute.

*'Fear, just so much fear instilled in us'.*

And

*'I didn't want to be the one talked about, labelled as the black sheep. That's what ended up happening anyway'.*

Collective terminology resurfaces with use of the word 'us', indicating the cultural specificity of and significance of adhering to life scripts and preserving the honor of one's cultural group. Expectations of gossip and negative talk are central across all participant's account, further highlighted in Jay's extracts below.

*'They want to keep me in line, make sure I'm not doing anything that would make them look bad. My mum and dad slept in separate bedrooms my whole life, that should tell you a lot about their relationship. Everything has always been a pretense to keep other people quiet. Unbearable'.*

Jay describes his issues in a way that is hidden from the rest of the family and community that parallels with the family's script. Strong cultural values around honor and dignity are dominant and described as beyond endurance. The concealment and secrecy around Jay's mental health indicates his association to his heritage culture with shame and contempt.

The next section, presents the analysis of C2.

### **3.7. Cohort 2 (C2): Black**

This section presents superordinate and subordinate themes in C2 that capture the nuanced and intersectional meanings around Black participants' early experiences, sense of self and relation to others with cultural significance. The way in which this interacted with wider systems is denoted through a breakdown of each individual's detailed account, alongside the way in which object value and saving were influenced by the structures within which participants were most familiar. The table of master themes for C2 presents these closely inter-related themes (see figure 2)

Figure 2.

Superordinate themes	Sub-themes
Role of the family	Tension, uncertainty and disharmony  Sense of belonging and lack of belonging
Loneliness, and beliefs around being lonely	Emotional and Social Loneliness
Collectivist/Individualist principles  services	Shame and 'Separation Anxiety'  Clash with Wider

### 3.8. Superordinate Theme 1: Role of the Family (RoF)

All participants detailed the significant impact of their families in relation to how they viewed themselves and their hoarding behaviors. The family they described extended beyond the nuclear set up of parents and siblings and included blood relatives such as grandparents and cousins alongside those related by marriage. Members of the same racial and/or religious communities local to them also featured heavily within this theme that illustrates a sense of community and connectedness. Nevertheless, a sense of disconnect was identified to coexist within the family and community set up, both explicitly stated and/or implied by participants. All

participants described having some input from their families, devoid of affection and understanding.

The ethnic variation of family structures across half the sample was meaningful with regards to familial and cultural expectations and values. All four participants sensed contradiction and confusion at the forefront of their dynamics, which was both understood and resented. The following subtheme expands on the personal meaning attached to these cultural precedents.

### **3.8.1 Tension, Uncertainty and Disharmony**

Michael, a participant who identified deeply with his Black-African roots, described the significance of his heritage culture and customs in his life. Within his household, family dynamics and cultural scripts were interchangeable, and influenced all manner of beliefs and behaviors within and outside of the home. Discussed as having been the epicenter of his adolescence and early adulthood, Michael described his family dynamics as ‘full of miscommunication. His ‘typical African family’ was detailed as a unit that exchanged surface level dialogue, which on one hand frustrated him yet on the other, was perceived in alignment with cultural norms of obedience, whereby he subsequently experienced a sense of normalcy.

*‘I never knew what was going on, but that was just a part of how my sister, and I were raised. My parents were the decision makers.’*

Michael’s role within his family during his formative years appeared to be highly complacent. He seemed to acquiesce to his parents many demands in relation to religion, their role within the church and the expectations they had for him to represent them as their eldest child, and son, within their local Christian community. In conjunction with the ambiguous quality to their communication, Michael recollected this with frustration. Being informed at the ‘last minute’ of an event that required his attendance or suddenly changing schools; he was never provided a reason as to why. The following extract highlights a sense of worthlessness when referring to how he ‘played his role’. This sense of self appears to have extended from his early teenage years through to adult life,

*‘I couldn’t do anything right. I tried to explain that I wasn’t needed at the church event and that I was doing okay at that school, but they (his parents) were not happy with me. Maybe I could have been better. A better son. They were very proud people you see’*

Here, we can see that Michael questioned his worth within the family set-up up until the present day. There is a degree of incompetence attached to his sense of self and disappointment in how his parents viewed him. Michael's self-to-other relating also appears to extend beyond the passive dynamic with his parents, to one of the most significant aspects of his account during his childhood, being an exorcism, he underwent during his early teenage years. Michael's pastor and uncle who had facilitated his exorcism was a punitive figure in his childhood, yet Michael continued to refer to him with respect despite the acknowledgement of abuse at his hands.

*'He was terribly strict. A staunch believer in 'spare the rod spoil the child'. I do understand his point of view. He was such a believer of demonic spirits he thought he was doing the right thing. It was in fact a terrible thing. Terrible. Terrible'.*

Repetition of the word 'terrible' emphasizes the negativity associated with this experience. Yet Michael continued to emphasize with his uncle/pastor throughout his narrative, referring to the church's lack of understanding around his mental health (diagnosis of Bipolar) as a whole. Interestingly, self-to other relating within his adult life developed into suspicion and mistrust. One example is his current relationship with his family's church and the family themselves.

*'It has been best for everyone to maintain a distance. Much better I think'*

And his mistrust of health care/MH professionals

*'I know they were here to help, and trained to help, but it took me ages to trust them'.*

Michael has maintained a distance from his family and denoted this in a stoic manner. His relationship with them has been severely limited since, and the second extract highlights the continuation of disharmony and confusion experienced during his early years. This can also be linked to his experiences with MH services which is discussed in subsection 3.10.2, as well as his divorce, which he mentioned only once during his interview.

*'My wife left me during this time. I don't blame her, but I prefer not to talk about this'.*

With respect to his preference not to discuss this, Michael was not prompted to elaborate on his marital breakdown. A point to note however, is his recognition of his wife leaving during the peak of his HD difficulties. With regards to the wider family, Mary, much like Michael, has also

maintained a distance from her family and community during her adult life. Hailing from a similarly Christian based, African background, Mary discussed her family dynamics with a degree of restraint on one hand, with short, limited answers at times, and on the other, in highly detailed terms. This can be demonstrated by the following extracts.

*'It was okay'*

And

*'This was the way in which to proceed'*

And

*'They could not be expected to deal with a spinster'*

These statements were in relation to Mary's recollection of her time within her childhood family home. The first statement was in response to what it was like growing up within her family setting. The second, in response to her relatives and community encouraging her to marry at 17 years of age. The third, expanded on this, in a manner akin to abruptness. Mary was gently encouraged to expand on how she felt about the way in which 'to proceed' and what the word 'spinster' meant for her. Interestingly, she opened up and provided a great amount of detail in the extract below.

*'It was okay at the time because I was very young and didn't know any better. My parents were in charge and the community was there to support them in a foreign country. Being their daughter, this was my duty. When they found out what was happening, that I was being interfered with, they had to rectify the situation. They found me a husband who turned out to be a bad man. But when he left I was okay, I had no interest in him and I was able to live my life according to how I wanted. I know this has hurt my daughter. Not my husband leaving, he was no good, but this entire situation with collecting and keeping things, but having someone else in charge of what I do and what I buy is even more difficult'.*

Mary provides a rich and detailed insight into her sentiments and understanding of her situation during the time of her marriage and prior. The depth with which she explained this suggests that perhaps she had not had the opportunity to say this before, as there was great earnest in her explication. This included the dynamics with her parents, the abuse she endured, a snapshot of her marriage and her current self-to-other relating. Much like Michael, there is complacency and

obedience within her narrative as denoted through her sense of 'duty' to her parents within a 'foreign country'. However, the dichotomy between her childhood being 'okay' vs. the distance she has maintained from her family speaks volumes as to how duty fulfillment impacted her. Mary also experienced trauma within her family that she outlined as having been 'interfered with'.

Where Michael experienced spiritual/religious abuse, Mary was subjected to sexual abuse by an unnamed family member when she was approx. 14 years old. She deemed this as a situation needing to be 'rectified' and denoted the way in which her parents did so in a factual manner; indicating a sense of disconnection from this experience as well as her parents. Given that she is not in touch with her family following her father's death and her mother moving to Nigeria, the notion of tension and disconnection from her family is further substantiated, perhaps due to a sense of invalidation from them.

Comfort and safety are interpreted during her more recent years, in being able to live according to how she wanted, with an acknowledgement of the challenges of her hoarding behavior. The extract above highlights a great deal of uncertainty Mary experienced within her family structures. Whether this was abuse, lack of fulfillment within her marriage and autonomy. This can be understood in relation to the resistance of support as she does not want another 'in charge' of her life.

Interestingly, Jade detailed a similar sense of uncertainty within her family. A mixed-race participant who identified as Black, the RoF for Jade was simple; to make her feel loved, supported and safe. She described her household whilst growing up as 'messy', denoting a sense of chaos. Having been raised by her Grandparents following a court order that deemed her mother as 'unfit' Jade described her home environment as 'cold' and 'confusing'. This is expanded on in the extract below.

*'They were okay, my Grandparents. My Grandad was actually a lovely man but a bit useless unfortunately. It used to really piss my Nan off because she ended up doing all the housework and paying all the bills. In all fairness, the last thing she needed was her junkie daughter's child on top of everything else. She's a really proud woman'.*

There appeared to be a great level of tension within the environment in which Jade was raised. Having been removed from her mother, with a father she referred to as 'absent' throughout her

account, her Grandparents' approach to looking after her seemed limited to housing and feeding her, as opposed to any emotional connection or warmth that she desired. Referring to her Nan's pride in the present tense indicates a level of animosity between them that remains ongoing. Addedly, following her Grandparents unofficial separation, whereby her grandfather returned to the Carribean, Jade was prompted by her Nan to start 'paying her way' and acquiring independence.

*'It was sad when Grandad moved back and so sudden. I knew they had their ups and downs, but I wasn't expecting that. Nan turned even colder, pushing me to start paying my own way and asking if I'd met with the council for social housing before I'd barely even turned 18.'*

Uncertainty seemed to prevail throughout Jade's childhood to adulthood and she acknowledged repeating 'the same mistakes' as the women in her family.

*'I took drugs for a while like my mum and went out with useless men like my Nan. I had some really shit role models to be honest, had a family that was warm and fuzzy for about a minute till they weren't, and then the hoarding sort of crept up slowly, but I'm trying to change that now'.*

Jade's recognition of her less-than-ideal upbringing is stated explicitly throughout her account. Moreover, she drew links between this and the subsequent events in her life, including HD that she acknowledged as a problem. Noteworthy, Jade used the words 'cold' and 'warm' multiple times throughout her narrative, which can be conceptualized as alternating states of conditions within her family environment that substantiates confusion and uncertainty.

Similarly, Tina, who cited her Carribean heritage throughout her account, detailed her upbringing and the RoF as 'being down to the women' that she described as a 'typically Jamaican way to be raised'.

*'The women are the breadwinners and the nurturers. Our men? No. It's down to us'.*

*'Our men' refers to those within her heritage culture, which Tina outlines with a dismissive quality. 'Down to us' appears to be a belief that is incorporated throughout Tina's adult life as she, like Jade, was encouraged to leave her childhood home during her late adolescence to attain independence. Tina described a close yet tumultuous relationship with her mother and*

aunts, in having 'done what they could' whilst struggling a great deal financially. Her home life appeared to have a similar essence to Jade's environment of uncertainty and tension, primarily due to financial woes.

*'It was really tough as times. We would go days in the winter without turning the heating on and there was constantly something in our flat that was broken that we couldn't afford to fix. The fact that I was able to move away from that, work my way up before I got sick was no easy feat'.*

Tina prided herself on her self-sufficiency and ability to 'move forward' in a practical sense, despite the uncertainty experienced whilst growing up. With the RoF primarily centering on the role of the women in her life, and lack of faith in their male counterparts, it can be considered that Tina was familiar with a sense of self-reliance that enabled her to establish a social and working life before she became 'sick', which she acknowledges, much like Jade as HD. It is important to note that Jade and Tina viewed themselves as 'getting better' in relation to HD, with a view and acknowledgement that hoarding was indeed a problem for them. All four participants had some type of support, albeit limited, which encouraged them to introspect and subsequently partake in this study. This leads to the next subtheme pertaining to group identity and a sense of belonging.

### **3.8.2. Sense of belonging and lack of belonging**

Whilst Jade recognized the problems associated with her hoarding related behaviors and was able to engage in the decluttering process; describing a good relationship with her caseworker, she felt hesitant to engage in therapy. This appeared to pertain to a deep sense of disconnect and avoidance that she drew connections with her early upbringing. Tina, Michael and Mary similarly detailed a lack of belonging within their early years that extended into their adult lives. For Jade, having faced challenges in establishing her racial identity, her sense of belonging entailed confusion and frustration.

*'I used to say I'm mixed-race, which I obviously am, but I think now it makes more sense if I were to say that I'm more Black. I look more Black, I was raised by two Black people and people always say I sound Black, whatever that means... so I guess Black it is'.*

Jade's reflection of being bracketed as Black illustrates her identity as a point of contention. Despite what she considers herself to identify as, her race has been assumed and assigned for her. There is an overtone of resentment in her statement in relation to having experienced a lack of belonging. This is further expanded on in the extract below.

*'Long story short, I never felt here nor there. The White side of my family was barely ever around, and the Black side of my family always made me feel different, like somehow, they expected more of me. It's a piss-take to be honest.'*

There is a degree of reluctant affiliation with her Black identity yet a sense of hopelessness within both categories of racial identity, given the lack integration. In describing this as a 'piss take', Jade uses the present tense, indicating that she still feels this way. Whilst Jade outlined a sense of rejection, Tina went on to denote abandonment from her family, with a pessimistic view of social support and Caribbean culture.

*'Maybe they were trying their best, getting me to toughen up and all, but it did more harm than good. It's been hard for me to reach out to anyone, so my recovery, that's all been me. Obviously, I had the social and the council up my ass for a bit, sorry, because of how depressed I was and the way everything just piled up, but I don't really have close friends or family I can open up to. It's not a good thing you know? To be this tough Black woman, but then again it taught me to look out for myself. It taught me to survive.'*

This detailed extract illustrates the lack of belonging that impacted Tina to a great degree. On the one hand she experienced this as problematic yet on the other, contributed towards her HD recovery. Furthermore, her relationship with professionals was severely mistrustful and it was difficult to agree to their input.

*'I wanted to talk to you because this whole interview isn't about fixing me you know? It's about listening to me and people don't usually listen'*

Tina's sense of ease during her interview process came down to a sense of two individuals communicating, rather than a group of people correcting her behavior. It can be considered that a sense of belonging and a supportive 'other' is significant within the realm of managing hoarding-related difficulties, as Tina's experience of community intervention and the family's culture has been quite negative.

Similarly, Mary and Michael, though surrounded by extended family members and their respective faith-based communities, experienced a lack of belonging. In contrast with Tina and Jade however, the two participants did experience some sense of belonging later in their lives. Mary retained her religious upbringing and attributed this with hope.

*'Going against God's word, that is not right. That will never be right. I live my own life but I do not want to dishonor my family more than I already have by going against the word of God. This comforts me'.*

Not only does Mary denote her faith as a source of comfort that keeps her connected in some way to her family, but she also depicts the dishonor that is associated with deviating from the collective cultural script; in this case, religion. A sense of belonging is valued and motivated Mary to listen to her daughter's encouragement with managing her HD. Michael, who did not appear concerned with faith retention to the same degree, expressed a longing for his family from time to time within his account. Although he had maintained a distance from them, asserting this as 'better', he also detailed the following.

*I miss my mother sometimes. I miss her so much. I miss the buzz of get togethers. But I cannot live with them (family members). I tried to be a part of their world and the church, but it became too much'*

This extract spotlighted the lack of belonging and sense of loneliness that Michael experienced, in trying to establish his own space and wellbeing, whilst longing for his previous connections. This leads into the following section.

### **3.9. Superordinate Theme 2: Loneliness, and beliefs around being lonely**

Emotional loneliness was identified during each participant's childhood and beyond. Aside from Mary, all participants denoted an additional sense of physical isolation. It is important to note that whilst Michael and Mary were raised with collectivist cultural values, thus surrounded by many people growing up, Tina and Jade experienced the opposite, yet all felt disconnected from others. This is detailed in the subsections to follow.

#### **3.9.1. Emotional and Social Loneliness**

Jade denoted a great deal of emotional loneliness. Although she detailed her autonomy and self-sufficiency with pride, in her ability to 'make do' as an independent mother when her daughter was a child, her reflections within her family home and thereafter highlighted a longing for connection and closeness on an emotional level.

*'I used to hear about my friend's holiday stories and their parents helping them with their homework. It would set me on edge so much sometimes I used to run to the toilet between breaks just to break down crying'*

The impact this had on Jade during her school years was significant, yet she would hide this from others, 'running to the toilet' so people would not know how she was feeling. The 'coldness' she received from her Nan resulted in a communication gap between them that only 'got worse' over time and exhibited a lack of emotional connection in her life. The lack of affection and care Jade experienced seemed to repeat itself throughout her adult life within her romantic relationships, with an added layer of colorism she experienced, compounding her difficulties and isolating her further.

*'I've ended up with blokes who were so emotionally unavailable or so unbelievably clingily I've given up now. Weirdly, mostly White. It's weird because I've been told I'm more Black but when I went out with Black or Mixed-race blokes they never knew what to do with me. Most of them preferred the light skin girls. Anyway, I just Can't seem to find the balance. Don't get me wrong, I think I'm in a better place now! Especially with my daughter. But it would be nice to have someone to talk to, other than my sweet daughter of course, but she has her own life to live'*

Jade attempts to downplay her romantic endeavors with a sense of resignation, but in following this up with simultaneous longing, she exhibits a deep sense of emotional loneliness. Her daughter provides a source of comfort and connection but is conveyed in a fleeting and temporary sense. In a similar fashion, Tina discussed both emotional and social loneliness, and realized this when she moved into her own flat at 19 years old.

*'My mum visited me sometimes, after she pushed me out then, I tried to fill it with friends I had at the time and then they got their own lives. Then at some point I just started filling it with stuff.'*

Tina attributed her sense of emotional disconnection and social loneliness that transpired over time in relation to her HD. Filling her flat with 'stuff' was denoted with a sense of connectedness. Moreover, she felt 'pushed out' by her mother but did not communicate this to her. Much like Jade, Tina appeared to prize her sense of independence, which made it difficult to reach out for support. Contrastingly, Michael expressed a longing to reconcile with past connections and cultivate towards maintaining those in the here and now. Despite feeling misunderstood within his family and social circle, he did not view social independence in the same way as Jade and Tina.

*'It is good, but so is having family and connections. Well at least I have my community here. I am very grateful to them'.*

The community that Michael refers to are the staff and residents within his supported living accommodation. Prior to this he experienced social isolation when living independently, which was not conducive to his wellbeing.

*'Oh that was a very bad time. I was like a madman, bouncing off of the walls. This suits me far better and I think Joy would agree with me!'*

'Joy', Michael's assigned keyworker provides a sense of emotional connection for Michael and encouraged him to partake in this study. He denoted her and the other residents with great enthusiasm that appeared to have helped with lessening his sense of loneliness in the present. Moreover, given the uncertainty within his family home, the residence provided a sense of stability for him, enabling him to manage his HD with greater emotional support alongside social interactions. Interestingly, Mary did not describe experiencing social isolation. Having her adult daughter live with her at present, she described feeling grateful for her own space and lack of interference from others.

*'I am grateful to the Lord for my sanctuary. I need no one else'*

Whilst attaching safety and contentment to her home Mary, nevertheless, alluded to high levels of distress, which could be considered as emotional and social loneliness, approx. 3 years prior when her daughter moved out briefly for university. Mary identified not having anyone else in her life that made her feel sad.

*'Oh it was so painful. A mother without her child. I stayed more and more at home at that time. I think that's when my problem became worse'.*

The 'problem' that Mary referred to was her HD and she recognized this as a concern in relation to her brief separation from her daughter. This type of object proximity is akin to Tina's account of having filled her flat with 'stuff', whereby object value appeared to increase in the absence of meaningful and accessible social/familial connections.

### **3.10. Collectivist/Individualist principles**

Much of how loneliness was perceived can be considered to bear roots within collectivist and individualistic principles. For instance, participants who prized autonomy and independence demonstrated greater reluctance to separate from their sense of self around this and by doing so, there was a sense of shame and anxiety, hence, 'separation anxiety'. Similarly, participants who were raised as part of collectivist cultures exhibited even greater difficulties with separation from the collective, despite the emotional disconnect within these structures and a search for autonomy; largely owing to the taboo of MH within their communities. Assimilation and integration were also considered by participants, who appeared to question the normalcy of what 'Black British' individuals would do.

#### **3.10.1. Shame and 'Separation Anxiety'**

Noteworthy, ethnic variation re-emerged here, as Tina and Jade who both descend from Caribbean heritage cultures denote individualistic principles, encouraged by their families, whereas Michael and Mary appear to share many similarities in relation to their African-heritage, namely religion and collectivism. The following extracts highlight these differences and how this impacted participants.

*'I was supposed to be strong and look after myself, but I know now that I really struggled, and it kept getting worse. It's just so difficult to try and explain that to my Nan, even now, since she did everything on her own, I basically failed her'.*

Jade was guided by individualism and a degree of hyper-independence enforced by her Nan, which appeared to create a sense of shame in her perceived weakness within the extent of her struggle. This situated her in a double bind pertaining to residing within the UK with its own cultural script that reinforced individualistic principles, part of which involved 'looking normal'.

*'It's normal right? As a Brit, Black Brit or otherwise to move out at 18? Just that it didn't feel that way, but I didn't want to look like I couldn't hack a normal life change, so I just got on with things. Got up every morning, changed my knickers, brushed my teeth and combed my hair'.*

Jade exhibited a sense of confusion with regards to being Black-British within the U.K. as moving out of the family home at 18 is an expected part of a cultural timeline that interfered with how she was feeling. This seemed to further her withdrawal from service support that was offered, in favor of retaining an independent and 'normal' image that was a similar experience for Tina. The routine she described to maintain a normal image was also a feature retained by Tina. Furthermore, Jade's questioning tone appeared as her seeking assurance and validation that she did the right thing, emphasizing her uncertainty around this. The following extract denotes Tina's, very similar, experience.

*'I knew I felt low, I knew I didn't really enjoy my own company, but then I thought that's the way of life. I made myself look as clutter free as possible, nice clean hair, nice nails, white teeth, so no one would suspect how much I was crumbling. Looking back, I needed someone to talk to, desperately. But now I have good friends and can just help myself to do better'*

This extract signifies the independent identity and sense of self that was difficult to part with. In particular, looking as 'clutter free' as possible helped maintain a 'normal' image by British standards. Both participants hailed from highly independent, matriarchal family dynamics that appeared to favor independence over connection. For both, difficulties in sharing their struggles for fear of deviating from these cultural scripts seemed to worsen their levels of loneliness and exacerbated hoarding symptoms, which they have undertaken the responsibility to since change and manage. In a paradoxical way, the value placed on self-sufficiency seemed to motivate them into making this change. In a contrastive way, Michael and Mary also feared repercussions in deviating from their collectivist cultural scripts.

Given Michael's family's strict rules around orderliness and tidiness as bringing them closer to God, hoarding, as a seeming opposition could be considered as inextricably tied to the defiance of his heritage-cultural value system, simultaneously accompanied by fear and self-criticism. This, alongside the sentimental meanings attached to his objects are outlined below.

*'There are a few things I need to keep. They give me peace and remind me that I can do something for myself without having to answer anyone. I know it's bad, really bad and that there is something wrong with me. There always has been.'*

The sense of control that Michael has over his own space and objects coincides with his sense of shame around object-retention. This dichotomy entailed self-reproach in dishonoring the principles he was raised to value. Furthermore, Michael and Mary also appeared to retain a sense of routine that was heavily encouraged to preserve the collective's honor when they were younger. This was something that stayed with them in the here and now, which they were unable to separate from.

*'We had to save face you see, I had to make sure that I had nice clean clothes and looked presentable. I was told to make my bed first thing in the morning and that cleanliness was close to Godliness. I still make my bed and wear clean clothes, every day. That part was easy given what the doctors said. My mother said this was too stupid to deal with and we didn't talk about it. But if they saw me now...if they saw me now, they would disown me.'*

For Mary, her early diagnosis of OCD, being what 'the doctors said' appeared to work in favor the 'face-saving' prompted by her family. Her diagnosis was dismissed by her mother and largely ignored by her immediate family, who directed her towards prayer and faith to alleviate the 'family's troubles'. Recognizing mental health, reaching out for support and talking to anyone outside the church and family was considered as bringing shame to the collective community; all aspects of her collectivist upbringing that Mary retained. Her statement around being disowned could also be viewed in relation to fear of more ostracism and seems to remain a notion difficult to part with.

### **3.10.2. Clash with Wider Services**

Whether participants were raised in collectivist or individualistic cultures, all individuals in C2 conveyed negative experiences with MH/wider services. Participants described service involvement as excessive and pathologizing, prior to their HD/hoarding-related behaviors being recognized. A sense of othering and scrutiny was strong in each of their accounts and conceived by all participants as racism and discrimination. This section provides insight into

C2's clashing exchange with services, which pertained to misunderstanding around heritage cultures, sweeping statements and imposition of the host (Western/British) culture.

One such instance can be denoted through Michal's frustration towards the council and community MH team. Though his childhood abuse was validated, the extract below outlines the way in which services were unable to understand the cultural nuance around his Black, collectivist upbringing and significance of the church.

*'They kept blaming all my problems on Uncle Luke and my parents, from when I was a child. I mean I agree with them, it wasn't right but there was a reason you know? They were not perfect, but my mother would never have survived without their support. Otherwise, it was food banks and eviction letters. My mother was blamed for everything. She was a housewife from Ghana, tried her best to work even though it was different for her. We weren't taught to advertise our problems, especially as black people. Turns out she was right. The church actually helped us at some point, believe it or not. These people only injected me and called me crazy. Oh, and I was misdiagnosed three times before they landed on bipolar.'*

Michael detailed the significance of his Ghanian background, and the emphasis on privacy within his heritage culture. Whilst he experienced emotional loneliness and abuse within his community, it can be said that the treatment he later received added to this, and substantiated concerns around sharing his problems with an out group. He felt deeply misunderstood by wider systems and depicted professional interventions, prior to his HD, as traumatic and serving only to worsen his psychological state of mind. He felt that this not only contributed towards his hoarding but also made him more reluctant to receive HD support.

*'I'm grateful for these guys, but I could have used it a few years ago, I was not in a good place then.'*

Despite having long-term service input pertaining to his HD, Michael's receptivity to this has been more recent; perhaps due to a likening of the staff's approach and due to the support focusing mostly on the clutter that he acknowledged as distressing. However, where he longed for a sense of connection, and valued service input in later life, Mary did not. She felt safe with her belongings and did not take kindly to service intervention and was encouraged by her daughter to attend to her HD owing to her difficult past experiences with interventions.

*'I was treated like an imbecile. I was prescribed medication and never told what for, and when I asked questions, my GP would get frustrated with me. So I retreated to my sanctuary and then that became a problem for everyone.'*

Mary referred to her home several times as her 'sanctuary', highlighting the safeness and stability this provided her. In having to retreat, she illustrated the degree to which she felt threatened and unsafe by wider services in their approach. There was also a sense of willingness to comply with the GP's recommendations as she enquired as to what this entailed. Perhaps if this was met with sensitivity, her resistance to support would have been less. For Tina, she was faced with frequent reminders of financial struggles and mental health problems when she did reach out to services. Service contact was already sought with great reluctance and when this did occur this impacted her sense of self negatively.

*'I heard a nurse one day say 'she'll be back it's a revolving door. This was the one time, I went to hospital, voluntarily mind you, because I felt so on edge, and that was what I was met with'*

Given her experience, it can be understood as to why Tina's resistance to service intervention was strong. In addition to two cultural scripts of independence, this appeared to further her resolve to do things on her own. Equally, Jade experienced stereotyping and prejudice faced as a single mother and believed that this entailed heavy racial undertones.

*'If I looked Whiter, or more mixed, people wouldn't have judged so harshly. I truly believe that. I remember when I was interviewed for housing, the woman was looking down her nose at me the entire time. What's worse? She wasn't wrong. Maybe if my dad hadn't fucked off when I was 11, I wouldn't have needed them. At least my daughter has done brilliantly for herself, and she's helped me to really clean out my flat with all the tips on the hoarding website'.*

There is anger and resentment in Jade's account, not only towards her local council but also towards her family. Being mixed race yet appearing as 'more Black' has been a complex part of Jade's life that influenced the way she viewed herself and how she felt treated by others. There was a strong indication of self-reproach within Jade's account that is captured by this extract; in relation to her early upbringing, family structure and outward appearance of 'looking more Black'. Her daughter provides a sense of pride and support that she was unable to attain from

services. Jade’s account alongside Michael, Mary and Tina highlights the way in which their race and racial identity impacted the support they received for HD, and the difficulties they experienced in feeling understood by the services designed to support them.

The next section presents the analysis of C3.

### 3.11. Cohort 3 (C3): White

This section provides an analysis for superordinate and subordinate themes for C3 presented in table 3 Identified as most recurrent within each participant’s account, these themes encapsulate the meaning attached to their self-identity, relationality and object value and views around HD/hoarding related features as part of a dominant racial group within the U.K.

**Figure 3**

Superordinate themes	Sub-themes
Role of the family	Loss and Grief
Loneliness, and beliefs around being lonely	Emotional Disconnect and Social Loneliness
Individualism and Beliefs around Individualism	‘Normal’ Life longing for connection, support by wider services

### 3.12. Superordinate Theme 1: Role of the family (RoF)

All four participants reflected on their upbringing and early households, which naturally contained details about their families. This superordinate theme is most interesting to discuss, given the loose quality assigned to family impact denoted by C3, which implied somewhat of an inconsequential role in their lives. However, this was discussed with poignancy at various points within each interview that appears to have laid the foundation for the two other superordinate themes. This is first demonstrated in the subtheme that follows.

### **3.12.1. Loss and grief**

Irene, a participant surrounded by the greatest number of people for support, described her Irish beliefs and values with great significance when discussing her upbringing. Having been raised by her father who had a momentous presence in their Church, with a profound connection to his faith, Irene detailed his passing at an early age throughout her interview with much sadness accompanied by happy memories. His influence was denoted as highly positive, and his loss significantly impacted on her mother.

*'My Da was a wonderful man, really wonderful. He died so young; I keep his picture with me to remind myself of how handsome he was. Bless my Mam she was never the same after he died. I like to think of them as being together now'.*

Irene's memory of her father is pleasantly recalled. Despite losing him to cancer when she was just nine years old, she depicts him with clarity and joy, like her recollections of her mother, who died when Irene turned 18 years old due to an unspecified illness. The participant discussed her loss in a way that could be considered as bracketed off from the here and now. Yet, given the frequency of her recollections and the detail with which she spoke about them, a sense of longing was at the forefront of her account. When gently asked how she managed after both her parents passing, Irene responded warmly and stated the following:

*'Da would take me to the pond to feed the ducks when I was little. I still go there; it reminds me of him. I do lots of things that remind me of them. Go to Church, see the neighbors with some sweet treats every so often. I keep them with me this way'.*

By continuing the activities they did together, Irene maintains a connection with her family and subsequently, with a few members of her church community. In response to her Irish heritage and faith, Irene described her affiliation in the same manner of warmth she described her parents.

*'Oh the Irish in me is very strong! And Church is sacred. Important to my Da. His other things were important to him too (points to the cans beside her).*

Irene's routine has followed a very similar pattern since her parents' passing, indicating a strong desire to maintain a sense of connectedness to them. The strong identification with her Irish heritage and Church suggests how this was intertwined with her family and sense of self. Moreover, and significantly so, Irene gesturing to the tin cans piled next to her was in specific relation to the value this held for both her parents. In wanting to do what they did and honor their memory; Irene retained many objects during their lifetime within their family home where she still resided. Collection of newly acquired objects was carried out for similar reasons.

*'Well they were rationed you see, as children during the war. Everything counts'.*

Irene's tin cans were interpreted within the context of the rationing her parents underwent during World War Two, which they continued to implement for many years later, as did Irene in the here and now. Arthur, similarly, ascribed practical and sentimental views around the 'things' that he saved.

*It makes sense does it not? My son could always use them. Always good to have something for him'.*

Arthur, a divorced Englishman in his late fifties, resides alone following the breakdown of his marriage and his son moving away, visiting during the summer or festive period. Having left his family home at aged 16 to work and pursue independence, his parents and younger sister are mentioned once in his account very briefly, with a chief focus on his ex-wife and son. The extract above illustrates a rationale for his saving practices pertaining to his HD. His questioned is put forward with a sense of defensiveness about his object retention, and he elaborates why this means so much to him in the extract below.

*I don't really have anyone else. I don't know anyone else. Which is fine, my friends have all moved away and have their own lives, but my son visits and could use this stuff. When he visits that is.*

Arthur denotes a strained dynamic between him and his son, with his 'stuff' viewed as a type of olive branch that he can extend. Arthur's awareness as to the distance between him with his son and ex-wife is understood to be due to his hoarding. The participant was very much aware of his 'stuff' being 'a lot'.

*'I know it's a lot. I know another person can't really live here. But it settles me. Does that make sense? Every time the health and safety lot try and move things around my teeth are literally on edge'.*

'Settles' can be conceptualized as a sense of calm and/or comfort that Arthur's objects provide him with. The analogy of his 'teeth on edge' indicates a sense of anxiety, anger and uncertainty at the prospect of his 'stuff' being touched, moved or removed. The question he poses appears to be a way of gaging as to whether I understood what he meant; indicating a sense of being misunderstood in many instances in his life as substantiated by the following

*'Every time, every time I try to explain to my son why this stuff is important, why it's hard to let go, it just falls on deaf ears. Same with the health lot. They've given me a therapist now who is actually alright, but still. Anyway, I hate that I upset him, and when he goes away'.*

To be understood by his son was emphasized as highly important. His absence and their strained relationship have been a great sense of loss for Arthur. Similarly, Bob described a sense of disconnect with his sons and daughter, which on one hand he deemed 'understandable' yet stressed how their absence created a sense of emptiness.

*'It's all a bit monotonous after they flew the nest. Mind you not that they flew my next, but they were still around. Not so much anymore. I get that'.*

For Bob, his three adult children who all grew up in their mother's homes, were denoted as having their own lives. Bob's understanding highlights the normalcy of adults leaving their family

homes, as depicted by having 'flown the nest', yet there is a sense of longing depicted in Bob's statement of them 'having been around' in the past tense, and a sense of loss with term 'monotony' in reference to how he currently views his life.

David, though not having explicitly used the word 'monotonous' alluded to a similar feeling in the here and now. Having undergone several separations, or transitions, from university and friendship groups this entailed, to a sharp focus on employment, David denoted the greatest sense of disappointment in his life with regards to his intimate partnerships and marriage.

*My partner, bless her she tries. But her understanding is limited. Not her fault, she has a different perspective on life, but we just fall flat sometimes'.*

'Falling flat' indicates a degree of boredom, as David denotes his partner to have a different, perhaps lesser knowledge of hoarding, mental health and even relationships than himself. He described this with a sense of resignation and reminisced about his hopes for the future when he was young during his account, as captured in the extract below.

*'I don't know when it fell flat, but I always envisioned a busy life'*

David did not discuss much about his family life prior to having met his partner, briefly mentioning his mother and 'siblings' who have 'their own lives' now. Having one's 'own life' was commonly depicted with a sense of normalcy for all participants except Irene; the only individual in C3 who referred to her parents, late husband son and Church community as 'close'. This sense of children 'flying the nest' with an emphasis on pursuing and/or maintaining marital/romantic partnership (to a lesser degree within Irene's narrative) is expanded on in the following superordinate theme.

### **3.13. Superordinate Theme 2: Loneliness, and beliefs around being lonely**

Within all participants' accounts, a great deal of emotional loneliness as well as physical/social isolation is captured. Mostly, implied and alluded to, the lack of meaningful connections is substantiated within the previous theme in relation to their family structures. This is further expanded upon in this section in relation to the 'lack' that they each described; be it a sense of community, companionship or closeness with their children. Moreover, the way in which participants attempted to cope with this tied into aspects of hoarding-related behaviors as well as a sense of 'normal' in living alone/being independent having been accepted perhaps to their

detriment. The latter links closely with aspects of individualism and collectivism that are discussed in detail in section 3.14.

### **3.13.1 Emotional Disconnect and Social Loneliness**

All participants, having attained social and financial independence within their late adolescence, depicted a sense of self-sufficiency that was aligned with the British way of life. As per the extract below, denoted from Arthur's account, 'the circle of life' seemed entangled with autonomy.

*'That's the circle of life. Two people come together, have a kid or two, then the kid grows up, leaves, meets someone to have his own kids with and so on. No one is surrounded by family forever. I have to make do.'*

Although a matter-of-fact statement. Arthur described this with a similar tone of defensiveness when the discussion pertained to his son and current living situation. With the last part of his statement, subsection 3.14.1 suggests the development of Arthur's beliefs, as being in relation to the cultural trajectory of life having been placed on individualistic values. Arthur denotes this as an expected life transition, yet the social distance between him and his son alongside an emotional disconnect given the tension between them, as well as with his ex-wife, highlights a sense of loneliness. Similarly, David emphasizes the value of 'one's own life', yet aspects of loneliness are highlighted when discussing the sense of support, he felt lacking in his current situation.

*'I don't really have anyone to fall back on, so I agreed to a bit of CBT to help myself.'*

Much like Arthur, there is an overlap between individualized self-sufficiency and managing HD, as 'support' appears to equate to 'self-support'. Although it could be asserted that David, being a reflective and insightful individual, understands the benefits of CBT – which can indeed be stated – he presents this in direct relation to a lack of support system; being unable to rely on anyone else. Given his strained relationship with his partner and lack of friends or family, David was agreeable to engage in CBT pertaining to his HD, highlighting a low sense of community and kinship. The notion of a missing or absent support system was shared by Bob, who described his adult children having 'flown the nest' with such an emphasis, his attempted ease could with this could be considered as compensatory.

*'They've flown the nest. It's not a crime to visit, but I understand they have busy lives, which is a good thing'*

There appears to be a degree of sarcasm within Bob's extract, conveying some contempt and a sense of hurt towards his children's lack of contact with him, which is immediately followed by his understanding. Stating that this is a 'good thing' appears to be phrased in a way that is reassuring Bob himself that there is a reason for this, hence the aspect of compensation that can be conceptualized from this statement. Interestingly, Irene appeared to have a greater number of connections around her and linked this to her Irish-Catholic upbringing.

*'My mam had a big family in Ireland before she met my Da and moved away. Having a husband and child was important to her. Being neighbourly and kind, that's the Irish way'*

Although Irene has lived on her own since her son moved away, she maintains connections with churchgoers and her neighbors. Moreover, she was enthusiastic to engage with environmental health and her de-cluttering partner and experienced less isolation in their presence.

*'I wasn't always so happy to see them. But it's a good company and they help me donate lots of things to charity'*

Despite her initial, and at times ongoing hesitancy in having input from hoarding-related support services, Irene's sense of social isolation appeared reduced, as evidenced by her efforts with neighbors and her church community, Irene valued human contact. This can be further substantiated by the sadness she experienced following the passing of her late husband, who died in a car accident. She raised her son independently, having no other family present and he soon moved away as Irene identified; 'couldn't live with all my things' - specifically in relation to Irene's MH and HD.

*'I was lost. I didn't really know what to do with myself but I raised Oscar as best I could. He didn't understand though, he couldn't live with all my things. 'Mam this is embarrassing' he would say. I knew it wasn't easy for him, so I let him go. He comes to check in on me from time to time, but he has loads to do'*

Much like Bob and Arthur, their children's busy lives are accepted with a degree of longing. The amount of grief and loss Irene experienced in her life makes it understandable as to the way in which she values social contact. Nevertheless, her limited intimate relationships and connectivity appear to contrast with her Irish values encouraged by her parents. This maybe as to why she has been receptive to external support and input despite her difficulties with discarding. In relation to British cultural values, there appears to be a level of assimilated denoted by the acceptance of her son, as well as other's busy lives and normalcy with which she describes having been on her own for the majority of her life. This is further denoted in the following section.

### **3.14 Superordinate Theme 3: Beliefs around Individualism and Collectivism**

The prominence of Individualistic values and principles within C3 can be strongly associated with emotional disconnect and loneliness, limited social contacts and intimate relationships that was accompanied by a level of acceptance. All participants seemed complacent with the culture of independence, which appeared 'normal' in the sense that this was the life trajectory participants were most familiar with yet strained in the way that this was expressed. In relation to collectivist values and principles, Irene was the one participant who described some aspects of her life in adherence to this, by maintaining human connectedness in alignment with her heritage culture, which she endeavored to preserve in relation to her parents' memory.

With regards to hoarding behaviors, interestingly all participants denoted a degree of receptivity towards external input and support that highlighted the value of interpersonal interactions on some level. Moreover, there appeared to be a sense of comfort in relation to object proximity as well as a sense of purposefulness attached to 'things'/'stuff' that participants appeared devoid of when it came to other areas of their life. This sense of 'aimlessness' stressed twice by David, was described as distressing and alluded back to principles of individualism, though it appeared that participants did not infer this link. The sense of normalcy around this cultural principle was prominent within C3's account.

#### **3.14.1 Normal' Life**

Individualism that entailed self-sufficiency, individual needs, autonomy and a degree of being 'alone' has been denoted as a normal part of life by C3. Nevertheless, there were aspects of this that led to dissatisfaction and confusion. To expand, the 'circle of life' that Arthur denoted in

subsection 3.13.1 was repeated later in his account with a great deal of frustration. Despite the cultural expectation of leaving, one's home during late adolescent to pursue autonomy, independence and self-discovery, there was an undercurrent of resentment throughout his account towards his son as well as the individualistic structures within which this was 'normal'.

*'It's the most natural thing in the world for him to have his own life. Go out and experience the world. Circle of bloody life. That's his life he's got to do it. 100%. It just gives me one less thing to do'.*

There seems to be an agitation with which Arthur states in having 'one less thing to do', denoting an overall sense of purposelessness and having little to do in the first place. Having been signed off sick from work then seeking social support with his finances, Arthur's daily routine did not seem to entail much activity and his interaction with others became more limited. The statement about his son's 'own life' that he '100%' understands, bears an element of compensation that re-emerges and is emphasized by his frustrated expression of 'circle of life'; this time with the 'bloody' circle of life. Resentment towards the 'natural' trajectory of independence is strong in this extract, and perhaps a diminished level of contact is even conflated with independence itself, a possibility that Arthur did not appear to discern.

A sense of abandonment is also noted from this extract, as Arthur presents reasons and a rationale as to why his son left, the disappointment in him doing so and Arthur subsequently having less to do, may be a way in which Arthur copes with feeling left alone/lonely. Similarly, David appears to greatly value independence and autonomy on one hand yet expresses frustration around it on the other. Having attained financial and social independence in early adulthood was deemed as part of his parents' expectations that he fulfilled successfully. In his inability to manage low mood and HD later in life, he described it as 'failing to be normal'. David indicated that he had failed societies and his family's reasonable expectations.

*'I failed to be normal. That's been a real kicker. There's no real reason you know. No big, sad or scary life event. My parents were stable, functional members of society who raised me to look after myself, so all of this... collecting...saving...well I'm not sure what to say about it really'.*

The depiction of his parents' stability and functionality denotes what David considers to be a part of 'normal' life. Looking after himself and concentrating on his contributions to society were encouraged by his parents from a very early age, hence a sense of failure in having needed support later in life that he felt was unwarranted given the lack of trauma or significant life event(s). Interestingly, both of David's parents are alive and yet he referred to them throughout his account in the past tense, as captured in this extract. This can signify a deeper sense of disconnection from them as they do not appear to be mentioned in the 'here and now' aspect of his account.

Like Arthur and David, Bob appeared to downplay the difficulties he experienced with being on his own and feeling lonely.

*'It's just me usually. Which is fine, sometimes people from the social come around. Oh, and I've been recommended for therapy now so that's something. Won't just be me now, getting busier'.*

Bob depicted physical isolation and a sense of emotional loneliness, with receptivity towards therapy and input from social services. Though the decluttering process was heavily resisted, Bob expressed appreciation with the social aspect that services brought with them

*'It's nice having someone to talk to, it's nice talking to you for example! But it's not an everyday thing'.*

For Bob, it appeared atypical to have some source of interpersonal exchange on a frequent basis. The enthusiasm with which he communicated with me was regarded as temporary – understandably so, given the interview context – yet this appeared to extend beyond our interview with an existential perspective that Bob seemed to have adopted.

*'You're born alone and die alone at the end of the day. No point shedding tears over that'*

This statement showcases the way in which Bob appears to make sense of his social isolation. By removing emotions or emotional expressions such as tears or sadness around this, he was able to view his situation as an inevitable part of life. In contrast, Irene depicted a combination of

normalcy around self-sufficiency alongside the necessary retention of her Irish values, which appeared to both help and hinder her longstanding HD.

*'You've got to get on with things at the end of the day. You can't dilly dally around. People can't be there for you all the time'.*

This statement, much like Bob's, presents a temporary essence pertaining to interpersonal exchange and a heavy reliance on oneself. The sense of community that Irene fostered via the Church was denoted as wavering as opposed to stable as she described more of her experiences as the interview proceeded.

*'After Alfie died, I kept to myself. Stayed in the comfort of my home with the comfort of all my things. But I began to get sick of myself after a while. I returned to Church, and it's been lovely to see and speak to people again. Although not as many people come like they used to, which is a shame'.*

Following her husband's death, Irene withdrew from the Church to some extent. Having very little family members or a solid support system that she was instilled to value, being on her own during her period of mourning was viewed negatively. In the absence of kinship, Irene found an increasing comfort from her objects yet returned to the church in order to reconnect with others. The reduced number of attendees was expressed through disappointment as Irene depicted that group support has been helpful for her.

### **3.14.2. Longing for connection, support from wider services**

For David, though support for HD was experienced as unwarranted, it was nevertheless accepted and valued. The following extract showcases an appreciation and longing for connection that he, much like Irene denoted in subsection 13.14.1. found from support services.

*'The CBT stuff has been alright. I had it about 6 or 7 years ago and again just now – three sessions in. If nothing else, I get someone to listen to me rambling on'.*

A space within which David could speak freely was valued, and this appeared to parallel throughout this interview with the earnest with which he answered questions. Similarly, the intervention Arthur received with environmental health was indicated to have had an impact pertaining to a sense of connection.

*'I can go a bit numb sometimes and sad, not sure why. It's not as much thought when there's those lot breathing down your neck, I'll give them that at least!'*

For Arthur, the ongoing level of service input was slightly unclear, yet Arthur did not seem to resist this. There was a loose sense of complacency when he mentioned having 'people over' and them 'sorting things out'. Given the level of distance he felt from his son, it can be said that input and support from professionals was perceived as a form of care and sociability. This is further substantiated as a longing for connection by Bob's account of his limited support system and how his support worker contributed positively to help Bob manage this.

*'Matt comes every fortnight. Gives me an excuse to clear the table, just a bit, and then we talk finances. He helps me with my forms and calls the people I need to call to get other things sorted. He's a Godsend. I mean otherwise it's just me, which is fine, but how much can you stew in your own thoughts? It's good to bounce your ideas off someone else from time to time'.*

Bob's was given a reason to carry out tasks, attend to his financial affairs and communicate with another person, all of which he appeared to value significantly. His sense of loneliness re-emerges as he repeats his sense of isolation, highlighting as to why his support worker was regarded in such high esteem. This explains the way in which support services worked well for Bob as well as the other participants. Irene also described her de-clutter partner with a high regards, which signals her longing to connect with others, as she actively did so with her church group and neighbors.

*'I collect all of this for charity, the things over here (points to her left) and they're different charities, one is for the church and the others are for other places. Yes it's a lot because I need to give back to others. That is what my mam would have wanted. I know she*

*wouldn't have wanted this though. Oscar was in care for a while, did I mention that? It broke my heart, but I hated the thought of people touching my things, and my mam and da's things. No one really understands what it's like to live with this disease. Sometimes I don't understand myself. But I find it so comforting to have all my things around me, in their place. It really helps when John Smith is around, I can make sense of my own thoughts and work through this with a much better head on my shoulders'.*

This detailed extract highlights Irene's sentimental value around her objects; with their associations with her parents, a personal sense of comfort and a sense of order and structure, with everything being 'in their place'. Her religious and cultural values around charity and sharing are a strong part of her acquiring behavior and a way in which she is able to maintain connections with others. Irene's son, having gone into care many years ago was not expanded on further, but this seemed to have a deep effect on her as she reflected and contemplated on her HD, denoted as a 'disease'. Ultimately, her de-cluttering partner, 'John Smith' has had a significant impact on the way in which Irene manages her HD, further highlighted in the extract below.

*'Oh he's lovely. Very sensitive and understanding. We cleared a path to the kitchen not too long ago, and John said 'wouldn't it be lovely to bake something for the church? I thought that was a wonderful idea. And in 30 something years I was actually able to do it. But still I'll be really honest, I can't ever imagine living without my stuff. I appreciate all the wonderful work they do, but I need my stuff'.*

Much like Bob, Irene places a great deal of value and appreciation with the sense of purpose that 'the other' provides for her. Although a de-clutter partner would have a very specific role, the motivation and encouragement he appears to have added to his approach was recognized by Irene and helped her to keep her home risk-free.

The next section presents the quantitative analysis from scores of the SI-R, along with a mass-write up for all three cohorts for purposes of cross-comparison.

### 3.15. SI-R

Each participant completed the 23-item questionnaire via the Qualtrics survey via a link sent to them online. Three of the participants requested that questions were read out and completed with them during a telephone call due to limited experience with online survey formats. Once all the results were completed, an SPSS analysis was used to run the Kruskal-Wallis-Test (KWt) to view divergence between the three independent groups (Ruxton et al, 2008), in this case; the three cohorts. The non-parametric counterpart to a single factor analysis of variance was chosen to calculate the sum of each rank, in essence to view as to whether at least one group differs in rank sum, in this case perception of HD severity.

**In order to analyze variance, the equal sample size of participants were assigned a number to their cohort to distinguish them from one another, in line with their semi-structured interviews, and so they did not have to provide identifying features beyond the consent form.**

**Figure 5.**

Cohort/Racial Identity	Assigned Participants label			
South Asian (C1)	P1 Anita	P2 Rani	P3 Jay	P4 Mohammed
Black (C2)	P1 Michael	P2 Tina	P3 Jade	P4 Mary
White (C3)	P1 Arthur	P2 Bob	P3 David	P4 Irene

- **Assumption #2:** Your independent variable should consist of **two or more categorical, independent groups**. Typically, a Kruskal-Wallis H test is used when you have **three or more** categorical, independent groups, but it can be used for just two groups (i.e., a [Mann-Whitney U test](#) is more commonly used for two groups). Example independent variables that meet this criterion include ethnicity (e.g., three groups:

Caucasian, African American and Hispanic), physical activity level (e.g., four groups: sedentary, low, moderate and high), profession (e.g., five groups: surgeon, doctor, nurse, dentist, therapist), and so forth.

- 
- **Assumption #3:** You should have **independence of observations**, which means that there is no relationship between the observations in each group or between the groups themselves. For example, there must be different participants in each group with no participant being in more than one group. This is more of a study design issue than something you can test for, but it is an important assumption of the Kruskal-Wallis H test. If your study fails this assumption, you will need to use another statistical test instead of the Kruskal-Wallis H test (e.g., a [Friedman test](#)). If you are unsure whether your study meets this assumption, you can use our [Statistical Test Selector](#), which is part of our enhanced content.
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KWt is a nonparametric equivalent of a one way ANOVA.

### Overview of results

- C3 had the highest overall scores of perceived difficulties with HD.
- C2 were second to highest, however Tina and Jade's scores were higher than the other two participants within this cohort
- C1 was the lowest, with only Jay who retained the highest score.

## **4. Discussion**

### ***4.1 Summary and Recap***

This study has presented the experience of living with hoarding disorder, and hoarding-related symptoms, within a select sample across three of the largest racial demographics in the UK; Black, White and South Asian (national statistics for England and Wales, 2019). Using a phenomenological approach, several important findings can be noted from this exploration, namely in acknowledging that subjective experience of the shared phenomenon of hoarding, is significantly nuanced in relation to the interplay between cultural values and social settings.

#### ***4.1.1. A Schema Approach***

Following data analysis, the themes that were identified linked closely with concepts that I was familiar with through schema-based work in my clinical practice. Considering superordinate themes via a schema lens was highly complementary in interpreting culture-specific constructs in relation to 'schemas', i.e., patterns that consist of negative or dysfunctional thoughts and feelings which develop early in life as a result of the unmet needs (Young, 1994). These needs entail connection, autonomy, play and spontaneity, limits and assertion and are categorized into 5 maladaptive schema domains. The relevancy of these domains pertain to early experiences outlined by all participants that are specifically noted in section 4.2.

Though initially developed for the treatment of personality disorders, Schema therapy has gained momentum since its introduction in the early 90's, having proven effective in working with childhood traumas, eating disorder and addictions (Young, 2003) The integrative approach combines CBT, experiential techniques and object relations theory that is useful to consider in the realm of psychological interventions for HD, which thus far rests upon a CBT-framework. In order to improve service provision, it is imperative that the analysis was conducted with clinical foresight, with the intention to translate theoretical findings from an evidence base into practical, and effective, application.

Findings from the cross-cultural comparison, discussed in the previous section, are detailed further in this chapter, using these schema-based domains and systemic theory to interpret said culture-specific constructs. Given the ontological position of bounded relativism, both systemic

and schema approaches facilitate an overall elucidation of cognitions such as memory, perception, and interpretation with the acknowledgement that these are shaped and conceptualized by the social constructs within which they occur (Keith, 2019).

By this virtue, some schema domains (Young, 2003) featured more prominently amongst one cohort in comparison to another. Thus, patterns of thinking, feeling and behaving pertaining to hoarding-related features can be considered from this integrated therapeutic approach that examines context. Moreover, there is increasing evidence to support schema therapy (ST) as effective within non-western samples including findings from Knighton et al (2022) and Mao et al (2022). Similarly, early research into culture and family therapy highlighted the multidimensional view on culture, which not only acknowledges the role and levels of interaction between individuals with their families, but also with wider systems (Falicov, 1995). This is particularly significant given the variations of systemic interactions pertaining to HD from cohort to cohort within my findings.

#### **4.2 Overview of Findings**

Conceptualization of the disorder and its related features varied depending on predominant cultural schemas for each cohort. As established by Harris (1994), mental constructs are dynamic, and shift to facilitate sense-making of the world in accordance with structures that are culture-bound; essentially being behavioral practices and worldviews that unite individuals in a community (Keith, 2019). Significant differences in this study were identified across the cohort, which appeared to coincide with the following. I. hoarding severity – as measured by the SI-R, II. Understanding and beliefs around severity. III. Impact of hoarding symptoms, and participants perspectives around wider systems and MH services. These key differences are outlined below.

- Significance of The Family
- Collectivist, Individualist and Multi-Cultural Values and Expectations
- Cultural Consequences
- Experience of Loneliness
- Views around HD as a Mental Health Concern and Views on Service Involvement, Therapy and Accessibility
- Meaning and Value of Saved Objects

I will expand on each of these points in relation to its presence and influence within each cohort, with examples from the analysis that substantiates significant cultural similarities and disparities. Findings from the SI-R will be mentioned throughout the sections, as this ties in with various points from the participants narratives, conceptualized through IPA. I will then discuss the strengths and limitations of this study, and finally, implications of my findings and what this means within the field and future of CoP.

#### **4.2.1 Significance of the Family**

The family, or 'RoF' is a theme that was identified within each participant's account. Considering that the onset of HD is hypothesized to originate in childhood and/or adolescence (Ivanov et al, 2021), it is unsurprising that discussion around the family featured within all narratives. Based on the plethora of research that affirms that the quality of our relationships rely heavily on our relationship to our primary caregivers (Waters et al, 2002, Levy et al, 2011 and Baxter et al, 2022), findings from this study support the notion that the family bears a significant role in shaping the conditions within which one develops and understands their psychological states.

Within C1, such conditions appear to be shaped by those outside of just the nuclear family set up. Noteworthy, the repeated use of the term 'extended family' tended to refer to relatives, both related by blood and marriage, and 'immediate family' referred to uncles, aunts and cousins, all of whom had high levels of input within the participants' upbringing. The subordinate themes of resentment and wavering perspectives around the RoF, made clear the degree of over involvement and unchallengeable authority. Interestingly, bar one participant, C1's drive to disentangle themselves was an endeavor they recognized not so much in their childhood, but as their experiences outside of the home increased, e.g., starting university. A pivotal point in their lives seemed to be when social independence had been achieved, during which hoarding symptoms became apparent.

This may explain as to why participants in C1 expressed a desire to either maintain connectedness or resume a relationship with their family members, as a sense of self and self-identity appeared somewhat delicate. A significant part of this is due to the support they currently received; a sense of care, connection and familiarity during a difficult period of service involvement for HD. Interestingly results from the SI-R would indicate the family's more recent involvement as perhaps a protective factor as Anita, Mohammed and Rani's scores were much

lower than Jay's, the only participant in C1 who described a very difficult childhood with his family with little to no desire to reconcile, thus, a very limited support network.

An additional aspect with regards to development and ongoing difficulties can be viewed in relation to early maladaptive schemas of dependency, vulnerability, enmeshment and sense of failure (Young, 2003) that was illustrated by all participants in C1. These internal challenges can be linked with difficulties in maintaining autonomy and navigating outside of interdependent dynamics. The cultural structure within which the family operates is elaborated on in the subsection to follow, which explores collectivist organizational frameworks.

A common thread around the family for participants in C1 and C2 were ruptures. Black participants in C2 spoke extensively about the discord within their households with particular emphasis on mental health. Given negative service involvement, all four participants expressed a lack of stability in their home lives and a general mistrust of others. Even Mary, whose strong Christian values encouraged agreeableness and understanding, was resistant. There appeared to be a disorganized style of attachment (Doyle et al, 2017 and Borelli et al, 2019) described by participants in C2 with details of sexual and spiritual/religious abuse that complicated familial ties. The most striking example being Michael's confusion around his exorcism. Detailed as a mixture of both distressing and understandable, confusion about his feelings appeared to mark key features of a disorganized attachment style according to Duschinsky (2015), which entailed the complexity of fear and comfort he experienced from his caregivers.

Nevertheless, for Mary and Jade, who both felt let down and neglected by family members, they found a protective factor in their children; a family created later in life. Their willingness to interact with services and even participating in this study, was through the encouragement they received from their adult children, who spoke openly about mental health, which differed greatly from the taboo and stigma that surrounded the participants whilst they were growing up.

Interestingly, only one participant in C2 expressed a longing for closeness with the family that raised them, unlike most participants in C1 and none in C3. These findings appear to provide a degree of contribution towards understanding the significance of offspring within HD contexts for cohorts 1 and 2, which was not apparent during the literature review of this study.

Addedly, and in contrast to the other cohorts, C2's cultural script was one that varied within its own cohort, according to ethnicity. Michael and Mary's West-African heritage had substantial impact on the way in which they recollected their early experiences and made sense of their

situation. Respect for elders and authority, the sanctity of religion, value of traditional gender roles and importance of education was emphasized by both as the dominant cultural values. The rejection and abandonment that ensued due to the perceived violation of these cultural scripts, was denoted by both participants as severe wrongdoing on their part, and their subsequent guilt, shame and culpability extended beyond just themselves as individuals, and impacted the honor of their biological family and religious community.

Michael's frustration towards the council's poor understanding of these cultural nuances exhibits a lack of cultural sensitivity by wider systems, which appeared to exacerbate his saving practices. His hoarding difficulties can be conceptualized in relation to Frost and Steketee (2007) and Mataix-Cols (2012) 'failure to discard' that outlines a feeling of safety as a result of clutter, as well as specific family ties and sentimental attachment to the objects. This overview of 'why' people fail to discard, is put forward by the researchers as a general contributing factor according to their findings, which is strongly supported by Agdari-Moghadam (2021) and Falkoff (2021), who assert, within the realm of object-relations theory, that hoarders perceive meaning in the chaos they create and seek to justify and protect it. Essentially, C1 and C2's difficulties with discarding can be linked to unmet needs such as autonomy and sense of identity that was sought to be fulfilled through acquisition and saving.

Like C1, a sense of kinship and community was at the forefront of Mary and Michael's family's microworld (Falicov, 1995), which may signify as to why the family can be considered protective factors for both, despite their strained and/or tumultuous dynamics in comparison with the 'outside group' (Triandis, 2018). This, however, is complex within itself, as aspects of the family and culture were denoted to some extent by all participants in C1 and C2 as factors that contributed towards difficulties in their MH, which brings us back to the in-cohort divergence within C2; given that Tina and Jade's family organization differed quite significantly from Mary and Michael's, the 'black experience' can be considered as deeply overlooked in terms of nuance and richness in variety (Burke et al, 2021).

The matriarchal cultural script that Jade and Tina detailed, was imperative in contributing towards their expectations, resilience and despondency within interpersonal relationships, which on one hand can be viewed against their lower SI-R scores than Mary and Michael that can perhaps be considered as a protective factor given their inclination towards self-sufficiency and independence. On the other hand, a sense of avoidance ran deep within their accounts, and

both were hypervigilant to intrusion into their lives and living space that made it difficult to accept support for their HD. For Jade, her mixed-race heritage being was aspect of her identity that she struggled to navigate. Relationships with the family were perceived and expressed as rejective and inconsistent.

Jade's dilemma in asserting a racial identity, appeared to have been internalized; as reflected in the uncertainty she endured in her adult relationships. The activation of emotional deprivation schemas and pessimism (Young et al, 2003) can be viewed in relation to saving practices; in attempts to counteract both material deprivation and emotional instability that was at the epicenter of her family's environment. Therefore, the racial-cultural context of the family is tied in closely with object-saving as a constant in her life. What differed for the two women compared to their West-African counterparts was an acknowledgement of the challenges they faced within their family dynamics, and lesser degree of community-based shame.

Both Tina and Jade's emphasis on free will and independent thinking can be attributed to their reduced levels of hoarding distress as they expressed the significance of accountability and purposefulness. Differences between those from African vs. Carribean descents have indeed been considered by social and cross-cultural psychologists (Forner, 1979), for which findings from this study not only substantiate, but also expand to encapsulate its role in hoarding-specific features, such as what the participants considered to be contributing factors, management and levels of input and support.

For participants in C3, whose scores from the SI-R were significantly higher than C1 and C2, and whose narratives around family structures also differed to a great degree, social independence was encouraged much earlier by the families, even when this was not feasible financially. Moreover, a sense of community and kinship appeared to be lower, as Irene detailed her period of isolation following the death of her parents and shortly after, her husband. It is important to note that Irene did not use the word 'isolation', 'loneliness' or 'alone' within her account, yet her enthusiasm to engage with environmental health, despite her reluctance to de-clutter, her warmth towards a high turnover of neighbors, charity shop workers and staff at her local shop indicated a strong sense of seeking-connections.

A sense of emotional deprivation is also captured throughout C3's accounts, given the small quantity and proximity of people in their lives and the quality of those relationships. The lack of

clarity with which Bob and Arthur's mentioned their interpersonal connections seemed to play out in a similar pattern to some of the participants in C1 and C2, with the chief difference being that they did not ascribe the same frustration towards this as their Black and SA counterparts. A sense of normalcy accompanied 'flying the nest' during early adulthood, with a strong inclination towards cultivating romantic relationships and a family of their own. Given the difficulties that Arthur and David both detailed their lack of romantic/intimate connections that Irene and Bob discussed, object-value can perhaps be considered at a higher level as C3 experienced a prolonged sense of removal from others.

Since C3's families were significantly smaller than C1 and C2, the RoF extended only so far as parental input. This excluded a sense of community-based guilt or shame, which was indeed largely absent within all four of their accounts. Positive in one sense, this did not seem to assuage their disconnection from others and emotional deprivation, and perhaps removed them from protective aspects of stronger family ties. Noteworthy, since Tina and Jade did not encounter the same culture-based family scripts as the other participants in C2 or C1 yet scored less than C3 on the SI-R, it can be argued that the family's presence and proximity itself is not what determines the impact of HD, but rather, the significance of the family's culture-bound structures and level of influence that varies from one racial group to another.

#### ***4.2.2 Collectivist Individualist and Multi-Cultural Values and Expectations***

Through the IPA process, the in-depth personal narratives of each participant highlighted culture-specific experiences within each cohort, which were largely influenced by the institution of the family. This included scripts and beliefs around gender roles, age, education, religion/spirituality and mental health that was passed down through generations (Keith, 2019). The way in which participants made sense of these scripts appeared largely based on whether their heritage-culture operated from collectivist and/or individualistic values.

'And/or' is used to draw attention to the overlap between independence and interdependence that was very much present in the findings and are acknowledged with as much significance so as not to overlook the multifaceted aspects of assimilation and acculturation that could render evolving aspects of culture as overly simplistic. The concept of collectivism and individualism identified in the analysis chapter, is explicated by Markus and Kitayama (1991) as fundamental to the understanding of ourselves – or 'self-construal' - that is culture-bound. I.e., independent

vs interdependent self-construal. This is further evidenced in a more recent study by Marbelle-Pierre et al (2019).

In order to honor the nuances of each participants subjective experiences, it would be one-dimensional to state that collectivist cultures provide a degree of connection and stability that can be considered protective vs. the opposite for individualistic cultures. Indeed, cross-cultural and trans-cultural research by Yorulmaz O. and Demirhan N. (2015) and Timpano et al (2015), exhibited that the phenomenon of hoarding is quite present within non-Western and non-individualistic cultures, therefore the prospect of collectivism as an overarching protective factor would be inaccurate to assert. However, ways of coping, beliefs and group-expectations did impact the way in which HD manifested itself and was managed, as well as the quality of relationships that influenced the way in which C1 and C2 managed their overall wellbeing. Both C1 and C2 detailed expectations of the collectivist and hierarchal cultures within which they navigated schemas of self, and self in relation to others. The way in which they understood their HD/hoarding-related features were reflected through the variations of self-descriptions that differed significantly from C3. C1 and C2 referred to their family and personal relationships throughout their accounts, projecting these relations as intertwined despite ruptures and estranged relationships. Aside from this, MH services featured heavily within their experiences, denoting another form of connection to others.

It is imperative at this juncture to highlight that it can be tricky not to view collectivism and individualism as two mutually exclusive concepts. Indeed, the former emphasises community and group interests in favour of the latter; the personal pursuit of self-directed goals and autonomy (Hofstede, 1997). However, there are several points noted from the findings in this study, alongside others discussed further in this section, which highlights their overlap. With regards to MH services, for instance, stereotypical assumptions proved damaging in the delivery and impact of HD support. Anita, for example, was assumed by her GP to have 'excellent home support' and was advised to enter a support group on the basis of a surface-level awareness of collectivist South Asian culture. Given Anita's account, alongside other participants in C1 and C2, the dimension of collectivism interacted with intersections of gender, immigration status, and generational variations, i.e., 1<sup>st</sup> generation British nationals such as Anita, Mohammed and Jay, held values aligned with both individualism and collectivism, comparatively greater than those of their parents. Nevertheless, the taboo of going against the group norm of preserving

the collective honour made it challenging for them to engage in the support offered – alongside the support itself being limited to both C1 and C2, and misdirected.

‘Saving face’ and ensuring that the collective was not ‘let down’ was imperative within the Afro-Caribbean and Asian cultural script. A strong sense of value towards ‘the other’ may have lent itself to the way in which the participants engaged in the interview in comparison with C3, who required greater, more gentle prompts. Additionally, physical appearance and upkeep was hugely significant within C1 and C2, with six out of eight participants describing a sense of routine that was heavily encouraged to preserve the collective’s honor when they were younger. This was something that stayed with them during their older adulthood at the time of their interviews; brushing one’s teeth, making the bed and getting dressed in the mornings and night appeared to reduce one aspect of self-neglect that C3 struggled with.

Nevertheless, C1 and C2 both detailed high levels of resentment, and whilst facets of behavioral management that was already present was a befitting way in for the de-cluttering process, the participants who accepted and received this also indicated a degree of dependency and struggle with autonomy. Addedly, they detailed an unambiguous animosity towards collective pressures they were beholden to. This animosity can be considered in conjunction with heritage-culture expectations that seemed unharmonious with the individualistic and egalitarian values of British culture. All eight participants from C1 and C2 who belonged to immigrant families from non-White/European/American backgrounds, and identified as 2<sup>nd</sup> generation British, described a process of acculturation and assimilation within British society. This significantly impacted their parents/community’s collectivist-cultural norms and values. Hence, the overlap and interplay between independence and interdependence stated at the start of this subsection. The paradox C1 and C2 faced in clashing cultural values was interpreted via their frustrations around heritage-cultural principles themselves. This is further detailed in subsection 4.2.3.

The accounts of participants in C3 differed greatly given that the individualistic culture within society, i.e., British values of individual liberty (Carroll et al, 2018), and within their families were similar. Irene described a degree of intra-cultural variation (Ramamoorthy et al, 2007), in relation to her Irish heritage, with strong emphasis placed on religious virtues including the sanctity of marriage, strong work ethics and childbearing by her parents and the Catholic

Church. Their involvement appeared greater than her three White-counterparts, but less than those in C1 and C2.

It should also be noted that intra-cultural variation was also apparent in C2, with Jade and Tina describing varying levels of familial involvement than Michael, Mary and participants in C1, but far greater than those in C3. The overlap between cultures pays homage to multi-culturalism, which paves the way for intersectional interpretations of participants experiences that are not just confined to collectivism vs. Individualism. This can be substantiated by findings from Caillat et al (1996) who presented differences between British and American participants despite both belonging to individualistic, Western societies. Noteworthy, the study was conducted in 1996, whereby we can now consider more nuanced shifts due to globalization.

Nevertheless, this is not to discount collectivist/individualistic cultural impact on early schema development such as enmeshment vs. rejection, and contributions towards managing distress and receiving support. For example, collective decision-making that is valued as the norm within SA culture was referred to as 'intrusive' and invading one's space by all participants in C1. Addedly, the back and forth between avoidance and participation of culture-based group festivities illustrate the two worlds within which participants tried to make sense of. This provides a greater understanding of the collectivist role during cognitive development. To refer to associative findings, Yorulmaz O. and Demirhan N. (2015) Turkish sample showcased cognitive constructs such as superstition and feelings of shame as derived from collectivist beliefs of institutionalized religion and stigma around mental health, which impacted ways of coping adversely. This appeared strongly in Michael's account of his exorcism, about which he felt conflicted; both welcoming and rejecting input from his church and the council.

Referring back to multi-culturalism, the integration process can be viewed as tricky given how participants (C1 & C2) described navigating two opposing value systems. Their experiences of institutional racism, discrimination and unfamiliarity with the 'out-group', as termed by Triandis (2018), on a personal level, entailed a lack of safety in branching too far away from their 'in-groups'. Nevertheless, intra-cultural variation for Jay, Tina and Jade can be considered as they attempted to live by individualistic principles but struggled, perhaps due to the binary conceptualization between the two. Alongside Irene's very early sense of collective values it can be argued that the 'either-or' distinction between the two can create its own form of psychological distress, as signified by the difficulties they described in their accounts.

### **4.2.3 Cultural Consequences**

Across all 3 cohort's narratives, the notion of consequences according to cultural structures can be considered as impactful towards the way in which they viewed their HD/hoarding behaviors, general MH and connection to others. The set of expectations that accompany collectivism and individualism, and by extension, the family and wider systems, appeared to be either avoided or sought after. Participants in C1, detailed the repercussions of deviating from cultural norms, as Anita outlined curbing community gossip and Mohammed keeping to himself the renouncement of his family's religion; all referred to the ostracization they would face as a result. Moreover, C1 stated that their communities had 'never even heard of hoarding', which further compounded towards its stigmatization.

This links back to 'saving face', which on a functional level supported participants with a routine, as outlined previously, however on an emotional level they referred to a sense of inauthenticity that appeared to add to their frustration and lead to avoidance. Social withdrawal and isolation were one of the consequences of collectivist-cultural pressures, alongside the stigma and taboo around MH itself. In a cross-cultural exploration around the impact of shame on mental health amongst British-South Asian women, Gilbert et al (2004) found that collective shame and loss of the family/community's honor was a key reason as to why they did not use MH services, alongside mistrust of confidentiality by services.

This largely coincides with C1's narratives around MH services. With HD, it is interesting to note that the three participants who sought their immediate family's support – to a degree – reported less severity on the SI-R and more ambiguity around services as opposed to staunch mistrust during their earlier years. In contrast, Jay, who was concrete in his avoidance and disconnection from his heritage culture and family, was more suspicious of MH services and reported higher severity on the SI-R. The taboo around MH that is prevalent in the South Asian community appeared to also be alleviated by those within the same community.

Participants in C2, other than Mary, were vocal about being raised in disadvantaged socio-economic homes, and were taught to fear stereotypes from wider systems for seeking 'too much support'. As this cohort also discussed the most amount of co-morbidity, it is not unfounded that they would be vigilant to labels and stigmatization from wider society. For Mary, her OCD was termed 'too stupid to deal with' by her mother, her HD was largely ignored by her immediate

family, who directed her towards prayer and faith to alleviate the ‘family’s troubles. Interestingly, her symptoms were the family’s ‘burden of shame’ that they carried, by which her level of reluctance to wider support can be understood so as not to further cause dishonor to her community. Similarly, Michael’s exorcism entailed less cultural consequences and he described his family as viewing this in a better light than him being unwell, as this would reflect poorly on his upbringing. In order to prevent shame and ostracization, participants in C1 and C2 were pressed not to discuss their MH, which they extended towards their difficulties with hoarding. C3 perceived a different cultural consequence. As each participant detailed a sense of loneliness in their lack of companionship, removal from their children and having ‘no one to fall back on’ in lacking community structures, they described having downplayed their feelings during most of their life. Given the norm of individualistic culture, gaining employment during their late adolescence, acquiring financial independence, moving out of the family home during early adulthood adhered to the principles of individualism, which made it difficult to pinpoint as to why they experienced sadness, and ‘numbing’ as per Arthur’s statement.

Irene discussed her items as providing a source of comfort in relation to her grief, and despite her appreciation towards environmental health ‘visiting’ her, she could never imagine living without most of her items around her. Whilst Black and South Asian cultures based on collectivist principles discouraged decision-making without wider input, White participants in C3 followed the cultural expectation of individualism that encourages self-sufficiency and personal achievement. The expectations derived from social norms and values within each culture entailed a pressure to not to deviate against them, highlighting the overall differences between what support for HD for one cohort can entail compared to another.

With C1 and C2, having to balance two sets of cultural expectations emotionally disconnected from those who were around them, as considered through their narratives of feeling misunderstood, misrepresented and out of place, this brings us to the next subsection. This features heavily through all 12 accounts, which is loneliness. The way in which this was considered across the cohorts, however, varied to a great extent.

#### **4.2.4 Loneliness**

This theme was a common thread that appears to have tied the 3 cohorts together. All 12 participants described feeling at least one of the following, ‘misunderstood’, ‘isolated’, ‘forgotten about’ and having ‘no one to talk to’. Given that research into hoarding has produced much

evidence around the link between loneliness and HD (Barton et al, 2021. Yap et al, 2020), the types of loneliness within my findings specify and elaborate on its distinct experiences across cultural contexts. Participants in C3 seemed to experience more social and physical loneliness, terms that are detailed from similar findings in a study by De Jong (2006). Leaving the family homes much earlier than the C1 and C2, they alluded to following the cultural norm of the UK and Western societal values (Manzoni, 2016) of cultivating independence and self-sufficiency from ages 16-18 onwards. It is important to note that this was common for all four participants who varied greatly in terms of socioeconomic status; as an assumption based on wealth can be easily made in relation to accessibility and affordability in living on one's own.

All participants in C1 and C2 discussed growing up in an insulated environment, and by contrast, surrounded by people and rarely ever alone. However, it appears that the additional cultural script of the UK played a part in some of their internal conflicts. All four participants in C1 presented a strong need for 'space' and boundaries, which created a double bind given the interplay with their heritage cultures. On one hand they experienced emotional loneliness (Dahlberg et al, 2014).; feeling a lack of understanding, support and validation of autonomous needs in their intimate relationships growing up, and on the other, a sense of social isolation once they had acquired a level of independence. It can be asserted that the participants were presented with two sets of extremes, interwoven in their heritage-cultural script as well as that of the UK. The result of 'black and white' options appeared to result in black and white outcomes for participants who shifted from one aspect of loneliness to another.

Moreover, social independence and subsequent feelings of isolation, recalled at the time of the interviews, coincided with the onset of hoarding related behaviors. As C1 and C2 were limited by parents in what they could collect, save and dispose, the opportunity for hoarding-related behaviors to take place within that space was unlikely. It is unsurprising then, that this transpired when they became socially independent. Perhaps not so much a protective feature, the strongly imposed cultural scripts that lead to emotional loneliness may have also led to HD manifesting later in life. As when and where they had the opportunity of this being in their control, items slowly accumulated. This can provide an insight into C3, who recounted an earlier onset of their 'problems' as coinciding during time at which they left their family homes that was much earlier than C1 and C2. Participants in all three cohorts who started their own families, however, were not impacted by the presence of these family members in the same way as they had been growing up in regarding what they could save or the amount, as Irene, Mary, Rani, Bob and

Arthur all detailed strained relationships with their children explicitly due to their HD, and Michael identified this as the reason behind his marital breakdown.

Jay in C1 appeared to be the most vocal and actively resistant to his heritage culture norms and customs, with a very troubled relationship with his family that he specified as abusive. The others in C1 went back and forth in their narratives and conveyed a strained relationship with their families but not explicitly disliking them. As per the analysis, it can be said that emotional isolation and guilt were heavily present in the other 3 participants narratives, which may suggest that hostility to cultural heritage norms were just not expressed in the same way as Jay. This is not to overlook the positive aspects that have also been detailed within their accounts, but that there may be an additional aspect of expected loyalty and affiliation that reduced explicit discontent. It can also be said that after a period of social isolation, the other 3 participants also held on to some degree of culturally familiar customs, and that this was more easily understood by those who shared them, hence their family reunions.

Jay's feelings of emotional loneliness appeared to override the social loneliness he faced when having left the family home. Perhaps because he did not view his heritage-culture norms and customs as positive at any stage in his life. I state 'social loneliness' despite Jay never having verbalized his experience explicitly in this way, as he described leaving the family home as a tough process, nonetheless. As per the hermeneutic circle, 'loneliness' was induced by aspects of Jay's narratives that heavily featured strained relationships, ostracization and the lack of social belonging both within and outside of his community. Addedly, his sense of abandonment and rejection from his heritage culture had cultivated into a deep sense of mistrust, expressed through anger when his social worker suggested group activities. This appeared to manifest into patterns of rejection carried out by Jay himself, cutting him off further from opportunities for social and emotional connectivity.

A wide range of studies have evidenced different types of loneliness, and cross-cultural perceptions around this term. A very nuanced set of findings yielded by Casper et al (2018), presented the motivation for solitude amongst adolescents in collectivist and individualistic cultures within South Africa. Their results suggested that voluntary solitude in individualistic cultures were perceived negatively, and considered separate from autonomy and personal freedom, encouraged via their cultural scripts. Interestingly, participants in C3 who also hailed from an individualistic culture within my study, did not appear to differentiate a sense of

voluntary vs. Involuntary solitude, nor discern between these terms vs. autonomy and independence. In essence, being alone after having 'flown the nest' was an expected part of their early adulthood trajectory.

Interestingly, C3 did not appear to begrudge or resent having limited support networks, and/or absence of friends, family members or peers altogether. Despite portraying insight into their feelings of loneliness, all four participants tended to circumvent culpability around relationship breakdowns and did not refer to this aspect of individualism with contempt. It is also worth acknowledging that my White-British sample is of course, different from the study conducted in South-Africa, and racial/ethnic variation was unspecified by the researchers. These differences, however, can shed light on the nuances within individualistic cultures themselves, steering away from black and white extremes of individualism vs collectivism that is usually present within socio-cultural studies.

In contrast, participants from collectivist-heritage cultural backgrounds from C1 and C2 appeared to strive and struggle for autonomy and independence that seemed to inadvertently lead to social loneliness. This appeared largely due to the clash with their heritage-cultural principles and strained intimate relationships. All participants in C1 and C2 described emotional loneliness during their childhood and at least 6 participants detailed a combination of physical isolation and emotional loneliness – if not one type – during the time of their interviews. In terms of voluntary vs. Involuntary solitude, it can be highlighted as likely, that voluntary solitude was highly sought after by participants from collectivist heritage-cultures as a form of independence, yet this did not appear to remedy their emotional loneliness, rather added to this.

These participants appeared to face a double whammy of loneliness due to their heritage-cultural pressures alongside an unfamiliarity with the hyper-individualistic UK-cultural script. Heu et al (2021) proposed the 'culture-loneliness framework' that would support this argument. They outlined that more restrictive norms about social relationships, such as those affirmed by collectivist cultures, better protect from physical isolation but increase the likelihood of emotional isolation and a lack of individually satisfying relationships. Burholt et al (2018) assert from their findings that due certain expectations concerning the role of the family within South Asian cultures, a multi-generational family network is greatly desired and that the concept of residing in isolation remains unfavorable.

As my study included C1 participants younger than those in their research and given that their findings were also been obtained within the last 5 years, it can be affirmed that physical loneliness, whether it is voluntary/involuntary, in collectivist cultures remains outside of their worldview and can add to their distress despite expressing a desire to create some distance from their families and communities. As Casper et al (2018) mark the difference between involuntary solitude and autonomy, it can be argued that those in C1 and C2 appeared to strive for the latter and ended up enduring the former as a default.

Essentially, it can be argued that the link between loneliness in relation to HD is further evidenced through this exploration, however the cultural variation in types of loneliness experienced is highly significant and nuanced within individualism and collectivism itself. This also lends insight into the overlap that has been highlighted through analysis, of assimilation and integration between cultures. This can contribute towards a greater understanding of how-to best support individuals from a lens that is inclusive and intricate to people's experiences, rather than a fixed, 'one-size fits-all' model. This is expanded on further in the following section.

#### ***4.2.5 Views around HD as a Mental Health Concern and Views on Service Involvement, Therapy and Accessibility***

It is imperative to make sense of all participants understanding and personal meaning around HD and mental health itself. Firstly, all participants referred to general mental wellbeing such as stress management and distinctions between feelings of sadness and happiness, which indicated a basic level of knowledge around emotional and psychological wellness (Sirgy, 2021). This is important to highlight, as it is currently accepted that those who suffer from HD generally tend to have poor insight into their problems, which is why existing psychological and pharmacological interventions can be ineffective (Tolin, 2010).

The participants in this study, however, expressed personal views around their mental health concerns, hoarding-related features, co-morbidities and perceptions of the way this is understood by their communities. Understanding this is significant as this appeared to set a precedent for each cohort in how HD was perceived and experienced. For C1 and C2, unsurprisingly, mental health included an array of negative connotations due to the taboo and stigma around this within the Black and SA communities. This appeared to be internalized by participants, who on one hand seemed to acknowledge the difficulties they faced in relation to their HD and hoarding related behaviors, but on the other hand were more resistant to

institutional support and input than participants in C3. Anita specified not wanting to add to 'community gossip' and declined group therapy as this was not the 'Indian thing to do'.

For C2, the cohort that described the most co-morbidities amongst the three, MH was already a point of contention. The consequences of HD – an 'additional' MH concern given their pre-existing diagnosis of depression/trauma/anxiety, was considered 'dire' in direct relation to the consequences they would face from wider systems. To elaborate, 'being black' held many negative consequences within institutions from school, workplace to health and social care. Indeed, findings by Herring (2016) highlights disproportionate levels of diagnoses (MH) across marginalised groups, particularly Black. The 'black experience' within MH and health and social care, entailed a range of stereotypes, such as being aggressive and dangerous, having greater single-parent households and greater levels of material deprivation. This was a source of frustration for participants who were all extremely aware of how they were perceived by wider services.

It is understandable then that to be labelled again by a mental health institution that posed a threat to 'throw away' objects, which provided them comfort and certainty was heavily avoided and declined. This is in addition to the stigma participants described having experienced within both African and Caribbean households and communities themselves. Therefore, by the time their HD was recognized in later adult life, mistrust and suspicion was at an all-time high for C2. For C1, pride and honor were central to the participants' experiences and were features of their culture that felt imposed upon them. On this account, they had been actively discouraged within their households to seek MH support growing up. The associations between being labeled as 'crazy' as opposed to requiring support, entailed a complex social impact on eligibility for marriage, job opportunities and perceptions pertaining to status/class. The lack of awareness and understanding around MH was also central in all four participants' accounts.

Yet, as Anita, Rani and Mohammed in C1 were comparatively more open to family/community support at the time of their interviews, having undergone a period of social isolation, these participants appeared to be in a state of reconciliation with their families, and were able to engage with de-cluttering processes, social work involvement and 1:1 CBT therapy to some degree. This is significantly noteworthy, as C1 appeared to have the least level of service involvement during their earlier years. Participants put this down to the taboo within the SA community, lack of awareness around mental health concerns and unhelpful perceptions from

support services. I.e., the assumptions from GP's and community MH teams that families/communities would 'help out' given the quantity of individuals within these structures. This bias was expressed by all participants with a lot of anger and disbelief upon reflection and would give sufficient reason as to why this cohort was one with the lowest level of service input; calling accessibility into question. Not only this, but participants including Jay, experienced a sense of 'othering' due to this bias, as somehow less deserving of support.

C1 and C2's interaction with wider services can be considered damaging in several cases. Firstly, the stereotypically derived assumptions lead to marginalization, albeit in different ways and invalidated the participants own views concerning their MH. Where C1 found it tricky to reach out for support in the first place, there appeared to be very little service-based encouragement itself. Not only around services accessibility, but the service structures themselves; group therapy was the most widely offered psychological intervention that C1 found extremely unhelpful. It is rather astounding that a group with high levels of stigma and concerns about reputation are offered group-based services, which suggests a severe lack of understanding about honor-based cultures.

Moreover, Input from environmental health and social services transpired when the amount of clutter had reached hazardous levels, despite all participants having reported feeling low and being encouraged to seek support from their GP's at much earlier stages of their lives. Despite the cultural stigmas, C1 had attempted to seek individualized support that appears to have been significantly overlooked. It can be argued that an appropriate response with open curiosity on the part of wider systems could have perhaps been preventative.

In a similar sense, participants in C2, though more resistant to seeking systemic support themselves, were well-known to services from an early age. Yet their issues with HD were officially noted around the age of mid-40's for all participants. It could be argued that due to the collectivist principles C2 stayed within their family homes for a longer time and that this hoarding behaviors were restricted. However, this would not apply to Tina or Jade, nor would Mary have been offered HD support if her daughter did not persist with their local authority. It appeared that the stereotype of 'dangerous/harmful' re-emerged in this instance, and C2's description of being monitored and medicated seemed geared towards ensuring behavioral management rather than

support; suggesting that concerns around hoarding fell short until this required urgent risk-management.

These arguments can be asserted strongly, as C1 and C2 appeared to demonstrate much insight into their HD/hoarding-related features. Considering that evidence has highlighted the degree to which interventions are typically resisted, as people do not acknowledge or are unable to recognize that they have a hoarding-related problem (Tolin et al, 2010), C1 and C2 self-referred to partake in this study via the Hoarding Disorder UK website. The process of self-referral included great levels of encouragement from family members and/or professionals who they trusted and worked closely with. Moreover, all participants referred to their hoarding-related behaviors as a 'concern', 'issue' and 'MH problem' explicitly, indicating a reasonable level of insight into the way in which hoarding had adversely impacted their lives. To add, all participants in the two cohorts completed the SI-R with answers that would further confirm their concerns around their HD, albeit with different levels of severity.

A key point to note for both C1 and C2, aside from Jay's account, is that with a generational shift within their families, came change in perception around MH. The other participants had agreed to enter this study through encouragement from nieces and nephews, adult or teenage children and/or siblings who were more or less their age-mates. Their family's greater acceptance of their MH and willingness, if not enthusiasm, to support them with their HD could be considered positively. This is indeed fascinating given that other studies reflect that SA's tend to have much higher depression and anxiety rates than their White counterparts pertaining to community-honour (Karasz et al 2019). Therefore, there appears to be a particularly significant feature of community cohesion in relation to recovery from HD – a term that has not been present during the literature component of this study given the limited findings post-HD-support.

C3's views about HD, levels of service involvement, therapy and accessibility are in stark contrast to C1 and C2. Where C1 detailed unhelpful offers of group therapy and an otherwise lack of interest from service providers, C2 expressed dismay towards services for over-involvement, pathologizing their experiences (outside of HD) and no offers of therapeutic support whatsoever. C3 detailed high levels of service involvement that were resisted for reasons different from their counterparts. The sentimental values and erroneous beliefs around saved objects were more intense than the other cohorts, and parting with them appeared to be

enormously distressing to a degree that stood out from the other cohorts. Home safety checks were exceptionally anxiety-inducing as participants detailed a strong sense of intrusion. A point to note, which links back into the RoF, is that participants in C1 and C2 aside from Jay, all had some level of present-day support from either a sibling, family friend or adult child/niece/nephew that was absent within C3. It can be claimed that the absence of this has been less than conducive for C3's HD recovery.

The initial idea of de-cluttering was conveyed as unimaginable by C3, who curiously did not describe their objects with sentimental value, but rather assigned a functional meaning to them as detailed in the analysis. This is peculiar given the multiplicity of each object such as tin cans, newspapers and unworn clothing – all detailed in relation to experiences that could be interpreted as meaningful and connected to a sense of loss. Irene's tin cans were interpreted within the context of the rationing her parents underwent during World War Two, which they continued to implement for many years later. She spoke about this, alongside the death of her parents and then shortly after, her husband in a way that illustrated having compartmentalized much of her life experiences (Bowins, 2012).

She did not appear to draw the links between her life events and emotional/psychological responses, rather her acknowledgment of the subsequent fire risks and inaccessible living space were denoted factually, much like the others in C3. This would have presented the reason for saving as instrumental rather than sentimental (Steketee et al, 2009) however, all participants found it exceptionally cruel and even nonsensical that service intervention had/was taking place, citing their sentimental attachments to their objects rather than the functional inconvenience this would cause them. Although this would pose additional questions around levels of fair vs. poor insight, this became clearer when C3 discussed their experiences around psychological therapy.

The CBT that all C3 were offered, of which three engaged in, focused on the 'here and now' with standard features of motivational advancement, psychoeducation, practicing discarding and non-acquiring and evaluation thoughts and beliefs. Their histories of adverse childhood events including material deprivation were paid little attention to, which is reflected in the separateness between life experiences and HD. It can be argued that perhaps early life experiences leading to unmet emotional needs is an approach that can be incorporated substantially within therapeutic formulations, which is detailed further in the section 'implications'.

It can also be argued that the individualistic cultural script of self-sufficiency is rather strong within the framework of HD support itself. From all twelve interviews, participants spoke openly and in much detail about the way in which they made sense of their HD and expressed this with a certain fervor that indicated having limited space to discuss their experiences in detail beforehand. Within the field of Cop this is of particular interest to ensure that individuals have access to meaningful psychological support that is tailored to match their needs.

#### **4.2.6. Meaning and Value of Saved Objects**

The final point to expand on is some of the cultural similarities and disparities around object value. Referring to Timpano et al's study, meaning and associations around retention and acquisition of objects was considered, and findings from their Chinese sample identified distinctions between the 'type' of objects collected as well as a cultural stance of 'waste not'; a phrase used to reflect beliefs around object-saving. Whilst no such specific phrase was termed by participants in this study, there were several distinctions across the cohorts that can be linked back to the niche within the family environment, as well as predominant cultural schemas.

In a recent study, researchers explored lived experiences of hoarding in Singapore, to better understand their patterns, reasons as well as its implications – specifically within the context of a multi-ethnic Urban Asian country (Subramaniam et al., 2019). Several positive contributions can be noted from this investigation. Having utilized an interpretative approach, their data provided rich and insightful findings about 'dealing with uncertainty', role of the family and avoiding wastage – like 'waste not'. Yet, the authors did not specify much of the East-Asian influences when discussing the social context, nor expand on the multiple ethnicities within the city that was a part of their rationale. The findings from this exploration offer insight into social and ethnic contexts around object value. Firstly, the significance of the family and sense of connection with heritage cultures revealed schema domains for each cohort that appeared to differ from one another.

For C1, Domain 2, 'impaired autonomy and performance' and 3, 'other directedness' (Young, 2003) was highly apparent and underpinned by cohesion-driven cultural scripts. The enmeshment and dependence that characterizes this domain appeared to extend itself towards

the meaning-made around acquired and saved objects. Such as Anita's array of combs that were symbolic of her family's Sikh customs. Though she was not a religious individual herself, illustrating more diffuse beliefs around this, her objects were valued with the emphasis on their quantity; pertaining to 'having enough just in case'. Given the high number and frequency of guests in Anita's family home, as well as the other participants in C1, a sense of hospitality, uncertainty and co-dependent identity formation all appeared to co-exist, adding a sense of additional value to objects.

C2 strongly appeared to have a combination of Domains 1, 2 and 5, characterized as specific automatic cognitions according to cultural schema analysis by Boutlyne et al (2021). This proposes that discovery of the world occurs through many representations that form cultural schemas, which convey something meaningful about that world and subsequently lead to automatic associations and perceptions. To illustrate, Jade's sense of mistrust and rejections experienced by 'White-led' services was extended from an existing rejection and inconsistency she had faced within her Black community. By contrast, Jade's (C2) unique experience of being mixed-race featured heavily throughout her narrative, and how her sense of community felt uncertain. This, in combination with the poverty both she and Tina described growing up in appeared to influence their perceptions of waste-avoidance.

Attachment relationships to objects were conveyed with a sense of stability and consistency where her construct of the world and of others was unreliable and hostile. 'They're here' was stressed multiple times throughout her narrative in specific relation to her saved objects. This was also identified within Tina and Mary's account, associating their objects with affection and certainty. A critical factor of emotional attachment to possessions, is noted as a critical factor in the development and maintenance for hoarding symptoms (Steketee et al, 2009). Therefore, attachments based on emotionally unmet needs were prominent in this instance, as object values and understanding of participants' HD, can be conceptualized through their ways of coping with the dysfunctional aspects of their early lives. The more instrumental reasons for saving conveyed by C1, characterized by functionality of an object (Steketee et al, 2009) can be understood in relation to assertion of autonomy and attempting to implement boundaries by creating one's own 'space'.

A combination of instrumental and sentimental reasons for saving were prominent within C2 whilst C3 appeared to again, differ not only from the other cohorts, but within their cohort itself.

Values attached to objects were described in functional terms, as Arthur emphasized how needed his 'stuff' was for his neighbor's cat. IPA was most effective in interpreting this within a relational context; the way in which Arthur and the other participant's 'stuff' formed and maintained a type of connection to others. Other reasons also were noted as however this was particularly stand out in terms of the individualistic cultural script and unmet emotional needs of isolation and emotional deprivation.

The connotations of certain objects thus appear to hold significant value in relation with cultural scripts, customs and ideals. This includes honour-based customs, such as 'saving face' within the SA, collectivist context; ensuring that cutlery and utensils were 'well stocked', as per Anita and Rani's accounts. This is alongside ensuring a sense of emotional and physical survival against scarcity as spotlighted by Tina; whose account presented the complexities of Caribbean pride juxtaposed with the poverty she experienced, hence the excess of canned goods, meats and other food items that contributed towards the overflow in her kitchen.

Understanding these cultural nuances in relation to HD, is an imperative part of empathic support from service providers, which thus far appears limited to C3. Referring back to Anita's combs, these objects marked the relevancy of the Sikh traditions with which she was familiar, and were an object of contention between her and her de-cluttering buddy; more so than some of the other retained items. Though she valued him in high esteem, his lack of cultural awareness added to Anita's distress, making an already challenging task monumental as the responsibility to educate the professional was inadvertently placed on the participant. Thus, the awareness and understanding of different cultures is imperative in supporting those who struggle with hoarding.

#### **4.3. Limitations**

Although this study has yielded some fascinating results, with positive implications for the field of CoP, there are nevertheless limitations that are important to acknowledge and discuss. Firstly, the sample size of participants was larger than usual recommended for IPA, with the guidance for Doctoral research being 4-10 (Smith et al, 2022). The rationale for 12 participants stands well with regards to a cross-cultural comparison. Mostly, to minimize the risk of stereotyping and overgeneralizing, hence noting ethnic variations for future research. However,

the process of recruitment and analysis was extensive and required a greater timescale than anticipated.

This is partly down to my 'beginner's approach' as well as the number of willing participants. This is due to the topic of hoarding being one that is sensitive for individuals, and it can be tricky to request people's time, presence and personal narratives without an incentive. Moreover, as all participants entered the study via the platform of Hoarding UK's website, it is important to acknowledge that there is a level of autonomy possessed by this group of individuals. Given that the SI-R and semi-structured interview both rely on self-accounts, it can be said that participants answers and narratives were transparent and retained self-awareness. Indeed, there was an expectation of the SI-R scores to perhaps be lower, if participants considered themselves to be well and/or at least devoid of hoarding-related issues, given the evidence that suggests sufferers of HD typically have poor insight into their problems (Tolin et al, 2010). This seemed to be different within this group of participants who all reported at least mild-moderate severity. Although participants received a lot of encouragement either from family members or service providers, they voluntarily participated in an exploration of HD, suggesting some degree of awareness into their problem.

This in itself is not a limitation; however, these participants may vary from those within other organizations where this research was advertised, I.e., Camden social services and MIND, the mental health charity. Obstacles at this stage included active clients within these settings, expressing greater reluctance to partake and missing interview days due to apprehension around the semi-structured interviews. Addedly, several potential participants did not meet criteria due to issues pertaining to mental capacity. Therefore, factors such as lifestyle, socioeconomic status, severity of HD and levels of interaction with culture may have varied if these participants were accounted for.

Addedly, not all individuals with HD are computer/smartphone literate through which they could complete the SI-R. As this was a crucial component of the study, there were efforts to mitigate this, so I arranged to read the questions on the Qualtrics survey to participants down the phone, or on zoom just before the semi-structured interview. Three of the participants, particularly older adults, who described themselves as being 'un-tech-savvy' completed their answers in this way. Nevertheless, this can be considered limiting given that many individuals who expressed an

interest in this research did not have access to technology-based platforms, thus were unable to participate.

Moreover, as interviews could not be conducted in-person, as per the ethical guidelines during COVID-19 lockdown period, this may have added to the limitations within the participants selection process. Nevertheless, it was imperative for the hermeneutic phenomenological underpinnings of this exploration, to ensure that participants were able to communicate their narratives in a comprehensible manner, alongside ensuring ethical safeguards around their wellbeing.

Referring back to the selection of participants, it was clear during the early stages of their interviews that each individual experienced HD as having impacted their lives in a dysfunctional way, certainly in terms of their living space, but also interpersonal relationships. This is despite participants such as Rani and Mary expressing much resistance to external support around this. This can further highlight that participants' demonstrated good-fair insight around their HD rather than assigning themselves as being 'collectors' or maximalists. In hindsight however, to ensure a more robust means of selection, a preliminary or a pilot study could have been considered to make certain that individuals did indeed meet a baseline criteria of HD especially if they had not been assessed for this in the past.

With reference to the risk of stereotyping, it is important to note that a younger generation of relatives in both C1 and C2 retained different outlooks on MH according to the participants, who described them as being more open to seeking support and de-stigmatizing HD. Therefore, it is important to understand generational shifts within cultures and the factors that influence this. However, this would require spending more time to understand these factors, for which there is a very tangible link with resources and funding. Additionally, though it is tempting to conceptualize the integrative process of C1 and C2 in having meshed into British society, as supported by Brown et al (2013) - particularly as we are now seeing 4<sup>th</sup> and 5<sup>th</sup> generations of those who identify themselves as 'British-Asian', and 'Black-British' - there is also evidence that asserts resistance to 'Heritage-cultural deviancy'.

The retention of heritage cultural values by participants in the Canadian exploration by Zaidi et al (2016), as well as my own study, highlighted the nuances amongst SA's who are faced with two contradictory cultural scripts. In many instances in Zaidi et al's study, younger participants

(aged 18-25) did not deviate against their cultural norms, customs and expectations. So, to state that a younger generation of SA's are more integrated is not entirely accurate, nor does it support the argument that this would be the link between greater acceptance of MH issues. With regards to honoring nuance, another point to note is that all participants were those who were either fluent in the English language or could communicate to such a degree where this was not a barrier for the research. Pertaining to time constraints and an in-depth understanding of participants accounts, a language barrier may have indeed been a drawback. However, much like those who lack technological accessibility/literacy, participants who were unable to communicate in English, may already be at a disadvantage. Therefore, it is imperative to take this into account for further studies, with options to work with translators and/or multiple researchers who can speak additional languages.

Another aspect to consider is intra-cultural/ethnic variations. Though these variations were recognized within this study, with reference to Irene, Tina and Jade, this was not examined further or in depth due to time constraints and maintaining focus on cross-cultural comparisons, as per the aim of this research. A study that would support the significance in focusing on these findings is one by Oyserman et al (2002), who highlight high levels of collectivism within many parts of Southern America, Southern and Eastern Europe that contain White-majority individuals. By virtue of the differences between collectivist-individualistic principles, cultural scripts may differ among racial cohorts themselves, including those who identify as White. With considerations of the interplay between C1 and C2 with wider services, it is plausible to extract a view that most professionals would be from White backgrounds. Particularly given that both cohorts detailed their experiences as largely negative.

However, at least one participant from the two cohorts detailed a similar experience with a professional from a non-White background, which certainly carries weight within the context of intersectional identities and diversity within professional settings. This would further support research into intra-cultural variation, so as not to make implicit assumptions that all people from non-White backgrounds share the same, or indeed even higher, levels of understanding around different cultures.

Finally, though IPA was exceptionally advantageous for understanding subjective constructs of reality, results from the SI-R that were obtained prior to the qualitative component of the study could have been used to further prompt participants into sharing greater details around their HD

experiences. This may include the following: What determined strategy choice in acquiring objects (such as multiple purchases, collecting discarded items and/or taking the time out to shop) types of objects that felt more manageable to part with over others, and what made participants rate themselves higher or lower for particular questions such as how much control they felt they had over urges to save their possessions, which could have further enriched the data.

#### **4.4. Strengths and Implications**

This study has explored the lived experiences of hoarding within a cross-cultural sample, which has ascertained significant culture-specific variances otherwise highly overlooked. Although De La Cruz et al's (2016) systematic review did consider the expression of HD across minority ethnic groups within the US, 90% of their sample was White-American/Euro-American. Based on the findings from my study it can be argued that there was – and is – indeed a necessity to propagate research outside of just White, Western samples, and that De La Cruz et al's work provided a snapshot of what other researchers could build on. One of the most crucial findings of this study was that Black and South Asian participants had vastly different home-life experiences, underpinned by strong cultural values of collectivism, which starkly differed from White participants

Not only this, but the additional cultural script they faced as part of a British society, was a clash of values systems within which they were expected to navigate, often in states of emotional loneliness. It has emerged as evident that these factors appear widely discounted by external support services, as C1 and C2 detailed multiple frustrations around feeling 'misunderstood'. The current specialized CBT framework, alongside cleanouts with trained staff and family consultation (Steketee et al, 2009) could benefit greatly from obtaining an understanding of family structures in line with cultural norms, which could prove highly advantageous on several counts.

Firstly, considering the suitability for 1:1 vs group therapy. It is imperative for professionals to have sufficient knowledge of what each intervention may mean for certain cultural groups. This is not akin to carrying stereotypical assumptions but rather considering world views and norms

that differ from European and/or Americanized principles. As it so happens, stereotypes held by service providers are an existing hindrance to adequate and sensitive support as affirmed by C1 and C2. Secondly, those in C1 who were offered group therapy discussed the stigma, shame and taboo around HD and MH within South Asian communities, they were highly reluctant to enter this process fearing cultural consequences of ostracization.

Paradoxically, C3, who could have benefitted greatly from group support due to social isolation, had received 1:1 therapy for depression and anxiety (all four participants), partially engaged in specialized CBT for HD (three out of four) – with a great emphasis on the de-cluttering process, but did not describe being offered group support. This may mean spending more time with individuals in understanding potential barriers, as certain factors specific to each cultural group can be suggested as contributors towards the onset or maintenance, awareness and understanding of the disorder. The prominent factors that emerged alongside isolation and taboo, are those of subsections 5.2.1 through to 5.2.6. To elaborate, though there appears to be sufficient evidence around the link between HD and loneliness (Yap, 2020), this analysis highlighted specific types of loneliness experienced by each cohort and their distinctions.

To clarify, the findings do not point towards a certain racial-cultural group at being at greater or lower risk of HD, but rather that there are cultural requisites that make one group more susceptible than the other in different ways. By this account, a culturally compatible approach could enhance the receptibility of individuals towards therapeutic support, recovery and maintenance. Though much emphasis of this exploration has been placed on non-White participants, the variations within C3 are of equal value and illustrate variances of emotionally unmet needs within a cultural context that is highly individualistic. Not only this, but when analyzed against a comparative sample, intra-cultural variation was also recognized and supported by findings from Caillat et al (1996) and Ramamoorthy et al (2007) detailed in subsection 5.2.2 and Casper et al (2018), in 5.2.4.

Referring back to stereotyping, their accounts subsequently shed further light into the differences between the types of bias and assumptions experienced by both cohorts; each characterized by different stereotypes. This is particularly significant when reflecting on contemporary discussions within the UK around race and ethnic minorities, also known as Black, Asian and Minority Ethnic groups/Black and Minority Ethnic (BAME/BME). The implications of these terms have been widely debated in recent years (Aspinall, 2020) and

(Mohamud, 2021), as the use of collective, broad-ranging acronyms are argued as reductive terminology, which minimizes the uniqueness of any race or culture outside the non-White majority.

The contrast between stereotypes of Asian participants compared to their Black counterparts, had significant implications on the support they received and how this influenced their wider interactions. Given that the Hoarding UK, cite that approx. only 5% of hoarders come to the attention of professionals (Singh, 2010), the findings strongly indicate that individuals who do not belong to the White majority are undetected to an even greater extent. This is strong for both C1 and C2, but for very distinct reasons expanded on in subsection 5.2.5. Moreover, the findings challenge the UK charity's assertion that there is no distinction between racial background pertaining to the development, onset and support around HD. Addedly, stereotypes can be countered given further research into ethnic variations and generation shifts within these cohort, alongside replication of this research involving racial-cultural cohorts that were not a part of this study, such as those who identify as belonging to Middle eastern/Arabic cultures. Individual accounts of specific, family and ethnic scripts can be further considered within a multidimensional framework (Falicov, 1996) and expanded on for future studies.

In relation to ethnic variations and generational shifts within a single cohort, the exploration of such nuances within the broad-ranging 'race' of people can shed further light into the differences between their experiences with hoarding. For instance, Jay expressed the highest levels of resentment and loathing towards his ethnic community and religion within which he was born and raised – indicative of a contrasting set of beliefs from his elders that created a division between them. These features heavily impacted the relationship he had with his family and amplified his sense of loneliness, making it much harder for him to receive support for HD compared with his other SA counterparts. Furthermore, Jay's perception around mental health, experience of life in the U.K. and levels of assimilation outside of the Bangladeshi community were vastly different from his immigrant parents, whose exposure to HD was extremely limited according to his account. Hence, this made it difficult for them to understand and support him.

Within the same SA cohort, Anita displayed a desire to re-connect with her family, and described the generation below her – consisting of her nieces and nephews – to demonstrate a greater awareness and sensitivity towards her than her siblings and elders. A significant challenge she faced with them was as a woman, e.g., contending with being an 'unmarried

woman of a certain age'. She felt misunderstood and judged, thus distancing herself from them for a very long time, which exacerbated her hoarding behavior as her levels of acquisition and difficulty discarding objects increased when she began living on her own.

Tina and Jade also expressed gender-based expectations they had to contend with, however Jade was faced with an additional layer of colorism and presumptions about her race, which resulted in feelings of rejection and isolation that was different from her other Black counterparts. These examples of intersectionality captured within this study can be expanded on for further research, as each nuanced variation interacts with another, i.e., being Black, a woman and mixed race in relation to feelings of loneliness, the degree and/or overlap of collectivism and individualism and value of objects in relation to the multiplicity of heritage culture. Although there is plenty of scope for further research around these intersections, this study does well in bringing to light these significances within the context of hoarding.

Another strength of this explorative research is that these findings support the re-evaluation of existing frameworks based on predominantly White-Western models itself. Though much of HD interventions are centered on said models, the highest scores on the SI-R belonging to C3, not only questions the effectiveness of current support systems in place, but also disconfirmed one of the research hypotheses. Through analysis I became increasingly aware of my own assumptions of what this research might procure; in that the existing model of support, psychological and other, would benefit a White sample more than the other cohorts.

Though it would not be implausible to hypothesize, the results yielded are eye opening. Moreover, and on the contrary, this instead confirmed one of the additional research aims, which was to 'identify any protective/preventative factors, and other features, distinct to any cohort', as in later life, the RoF and emphasis on social connectedness served as a positive feature towards recovery for the other cohorts and was largely absent from C3. With reference to BAME/BME, the terms also tend to overlook White minorities within the UK, as seen through intra-cultural variation within Irene's narrative; providing more basis to which research requires expansion within this area.

In line with the research aims, findings also confirmed that culture-specific beliefs around object value differed from across cohorts. As put forward by Timpano et al pertaining to the Chinese saying 'waste-not', there were no specific words identified in these findings, however subsection

5.2.6. explains that emotional attachments to objects and meaning making around saving were very much linked with collectivist/individualistic cultural schemas. The recognition of early cultural constructs through the IPA process for each participant identified emerging patterns specific to each cohort, from which an inductive outcome provides a general basis for the incorporation of schema concepts. HD and its related features, as part of coping for unmet emotional needs can be conceptualized with an advanced understanding by considering racial-cultural influences, which adds to existing, yet limited, literature around 'unmet belonging needs' by Norberg et al (2020).

With reference to the language aspect of this study, this can be considered a limitation on one hand, yet on the other, illuminates a very specific and crucial aspect of subjective-British experiences. Participants in C1 and C2 identified not just as 'Black' and 'South Asian' but also 'Black-British' and 'British Asian'. This can be strongly attributed to integration and assimilation and provides rich insight into current and contemporary experiences of multiculturalism; which remains largely unexplored within the context of HD in Britain. Furthermore, it is a positive base to begin this exploration with those who can express themselves through the English language; those who in some essence also identify as 'Western' whose experiences can also be discounted to a significant degree.

The overall strengths of IPA proved enormously advantageous for this exploration of culture in relation to HD. The intricate nuances around this shared phenomenon were ascertained by honoring those who have first-hand knowledge and experience living within their cultures. The semi-structured interviews allowed participants to speak openly about aspects of their lives that were 'painful' with an understanding of the research purpose, which brought forward comprehensive and subjective data. The use of the SI-R in line with the mixed methods approach, was sufficient in providing participants sense-making of their symptoms and presentation.

For the purposes of therapeutic advancement within the field of CoP, this study has endeavored to explore nuances and intersectionality within and across cultures, and has extracted a greater awareness of cultural relevance pertaining to HD. Given the levels of global interconnectedness, multiculturalism and historical relations between Britain and Commonwealth countries (Phillip, 2011), the distinctions between each cohort in how HD is conceptualized, lived with and managed, substantiates the need for further research within this specific area of mental health.

The implications of these findings not only provide a foundation for further studies into ethnic variations, age and generational shifts, but specify as to why is it vital to ensure practitioners within the field of CoP fundamentally work with empathy; in an embodied sense of the word as opposed to surface-level assumptions, and towards more fruitful therapeutic support. This is of paramount significance within today's dynamic, multifaceted British society, and this study has been a meaningful venture into the multidimensional aspects HD.

#### **4.5. Recommendations**

Although there is an array of evidence that highlight racial-cultural differences within the UK, HD is an area of MH that has been largely neglected with regards to cultural differences, as showcased in this research. Based on the findings from this study, recommendations to ensure best practice within HD services would include a cultural awareness training for all professionals; a safe environment that would discuss nuances such as the cultural significance around certain retained objects, ethnic differences, religious beliefs and the multiplicity of 'identity' and what this means to people. A respectful space that encourages professionals to challenge our own own biases and assumptions, to be curious and to ask questions.

Additionally, it is imperative to maintain a client-centred approach, particularly within the field of CoP, respective of CBT, systemic or schema-based modalities in practice. Each participant account within the findings of this study highlight subjective, individual perceptions, beliefs, values and cognitions. As such, it is of the utmost importance that the cultural worldview of each individual is considered, with regards to unique, subjective life-experiences that will vary from person to person. As per the intra-cultural variations spotlighted within the IPA breakdown, there are a diverse range of perspectives within singular cohorts, which would support case-by case formulations in understanding levels of loneliness, perceptions around collectivism/individualism and systemic experiences that individuals may have been through prior to the current intervention(s) being offered.

With reference to interventions on offer, a further recommendation would be to expand upon CBT/integrate systemic approaches and schema concepts within the psychological treatment of HD. Given that all 3 cohorts emphasised the RoF, it can be strongly suggested that family

therapy should be offered in favour of a holistic understanding approach. Moreover, as participants in C1 and C2 (other than Jay), all had some levels of family input, it would also greatly benefit their support systems to better understand HD so that the process of treatment and recovery also engages loved ones rather than being limited to professionals and services. The involvement of friends, family and neighbours could promote a shared awareness of the individual's concerns, which is also applicable for C3, albeit in a different way. User-friendly information, training and services centred around family support could prove beneficial in sustaining changes for the individual with HD.

Addedly, based on the evidence pertaining to the types of therapy cohorts were offered, it is highly recommended that services take into consideration the suitability of what they are providing. I.e., whilst a systemic approach may benefit C1, group therapy with strangers was outrightly rejected in relation to honour practices and cultural pride. It would be most appropriate to offer the option of systemic therapy as an addition to 1:1 services. By contrast, C3 who longed for emotional and proximal connections were primarily seen 1:1 and could in addition, find group services highly beneficial. Not only would a re-evaluation of service provision be recommended at this stage, but also a broader consideration of service outreach programs, so that people who struggle with HD, or know someone who does, are able to access suitable services with greater efficiency.

#### ***4.6. Dissemination***

The findings from this study will be disseminated to those who can make the best use of them. This includes the academic world, psychological practitioners, services outside the field of CoP who support those with HD, participants of this study and other HD support service users as well as their friends and family. For professionals – clinical, academic and other, the process and findings from this research will be condensed into a publishable paper form and submitted to the journal of cross-cultural psychology. The aim is to utilise this as a base for presentations and trainings around HD through a culturally-aware lens. For service users, participants and the wider community: workshops, user-friendly training programs, information in accessible spaces such as community centres, library's and GP surgery can be distributed in informative flyer/poster formas.



## Appendices



Dear Neha

**Reference: ETH2021-0253**

**Project title: Exploration of Culture in relation to Hoarding Disorder**

**Start date: 10 Dec 2020**

**End date: 31 Jul 2022**

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Psychology committee: medium risk. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

Please ensure that you are familiar with [City's Framework for Good Practice in Research](#) and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

### **Project amendments/extension**

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;

- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants;
- Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers;
- Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

### **Adverse events or untoward incidents**

You will need to submit an Adverse Events or Untoward Incidents report in the event of any of the following:



- a) Adverse events
- b) Breaches of confidentiality
- c) Safeguarding issues relating to children or vulnerable adults
- d) Incidents that affect the personal safety of a participant or researcher

Issues a) and b) should be reported as soon as possible and no later than five days after the event. Issues c) and d) should be reported immediately. Where appropriate, the researcher should also report adverse events to other relevant institutions, such as the police or social services.

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Psychology committee: medium risk, I do hope that the project meets with success.

Kind regards

Tina Forster

Psychology committee: medium risk

City, University of London

## **Advert A.**

Department of Psychology  
City, University London

### **PARTICIPANTS NEEDED FOR RESEARCH IN COUNSELLING PSYCHOLOGY**

## **Research Topic: An Exploration of Hoarding Disorder across Cultures**

Studies reveal, that current research into Hoarding Disorder and Hoarding-related features, have so far focused on European and American samples, with very little investigation across other parts of the world, and even less within racial and ethnic minority groups within Western samples.

### **Who's carrying out this study?**

This study is being undertaken as part of City University London's research department, and will consist of a short survey, followed by a semi-structured interview via Zoom or telephone call; as part of the ethics committee guidelines.

### **What's this study for?**

The purpose of this study, is to explore people's experiences of hoarding disorder (HD)/Hoarding behaviour specifically within racial/cultural contexts. Essentially, to identify and compare the lived experiences of individuals that suffer from HD between three of the largest racial demographics in the UK according to government statistics (<https://www.ethnicity-facts-figures.service.gov.uk/>): **Black, South-Asian and White**

### **How long will this take?**

This study will take place over the course of two days, lasting – in total – approx. 1hour and 15mins.

All ethnicities within these racial demographics are welcome to partake; any ethnic/subgroup variations within each cohort will be recorded and noted for future research.

## **Are you interested?**

Thank you for showing an interest in this study!

If you would like to participate or just want to know more please contact the primary researcher: **Neha Zia: [Neha.zia.2@city.ac.uk](mailto:Neha.zia.2@city.ac.uk)**

Please note, Participants should be:

- People **over the age of 18** who consider themselves to experience difficulty parting or discarding retained objects, to the extent that living spaces are difficult to use for their intended purpose.
- People who identify as either Black, White or South Asian
- People who are willing to talk about their experiences with relation to cultural/racial backgrounds and upbringing

The process of interview will be provided in a detailed information sheet and you can withdraw at this study from the study at any time.

Please contact

[Neha.zia.2@city.ac.uk](mailto:Neha.zia.2@city.ac.uk) for further information

**Thank You!**

## Advert B.

### Thank you for your interest in this study!



#### What is this study for?

The purpose of this research is to explore people's experiences and difficulties with Hoarding, specifically from a racial/cultural context.

#### Why?

This is a good question. I aim to identify and compare the lived experiences of individuals from Black, South-Asian and White communities, to work towards improving therapeutic services with a greater client-centred focus.

#### When & How?

This study will take place over the course of two days, **online or via telephone call**, lasting – in total – approx. 1hour and 15mins.

Please let me know if you wish to take part or simply have any questions around this study before making a decision: [Neha.zia.2@city.ac.uk](mailto:Neha.zia.2@city.ac.uk)

## SAMPLE CONSENT FORM

**An exploration of cultural experiences on Hoarding Disorder: A comparison between Black, White and South Asian communities in the UK**

**\*Mandatory Fields**

\* Name:

\*Address

\*GP details

Details of Social worker/other services I am in touch with:

I saw this advertisement via MIND

Borough of Camden

Hoarding UK

Please select the Racial/Cultural Cohort that you identify as:

- Black
- White
- South Asian

Please read the information below thoroughly and answer all questions

	YES	NO
1. I have read the Research Participant Information Sheet.	[Control]	[Control]
2. I have had an opportunity to ask questions and discuss this study.	[Control]	[Control]
3. I understand that I am free to withdraw from the study at any time:		
<ul style="list-style-type: none"> <li>• <b>(Please note that you will unable to withdraw once your data has been included in any reports, publications etc.)</b></li> </ul>	[Control]	[Control]
<ul style="list-style-type: none"> <li>• without having to give a reason for withdrawing</li> </ul>	[Control]	[Control]
<ul style="list-style-type: none"> <li>• without it affecting my future care</li> </ul>	[Control]	[Control]
4. I understand that I will not be referred to by name in any report/publications resulting from this study	[Control]	[Control]
5. I agree that my comments can be quoted as long as they do not directly identify me when the study is written up or published	[Control]	[Control]
6. I understand and agree to having my interview recorded and stored securely on an encrypted (secure device) [Control]	[Control]	
7. I agree to take part in this study	[Control]	[Control]

8. I understand that I will not be referred to by name in any report/publications resulting from this study	[Control]	[Control]
9. I would like to be contacted regarding the outcome/results of this study	[Control]	[Control]

**Please place and 'X' according to your preference**

*(Please note, the first part of this study will require your email address in order for the Principal researcher to send you the survey link. Please enter this separately from whether you would like all other correspondence to be carried out via telephone call in the space provided)*

<input type="checkbox"/> I would like to be contacted <b>to schedule a time/day</b> via telephone call	<input type="checkbox"/> I would like to be <b>contacted to schedule a time/day</b> via Zoom
<b>Please enter your contact number:</b>	<b>Please enter your email address:</b>
<input type="checkbox"/> I would like to be contacted for my <b>interview</b> via telephone call	<input type="checkbox"/> I would like to be contacted for my <b>interview</b> via Zoom
<b>Please enter your contact number:</b>	<b>Please enter your email address:</b>
<b>Please provide your email address for the survey link:</b>	

Research Participant Name:
Research Participant signature:
Date:

Principal Investigator name:
Principal Investigator signature:
Date:

One copy to be kept by the participant and one by the researcher

**\*\*Preliminary guidance for the semi-structured interview based on the Vancouver Index of Acculturation \*\* This form remains with the researcher and is used to guide the interview**

1, do you have any *heritage* culture traditions, if so do you take interest and participate in them?  
**Bearing in mind that this is a UK-based sample, cultural assimilation in Black and South Asian communities cannot be discounted (provide a reference). Particularly for individuals who identify as 2<sup>nd</sup>/third generation British. It is also significant to ascertain the meaning of cultural heritage of White participants, as this may also entail inter-generational variations as well as differences between ethnic groups (reference).**

2, do you often participate in mainstream Western Culture?

**Understanding of what 'Western culture' means - heritage of social norms, ethical values, traditional customs, belief systems, political systems, artifacts and technologies. Western culture is most strongly influenced by the Greek philosophy, Roman law, and Christian culture (reference), however this was open to all participants including White individuals, with considerations around different ethnic groups I.e., Irish travellers, alongside observations of any variances in perspective around 'mainstream western culture' within this demographic (perhaps things may have changed/developed overtime).**

3, what are some off the values of you heritage culture? Do you believe in these values?

**Again, to ascertain detailed information around connection to heritage cultural roots for purposes of IPA analysis (ordinate and subordinate themes) in order to investigate the research aims (perspectives/lived experiences outcomes of treatment and/or any protective factors) with specific relation to HD.**

4, please tell me a little bit more about your experiences **(of HD and lived, individual experiences through a culture-specific lens):**

**\*\*Interview to be recorded\*\***

**Transcript**

**\*\*Researcher to take reflexive notes\*\***

**To contribute towards analysis**

## Vancouver Index of Acculturation (VIA)

Please circle *one* of the numbers to the right of each question to indicate your degree of agreement or disagreement.

Many of these questions will refer to your *heritage culture*, meaning the original culture of your family (other than American). It may be the culture of your birth, the culture in which you have been raised, or any culture in your family background. If there are several, pick the one that has influenced you *most* (e.g. Irish, Chinese, Mexican, African). If you do not feel that you have been influenced by any other culture, please name a culture that influenced previous generations of your family. Your heritage culture (other than American) is:

\_\_\_\_\_

	Disagree		Agree
1. I often participate in my <i>heritage</i> cultural traditions.	1	2 3 4 5 6 7 8 9	
2. I often participate in mainstream American cultural traditions.	1	2 3 4 5 6 7 8 9	
3. I would be willing to marry a person from my <i>heritage culture</i> .	1	2 3 4 5 6 7 8 9	
4. I would be willing to marry a white American person.	1	2 3 4 5 6 7 8 9	
5. I enjoy social activities with people from the same <i>heritage culture</i> as myself.	1	2 3 4 5 6 7 8 9	
6. I enjoy social activities with typical American people.	1	2 3 4 5 6 7 8 9	
7. I am comfortable interacting with people of the same <i>heritage culture</i> as myself.	1	2 3 4 5 6 7 8 9	
8. I am comfortable interacting with typical American people.	1	2 3 4 5 6 7 8 9	
9. I enjoy entertainment (e.g. movies, music) from my <i>heritage culture</i> .	1	2 3 4 5 6 7 8 9	
10. I enjoy American entertainment (e.g. movies, music).	1	2 3 4 5 6 7 8 9	
11. I often behave in ways that are typical of my <i>heritage culture</i> .	1	2 3 4 5 6 7 8 9	
12. I often behave in ways that are typically American.	1	2 3 4 5 6 7 8 9	
15. I believe in the values of my <i>heritage culture</i> .	1	2 3 4 5 6 7 8 9	
16. I believe in mainstream American values.	1	2 3 4 5 6 7 8 9	
17. I enjoy the jokes and humor of my <i>heritage culture</i> .	1	2 3 4 5 6 7 8 9	
18. I enjoy white American jokes and humor.	1	2 3 4 5 6 7 8 9	
19. I am interested in having friends from my <i>heritage culture</i> .	1	2 3 4 5 6 7 8 9	
20. I am interested in having white American friends.	1	2 3 4 5 6 7 8 9	

## Participant Information Sheet

Ethics ID: ETH2021-0253

### **Exploration of Culture in relation to Hoarding Disorder**

My name is Neha Zia and I am a research student currently enrolled in a Counselling Psychology Doctoral program at City, University London. I am currently looking for participants who wish to take part in a study that explores people's experiences of hoarding disorder (HD)/Hoarding behaviour specifically within racial/cultural contexts.

Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. You will be given a copy of this information sheet to keep.

#### **What is the purpose of the study?**

The objective of this study essentially aims to identify and compare the lived experiences of individuals that suffer from HD between three of the largest racial demographics in the UK. Limited research has so far been conducted in this area.

#### **Who are we looking for?**

Participants should be:

- People over the age of 18 who consider themselves to experience difficulty parting or discarding retained objects, to the extent that living spaces are difficult to use for their intended purpose.
- People who identify as either Black, White or South Asian
- People who are willing to talk about their experiences with relation to cultural/racial backgrounds and upbringing

#### **What will I be asked to do?**

Taking part in this study would mean participating in survey that aims to measure the nature of your hoarding behaviour within the last week, followed by a semi-structured interview detailing your experiences of hoarding, and how/whether this is navigated within the context of your heritage culture. The interview will be audio recorded to capture the important information provided, and then transcribed to enable later analysis.

Should you provide consent to partake in this study, the principal investigator will send you an email or call you (depending on your preferred choice of contact) to schedule a time and date for the interview that is convenient for you. Once a time and day is agreed upon, the primary researcher will send a link for the first part of the questionnaire via email of an online survey tool called Qualtrics. Once the questionnaire has been completed and submitted, a zoom link will be sent within 24 hours and include the agreed upon time and date for the semi-structured interview.

Participants who opt for a telephone call will receive this on the scheduled time agreed upon at the start of the study.

### **How long will this take?**

- The survey will take approx. 15 minutes to complete and will be sent to you via email.
- Following this, you will be contacted via Zoom or telephone call (depending on your preferred choice) for an interview that will last up to an hour.

### **Will my experiences and responses be kept confidential?**

Yes, absolutely. Any information you provide will be kept strictly confidential and anonymous. All of the information which is collected from you during your participation and throughout the study will be kept confidential and will conform to the Data Protection Act of 1998 and in accordance with the new GDPR guidelines.

**Please be aware that confidentiality will be broken only in exceptional cases whereby the principal researcher is made aware of any risk including reports of violence, abuse, harm to others and criminal activity, risk to self, self-inflicted harm and/or suicidal ideation; as part of the legal obligations outlined in the Care Act (2014).**

**In such instances, you would be informed of what steps will be taken and why. This could include contacting emergency/crisis services, making a referral to your local safeguarding team, and/or contacting your GP/social worker/mental health support service(s).**

**With regards to the aforementioned, please be aware that we will ask you for your name, address and GP contact details for safeguarding and risk escalation purposes in order to maintain a duty of care. This will be asked in the consent form as a mandatory requirement.**

The study will involve a recorded interview on an encrypted (password protected) device provided by City University London. Only the principal researcher will have access to this device and its password. Written transcriptions from the device will be data that is submitted for publication and this will be anonymised: names/locations and all other identifiers will be changed. Please note that the records will be kept for 10 years in accordance with City University's guidance.

### **What are the disadvantages or potential risks if I take part?**

Questions around the nature and severity of Hoarding Disorder and its personal impact on functioning, relationships and emotional-wellbeing can be sensitive topics for many people. Additionally, cultural factors, customs and rituals may be asked in some detail for a comprehensive understanding. Such questions will be approached with empathy, in a non-judgmental way with curiosity and respect. The Primary researcher will continuously check in with the participant throughout the interview process as to whether they are okay and remind them that they are able to stop or discontinue at any point.

Should this study trigger or exacerbate existing anxieties or emotional distress, the primary researcher will be responsible for addressing this by escalating such a case to the appropriate service, as detailed above.

### **What are the potential benefits in taking part in this study?**

This study holds the potential to re-evaluate current service intervention and treatment for HD, in order to reflect on whether current interventions are effective within the realms of cultural differences and inclusive in terms of outreach and provision of support.

Furthermore, it is especially timely to obtain empirical data from a dynamic UK population that can make a substantial impact on Psychological practice and other areas of Health and Social Care.

### **Do I have to take part?**

No.

Your participation in this study is voluntary, and you can withdraw at any stage without being penalised or disadvantaged in any way. It is your decision as to whether or not you would like to take part and you are able to withdraw at any time without giving a reason during the data collection process. All names and personal identifiers will be anonymised throughout the data collection process.

**Please note, once data has been submitted for publication purposes, you will no longer be able to withdraw your data. If you do decide to take part you will be asked to sign a consent form.**

If you would like to be notified of the outcome of this study, please provide consent for your data to be kept for this purpose in the consent form.

### **Who has approved this study?**

This study has been approved by City, University of London [insert committee here] Research Ethics Committee.

### **How do I get involved?**

If you are interested in participating or just want to know more please contact the primary researcher:

**Neha Zia:** [Neha.zia.2@city.ac.uk](mailto:Neha.zia.2@city.ac.uk)

### **What if there is a problem?**

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone **020 7040 3040**. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them of the name of the project.

You can also write to the Secretary at:

Anna Ramberg Research Integrity Manager  
City, University of London, Northampton Square London,  
EC1V 0HB  
Email: [Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

### **Further information and contact details**

Dr. Tanya Lecchi will answer any inquiries about the research  
Email: [tanya.lecchi@city.ac.uk](mailto:tanya.lecchi@city.ac.uk)

**City, University of London is the sponsor and the data controller of this study based in the United Kingdom [if City is not the sponsor and/or data controller, amend as appropriate]. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.**

**Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/>).**

### **Thank you for taking the time to read this information sheet**

Yours Sincerely

Neha Zia  
(Principal Researcher)

**SI-R**

**\*\*On a Qualtrics format\*\***

\*Fields must be answered

<b>Please click the group/cohort that you identify as</b>
<b>South Asian (C1)</b>
<b>Black (C2)</b>
<b>White (C3)</b>

<b>Pease add you assigned participant number</b>
<b>1</b>
<b>2</b>
<b>3</b>

---

## Saving Inventory – Revised

---

Date: \_\_\_\_\_

For each question below, circle the number that corresponds most closely to your experience DURING THE PAST WEEK.

0 ----- 1 ----- 2 ----- 3 ----- 4  
None      A little      A moderate amount      Most/Much      Almost All/ Complete

1. How much of the living area in your home is cluttered with possessions? (Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms, or other rooms).  0    1    2    3    4
2. How much control do you have over your urges to acquire possessions?  0    1    2    3    4
3. How much of your home does clutter prevent you from using?  0    1    2    3    4
4. How much control do you have over your urges to save possessions?  0    1    2    3    4
5. How much of your home is difficult to walk through because of clutter?  0    1    2    3    4

For each question below, circle the number that corresponds most closely to your experience DURING THE PAST WEEK.

0 ----- 1 ----- 2 ----- 3 ----- 4  
Not at all      Mild      Moderate      Considerable/ Severe      Extreme

6. To what extent do you have difficulty throwing things away?  0    1    2    3    4
7. How distressing do you find the task of throwing things away?  0    1    2    3    4
8. To what extent do you have so many things that your room(s) are cluttered?  0    1    2    3    4
9. How distressed or uncomfortable would you feel if you could not acquire something you wanted?  0    1    2    3    4



For each question below, circle the number that corresponds most closely to your experience DURING THE PAST WEEK.

0 ----- 1 ----- 2 ----- 3 ----- 4  
Never Rarely Sometimes/ Occasionally Frequently/ Often Very Often

17. How often do you avoid trying to discard possessions because it is too stressful or time consuming?  0  1  2  3  4
18. How often do you feel compelled to acquire something you see? e.g., when shopping or offered free things?  0  1  2  3  4
19. How often do you decide to keep things you do not need and have little space for?  0  1  2  3  4
20. How frequently does clutter in your home prevent you from inviting people to visit?  0  1  2  3  4
21. How often do you actually buy (or acquire for free) things for which you have no immediate use or need?  0  1  2  3  4
22. To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes, cleaning, etc.  0  1  2  3  4
23. How often are you unable to discard a possession you would like to get rid of?  0  1  2  3  4
- 

Jordana Muroff, Parry Underwood, Gail Steketee  
Group Treatment for Hoarding Disorder: Appendices. Copyright © 2014 by Oxford University Press

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## Debrief form

We would like to take this opportunity to say **Thank You** for taking the time to answer our survey and completing the interview.

Please be assured, all data collected will be treated in the strictest confidence. You are free to withdraw your data from the research at any time by contacting Neha Zia (primary researcher)

**Neha.zia.2@city.ac.uk** or Tanya.Lecchi@city.ac.uk

The completed research will help to gain a more insightful understanding of lived experiences of Hoarding Disorder/Hoarding behavior within socio-cultural context. At present, very few studies have aimed to research this phenomenon with considerations given to ethnic minority subgroups as part of national samples for transcultural studies, or within single national samples as part of cross cultural-research. This study aims to explore the latter.

Current interventions and support provided by UK services for hoarding rarely recognize or address the impact and influence culture can have on our beliefs, behaviors and value systems. The main objective of this study is to collect meaningful data with potential for valuable contributions within interventions and therapeutic practice for this disorder.

If you were unduly or unexpectedly affected by taking part in the study please feel free to feed it back to the researcher. If you feel unable for whatever reason what-so-ever to talk with the researcher then please either contact Supervisor **Dr Tanya Lecchi** or the Anna Ramberg: Research Integrity Manager [Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

The following articles may be of interest to you:

De La Cruz et al (2016) Ethnocultural aspects of Hoarding Disorder: *Current Psychiatry reviews*, 12, 115-123

Nordsletten, A. E, De la Cruz F, Aluco L, Alonso E, López-Solà P, Menchón C, Nakao J.M, Kuwano T, Yamada M, Fontenelle S, Leonardo F, Luís A, Mataix-Cols, D. (2018). A Transcultural study of hoarding disorder: Insights into the United Kingdom, Spain, Japan and Brazil. *Transcultural Psychiatry*, 55(2), 261-285.

Timpano, K. R., Rasmussen, J., Exner, C., Rief, W., Schmidt, N. B., & Wilhelm, S. (2013). Hoarding and the multi-faceted construct of impulsivity: A cross-cultural investigation. *Journal of Psychiatric Research*, 47(3), 363-370. doi:10.1016/j.jpsychires.2012.10.017

Yorulmaz, O., & Demirhan, N. (2015). *Cognitive correlates of hoarding symptoms: An exploratory study with a non-western community sample*

## Participant Demographics (With Pseudonyms)

**Figure 1.**

Pseudonym	Racial/Cultural background	Age Range
Anita	<b>South Asian/Indian</b>	53-58
Rani	<b>South Asian/Sri Lankan</b>	39-44
Jay	<b>South Asian/Indian</b>	44-49
Mohammed	<b>South Asian/Bangladeshi</b>	39-44
Mary	<b>Black/African/Nigerian</b>	44-49
Michael	<b>Black/African/Ghanaian</b>	44-49
Tina	<b>Black/Caribbean</b>	39-44
Jade	<b>Black/Mixed Race</b>	39-44
Irene	<b>White/Irish</b>	53-58
Bob	<b>White/English</b>	53-58
Arthur	<b>White/English</b>	53-58
David	<b>White/English</b>	44-49

<p><b>Summary of participants' words/Linguistic comments (in green), potential significance and meaning (think social construction)</b></p> <p><b>Descriptive comments in blue</b></p> <p><b>and Conceptual comments (in red) context (suspicious interpretation that help conceptualize abstract notions).</b></p>		<p><b>Transcript</b></p> <p><b>Transcript</b>  PR = Primary Researcher  CA = Client A/'Anita'= Pseudonym.  Jo Blog = anonymised social worker  Level 2 stage of hoarding</p> <ul style="list-style-type: none"> <li>No's that are underlined are for coding of Emerging themes, then placed into superordinate categories.</li> <li>Letters are to establish ordinate themes.</li> <li><b>Text in blue = Notes for individual and case narrative write up should this appear as common factors within cohorts.</b></li> </ul>	<p><b>Emergent themes</b></p> <p><b>Cognitions related to specific HD practices:</b>  <b>problems having stemmed from Information-processing deficits, emotional attachment, behavioral avoidance and erroneous beliefs about the nature of possessions.</b></p> <p><b>Superordinate and ordinate</b></p>
<p><b>Willing and forthcoming to participate.</b>  <b>Feelings of Isolation within the context of a large, Indian/Sikh family.</b>  <b>Feeling different.</b>  <b>Friendly tone of voice, comfortable within the interview, went straight into dialogue and detail. Suspicious interpretation – the client's</b></p>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> </ol>	<p><b>PR.1</b> ... Hi A, thank you for completing the questionnaire, and taking time out in your day to come to this interview.</p> <p><b>CA.1</b> ... No problem at all. When Jo Blog told me about this I thought it was pretty interesting to have someone think about all this with culture. I'm from a very big Indian family you see, Sikh to be specific, and no one in my family really understands the way I choose to live. I have 5 siblings, two brothers and three sisters, and loads of nieces and nephews and none of them get me.</p>	<p><b>ROLE OF THE FAMILY (ROF)</b></p> <p><b>DIFFERENCE</b></p> <p><b>LONELINESS</b></p>

<p><i>tone was quite fast paced (nerves?) and friendly. We have had no prior 1:1 interaction however the enthusiasm with which the client wanted to begin the interview could suggest not having had the opportunity to discuss her issues before and wanting to do so now.</i></p>	<p>13. 14. 15. 16. 17.</p>	<p><b>PR.2</b> ... That sounds like it must be really difficult for you. Before we get started, can I just check with you that you've read the consent form? And that you're aware that you can pause or stop the interview at any point if you want to.</p>	
<p>Validating the client's expression of 'being different' and rapport building (13).</p>	<p>18.</p>	<p><b>CA.2</b> ... Oh yes yes, don't worry, I'm used to answering loads of questions about this stuff. I know the drill, you have to let Jo Blog know if I'm 'presenting as a risk to myself or others' [laughs], I know it all like the back of my hand. I'm happy to do the interview, go ahead sweetheart.</p>	
<p><b>The client has an idea of the process as she is familiar with MH services. Friendly tone of voice, appeared comfortable at this stage of the interview, went straight into dialogue and detail.</b></p>	<p>19. 20. 21. 22. 23.</p>		
<p><b>Addressed the primary researcher somewhat informally indicating a good emerging rapport.</b></p>	<p>24. 25. 26.</p>	<p><b>PR.3</b> ... Brilliant. Thank you. So could you tell me a little bit more about what it was like <b>growing up in your big-Indian family?</b></p>	<p>ROF</p>
<p><b>I used the client's terminology to ascertain the subjective meaning attached to her notion of family (24-26).</b> <i>Double Hermeneutic.</i> <i>Social construction.</i></p>	<p>27. 28. 29. 30.</p>	<p><b>CA.3</b> ... Umm... <b>I mean it was like growing up any other family to be honest. At least that's what it felt like anyway. Strict parents, lots of rules about homework and keeping the house tidy.</b> We didn't really have much growing up, money I mean, so I suppose my parents did what they could to feed 6 hungry mouths... as well as themselves...and my Grandad before he died when I was around 14 years old. I don't remember him that much even though 14 is a big enough age. My parents...they..err...they argued a lot, about him, about the house, about a lot of things. Come to think of it, I think other families might have been a bit different. I'm not sure if I'm honest, I can't always remember that far back sometimes. <b>I was diagnosed with depression</b> in my early twenties you see, and I had to take all sorts of medication at the time – bloody awful that. Left me feeling like a vegetable. Anyway, best</p>	<p>BUSINESS DIFFERENCE</p>
<p><b>CA's conceptualisation of family includes structure &amp; rules.</b></p>	<p>31. 32. 33.</p>		<p>LOSS/BEREAVEMENT SPLIT SELF</p>
<p><i>Some indication that there was a sense of 'otherness' as she recounts her understanding of her family dynamics as subjective.</i></p>	<p>34. 35. 36. 37. 38.</p>		<p>PAST+PRESENT SELF (35-38)</p>
<p><i>Different 'self' meaning made in the past &amp; present.</i></p>	<p>39. 40. 41.</p>		<p>PSYCHOLOGICAL STATE</p>
<p><b>Other contextual data: comorbidity of MH.</b> The client speaks at a very fast pace when mentioning her diagnosis; doesn't explicate further and</p>	<p>42. 43. 44. 45. 46.</p>		

<p>there is a nonchalance in her tone of voice that indicates she wants to move past this topic.</p>	<p>47. 48.</p>	<p>thing when my GP told me I could ‘wean off’ of them. Sorry I lost my train of thought!</p>	
<p>Structural question (?) in order to ensure the participant stays within the research agenda. Exploring her ecological niche. <b>This can be considered in constructionist sense – suspicious interpretation informed by a multi-cultural orientation/systemic theory.</b></p>	<p>49. 50.</p>	<p><b>PR.4</b> ... That’s alright. You were saying that your family may have been a bit different from others?</p>	<p><b>BUSINESS</b></p>
<p><b>Context and insight into childhood, key factors: busy household.</b> <b>Subjective lack of resources?</b> Slight nervous laugh when recounting this. Attempting to ascertain her subjective meaning making of ‘Piccadilly circus&amp; ‘businesses. <i>Suspicious interpretation.</i></p>	<p>51. 52. 53. 54.</p>	<p><b>CA.4</b> ... Ahhh yes, that’s right. Yes there was a lot that went on at home. Always busy, always people coming and going. My uncle – lovely man God rest his soul – said once that our house was like Piccadilly Circus! Full of people in and out.</p>	<p><b>TOGETHERNESS</b></p>
<p>Recounted her MH diagnosis in a rationalised way. <b>Past self.</b></p>	<p>55. 56.</p>	<p><b>PR.5</b> ... And that felt different to you? Different from other families?</p>	<p><b>ROF</b></p>
<p><b>CA grew up with people of similar cultural backgrounds and other ethnic minorities, however she states a sense of ‘otherness’ in spite of this.</b></p>	<p>57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72.</p>	<p><b>CA.5</b> ...It did. And funny enough, I grew up and went to school with a lot of people like me – people from Asian backgrounds I mean. And people from the Black community. Muslims, Hindus, lots of people. <b>Maybe some people’s families were like mine – but my friends always seemed like they had more quiet in their home.</b> Less people, less noise. Like when I told one of my friends that I had to give up my room for a month and share with my sister because some relatives from India were staying over, she was very shocked. Didn’t understand why I had to give up my room. To be fair neither do I looking back. They could have stayed in a hotel, but I just thought that was normal. At the time anyway.</p>	<p><b>OTHERNESS DIFFERENCE</b></p>
<p><b>SC perspective: the client’s reality was constructed according to collectivism, which is why her ‘past-self’ deemed this as normal. Perhaps the ‘present-self’ has been co-constructed by individualism, which is why she now alludes to this as the opposite. Different construction of reality from friends as they were ‘shocked’.</b></p>	<p>73.</p>	<p><b>PR.6</b> ... You don’t feel like that is normal anymore?</p>	<p><b>PAST SELF</b></p>
			<p><b>PAST SELF</b></p>
			<p><b>ROF</b></p>

<p><b>Isolation and attachment. Positioning within the home.</b></p>	<p>74. 75. 76. 77.</p>	<p><b>CA.6</b> ...No. No, no definitely not. I was – am – the second to youngest so I guess no one really bothered to ask me. But I didn't know any different so just went along with it.</p>	<p><b>PAST SELF CHANGE</b></p>
<p><b>Interview agenda:</b> <i>To ascertain a subjective sense of 'normality' of the client's world in retrospect.</i></p>	<p>78.</p>	<p><b>PR.7</b>...Do you remember how old you were at the time?</p>	<p><b>PSYCHOLOGICAL STATE</b></p>
<p><b>Onset of MH diagnosis.</b></p>	<p>79. 80. 81. 82. 83. 84.</p>	<p><b>CA.7</b>... Oh gosh! This happened on so many occasions! But I guess the one time I can remember far back enough was when I was around 10 or 11. Then I went to Uni when I turned 18. That's when my depression started. Not that I realised what it was at that time.</p>	<p><b>ROF PSYCHOLOGICAL STATE</b></p>
<p><b>Reflective insight. Separate subjective meanings as to normalcy. Present perception being that childhood perspective of normalcy may have been within the bounds of 'family culture'. Although CA is referring to herself, 'we' is used to denote a set of shared experience of sorts. Despite the other students bearing limited significance in her narrative. Sense-making occurs when amongst others despite the conditions. Sense of displacement and isolation.</b></p>	<p>85. 86.</p>	<p><b>PR.8</b>... Are you able to tell me a little bit more about that period in your life?</p>	<p><b>LONELINESS</b></p>
<p><b>Reflective insight. Separate subjective meanings as to normalcy. Present perception being that childhood perspective of normalcy may have been within the bounds of 'family culture'. Although CA is referring to herself, 'we' is used to denote a set of shared experience of sorts. Despite the other students bearing limited significance in her narrative. Sense-making occurs when amongst others despite the conditions. Sense of displacement and isolation.</b></p>	<p>87. 88. 89. 90. 91. 92. 93. 94.</p>	<p><b>CA.8</b>... Yes, I thought you might ask me about that! Honestly it was so strange going from 'Piccadilly circus' to an ugly, grey student accommodation room – the only comfort I got was the fact that <b>we</b> had to share a kitchen. Something that most people hated but it was the only thing that made sense to me. Somewhere in those god awful halls where there were actual people.</p>	<p><b>OTHERNESS CHANGE</b></p>
<p><b>Reflective insight. Separate subjective meanings as to normalcy. Present perception being that childhood perspective of normalcy may have been within the bounds of 'family culture'. Although CA is referring to herself, 'we' is used to denote a set of shared experience of sorts. Despite the other students bearing limited significance in her narrative. Sense-making occurs when amongst others despite the conditions. Sense of displacement and isolation.</b></p>	<p>95. 96. 97.</p>	<p><b>PR.9</b>... I'm curious to know, what made them so awful for you? Anything other than being grey and ugly of course.</p>	<p><b>ROF LONELINESS</b></p>
<p><b>Isolation and attachment. Positioning within the home.</b></p>	<p>98. 99. 100.</p>	<p><b>CA.9</b>... [Laughter] Oh I wish I had a picture. It was just hideous. But more than that I didn't really know what I was supposed to do with myself there. I had a busy home, with busy people and suddenly...I was all on my own. No one knew me. I didn't</p>	<p><b>SPLIT SELF BUSINESS</b></p>

<p>Indication of limited awareness around self in connection to MH at the time.</p> <p>Making sense of independent identity outside of the family &amp; cultural context. <u>1A Explicit mention of feeling lonely. 'Assumptions' of western cultural values that equate independence with being happy/lucky/grateful.</u> Feelings of displacement upon returning to family and cultural contexts.</p>	<p>101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117.</p>	<p>even think when I was applying, I was just happy that my mum and dad were okay with me living out. My older sister wasn't allowed to you see. 'What will people say' and all that. But they seemed to relax with me! But yes, to answer your question, looking back I was so lonely. So completely isolated from everyone and everything I knew. My friends from back in fifth form kept telling me that I should have fun. I'm lucky. I should be grateful I get to be independent, do whatever I wanted. Problem was I didn't know what I wanted to do. And when I did go home, on Vaisakhi or when my two brothers got married, I still felt alone. Lost... I didn't seem to fit in anywhere....</p> <p>[PAUSE]</p> <p>PR.10... I can see that this might be difficult for you. Would you like to take a break?</p>	<p>LONELINESS</p> <p>ROF</p> <p>ROF</p> <p>DIFFERENCE</p> <p>CHANGE</p> <p>LONELINESS</p>
<p>Comorbidity.</p> <p>Difficulty in making sense of her depression. Isolation. Differences in lifestyle with peers. Struggle to make sense of this alongside making sense of identity and sense of self within her cultural context. <u>Blurring of cultural identity?</u></p>	<p>118. 119.  120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132.</p>	<p>CA.10... No, no that's okay. Thank you. That's really kind of you but I'm fine. It's just... I wish I had someone at the time who got it. I get it now. I've had lots of therapy for my depression and that's been so helpful. It's just...my family were so busy at the time they couldn't even tell when something was off with me when I visited. And then when I went back to Uni, I was surrounded by mostly English people. They were very nice! But I felt different. I looked different. They had a completely different way of being and living and I just felt more lonely then ever.</p>	<p>PSYCHOLOGICAL STATE</p>

<p><i>Continues rapport building and shared understanding from my perspective.</i></p> <p>Trying to ascertain her value/level of participation within heritage culture.</p>	<p>133. 134. 135.</p> <p>136.</p> <p>137. 138. 139. 140. 141. 142.</p>	<p><b>PR.11</b>...That sounds quite tough. Especially as you mentioned having grown up with people from similar backgrounds up until then.</p> <p><b>CA.11</b>...Yes exactly that!</p> <p><b>PR.12</b>...You said that you went home for Vaisakhi and wedding events. I'm aware that that is quite a significant time for Sikh's. Is this something you valued and had an interest at the time? And is this or any other cultural or religious event something you currently participate in?</p>	<p><b>ROF</b> <b>OTHERNESS</b> <b>PAST SELF</b> <b>BUSINESS</b></p> <p><b>ROF</b></p> <p><b>LOSS/BEREAVMENT</b></p> <p><b>PSYCHOLOGICAL STATE</b></p> <p><b>LONELINESS</b></p> <p><b>OTHERNESS</b> <b>TOGETHERNESS</b></p>
<p><b>Attendance within cultural events was often, not necessarily valued by CA herself.</b></p> <p><b>Significant life event with the passing of her parents. Awareness of surroundings. Lots of books and boxes behind CA during the zoom interview observed by the primary researcher. CA acknowledged and named this.</b></p>	<p>143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156.</p>	<p><b>CA.12</b>...Oooh, that's a tricky one. I attended them all in my youth. Vaisakhi, Diwali, you name it. But mostly because my parents wanted me to and it was again, just something you do. Now though...It doesn't feel as important anymore. Especially after my parents passed. My siblings do invite me and drop off food on these occasions. But I haven't always in the mood to go to theirs. Can't leave my home in all its glory you see [laughs, points to the room around her]. I suppose I do value the sense of community these festivals and rituals bring. I'm not a big believer of the religious aspects of it.</p>	<p><b>ROF</b></p> <p><b>LONELINESS</b></p>
<p><b>Nuances within heritage-culture norms and customs.</b></p> <p>Emotional avoidance?</p> <p><b>Some of CA's family are present and supportive. Client</b></p>	<p>157.</p> <p>158. 159. 160. 161. 162. 163. 164.</p>	<p><b>PR.13</b>...Ah, how do you feel about your home right now?</p> <p><b>CA.13</b>...It's difficult to say. The advice from environmental health and Jo Blog have made it much more 'habitable' as I was told. My sister, her husband and son also helped a lot. And there's more space now than last year. So in one way I feel better that I'm not hiding myself away as much in my flat anymore so</p>	<p><b>OTHERNESS/LONELINESS</b></p> <p><b>ROF</b></p>

<p>suggests their active role in addressing her HD.</p> <p><b>Dichotomy in thoughts – de-cluttering expressed as ‘helpful’ but simultaneously distressing (common thought in addressing HD). Insightful into ascertaining CA’s state of mind.</b></p>	<p>165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178.</p>	<p>that’s a good thing. But it’s difficult sometimes. <b>Too much space</b>. I went to a group support thing for Hoarders, but it didn’t do much if I’m honest. I completely got therapy when I went for my depression, which was hard enough, but for this...I don’t know...It sounds good on paper. But no one really gets me. Even my family who have been amazingly supportive throughout all of this, they can’t really understand. I do feel alone even though the people who attended the group were so lovely. But I probably wouldn’t recommend it to anyone else.</p>	<p><b>ROF</b></p>
<p>Double hermeneutics – trying to understand what would have worked better for the client.</p>	<p>179. 180. 181.</p>	<p><b>PR.13</b>...I’m sorry to hear that it hasn’t been the most helpful of experiences for you. Say if you were running a group – is there anything that you might do differently?</p>	<p><b>OTHERNESS</b></p> <p><b>TOGETHERNESS</b></p> <p><b>CULTURE CLASH</b></p>
<p><b>Heritage-culture tended to discourage open dialogue around topics of mental health. Nuances within this as family support seemed to have also propelled CA to attend a service that was available to her. Meaning-making of her situation appears to be</b></p>	<p>182.  183.  184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197.</p>	<p><b>CA.14</b>...Hmnnnn....I definitely wouldn’t do groups.</p> <p><b>PR.14</b>...Okay, are you able to expand on that a little?</p> <p><b>CA.15</b>...Yes, sorry, I wouldn’t do it in groups because I don’t like to share my mental health problems with regular people. People who aren’t professionals I mean. Like you or Jo Blog or the council lot. It sounds terrible but I know that you must all see a lot of people like me in a day. But sharing all this with people who aren’t professionals...Its very, well, it’s all very...<b>invasive</b>. I don’t mean it to come across in a rude way, because the other people are also going through the same thing. But growing up, this wasn’t the kind of thing you shared with groups of people. Not a very Indian thing to do at all. I guess that kind of</p>	<p><b>ROF</b></p> <p><b>SHAME</b></p> <p><b>LONELINESS/WIT HDRAWAL</b></p> <p><b>PSYCHOLOGICAL STATE</b></p>

<p><b>compounded by external voices within the heritage-culture context.</b></p>	<p>198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211.</p>	<p>just stuck with me. But my sisters and social worker were all very worried about the state my flat was in, so I listened to them and went. It was embarrassing, having my family come over and seeing the look on their faces, so I stopped inviting people over, stopped visiting them, stopped going out. I knew that people already talked badly about me. So, it was easier if I didn't give them anything else to talk about. I'm in my mid-fifties, unmarried with no kids. If you add mental health on top of that then it's safe to say that your life is over. But it started getting really difficult, to the point where I couldn't leave to go to the Dr's or get my shopping done because I didn't want to be too far away from my belongings. I think that's when I started to realise that this was becoming a problem. So, I listened to everyone around me. It helped actually, because environmental health had to come and remove things from my flat, they though were a hazard. I kept on ignoring their phone calls, at first, including and Jo Blogg's. Because they wanted to come and take away all my things. So, in one way listening to other people's stories in the group made me understand a bit better what was going on with me. And the more time I spent in my flat, the more it felt like my things were closing in on me. I did all my shopping online and kept all the bags. Something my mum used to do. We would keep all the shopping bags in a box next to the fridge. And I bought lots of homeware, table lamps, t.v. trays, kitchen items and so on. I didn't realise how bad it had gotten until I was doing an online shop for Tesco and they didn't have any delivery slots available. So I asked my sister to bring a few things over for me and she immediately entered my flat and staring crying when she saw how bad it had gotten. She started to clean things and I nearly broke down because I couldn't get rid of anything, but at the same time I really wanted to. I knew, I know this isn't how people live, if the rest of my family and relatives saw how I was living they would faint. I mean literally faint! I went to lots of</p>	<p><b>TOGETHERNESS</b></p> <p><b>ROF</b></p>
<p><b>Perception of a woman within cultural context and indication of pressure and shame. ASSUMPTIONS.</b></p>	<p>212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229.</p>	<p>just stuck with me. But my sisters and social worker were all very worried about the state my flat was in, so I listened to them and went. It was embarrassing, having my family come over and seeing the look on their faces, so I stopped inviting people over, stopped visiting them, stopped going out. I knew that people already talked badly about me. So, it was easier if I didn't give them anything else to talk about. I'm in my mid-fifties, unmarried with no kids. If you add mental health on top of that then it's safe to say that your life is over. But it started getting really difficult, to the point where I couldn't leave to go to the Dr's or get my shopping done because I didn't want to be too far away from my belongings. I think that's when I started to realise that this was becoming a problem. So, I listened to everyone around me. It helped actually, because environmental health had to come and remove things from my flat, they though were a hazard. I kept on ignoring their phone calls, at first, including and Jo Blogg's. Because they wanted to come and take away all my things. So, in one way listening to other people's stories in the group made me understand a bit better what was going on with me. And the more time I spent in my flat, the more it felt like my things were closing in on me. I did all my shopping online and kept all the bags. Something my mum used to do. We would keep all the shopping bags in a box next to the fridge. And I bought lots of homeware, table lamps, t.v. trays, kitchen items and so on. I didn't realise how bad it had gotten until I was doing an online shop for Tesco and they didn't have any delivery slots available. So I asked my sister to bring a few things over for me and she immediately entered my flat and staring crying when she saw how bad it had gotten. She started to clean things and I nearly broke down because I couldn't get rid of anything, but at the same time I really wanted to. I knew, I know this isn't how people live, if the rest of my family and relatives saw how I was living they would faint. I mean literally faint! I went to lots of</p>	<p><b>OTHERNESS</b></p> <p><b>DIFFERENCE</b></p> <p><b>ROF</b></p> <p><b>TOGETHERNESS</b></p> <p><b>DIFFERENCE</b></p> <p><b>PSYCHOLOGICAL STATE</b></p>
<p><b>Insight is very present.</b></p> <p><b>Sense-making of the phenomena. Familiarity and usefulness around objects.</b></p>	<p>230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244.</p>	<p>just stuck with me. But my sisters and social worker were all very worried about the state my flat was in, so I listened to them and went. It was embarrassing, having my family come over and seeing the look on their faces, so I stopped inviting people over, stopped visiting them, stopped going out. I knew that people already talked badly about me. So, it was easier if I didn't give them anything else to talk about. I'm in my mid-fifties, unmarried with no kids. If you add mental health on top of that then it's safe to say that your life is over. But it started getting really difficult, to the point where I couldn't leave to go to the Dr's or get my shopping done because I didn't want to be too far away from my belongings. I think that's when I started to realise that this was becoming a problem. So, I listened to everyone around me. It helped actually, because environmental health had to come and remove things from my flat, they though were a hazard. I kept on ignoring their phone calls, at first, including and Jo Blogg's. Because they wanted to come and take away all my things. So, in one way listening to other people's stories in the group made me understand a bit better what was going on with me. And the more time I spent in my flat, the more it felt like my things were closing in on me. I did all my shopping online and kept all the bags. Something my mum used to do. We would keep all the shopping bags in a box next to the fridge. And I bought lots of homeware, table lamps, t.v. trays, kitchen items and so on. I didn't realise how bad it had gotten until I was doing an online shop for Tesco and they didn't have any delivery slots available. So I asked my sister to bring a few things over for me and she immediately entered my flat and staring crying when she saw how bad it had gotten. She started to clean things and I nearly broke down because I couldn't get rid of anything, but at the same time I really wanted to. I knew, I know this isn't how people live, if the rest of my family and relatives saw how I was living they would faint. I mean literally faint! I went to lots of</p>	<p><b>ROF</b></p> <p><b>SHAME</b></p> <p><b>TOGETHERNESS</b></p>

<p>Perhaps psychologically minded due to previous therapeutic experience.</p>	<p>245. 246. 247. 248. 249. 250.</p>	<p>people's homes when I was growing up and knew that this wasn't normal. I learned in my therapy from when I was depressed that people's way of thinking can affect behaviour. And all I kept thinking was that this wasn't normal. I wasn't normal.</p>	<p>(shared understanding W/PR.)</p>
	<p>251. 252. 253. 254.</p>	<p><b>PR.15...</b> From a cultural standpoint, how would you describe your experience of this? As you mentioned that sharing mental health issues is not a very 'Indian thing' to do.</p>	<p><b>OTHERNESS</b> <b>SPLIT SELF</b></p>
<p>Assumption of shared culture made it easier to express her feelings around this (237-245)</p>	<p>255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268.</p>	<p><b>CA.16...</b> Hmm...yes...from an Indian standpoint, it's...strange...Although I had my siblings to support me, I couldn't really share everything with them...about how I felt. They're all married with in-laws and have extra relatives now that we didn't have before. It was bad enough my own extended family and community gossiping about me, I really didn't want other people doing it to. I assume that you're from an Asian background because of your name, please forgive me if I'm incorrect, but if you are then you must know that gossip in these communities spread like wildfire. Especially amongst women. Everyone says they're concerned about you and ask you lots of personal questions, but I think it's something they just do out of habit, not concern. I definitely distanced myself from my siblings for this reason...but they have been really good to me so it's hard keeping that balance sometimes. When I was given a 'declutter buddy' assigned by the council – I think – when they had to take away my things, I really couldn't have done it without my sister and my nephew. They were with me the whole time, asking the people to go at a slower pace, making sure that they believed me when I said that I had to keep things that symbolised what was important to me like my wooden combs, jewellery boxes, books, newspapers with dates on them from when</p>	<p><b>ROF</b> <b>TOGETHERNESS</b> <b>ROF</b> <b>SHAME</b></p>
<p>Isolation <u>1C</u> within cultural context.</p>	<p>269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285.</p>	<p>CA.16... (continued from previous row)</p>	<p><b>OTHERNESS</b> <b>ROF</b> <b>SHAME</b> <b>PSYCHOLOGICAL STATE</b></p>
<p>Sense of pressure from heritage-culture community. Expressed lack of awareness around HD. Sense of 'otherness' in facing her problem. Strong indication of <u>collectivism 3</u></p>			<p><b>ROF</b> <b>BUSINESS LOSS</b> <b>CHANGE</b></p>

<p><b>Difficulties managing the self within the context of heritage culture but also some value.</b></p>	<p>286. 287. 288. 289. 290.</p>	<p>my parents were alive...my Dad used to keep all the newspapers he read. Sometimes</p>	<p><b>PSYCHOLOGICAL STATE</b></p>
<p><b>Family support referenced again in relation to some form of distress management.</b></p>	<p>291. 292. 293. 294.</p>	<p>because he would find interesting articles and other times it was handy for my mum to use as part of cleaning. My mum was such a tidy person...Every time I remember that I feel so ashamed that I let things get this bad...she was a very proud woman. My dad was also very proud, in fact, to answer your question I think all Sikh's are very proud people, so I feel like a defect sometimes. I didn't do very well at University – and Indian's pride themselves in being top of the class don't they? I got a part time job as a receptionist when I was 23 that I found difficult because of my depression. I found it so difficult to sleep in those days and wake up with enough energy to go about the day. Then things got a bit better when I was back at home with my family. There was a bit more space with my four older siblings having gotten married and living elsewhere, but then my parents died when I was 25, both within a year of each other. That really set me back. There was a lot of people in and out of the house at that time again, but it was weird without my parents because they would be doing all the hosting – not that you can really host a funeral, but it was really strange, really sad. And then my brothers and sisters got into a property dispute. That was awful. I had to leave my job altogether at this point. There was so much stress and chaos and I started to see a side to my siblings I don't think I'd ever seen before. My older brother decided that as the eldest son, he had all the right to do whatever he wanted with our house, our family home, and wanted him and his wife and their kids to move in. My other siblings including me thought that this was really unfair. Then my second older brother and two of my sisters wanted to sell the property and divide the money from it equally. This terrified me. This was my home, and everyone wanted a piece of it. But then again it was their home too. But I couldn't make sense of anything at the time. With my parents gone, it was just me and my</p>	<p><b>BUSINESS</b>  <b>CHANGE TOGETHERNESS</b></p>
<p><b>Significance in items that have some link to parents. Attachment could be a factor.</b></p>	<p>295. 296. 297. 298.</p>	<p>at University – and Indian's pride themselves in being top of the class don't they? I got a part time job as a receptionist when I was 23 that I found difficult because of my depression. I found it so difficult to sleep in those days and wake up with enough energy to go about the day. Then things got a bit better when I was back at home with my family. There was a bit more space with my four older siblings having gotten married and living elsewhere, but then my parents died when I was 25, both within a year of each other. That really set me back. There was a lot of people in and out of the house at that time again, but it was weird without my parents because they would be doing all the hosting – not that you can really host a funeral, but it was really strange, really sad. And then my brothers and sisters got into a property dispute. That was awful. I had to leave my job altogether at this point. There was so much stress and chaos and I started to see a side to my siblings I don't think I'd ever seen before. My older brother decided that as the eldest son, he had all the right to do whatever he wanted with our house, our family home, and wanted him and his wife and their kids to move in. My other siblings including me thought that this was really unfair. Then my second older brother and two of my sisters wanted to sell the property and divide the money from it equally. This terrified me. This was my home, and everyone wanted a piece of it. But then again it was their home too. But I couldn't make sense of anything at the time. With my parents gone, it was just me and my</p>	<p><b>ROF</b>  <b>BUSINESS</b></p>
<p><b>Guilt and shame. This is indicated to have been amplified within the cultural context where pride takes a significant central theme. Understanding of HD and meaning making of the self in relation to this is heavily impacted by shame that is not only directed inward, but also guilt attached to letting down a wider sense of her family and community.</b></p>	<p>299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314.</p>	<p>at University – and Indian's pride themselves in being top of the class don't they? I got a part time job as a receptionist when I was 23 that I found difficult because of my depression. I found it so difficult to sleep in those days and wake up with enough energy to go about the day. Then things got a bit better when I was back at home with my family. There was a bit more space with my four older siblings having gotten married and living elsewhere, but then my parents died when I was 25, both within a year of each other. That really set me back. There was a lot of people in and out of the house at that time again, but it was weird without my parents because they would be doing all the hosting – not that you can really host a funeral, but it was really strange, really sad. And then my brothers and sisters got into a property dispute. That was awful. I had to leave my job altogether at this point. There was so much stress and chaos and I started to see a side to my siblings I don't think I'd ever seen before. My older brother decided that as the eldest son, he had all the right to do whatever he wanted with our house, our family home, and wanted him and his wife and their kids to move in. My other siblings including me thought that this was really unfair. Then my second older brother and two of my sisters wanted to sell the property and divide the money from it equally. This terrified me. This was my home, and everyone wanted a piece of it. But then again it was their home too. But I couldn't make sense of anything at the time. With my parents gone, it was just me and my</p>	<p><b>LONELINESS</b>  <b>CHANGE</b>  <b>PSYCHOLOGICAL STATE</b></p>
<p><b>Expansion of family/sibling dynamic during her process of bereavement. CA's family have a strong presence in her narrative. Although her relationship with her parents remained undefined in specific regards to her. Attachment.</b></p>	<p>315. 316. 317. 318. 319. 320. 321. 322. 323. 324.</p>	<p>at University – and Indian's pride themselves in being top of the class don't they? I got a part time job as a receptionist when I was 23 that I found difficult because of my depression. I found it so difficult to sleep in those days and wake up with enough energy to go about the day. Then things got a bit better when I was back at home with my family. There was a bit more space with my four older siblings having gotten married and living elsewhere, but then my parents died when I was 25, both within a year of each other. That really set me back. There was a lot of people in and out of the house at that time again, but it was weird without my parents because they would be doing all the hosting – not that you can really host a funeral, but it was really strange, really sad. And then my brothers and sisters got into a property dispute. That was awful. I had to leave my job altogether at this point. There was so much stress and chaos and I started to see a side to my siblings I don't think I'd ever seen before. My older brother decided that as the eldest son, he had all the right to do whatever he wanted with our house, our family home, and wanted him and his wife and their kids to move in. My other siblings including me thought that this was really unfair. Then my second older brother and two of my sisters wanted to sell the property and divide the money from it equally. This terrified me. This was my home, and everyone wanted a piece of it. But then again it was their home too. But I couldn't make sense of anything at the time. With my parents gone, it was just me and my</p>	<p><b>TOGETHERNESS</b>  <b>PAST SELF</b></p>
<p><b>CA appears to articulate and express herself in the interview which seems she was unable to do within the context of her family. She denotes this experience as an observer with things going on around her,</b></p>	<p>325. 326. 327. 328. 329. 330. 331. 332.</p>	<p>at University – and Indian's pride themselves in being top of the class don't they? I got a part time job as a receptionist when I was 23 that I found difficult because of my depression. I found it so difficult to sleep in those days and wake up with enough energy to go about the day. Then things got a bit better when I was back at home with my family. There was a bit more space with my four older siblings having gotten married and living elsewhere, but then my parents died when I was 25, both within a year of each other. That really set me back. There was a lot of people in and out of the house at that time again, but it was weird without my parents because they would be doing all the hosting – not that you can really host a funeral, but it was really strange, really sad. And then my brothers and sisters got into a property dispute. That was awful. I had to leave my job altogether at this point. There was so much stress and chaos and I started to see a side to my siblings I don't think I'd ever seen before. My older brother decided that as the eldest son, he had all the right to do whatever he wanted with our house, our family home, and wanted him and his wife and their kids to move in. My other siblings including me thought that this was really unfair. Then my second older brother and two of my sisters wanted to sell the property and divide the money from it equally. This terrified me. This was my home, and everyone wanted a piece of it. But then again it was their home too. But I couldn't make sense of anything at the time. With my parents gone, it was just me and my</p>	<p><b>EMOTIONAL ATTACHMENT</b></p>

<p>but retains subjective thoughts and feelings.</p> <ul style="list-style-type: none"> <li>Monetary security.</li> </ul> <p>Loneliness and attachment to objects – affiliation to parents and a sense of ‘usefulness’.</p> <p>The wooden combs CA refers to is significant to Sikh women and holds pride and cultural value.</p> <p>‘Sense-making’ can be understood with the framework of a ‘busy household’ where the participant grew up.</p> <p>Familiarity and sense of comfort in kitchen items as denoted during her time at university.</p>	<p>333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358.</p> <p>359. 360. 361. 362. 363.</p> <p>364. 365. 366. 367. 368. 369. 370. 371. 372. 373.</p>	<p>youngest sister who would be going off to university and I would be alone in that house. I felt scared, alone...I had no job so definitely wouldn’t have been able to manage such a big property on my benefits. So in the end we sold it. I moved into this flat from the share I got, which was actually quite a decent amount of money and my brother – the younger one, not the eldest selfish one – made sure I was set up nicely, near to him and my other sisters. I suppose I have been well-looked after in that sense. But I felt more and more lost as time went by, and the only thing that made sense to me were the things in my flat. Familiar things like I said my combs and newspapers. But also things that I didn’t have of my own before – dining sets, teacups, English ones and traditional ones. I had so many at one point they wouldn’t fit in my cupboards anymore, so I started putting them in my living room. Not that I was ever expecting any guests, but it just...it just made sense to me to have them. I bought bedsheets and quilts and lots of canned foods. Funny that, I don’t even like that rubbish tinned stuff, but it just made sense to have them.</p> <p>PR.16... That does sound like a very difficult time, and I really appreciate you sharing that with me. Are you able to tell me when this came about? As it sounds like you been living in your flat for a quite a while.</p> <p>CA.17... Mhmm...that’s a good question! I moved in officially at 26, and at that time my siblings would come over quite a bit. Things started to settle a bit up until my mid-30’s I would say. From then onwards, I remember starting to collect things, little things, like small pocket purses and coins I thought might be valuable one day. I keep all my bills and receipts even now, plastic containers for food all very useful in my opinion. And then somewhere along the</p>	<p>ROF</p> <p>CULTURE CLASH?</p> <p>PURPOSE</p> <p>SHAME</p> <p>ROF</p> <p>PSYCHOLOGICAL STATE</p> <p>LONELINESS (isolation)</p> <p>EMOTIONAL ATTACHMENT</p>
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<p><b>Timeline of 'moving out' (post university) is different from a normative Western standpoint.</b></p> <p><u>'Collection' that transformed into HD was not a part of CA's life until her 30's.</u></p>	<p>374. 375. 376. 377. 378. 379. 380. 381. 382. 383.</p>	<p>line things started getting less useful, I know that. I had so many laundry baskets and hand soaps. And then socks, so many socks and half of them still with their labels on. Fan-heaters, books and lots of shoes. But most of this was in my bedroom and bathroom you see. So when someone did pop by, occasionally, I just told them that I had some tidying up to do because there was stuff downstairs but not that much.</p>	<p><b>PSYCHOLOGICAL STATE</b></p> <p><b>SHAME</b></p> <p><b>ROF</b></p> <p><b>TOGETHERNESS</b></p>
<p><b>Diagnosis was not explained well to her by services.</b></p>	<p>384. 385.</p>	<p><b>PR.17...</b> Ahh, I see. And did you receive an official diagnosis for this?</p>	<p><b>BUSINESS/'CHAO S'</b></p>
<p><b>Lack of understanding around the specificities of HD, but knowledge around CA needing support.</b></p>	<p>386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409.</p>	<p><b>CA.18...</b>About three years ago. Yes. Hoarding Disorder level 2. I still don't know what level 2 is. But this happened after my sister came to bring some kitchen supplies for me. When Tesco didn't have any delivery slots. And I couldn't really get into my kitchen anymore because there were so many things. She started panicking and crying...and well...we were both a bit hysterical at the time [laughs]. That's when she started cleaning and throwing things away and I became even more hysterical. She kept calling my things junk, which I know they were, for any normal person I know this. But I needed them. It didn't feel like junk to me. It's very odd but I felt like I had a special bond with everything in my home, which sometimes I still do although there are far less things. She called my GP then and I was terrified. I had a diagnosis of depression before, but I thought they might lock me away for this. Instead, I had a whole series of assessments, I can't even remember who with but I was assigned Jo Blogg a few months later and told to go to the peer group support. My sister complained about how long the services took to get back to us, so when this opportunity came about, she insisted I go. I agreed but I begged her not to tell my other siblings, but that wasn't fair on her to take on</p>	<p><b>ROF</b></p> <p><b>TOGETHERNESS (COLLECTIVISM)</b></p> <p><b>ROF</b></p> <p><b>BUSINESS</b></p>
<p><b>Giving life to inanimate objects. Beliefs around bond-formation.</b></p>	<p>410. 411. 412. 413. 414.</p>	<p>agreed but I begged her not to tell my other siblings, but that wasn't fair on her to take on</p>	<p><b>CHANGE</b></p>

<p><b>Difficulty in accessing services.</b></p> <p><b>Strong support system that ensured CA accessed the support available. Collectivism – brother assigning blame to himself can be conceptualised as a ‘group’ failure.</b></p> <p><b>Family became protective factor and increased motivation to seek support.</b></p> <p><b>Family support and collectivism – protective factors through relationality.</b></p>	<p>415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461.</p>	<p>my burden alone so eventually she told her children, my wonderful nephew, and my other siblings. It was horrible at first. Having to explain myself. Having them all look at each other sideways and seeing how upset they all were. As if I was some kind of zoo animal. That can be really hard to forget. My brother blames himself, which was not true at all. He has been a really good brother unlike my eldest. That’s why I kept going to the group, for their sakes if not mine. And then the pandemic happened and there was chaos. Environmental health was booked to come and visit my flat and that was pushed forward. We were all told we couldn’t see anyone or each other and no one could self-isolate with me because of the way my flat was. So my sister insisted that I stay with her and her family for a short while. I think all my siblings were worried that any improvements I made would go down the drain and I would end up drowning in a pile of my teacups! So I did. Reluctantly. And I kept attending the peer support group that went online a few months later and promised my sister I would go to all of them. And then the program ended. So when some restrictions were lifted I went back to my flat and my sister, nephew and brother-in-law started helping me to ‘de-clutter’. I told them they couldn’t throw or give anything away without showing me first, and I told them how other people in my group were managing this so they were really, really patient with me. Jo Blogg and environmental health gave them and my other siblings some information around how to help me, and that the pathway to the kitchen needed to be clear. So we started with that. We did this for about a month. During the evenings we would go to mine and do this, once my family had finished work and college, and I would go back and sleep in the guest room at theirs. My brother in-law was fantastic. Never made me feel like a burden even once, staying in his house and helping me in the evenings. Even though me and my sister argued from time to time... their time as a family was often spent</p>	<p><b>CHANGE</b></p> <p><b>PSYCHOLOGICAL STATE</b></p> <p><b>BUSINESS</b></p> <p><b>OTHERNESS</b></p> <p><b>CULTURE CLASH?</b></p> <p><b>ROF</b></p> <p><b>DIFFERENCE SHAME’ING</b></p> <p><b>IDENTITY</b></p> <p><b>DIFFERENCE</b></p> <p><b>STIGMA</b></p>
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<p><b>Concept of sacrifice and collectivism.</b></p>	<p>462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479.</p>	<p>sorting me out. It really wasn't easy. But I agreed to try and keep no more than 3 of the same small items, like my combs. I kept 3 newspapers from when my parents were alive and no more than 3 recent ones, I store them in a kitchen drawer although my nephew has tried to get me to read the news online on this small tablet my sister bought me! I keep all my door-ways unblocked and I try and go out more now that the restrictions have lifted. When I came back to living here on my own last month it felt very strange and I cried the whole night. I'm actually not too sure why I cried but I cried so much it was like the tears eventually dried up. The next few days I started feeling better. I went to the Gurudwara with my two sisters and their friend about two weeks ago and that actually felt really good – even with gossiping old ladies!</p>	<p><b>DIFFERENCE</b> <b>TOGETHERNESS</b></p>
<p><b>Value in a sense of belonging and community. Encouragement from her siblings appears to be central in engaging in culture-based activities.</b></p> <p><b>Sense of 'otherness'. 'them and us'.</b></p>	<p>480. 481. 482. 483. 484. 485.  486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500.</p>	<p><b>PR.18...</b> Wow, It's good to hear that you started to feel better! That sounds like it was quite the process. You've described a few Indian and Sikh specific celebrations you've attended growing up and as an adult. How about mainstream Western culture?</p> <p><b>CA.19...</b> Do you know what, I didn't even realise just how Western I was when until an auntie of mine found out about my mental health problems and said 'it's because you live like White people do'. Complete rubbish! As if Asians or other types of people don't have mental health problems! But I guess what she meant by that was I didn't really grow up in a proper 'Indian' way and even now, I'm the only one out of my siblings who is unmarried and childless. I guess that's very Western for her...and a lot of people like her. But it's still complete rubbish. Her remark. I feel that</p>	<p><b>IDENTITY</b> <b>SENSE OF SPLIT SELF</b></p>

<p><b>Specific and general meaning of being 'Indian' - great value having been placed on education, marital and child-status. All of which CA feels that she was unable to accomplish. Difficulties in identity formation.</b></p> <p><b>Certainty in the way CA asserts her opinion. Insight into 'differences' within heritage culture.</b></p> <p><b>Insight into culture-specific barriers to understanding of MH, as well as stigma attached to seeking support.</b></p>	<p>501. 502. 503. 504. 505. 506. 507. 508.  509. 510. 511.</p>	<p>there are actually a lot of mental health problems in the Asian community, but no one wants to admit it. That why I was so interested in your research. We have a different way of dealing with mental health and that's difficult for people in the Asian community to talk about and difficult for people outside of it to help us! Sorry what was your question again, please forgive me I can go off on one sometimes!</p> <p><b>PR.19...</b>[laughs] No not at all! The question was whether feel like you engaged or still engage in mainstream Western culture.</p>	<p><b>STIGMA</b></p> <p><b>CULTURE CLASH?</b></p> <p><b>PSYCHOLOGICAL STATES</b></p>
<p><b>Assimilation into 'British' culture.</b></p> <p><b>Perception of mainstream western culture is attributed to social festivities and political inclination. Not particularly definitive for CA – concept of IDENTITY formation re-emerges.</b></p>	<p>512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527.</p>	<p><b>CA.20...</b>Ahhh! Yes. So that's tricky. I love Christmas. Love it. In fact that's a really tricky one for me because I tend to buy a lot more things than usual during Christmas, something I've let my sister and Jo Blogg know. But it's hard when you are born and raised in a Western country to know how much of what you're doing is your own culture and how much of it isn't. I would say...I am quite Western. I definitely do participate in the mainstream culture. I've voted every election since I was 18 years old, I live by myself, I celebrate Christmas and Easter like the rest of the country and used to go to go to the local pubs. If that's what mainstream Western culture is! [laughs]. Is that what you mean by that?</p>	<p><b>SHAME</b></p> <p><b>OTHERNESS</b></p> <p><b>DIFFERENCE</b></p> <p><b>OTHERNESS</b></p> <p><b>CULTURE CLASH</b></p> <p><b>SHAME</b></p> <p><b>PSYCHOLOGICAL STATE</b></p>
	<p>528. 529.</p>	<p><b>PR.20...</b> Well, I'm more interested to know what you make of it!</p>	<p><b>PSYCHOLOGICAL STATE</b></p>
	<p>530. 531. 532. 533.</p>	<p><b>CA.21...</b>Ahh I see I see! Well...maybe...I'd say 50 50. If that means anything to you! A bit of both. I grew</p>	<p><b>TOGETHERNESS</b></p>

<p><b>Blend and duality of cultures (inner world alongside external, normative British/Western culture) There is both positive and negative affiliation towards both.</b></p>	<p>534. 535. 536.</p>	<p>up speaking Punjabi in a very Asian household with Asian values. But of course, growing up here, I feel like most people might naturally fall into Western or English ways of living. It comes with good and bad really.</p>	<p><b>ROF</b></p>
<p><b>Lack of awareness around MH in heritage culture.</b></p> <p><b>AGE and generation may be a factor to bear in mind in relation to understanding of MH within the Asian community.</b></p> <p><b>Taboo and stigma is strong.</b></p>	<p>537. 538. 539. 540.</p>	<p><b>PR.21...</b> That's really helpful, thank you for that. Are you able to tell me a bit about your experiences with hoarding and mental health services as an Asian woman?</p>	<p><b>DIFFERENCE</b></p> <p><b>CULTURE CLASH</b></p>
<p><b>Lack of familiarity/or perhaps commonality of HD within these communities and CA and her siblings were not aware of this until adulthood.</b></p> <p><b>Lack of representation in media/visual spaces.</b></p> <p><b>Identity and a concept of 'otherness'. MH support is something 'others' receive support for.</b></p>	<p>541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572.</p>	<p><b>CA.22...</b>Now that's a very good question. Very good question. It's not as clear cut honestly speaking. But I would definitely say that the Asian community has a lot to learn when it comes to mental health. At least people my age or older. There is still so much hush hush around these subjects, and it doesn't help. And we end up missing out on the help that's out there. The school I went to, growing up, the only word that was used was mad. We didn't learn about depression or things that might help with this. Never mind hoarding! The only time my sisters and I had heard about this was as adults, and it was on the t.v. and even then I'm embarrassed to say we didn't take it very seriously. A lot of that might have been because the program made the whole thing look funny. And it is not funny, not funny at all. And it was always white faces that we saw. Therapy was seen as something that White people went to. And I suppose for a long time it was. With the services, as you asked, I think that's something they haven't realised yet. Most of these programs and services have been run by White people, which makes sense of course! But I don't think they realise how complicated things are in different cultures. It's expected that we will naturally attend groups and go to therapy and so on when in reality, it is the opposite. Going to therapy as</p>	<p><b>CULTURE CLASH</b></p> <p><b>TOGETHERNESS</b></p> <p><b>ROF</b></p> <p><b>OTHERNESS</b></p> <p><b>TOGETHERNESS</b></p> <p><b>ROF</b></p> <p><b>PSYCHOLOGICAL STATE</b></p> <p><b>SPLIT SELF</b></p> <p><b>PAST SELF</b></p>

<p><b>Guilt, shame and embarrassment particularly within the cultural collectivist context.</b></p>	<p>573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589.</p>	<p>an Asian is very shameful. Very embarrassing. You feel as though you've let everyone down. When I was diagnosed with depression, it took me nearly 7 attempts to get the therapy I needed because I kept ignoring the letters and felt scared that my family would think that I was mad. So eventually services said that I refused to engage with them and would send me a 'try again when you're ready' letter. And then when I would pluck up the courage to try again, I was put on a waiting list. My GP at the time happened to be an Arab woman. I think parts of their culture is similar to Asian culture, so she would take the time out to talk to me and really push services to make sure I got the help I needed. Like my sister pushed the services this time around. And then...this time...It's hard enough asking for help, but then being told to attend a group was unbelievably difficult for me. And the de-clutter buddy! My goodness! Having a twenty-something year old stranger enter your home and try and advise you on what to throw and what to keep! He was very nice. Please do note that for your records, he is a lovely young man! But the whole concept of it was very alien to me. And maybe my shock was alien to him? I remember spending about half an hour explaining why my combs were important. How valuable this is for Sikh women. And he was a gem. He asked lots of questions and wanted to learn and respected this. But to begin with he had no idea where I was coming from. Not his fault. But my sister and brother-in-law helped him help me once I moved back into my flat from theirs and without them, I think there might have been a lot of miscommunications between us at the start. My sister was really upset about how long the GP and social services took to contact me. I remember her chasing this up for weeks on end, and one lady at reception at the GP said to her that it sounds like I had a good support system so the assessment I needed wasn't as urgent. I don't think I've ever seen my sister so angry before! I think she made a formal complaint about this before I was</p>	<p><b>CHANGE</b></p> <p><b>IDENTITY</b></p> <p><b>STIGMA</b></p> <p><b>DIFFERENCE</b></p> <p><b>LACK OF CLARITY</b></p>
<p><b>Difficulties in accessing services. Assumptions and biases.</b></p>	<p>590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600.</p>	<p>601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619.</p>	<p><b>TOGETHERNESS</b></p> <p><b>ROF</b></p> <p><b>LACK OF CLARITY</b></p> <p><b>CULTURE CLASH</b></p>
<p><b>Benefits of cultures with similar collectivist frameworks.</b></p>	<p>619.</p>	<p>619.</p>	
<p><b>Willingness of professionals to learn and self-education is highly valued. This would also indicate a great lack of awareness in the first instance.</b></p>			
<p><b>Assumptions and culture-based biases.</b> <i>(Can reference multi-dimensional framework in cultural thinking; paper by Flavicov that looks at ecological niche.</i></p>			

<p>CA would have liked to have understood her own narrative and perhaps formulation was not developed.</p> <p>Indication that perhaps interventions and/or service delivery could have more to offer.</p> <p>CA is very mindful of being impolite or offending anyone.</p>	<p>620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630.</p> <p>631. 632. 633. 634.</p> <p>635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660.</p>	<p>seen. And then I remember her telling Jo Blogg that as a support system my family could be there for me and help where they could, but they are no experts in mental health. And I think that was very fair of her to say. I get her perspective now, that I didn't at the time because I wasn't in the right frame of mind, that because I had my own flat and family to support me, services were trying to cut corners even though I really needed their support. Unfortunately, the support that is offered, apart from the declutter buddy, wasn't ideal. Like the groups.</p> <p>PR.22...I see. Thank you for that, that is really insightful. If not groups, what kind of support do you feel, given your cultural context, might have been better for you?</p> <p>CA.23...Ahh...I think..hmmn...I'm not sure...sorry that's not helpful! But maybe...perhaps... seeing someone who could have helped me make sense of all this. When I was being assessed, no one really explained what for, as there were so many. I was constantly afraid that I was going to be locked up. No one really explained what kind of help was out there. It's funny because even though I was seeing so many people I didn't actually feel like I had any options. I was told I needed an assessment, and then another one, and then another one. And then I was told to go to a support group. Where people talked about how much things they kept and how they felt about it. We were all given information about what might cause hoarding and why it is difficult. But it seemed like even the person running the group didn't really know, and the information was really vague. Sorry that sounds really impolite, I don't mean to criticise or sound ungrateful, but I don't know any more about hoarding then I did 3 years ago! I know that I feel better with my family's</p>	<p>SHAME</p> <p>LACK OF CLARITY</p> <p>STIGMA</p> <p>OTHERNESS</p> <p>ROF</p> <p>TOGETHERNESS</p> <p>ROF</p> <p>SENSE OF SELF</p> <p>PSYCHOLOGICAL STATE</p>
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Thoughtful in her words and expressions	661. 662. 663.		
Lack of clarity around her HD. Looking to the normative culture for some support around understanding this as heritage culture sense-making is limited.	664. 665. 666. 667.	support and Jo Blogg and my de clutter buddy, I know that I can't go back to living the way I was before. But I wish I could understand how things got so bad in the first place. Culturally there is such a lack of understanding around this. Maybe speaking to someone who understood this and helped me make sense of all of it...maybe that would have been better? I don't know!	
	668. 669. 670. 671.	PR.23...No that's great, that's really good to know and makes a lot of sense. Can I ask how you felt about an official diagnosis that you received three years ago?	
Insight into the impact on quality of life.	672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691.	CA.24...Ooh...I would say deeply embarrassed. Ashamed and afraid as to what would happen next. But also, a small part of me was relieved. I had spent so long hiding and avoiding people and thinking that they were thinking I was a sad case, at least now they knew that it wasn't all me. And I think I said before, a part of me knew that this wasn't how normal people lived. I knew that. I just found so much comfort and familiarity in keeping all the things I bought I would push that thought to the back of my mind, no matter how much harm it was causing me. And I see that now. I see the damage. I see how my family feel like they're to blame, I see the time I lost with my wonderful nieces and nephews that I'm getting back now, and my own life that has been on pause ever since I can remember. I don't think I would have got some of those relationships back if I hadn't been diagnosed.	
Comfort and familiarity in items whilst retaining but avoiding insight into the distress this was causing. ROF AND TOGETHERNESS (680-681).	692. 693.		
Reflections into how HD has affected her – perhaps depression as well.			

<p><b>Value in diagnosis.</b></p> <p><b>Sense of collective identity serves as motivation to ensure that she continues with de-cluttering.</b></p> <p><b>Insight and ability to spot difference in HD.</b></p>	<p>694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707.</p> <p>708. 709. 710. 711. 712.</p> <p>713. 714. 715. 716. 717. 718.</p> <p>719. 720. 721. 722. 723. 724. 725. 726. 727.</p>	<p><b>PR.24...</b> And how do you feel about having these relationships back?</p> <p><b>CA.25...</b>A bit like I've been given a second chance. It's still hard, I still have Jo Blogg working with me and I still find it really painful when I have to throw things away, sometimes I will spend a good ten minutes or so staring at a sweet wrapper before I throw it in the bin. But I will do it. I can't let my family down again. And the only way my sisters have agreed to come over, and let their children visit me and spend time with me is if I keep working on this. And I really do understand why. It might not look like it, I know there's a lot behind me as you can see! But I am in a much better place now than I was a few years back.</p> <p><b>PR.25...</b> That is really great to hear! Thank you for sharing this with me. It looks like we're approaching the end of this interview. Is there anything else that you would like to add or do you have any questions for me?</p> <p><b>CA.26...</b>Oh is that the time! Gosh I didn't even realise how quickly that flew by! Umm...no no questions from me, nothing more to add. But thank you for letting me be a part of this! I am truly very honoured. I think it's wonderful the work you are doing. I'm glad to be of use!</p> <p><b>PR.26...</b>Likewise. Thank you very much for taking the time out in your day to participate! I really appreciate with how forthcoming you have been in discussing your life and I want you to know that this is very much appreciated. I will save this interview and anonymise all the names</p>	
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	728. 729. 730. 731. 732. 733.	you have mentioned including your own. And I will email you a debrief form shortly. There are some useful links and websites around hoarding that may interest you at the bottom of the debrief page. You can always email me if you have any questions. It was really lovely to meet with you today! And I wish you the very best for the future! I will stop recording now.	
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## Example of table of Themes for Participant 1.

Figure 2.

Themes	Page/line	Key words
<b>Role of the family</b>		
Emotional attachment	9.286-290	<i>I Missed them</i>
Support	18.677	<i>My brother-in-law was fantastic</i>
Taboo	5.60	<i>Crazy</i>
Lack of clarity	3.40	<i>Just something you do.</i>
	4.49	<i>Didn't understand why</i>
<b>Collectivism/togetherness</b>		
Community	2.11	<i>In our community</i>
Chaos/business	4.32	<i>Piccadilly circus</i>
Belonging		<i>Went to lots of people's houses</i>
Shared understanding	7.211	<i>You're from an Asian background</i>
<b>Culture Clash</b>		
Otherness		<i>If your Western</i>
Difference	16.609	<i>How long the GP and Social services took to contact</i>
me Identity		<i>As an Indian woman</i>
<b>Loneliness</b>		
Isolation	5.132	<i>Completely isolated</i>
Withdrawal	7.230	<i>I preferred to stay home</i>
Change	6.167	<i>Too much space</i>

## A master table of superordinate and subordinate themes for C1

Figure 3.

Superordinate themes	Sub-themes
Role of the family; protective yet punitive.	<p>Shifting and conflicting thoughts about the presence of family.</p> <p>Resentment due to imposition and maintaining distance.</p> <p>Guilt v. Gratitude about the level of family support and/or input in decluttering</p>
Attitudes towards collectivism	<p>Striving for Autonomy</p> <p>Difficulties with independence, identity formation and relationships</p>
Loneliness, and beliefs around being lonely	<p>Early experiences of emotional loneliness</p> <p>Social isolation, beyond the collective Experience.</p>
How Cultures Communicate	<p>Experiences of assimilation and integration</p> <p>Dealing with shame, stigma and taboo within Heritage culture</p> <p>Culture clash</p>

**Table of Superordinate and subordinate themes for C1 with extracts and page/line numbers**

**Figure 4.**

<u>Theme 1</u>		
<b>Role of the Family (RoF); Protective yet Punitive</b>		
Subtheme		
<b>1.a Shifting and conflicting thoughts about the presence of family.</b>		
<u>Participant</u>	<u>Extract</u>	<u>Page/line</u>
Anita	<i>'I see the time I lost with my wonderful nieces and nephews that I'm getting back now, and my own life that has been on pause ever since I can remember. I don't think I would have got some of those relationships back if I hadn't been diagnosed'.</i>	P17 line 688-691
	<i>'I'm from a very big Indian family you see, Sikh to be specific, and no one in my family really ever got me'.</i>	P1 line 6-9
Mohammed	<i>'I like my own space'</i>	P4. Line 155
	<i>'but It's not like I have anyone to talk to anymore at least now I can complain to someone'</i>	P5 10 Line 812
Jay	<i>'They were supposed to act reasonably, if nothing else'.</i>	P2 7 line 312
	<i>'My parents barely said two words to me growing up, but they were still so present. Their presence was just so heavy and they (family friends) had the same type of soul-sucking energy. I don't have a single happy memory with them.</i>	P15 line 542
Rani	<i>'People look for an answer, I cannot give such answers that my parents were bad or anything. I had a good childhood and came</i>	p.12 lines 441-444

	<p><i>from an educated home, much more fortunate than others, no issues’.</i></p> <p><i>‘Sometimes I do not always feel like talking (to them). But they are here, and they want to help’.</i></p>	P 12 line 500-501
<p>Subtheme</p> <p><b>1.b Resentment due to imposition and maintaining distance.</b></p>		
Anita	<p><i>‘It was bad enough my own extended family and community gossiping about me, I really didn’t want other people doing it’</i></p> <p><i>‘Everyone says they’re concerned about you and ask you lots of personal questions, but I think it’s something they just do out of habit, not concern. I definitely distanced myself from my siblings for this reason’.</i></p>	<p>P.9 &amp; 10 Line 317-322.</p> <p>P. 17 Line 622-625</p>
Mohammed	<p><i>‘ I couldn’t tell them. I couldn’t put it into words. They knew. I asked too many questions, but you're not allowed to say it. But once I realized...I felt lighter’.</i></p> <p><i>I had so many questions. But I wasn't allowed to ask. It would have killed my parents and they would have killed me. Such a shame, we wasted time in fear. I hate that’</i></p>	<p>P.3 lines 199-201</p> <p>P. 5 lines 301-303</p>
Jay	<p><i>“There’s a lot of bad blood with the family and I’m in no hurry to go back to that so called ‘support system’. My father was nasty, awful. And my mother never said a word to me unless it was to support him. I was always on alert because they were always there telling me what I was doing wrong. It made me want to disappear. So, I was quiet most of the time, and the quieter I was the angrier my father was. And my mother kept consulting others on how to fix me, like something was wrong with me, so I figured there was.</i></p> <p><i>‘They were just always on my head. Mum silently hovering and dad constantly knit picking. Even as a growing young man, they shouldn't have had that much say in how I did things. They would try that now if I gave them the opportunity. That’s why I’m cutting them off. I don’t need people telling me what to do, I've had that all my life’.</i></p>	<p>P. 16 lines 620-627</p> <p>P.17 lines 703-708</p>
Rani	<p><i>‘The others can have quite a few opinions’</i></p> <p><i>‘Sometimes they think that I do not know what’s best for me. They cannot always decide what is best for me. I am younger than them, but I am not a child’.</i></p>	<p>P4 line 95</p> <p>P6. Lines 176-178</p>
<p>Subtheme</p>		

<b>1.c Guilt v. Gratitude about the level of family support and/or input in decluttering:</b>		
Anita	<i>'I see how my family feel like they're to blame, I see the time I lost with my wonderful nieces and nephews that I'm getting back now, and my own life that has been on pause ever since I can remember. 'My brother in-law was fantastic. Never made me feel like a burden even once, staying in his house and helping me in the evenings. Even though me and my sister argued from time to time... their time as a family was often spent sorting me out'.</i>	P.9 lines 323-326  P. 18 lines 677-680
Mohammed	<i>'They weren't perfect, but they were there, you know? I had people around. Some people don't even have that'. That's why I try to not to upset them (siblings and extended family), they have their plus points, but it really pisses me off when they start with the unsolicited advice. I shouldn't say that, I shouldn't, but it's how I feel'.</i>	P. 6 lines 170-171  P7. Lines 196-199
Jay	<i>'If they were the type of people who didn't believe the old notion of "children should be seen and not heard", well things would have been different. It would have been a start. I'm a grateful person when there's something to be grateful for let's put it that way'. 'There was a time when I wanted nothing more than their attention, the good kind'. I would have been the best son, nephew you name it'. I would have been there for my parents in their old age, I could have been the one helping others.</i>	P.11 386-389   P. 14 lines 427-430
Rani	<i>They try their best, but I can't have so many different voices all at once'. 'The others also feel that I should take their advice. Perhaps I should, they are wise, and caring but this is very difficult for me. I wish it was easy'.</i>	P 7 lines 210-211  P. 8 lines 216-218

Figure 5.

<b>Cohort/Racial Identity</b>	<b>Assigned Participants label</b>			
<b>South Asian (C1)</b>	<b>P1</b> Anita	<b>P2</b> Rani	<b>P3</b> Jay	<b>P4</b> Mohammed
<b>Black (C2)</b>	<b>P1</b> Michael	<b>P2</b> Tina	<b>P3</b> Jade	<b>P4</b> Mary
<b>White (C3)</b>	<b>P1</b> Arthur	<b>P2</b> Bob	<b>P3</b> David	<b>P4</b> Irene

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## **DISCUSSION**

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## **Section C**

# **Assimilative Integration (AI) Case Study and Process Report**

Searching for Compassion – Dealing with loss,  
Trauma and Uncertainty

## 1. Introduction

For purposes of confidentiality, all names and identifying information have been anonymized throughout this report.

In line with my pluralist epistemological position within counselling psychology, I have chosen to present the case of Maya, with whom an integrative piece of work ensued that has been meaningful to the trajectory of my practice. There are key themes within this case that tie in with other aspects of my professional interest, namely cross-cultural significance within therapeutic practice, which is based on a post-modern ontology. In addition, the importance of the therapeutic relationship, advantages and drawbacks of short-term work and different approaches to client empowerment that I will elaborate on in the sections ahead.

Maya is 20-year-old British-Arab woman, who self-referred to therapy at her university's counselling service with concerns pertaining to loss, trauma and relationship issues. Prior to her assessment with me, Maya was screened using the service's internal-wellbeing questionnaire, which revealed moderate scores of depressive and anxiety symptoms. The client stated in a short paragraph that she had been 'stable in the short-term' following her father's death four years ago, however at present she feels lonely, low in mood and unable to socialize or focus on her academic work. In addition, Maya had answered 'yes' to sexual assault (SA), which was discussed further at the assessment stage.

During her assessment, Maya provided a comprehensive description of her interpersonal relationships and role within the family, alongside bereavement and SA. The client denoted current concerns around social withdrawal, delaying sleep and overall 'restlessness', which she struggled to make sense of. Maya expressed her issues in a highly self-critical manner and described her responses akin to emotional processing deficits, i.e., 'I didn't feel like I was sad enough', which reinforced self-directed animosity. Moreover, Maya's account of her SA was laden with self-directed blame, doubt and ambiguity.

As per the service's terms and conditions, I could offer the client only 8 sessions including her assessment. I stress the word 'only' given that I have worked primarily in open-ended psychological services – if not, settings where at least 16 sessions were offered – prior to this placement. The service's therapeutic provision was developed for brief therapy; therefore,

Cognitive Behavioral Therapy (CBT) stands as the main intervention to deal current problems with different formats of structure, i.e., self-help tools and practical strategies. Nevertheless, there was ample room for integrative practice given that my supervisor specialized in Acceptance and Commitment therapy (ACT) and Compassion Focused Therapy (CFT). The therapeutic modality that was used in this case was Assimilative Integration (AI) of CBT with CFT, which aligned closely with the points stated in the following section.

## **2. Why CBT-CFT AI?**

Maya's understanding of her presenting problems – low-mood, anxiety symptoms and disruptions to sleep – were assumed via the lens of self-condemnation. This also extended to her ways of coping e.g., avoidance and numbing. Her awareness of which encompassed significant levels of shame and self-criticism. A CFT approach was introduced for this case to address the client's self-directed hostility. Furthermore, to support Maya advance towards her goals, which she specified as 1. 'To explore (distress-related) triggers and better understand my coping mechanisms. 2. 'Managing emotions instead of pushing them away/bottling them up'. Although CBT as a standalone intervention may have sufficed, I wanted to meet the client at her current affective state that was compounded by shame and negative evaluations of the self. I discussed my observations with both Maya and my supervisor, and subsequently the use of CFT techniques, with CBT as the host model, was agreed upon by all.

Additionally, Whilst CBT holds a positivist, rationalist epistemology that is directive and solution-focused (Toska et al, 2010), my ontological and epistemological position asserts the value of subjective experience and honors reality as being socially constructed. In Maya's case, the degree of self-blame attached to negative thoughts could be explored more holistically. As CFT expands on CBT by combining behaviorism, evolutionary psychology and affective neuroscience with Buddhist philosophy (Kolts, 2016), it holds a pragmatic and pluralistic epistemology that incorporates positivist orientations. Essentially challenging the notion of a universal truth and 'one-size-fits-all' intervention, which provided grounds for AI (Evans and Gilbert, 1947;2005).

Addedly, my existing skills, confidence and competency working within a CBT framework, together with the expertise of my supervisor and my enthusiasm for practicing CFT further informed the modality of choice. It is worth noting that alternative pathways were also considered including ACT that could also have proved purposeful in relation to the client's

emotional avoidance (Hayes et al, 2012). However, both my supervisor and I were mindful that working with trauma and bereavement, which materialized as central to the client's presenting problems, required a contained way of working. This felt tricky given the length of sessions as well as my own working knowledge around ACT, which was to a lesser degree than my theoretical understanding of CFT. Moreover, CFT-informed psychoeducation has an established role in de-shaming (Gilbert, 1951; 2014) that contributed well towards supporting the client to move away from judging and criticizing emotions and responses and instead, understanding them.

This process allowed for a tailored approach to the client's needs that permitted Maya and I to co-create an integrative formulation in a creative and meaningful way (Evans and Gilbert, 1974;2005). Intervention was informed by ongoing and dynamic revisions of the formulation, with weekly supervision that cultivated modality specific skills in the best interests of the client. After much deliberation and negotiation, I can attest to some of the advantages of brief therapeutic interventions, having attained greater therapy skills during this process. This includes working with trauma in a contained, time-limited way, a broader understanding of the function and rationale behind short-term sessions and refined implementation of integrative knowledge.

### **3. Client Study**

#### **3.1 Referral and Assessment**

Maya was referred to me following a screening by the service's administration team, to ensure the suitability of the case for a final year trainee. Subsequently, I was privy to some basic information about the client prior to the assessment, including demographics, scores of the questionnaire and a simple overview as to the nature of the self-referral. The screening ruled out risk of self-harm, suicidality and/or acute trauma symptoms. This was revisited at the assessment given the length of time that had passed since her screening.

Maya's in-person assessment lasted an hour, during which she appeared friendly and slightly nervous as observed via empathic attunement of nonverbal-cues (Thwaites and Bennett-Levy, 2007). Rules of confidentiality were explained from the onset, making the client aware of what information was shared/not shared and under what circumstances this could occur (Stallard, 2020). I followed a CBT-oriented format to guide the assessment with the aim of establishing

the extent of her difficulties, expectations of the process, contextual factors, readiness to change, suitability for CBT intervention and goals (Stallard, 2020).

### **3.2 Presenting problems**

Maya was forthcoming in describing her presenting problems of anxiety, depressive symptoms, loneliness and intimacy issues. She noted reduced levels of concentration and lack of motivation as significant in their impact on her academic studies; having requested extensions for most of her deadlines and frequently missing lectures. The latter, owing in part to difficulties with sleep. Maya was delaying sleep purposefully and expressed frustration in doing so, not understanding why. Additionally, she began to withdraw from friends. Maya explained that she had maintained long-term friendships from school and had no issue forming new ones, yet she felt increasingly unable to interact with friends or communicate with other peers. Similarly, Maya expressed confusion around her pursuit of a new romantic relationship, feeling conflicted in her thoughts about sex, affection, safety and external validation. Moreover, embodied anxiety (Rachman, 2020) accompanied all of Maya's concerns, which frequently presented itself through nausea, increased heart rate, nervousness and shaking.

### **3.3 History and Onset**

The client had no previous history of therapy and remarked that her exposure to the process was limited to television programs. For the development of a positive rapport, I used the client's material by encouraging her to expand on her impression of 'T.V. therapy'. This paved the way for light humor, which can be a powerful tool in facilitating an empathic working alliance (Consoli et al, 2018).

The onset of Maya's presenting problems began at 16 years old following the death of her father. The client described herself to have lacked the 'proper emotions' upon receiving the news of his illness, then death. She expressed difficulty in processing her emotions and reprimanded herself for behaving 'abnormally'. The four-year period that followed entailed an intense relationship with a fellow student, with whom she parted ways after discovering his infidelity. Maya described the break-up as difficult, which led to a series of encounters resulting in casual sex. It was during this period (19y/old) that the client was sexually assaulted.

Maya's consent was disregarded by a sexual partner who used coercion and physical force to engage in sexual intercourse. The client berated herself for initially agreeing to sexual acts and deliberated as to whether she had misled him by later saying 'no'. Maya was hesitant to call this incident a SA as she expressed self-doubt and a lack of clarity around this. Simultaneously, the client acknowledged emotional avoidance as a way of coping in response to the incident and recognized to some degree that the sexual activity was without her consent. At this juncture I discussed that avoidance can be a very normal and common response to sexual trauma (Meadows et al, 1998) and clarified the incident as such. Maya was grateful for the offer of support in reporting this but maintained that she did not wish to pursue this legally. She knew no-one else at risk and declined signposting to other support services. The assessment continued, without identifying details of the perpetrator, in the interests of Maya's psychological readiness for disclosure, as highlighted by the BPS practice guidelines for safeguarding adults (2017).

#### ***3.4. Background and Family Dynamics***

Maya stated that her Arab heritage and religious background had significant relevancy to the challenges she faced in expressing her thoughts and feelings. It was imperative to use her frame of reference for her to make the most out of her sessions (Naz et al, 2019). Hailing from a large family, Maya described feeling lonely, and that her relationship with her mother and siblings was strained and frustrating. Her mother's lack of affection and traditional values created emotional distance between them, which was compounded by the ecological niche of the family, (Falicov, 1995) within which emotional expression was actively discouraged.

Despite caring for her family, Maya expressed her need for greater autonomy and space from them. Her account of cultural collectivism was one that I could personally resonate with and empathized enormously with the nuances of her sociocultural context. I considered respectful exploration of her cultural world, as this can be a crucial component of the treatment (Consoli, 2018) in honoring uniqueness and contextual influences (Evans and Gilbert, 2005).

## 4. Formulation

### 4.1. Beginning with CBT

We began a collaborative formulation process based on the guiding principles of case conceptualization by Kuyken, Padesky and Dudley (1986, 2011). Starting with a CBT 5-part model, I intended to co-develop a shared understanding of Maya's distress-maintenance cycle, by breaking this down into simple stages to orient the client to the process. We unpacked each point in relation to the client's situation, then focused on each relationship in turn (Stallard, 2020). I hypothesized that the onset of Maya's difficulties was triggered by key incidents/memories that resulted in shame and self-directed hostility, which continued to maintain her distress.

Maya's 'situation': a man she felt attracted to at work. Her automatic thoughts revealed black-and-white thinking patterns, i.e., 'it will either work or go up in flames', 'I like him, which means he will definitely break my heart'. She reflected, quite earnestly, on her emotions as we moved further down the model, which entailed frustration, anger, sadness and confusion. Her behavioral response also indicated all-or-nothing implications, as she either 'overshared' and engaged in physical intimacy, or withdrew entirely e.g., not responding to text messages and ignoring him at work. Maya described her physical sensations consistent with both excitement and anxiety. This can be viewed in Diagram A.

#### 4.2. Diagram A.

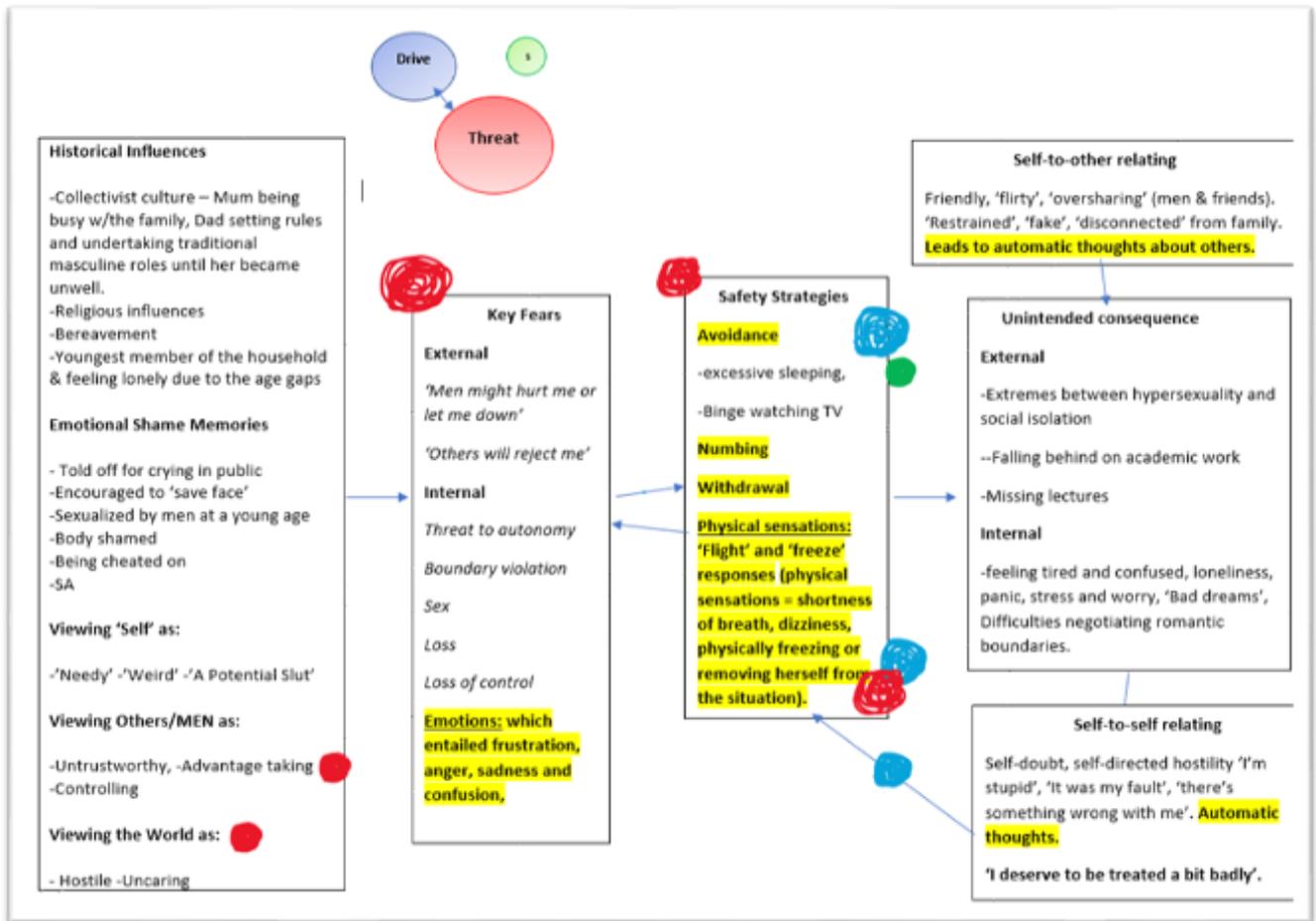


Given the wealth of information that continued to emerge, I aimed to support the client to identify and make sense of her most pressing triggers and responses. Maya's self-loathing appeared in relation to each of her responses, further supporting the provisional shame-hypothesis. By session two, we expanded on this by exploring her past experiences, fears and safety strategies using a CFT formulation, with the aim of 'compassionate correction' (Gilbert, 2010). We mapped this out together whilst referring to the 3 systems for perspective taking and development towards an adaptive version of the self (Palmer, 2015).

### ***4.3. Integrating this with CFT***

Diagram B. exhibits the way in which we integrated material from the 5P model (highlighted in yellow) into a CFT formulation (Dale-Hewitt & Irons 2015) based on the shame-hypothesis. Formulation was revised throughout the sessions as an ongoing part of the intervention. Examining Maya's historical influences, the client stressed the impact of belonging to an immigrant Arab family, who's customary, collectivist culture enforced traditional gender roles, exemplified by her parents. Maya resented these binary divisions, which were also expected of her and her siblings, leading into the next column of the formulation, key fears. Maya developed some internal fears around the loss of control and threat to her autonomy. In addition, emotional-shame memories of infidelity and SA also led to internal fears around boundary violation, loss and confusion around sex. External fears of being rejected and let down also transpired.

#### 4.4. Diagram B.



Maya recalled, quite instantaneously, additional emotional-shame memories of being body shamed by family for being 'too curvy', implying that she appeared 'too sexual'. She recollected being shamed for her emotions as her parents reprimanded her for crying in front of others, and instead prompted her to 'save face' by suppressing her feelings. A combination of early influences and shame memories led Maya to view herself as 'needy', 'weird', a 'potential slut'. She viewed others, particularly men, as 'untrustworthy', 'advantage-taking' and 'controlling' and began to see the world as hostile and uncaring. We later explored this in relation to her 'self-to-other relating' in the top right-hand column. Maya's religious background also influenced the shame she experienced with regards to pre-marital sex, and the level of responsibility she claimed after she was SA.

When key fears were activated, they led to the employment of safety strategies. Maya described this as a route to escape her reality, which included watching T.V excessively, and

procrastinating. This was expanded on in the context of the 3 systems (Gilbert, 2010). Diagram B. includes the three circles at the top that were created in correspondence to the system with which Maya most resonated with, hence 'threat' (red) is the largest circle. Threat activation mobilized the client into action, connecting with the 'drive' (blue) system that propelled her to either 'fight', 'flight' or 'freeze' depending on the type of threat that was roused. Maya found it difficult to identify when her 'soothing/safety' (green) system was activated and recognized that this was out of balance with the other systems. We marked the color-coded systems onto the formulation where the client could label what drive was active at which stage.

Maya's 'unintended consequences' of loneliness, 'hypersexuality' vs. social isolation and anxiety symptoms added further to shame and self-criticism as part of her self-to-self-relating. This materialized in automatic thoughts of 'it was my fault', 'there's something wrong with me' and 'I deserve to be treated a bit badly'. In order to move away from these negative thoughts and emotions, Maya's 'drive' system became re-activated and led her to re-engage in safety strategies for short-term relief. By drawing these formulative links I was able to validate Maya's experiences to facilitate her making sense of them.

## **5. Intervention**

### **5.1. Psychoeducation**

Research by Gilbert (2010), Baldwin (2013) and Kolts et al (2018) asserts that the objective of CFT is to attend to one's suffering, devoid of judgement and/or destructive behaviors. In order to cultivate a compassionate self and understand her emotions, it was imperative to educate Maya to the 3 systems of emotional regulation. Through psychoeducation, I was able to expand on the interaction between the three systems and their unintended consequences (Irons and Beaumont, 2017). I explained how negative thoughts and maladaptive behaviors can result from an overdeveloped threat/protection and drive system that is evidenced by neurological underpinnings of affect regulation (Goss & Gilbert, 2002). I referred to the evidence to normalize Maya's internal safety strategies (numbing & avoidance) in response to the difficult memories & emotions mapped out on her formulation.

### **5.2. Homework**

Pertaining to the host model of CBT, self-monitoring and homework was a central part of the therapeutic intervention. Maya's engagement with homework was an interesting experience for me, as the client rarely remembered this despite how forthcoming she presented in sessions. Owing to our positive therapeutic alliance, I used light humor to explore this, and Maya attributed this to both her avoidance and genuine forgetfulness. I invited Maya to share her thoughts as to what might engage her with self-monitoring. By session 5, Maya was journaling each night, and thoughts around her SA appeared most frequently. Using her material, I employed guided discovery to encourage meaning-making around the activated threat (Foreman and Pollard, 2016).

### ***5.3. Guided Discovery, Imagery and Grounding***

We explored Maya's 'freeze' response in relation to her SA that filled her with confusion as this remained a 'grey area' in her mind. In session 6 Maya stated that she had been having 'weird dreams' in relation to this. By defining this as a reaction to interpersonal trauma, I aimed to normalize 'freezing' as a trauma-related threat response. Psychoeducation ensued around the activation of the sympathetic nervous system (Peters et al, 2021) as we noted the near absence of her soothing system. In essence, the role of her parasympathetic nervous system was insufficient (Irons and Beaumont, 2017).

With regards to her trauma, I guided Maya through a soothing safe space imagery exercise in order to build a sense of safety in the imagination (Gilbert, 2010). Maya was able to begin cultivating a safe space in her imagination. Additionally, with the goal of shifting attention away from negative feelings, particularly in relation to unprocessed trauma, experiential techniques of physical grounding were practiced for emotional regulation; to increase awareness around emotions, not overwhelm (Geller, 2017).

## **6. Outcome**

Therapy concluded after a total of 12 sessions, having been extended by 4, at my request when Maya began opening up about her SA. I found it challenging initially, as my understanding was that she did not want to make this the focus of her sessions. I was also mindful about the duration of therapy and wanted to ensure that we made space for this in a contained way without de-stabilizing the client. I found that this worked well with the extended sessions, as

Maya began linking this to her formulation reflectively, and grounding was effective in working with subsequent embodied emotions.

During her final session, we developed a 'continued care plan', noting down triggers, plans for setbacks and learning. I experienced the ending as positive albeit bittersweet as I recognized how positive our therapeutic alliance was. My understanding of her experience was that of a positive one, as stated in a feedback form provided by the administration team, and what was reflected in her post-therapy questionnaire scores, which revealed lower scores of that her depressive symptoms and social isolation.

## **7. Process Report**

### **7.1. Overview**

The basis of presenting this session and segment of my work with Maya, is because this was the first session where the client began to open up about her interpersonal trauma in relation to SA. Her shame, blame and self-criticism are evident, and I made use of psychoeducation around the three systems to orient Maya with their interplay in specific relation to her threat-response, for purposes of de-shaming. The session begins with agenda-setting, and Maya is unsure of what to add. I suggested exploring the dreams she had mentioned during the week before, that entailed her father, her being attacked and finding them 'weird'. We had begun to examine her SA and its unintended consequences, e.g., intimacy issues with men. Given her level of self-criticism, I aimed to discuss avoidance, onset and how this continued to impact her response in the 'here and now' to support Maya in reducing her shame and begin processing difficult emotions.

The selected segment begins at 29:26. Prior to this, Maya discussed feeling drained and tired from her most recent 'weird' dream and how this had contributed towards her delaying sleep. She spoke about her father's presence in her dream, which she could not make sense of and discussed the time of his death when she was at school. This led to Maya speaking about a friend, who at the time, was unable to support her through her difficult time. The client discussed having become aware of her emotional avoidance and fear of rejection around this time. We examined her safety strategies, i.e., escapism, and she went back and forth in detail discussing her bereavement, friendship and not wanting to be pitied. I drew in her content of not wanting to

be pitied, akin with not wanting to be a victim, which was discussed in the last session. This led to Maya opening up, very gradually, about her feelings around her trauma, through which I was able to understand the extent of her self-blame.

Past this segment, Maya stated her feelings around SA, denoting the complexities she has experienced her mother victim-blaming women in the news, which contributed significantly towards the way in which Maya felt about herself. The man in relation to her SA 'Guy B' had tried to contact her via social media some months prior to this session. This was taken to supervision and raised with the safeguarding team as a concern, with the client's consent, though she maintained she would not report him. Maya explained this to the safeguarding that she was not at any current risk and did not wish to pursue this legally in any way. The client and I continued for 5 more sessions, which entailed further psychoeducation, practicing grounding techniques and working towards emotional awareness.

Session 7

CM = Client Maya

TCP = Trainee Counselling Psychologist

Time: 29:31-40:25

## ***7.2 Transcript and Commentary***

**CM.1** And he gets, like, annoyed by stuff and it's like, after I talk to him about it... I don't regret telling him, but it's just like he's seen that kind of side of me that like...someone else is getting to me, and... because he always tells me I seem like I'm fine, I'm doing okay or whatever and I like... So I'm just like, all right I'm doing something right, he doesn't know that much, but I think because he believes me when I say I'm okay. Like, he's not ignorant, but he's ignorant if you know what I mean, like, he doesn't know me well enough. Or he hasn't seen how I was a couple of years ago, because I think that's what I like, now, my ex and my best friend, because they were there during that time... They know when I'm not okay, even when I say I'm okay because they saw me then. But he hasn't seen that. He's always just seen me as happy.

**Comm.1** *Here the client, is talking about the 'new guy' she is romantically interested in and her conflicted feelings towards their dynamic. He is not yet as emotionally close as her ex-partner had been or her best friend currently is, which is why the client has disclosed parts of her SA to him. I aimed to understand her reasoning behind this in TCP1.*

**TCP.1** So there's something about, you said the people who are closest to you... if you talk to them about something, they're going to know. They're going to know that something has happened or you're feeling a certain way.

**Comm.2** *Summarizing the client's content to build a shared understanding (Stallard, 2020).*

**CM.2** Yeah, I think it's probably why I don't talk to them

**TCP.2** So there's this key fear of... something has happened. And the negative emotions that you might feel. Okay. And then you sort of said something there where, you know, where you feel like someone might treat you differently because something has happened or you might have to deal with it, deal with the emotions. You tend to respond a certain way.

**Comm.3** *Here Maya and I had a sheet of paper in between us, which I was using to add to her formulation during the session (hence the pauses in between words). This was so that the client could visualize her key fears and why she was responding to different people in her life in different ways. Adding to her formulation with the 'here and now' content was a part of the psychoeducation process (Beaumont and Irons, 2017). With reference to 'something has happened', this was the client's SA that she avoided naming at this stage. Maya was able to acknowledge*

*her avoidance in relation to her SA, pertaining to the difficulties anticipated in emotionally processing this. I went at a gradual pace to facilitate the session in a sensitive way (Kolts, 2016).*

**CM.3** Yeah...I don't know. I just feel stupid after.

**TCP.3** Okay.

**CM.4** It's just. It's just dumb. Like, I was just like, oh, I was being so dramatic cause I was being such a girl. But I think my ex put that in my head.

**TCP.4** Mhm.

**Comm.4** *Maya appeared like she had much more to say and so I refrained from interrupting her.*

**CM.5** He was just so...sounded really dry and like I throw stuff out of proportion and stuff like that... Um so then he internalised a lot of is in me now that I look back, because I wasn't like that I didn't used to feel dumb after talking about stuff. It was just him like he had like some enormous impact on me. I don't know why. It was more than love. It was like. He shaped me, not necessarily what he wanted me to be, but I think what he wants me to be. Well, you know. Yeah, but. Yeah. A lot of my responses now because of him I know is that one of the guys was really annoying because then it makes me like other things and be careful about what I say. Mhm. But it's just cause of him. I find me him and stuff I want to be. Mhm.

**TCP.5** And you said he's had quite a hand in shaping and shaping some of your responses. And what are some of your responses now?

**Comm.4.5** *This was one of the few instances where Maya spoke about her ex without assigning blame to herself. Hence I emphasized the statement, 'hand in shaping you', as the client was able to recognize the impact the relationship had on her. I followed up with a question to encourage Maya to understand the link between her situation/trigger and responses, so as to conceptualize her behaviors holistically rather than directing hostility inwards (Gilbert, 2010).*

**CM.6** Um if I'm being myself, I'm just being stupid like, or acting dumb or whatever, I feel like I'm annoying the person...like a lot, and then I'll like try and shut myself up so I'll apologize and cause I feel like if I annoy them, I'm going to push them away and they're gonna get sick of me

**TCP.6** Mhmm

**Comm.5** *I employed active listening to encourage the client to speak uninterrupted (Drummond, 2014).*

**CM.7** Um, I do that with the new guy a lot, Like sometimes... my words... they just come out, I just say the dumbest things like, to piss him off, I don't mean to, it's just like...word vomit. Um and then as soon as I say that I'm literally like why can't I shut up, I said that to him yesterday, like we had lunch together, and basically this guy...where this shop there's a lunch spot right opposite... this guy that was and he just been staring at me like all day, we've just been staring at each other which was like...it's weird... I don't know what he wants but I was telling new guy and he was getting jealous or whatever, and then he pissed me off he said something, like he's going to leave or whatever, not because of him or whatever but um...because I took the piss out of him. I was like fine I'll have lunch with the other guy, stuff like that. Like, I shouldn't have said that, but I did. And then he was already like, Oh, I was just like, Yeah, why not? Like, you don't

want anything. And I felt almost fed up with him, but I'm not fed up with him. So I'm, being a bit frustrated. He frustrates me a lot. That's probably the word. So then like, words just come out... and then later I'm like, Oh, why did I say that kind of thing?

**Comm.6** *Here, I could recognize some of Maya's 'black and white responses'. She felt that her words tended to pour out if she did not show restraint and this continued to frustrate her. There was a lot of nervous laughter I hypothesized as a part of her safety strategy (Thwaites and Bennett-Levy, 2007), in withdrawing from any difficult emotions attached to her content. Subsequently I drew her attention to aspects of the formulation as can be seen in the next part of the transcript. In addition, the client seemed to be piecing together the exchange between herself and 'new guy', with a lot of uncertainty in both the 'self-self' and 'self-to-other' relating; a part of her formulation that cycled back into the use of safety strategies and unintended consequences. CM.6 Also highlights a key fear or rejection – something that I aimed to help Maya recognize through the formulation.*

**TCP.7** Okay. Yeah. So if we just map that out.

**CM.8** Yeah sorry about that...

**TCP.8** No, no, not at all

**Comm.7** *In many of Maya's sessions, she had a tendency to apologize after speaking, alluding to having spoken too much as repeated in CM.8 I recognize that I may have been quick to provide reassurance here and in previous instances, which was for two reasons. Firstly, because I held the client in high esteem and did not want to add to her harsh sense of self, but instead, encourage her to continue sharing her experiences, as outlined by Stallard (2020) as best practice.*

*Secondly, because Maya and I had a positive rapport that I wished to maintain. Upon reflection, I could have used non-verbal cues to suggest this, however, my response(s) seemed to minimize ambiguity around the degree to which she could speak and created an open environment.*

**TCP.9** If we just map that out a little bit, so you said, you know, we've got this key fear section and, you know, being seen as a victim – you don't want that because something would have happened. You would have to deal with something, you'd have to deal with negative emotions. Talking about that, you said you feel stupid, immediately afterwards.

**Comm.8** *I reflected on Maya's material (CM1 & the dialogue prior), summarizing this back to her in order to establish a shared understanding.*

**CM.9** Yeah.

**TCP.10** You know this thing about being seen as overdramatic...

**Comm 9.** *Continuing to summarize her thoughts, I was leading the way into discussing the formulation with psychoeducation, when Maya quickly interjected with the following (CM10.)*

**CM.10** It's just like Eww..

**TCP.11** Eww...Okay, Eww can be quite powerful

**Comm.10** *Maya appeared and sounded uncertain as to the word 'Ew'. This had never been brought up in sessions prior, yet it seemed to have significant impact in the way the client moved her hands and the facial expression that took place. Taking a compassion-focused stance (Gilbert, 2010), I wanted to highlight the potential impact of the term 'Eww', and so emphasized it's potential to be powerful so that Maya did not shy away from elaborating on this, or begin associating it with shame as she was so inclined.*

**CM.11** It's just like, how can I be so open with someone like that?. But one thing that I like about the new guy is that when I was talking about that guy. Yeah. Um,

**TCP.12** Guy B?

**Comm.11** *I am extremely aware that I had interrupted Maya here, which was unintended, however, the client had labelled some of the men she had been having casual sex with following the breakdown of her relationship. 'Guy A, B and C' were assigned to them as she did not want to disclose their names. Each encounter was distinct, therefore I wanted to ensure I was thinking of the correct individual. Guy A and C were men that she had avoided after engaging in consensual sex. Guy B, was related to her SA. Upon reflection I would have waited for Maya to complete her sentence.*

**CM.12** Yeah...umm..because...When he was talking about reporting it... something I said to him was I don't want to be a victim. I don't feel like that because if I do that, then it makes me a victim. He was like, you're not a victim, just got um... involved with the wrong person.

**TCP.13** Mhm.

- Comm.12** *Maya appeared to lose her train of thought at the beginning, therefore I went back to active listening so as not to interrupt her again.*
- CM.13** I thought that, that was like such a... like he put me at ease a little bit like, but I seem to...I was like is that my fault? Because I got involved with the wrong person. Do you get what I mean?... like I had a hand in it kind of thing... I didn't say that to him, but it was just like my thought process.
- TCP.14** Okay, so on one hand he put you at ease because, you know this key fear that I'm a victim. It was actually...this is an alternative way.
- Comm.13** *I nodded, signaling that I understood what she meant, and proceeded to refer back to her formulation, to incorporate a structure with which we could make-sense of her content. This included internal key fears around sex and boundary violation. I encouraged Maya to expand on this in relation to her SA. Simultaneously, the 'new guy' with whom she was exploring the idea of a relationship with, had presented an alternative point of view that was worth exploring within the CFT context of compassionate-correction of a shame-filled experience (Gilbert, 2010).*
- CM.14** ...Yeah he doesn't see me as a victim.
- TCP.15** Okay. Yeah. And that. That perception of you put you at ease?
- Comm 14.** *I wanted to clarify what this meant for the client.*
- CM.15** Yeah.

**TCP.16** Okay, And then there's the other immediate kind of thought that... that kind of automatic thought, which is... 'But I got involved with someone'... and there's a huge amount of responsibility and that's put on you.

**Comm.15** *Here, I wanted to highlight negative automatic thoughts and the level of responsibility that Maya was undertaking – perpetuating her shame and self-criticism. This can also be viewed in the client's formulation as part of her self-self-relating, which includes 'maybe I deserve to be treated a bit badly'*

**CM.16** And you know he added me on snapchat.

**TCP.17** **Guy B?**

**CM.17** Yeah. This was...summ...I was just doing my work. And then I looked on my phone and saw he added me, and it says in a group. So I think he makes...because we used to have each other on snap, and then I unadded him, I think he made a group of me in him so he could save my snap, because we were never in a group with anyone or any friends. Okay. I was like debating for the longest time if I should add him back because I thought he would apologize or ask why I was ignoring him. But if you see me run away when your coming why you gonna add me on snap, I don't wanna talk to you. I haven't added him back. I just left it, I forgot about it...I just think it's so weird, why would you add me? What do you want?

**Comm.16** *Here, the client is referring to the time when she and Guy B worked together; when she had run away from him in a moment of panic after the SA incident. This was briefly mentioned at the assessment stage. He since added her on a social media platform which is what Maya began to elaborate on.*

**TCP.18** How did you respond when you saw that he added you on snap?

**Comm.17** *Here, the word 'respond' was established within the context of 'old brain/3 regulation systems' response, which is why I phrased the question in this way as opposed to asking Maya how she felt at the time. I aimed to elicit Maya's immediate response; whether she employed a safety strategy after threat activation and/ or whether 'old brain' systems were triggered.*

**CM.18** I got a bit panicky, what do I do? And then I just told my friend...and then I told the new guy...I don't know why I told him, it was after I told him I felt dumb...like, did I over-react, kind of thing

**TCP.19** So you felt panicky when you saw that?

**Comm.18** *I drew attention to Maya's sense of panic that transpired following a 'threat' activation. Keeping the pace gradual and contained, I aimed to focus her attention on automatic and immediate responses that were not her fault.*

**CM.19** Yeah, because it's like, why is he still trying, like, be, there like, go away

**TCP.20** Remind me what the indicators of feeling panicky are for you?

**Comm.19** *Holding in mind Maya's content around Guy B, I stayed with the 'panicky' response for the moment to obtain the Maya's understanding of her embodied emotions. This was for purposes de-shaming, as the client had mentioned several times responding in particular ways, then experiencing shame.*

**CM.20** It was a bit just like I dunno my heart kind of dropped, Mhm. Um, I got not out of breath just a little bit...like...what's the word, short of breath, but I wasn't like, having a panic attack, and the I just like, not zoned out, but...

**TCP.21** Yeah, I hear that

**Comm.20** *In earlier sessions the client had described having had one panic attack last year and what that had felt like. She felt that her response was slightly different in this instance and I showed that I understood what she meant.*

**CM.21** You get what I mean? I just see. I don't know, like.

**TCP.22** I think what you've just described then you've said quite clearly wasn't a panic attack, but there's a reaction in your body.

**Comm.21** *Summary, to help clarify what Maya was saying whilst also denoting the reaction in her body.*

**CM.22** Yeah.

**TCP.23** There was a trigger which was, you know, he's added you on snap, and your body has responded to it in a way where, you know, shortness of breath, your heart's dropped, and that that adrenaline that that was released in your body is mobilizing you to do something. And then you...

- Comm.22** *Having spoken about the physiological functions in sessions prior, I drew links between this to ascertain Maya's understanding of the mind-body connection in response to threat.*
- CM.23** I just froze, again, he makes me freeze, like, a lot. Um, oh, I saw guy A yesterday as well, and I went and hid as well. I mean, just avoiding that much. He didn't do anything but, and, um...
- TCP.24** So there's this...
- CM.24** Its's all so strange
- TCP.25** We'll get to that
- Comm.23** *This was meant in a friendly way, as I tried to stay with Maya's process of exploring her responses and feelings about guy B and her SA. This was to ensure that the client's processes were attended to alongside her content (Kolts and Gilbert, 2018).*
- CM.25** Sorry
- TCP.26** No, but I just want to take you to what you've identified, no, you've identified two really key things. Guy B makes you freeze. You froze again and you saw Guy A and you run and you hid. And there's two real key safety strategies that you that you've described, these internal safety strategies, when there's threat present, your body is mobilizing you in a way to keep you safe, to protect you, whether it's from negative emotions or whether it's from a perceived physical threat. I know you've said before that, you know, none of them are going to physically harm you

**Comm.24** *I used psychoeducation to summarize Maya's responses here and link this with her formulation. This is for purposes of de-shaming as the client berated herself each time she described a thought/feeling/response. By breaking down the mind-body connection from an evolutionary stance, I aimed to familiarise Maya with the sympathetic nervous system, so she did not simply blame herself and move on. In relation to her not being physically harmed, Maya had asserted during the assessment stage that sex with guys A was consensual, and her avoidance was due to awkwardness and issues with intimacy. Guy B had moved to a different place of work, and she had described the SA – when willing to refer to the incident as such – as non-violent. I checked-in with the client around this again in this session and the following ones; detailed in the overview of this report.*

**CM.26** Yeah

**TCP.27** and I hear that, but those are still really key responses. So you've either physically, you know, this flight, you removed yourself.

**Comm.25** *Here I aimed to stress how her body was signaling threat and that her responses were automatic, despite blaming herself, stating ;he didn't do anything (CM.23)*

**CM.27** I think I'm just in my head about it, I think I make myself feel like this...Like with guy A, like I don't really know, I was more hiding because of awkwardness, cause like, what do we say to each other

## 8. Reflective Discussion

Throughout my work with Maya, supervision proved an immensely effective space in which to discuss my concerns, gain therapeutic insight, constructive feedback of my practice and develop a greater understanding of CFT and AI. Using AI wasn't a straightforward process particularly as a trainee, just having felt confident in one approach and then navigating this by integrating another. Working in a short-term setting, this was even more challenging, having felt time-pressed. However, the supervisory space allowed me to refine my skills and develop as a professional, with greater patience, attention to detail and a deeper understanding of the modality in use. The mind-body synchronicity that incorporates Eastern philosophy with scientific evidence that is CFT, was able to address concerns on both macro and micro levels. That is, Maya and I were able to build a positive therapeutic alliance within the context of a short-term service, within which several nuances emerged, i.e., Maya's resistance to her collectivist culture, concerns with men and prominent feelings of inadequacy.

It is important to note that in many instances Maya's understanding of her presenting problems was different from my clinical judgement(s), as well as the compassion I held for her. Layered with self-doubt and shame, the client often appeared to forego her own capabilities of compassion, resilience and courage, in which case a combination of psychoeducation and experiential techniques worked well. This enabled some cognitive shifts that transpired during the last two sessions, within which the client considered joining group therapy offered by the service once our sessions were over. This was a big step forward for Maya, and she fed back having had a 'good first start' in her sessions with me, which was more than humbling.

Combining CBT with CFT appeared to increase the client's awareness and insight, encouraged corrective experiences and fostered motivation. Furthermore, research would indicate substantial empirical support for AI as outlined by Norcross and Goldfried (2019). I have learnt a great deal practicing CFT, particularly through formulating Maya's presenting problems via this framework. There were many aspects of this that I was able to resonate with and we were able to build a shared understanding around womanhood, collectivism and tradition-based cultures and universal emotions that Maya had found difficult to connect with, which helped with building a positive working alliance with the client.

My work with Maya has furthered my learning in the most rewarding way. Having been able to incorporate existing resources and ongoing learning over the last 3 years into my final year

placement has led to a greater appreciation of the human experience. In being able to share traumatic, challenging and nuanced experiences with such transparency and trust, has immensely enriched my practice and development. Although I would have liked to work with Maya for a longer period, there was something incredibly fulfilling in witnessing and supporting the client on her journey towards healing. Giving someone a 'good first start', has imparted a similar sense of vision within my own career trajectory. I have learnt a great deal from Maya, particularly her zest for learning and betterment of the self. The client and I ended positively after 12 sessions with a continued care plan and a referral for longer-term therapy. Upon reflection I would like to enhance my confidence in working in an integrative way, and continue to work with greater autonomy

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## **Section D**

For the Journal of Cross-Cultural Psychology

### **The Experience of Loneliness in Collectivist Cultures and its Impact on Mental Health; Understanding the Quality of Relationships from a Schema Informed Lens.**

#### **1. Abstract**

This paper is derived as part of a larger thesis project, which explores the role of culture in relation to Hoarding Disorder. Findings revealed that loneliness was a substantial factor for all racial-cultural cohorts involved in the study (Black, White and South Asian), but that this transpired and was conceptualized by participants in different ways. Variances appeared to link significantly with collectivism and individualism, and this paper aims to explicate the experience of loneliness within collectivist cultures, and its impact on mental health and psychological wellbeing. Given that relationality, or lack thereof, is central to this phenomenon, this paper will examine the quality and significance placed on relationships, which are developed across early childhood experiences through a schema informed lens. This includes explanations of schemas and their interactions with external environments, alongside nuances in the role of attachment in collectivism. This analysis will begin by exploring a breakdown of different types of loneliness – and conclude with how these interplay with collectivist cultures in contemporary contexts.

#### **2. Introduction**

The longstanding link between loneliness and adverse mental health is one that is evidenced by substantial findings within the field of health, psychology and general wellbeing (Earl & Barreto et al, 2021). More recently, an increasing number of articles, surveys and podcasts have allowed space for discussion around this subject, particularly owing to contemporary contexts of COVID-19 and a notable shift to the digital world. Referred to, as an ‘epidemic’ by various scientists and researchers (Matthew et al, 2019), there have been many investigations into the types, nature, causes, concerns and complexities around human loneliness; with Rokach & Bauer (2004) characterizing this as a multidimensional experience that is universal among all humans.

It's association with negative mental health within both individualistic and collectivist societies necessitates greater understanding into populations where this has been arguably overlooked, largely owing to assumptions around collectivism as a protective factor against loneliness. Although data from a plethora of research would support this argument, there is conflicting evidence in other studies, such as Heu et al 's (2021) proposal of the 'culture-loneliness framework' that is based upon findings that people from collectivistic cultures are hardly ever alone, yet also report feeling lonely. Seldom, however, are these differences considered, with focus having been largely geared towards a social tapestry that is equivocally linked by individualistic values.

### **3.Types of Loneliness**

It can be asserted that there is an evolutionary basis to forming social relationships; the social nature of humans had propelled our predecessors to form groups for survival (Grinde, 2009). In modern society, the 'pack animal' perspective still largely exists; however, we have evolved to interact with one another in more nuanced contexts than the 'hunter-gather' period of survival. Contextual factors such as nationality, age and gender, to name but a few, are shaped and regarded by a set of shared values that differ across societies. Correspondingly, Rokach & Bauer (2004), denote that loneliness can be expressive of an individual's relationship to their community and culture. Indeed, findings from their investigation confirmed the hypothesis that the experience of loneliness varies depending on one's culture, background and age group. This is discussed further in the section 'Individualistic vs. Collectivist cultures.

Empirical findings within the last decade alone assert a link between loneliness with interpersonal difficulties, which is further substantiated by the cascade of evidence around its negative association with mental health. Not only is this linked with depression, anxiety and substance misuse, but an increased likelihood of physical health problems and cognitive decline (Pitman et al, 2018). What is most striking perhaps is the conceptualization of loneliness and the emergence of different characterizations and categories of this human experience. To better understand this phenomenon, it has been crucial to discern between different degrees and experiences of loneliness.

Ernst and Cacioppo (1999) defined loneliness as complex set of feelings constituting reactions to the 'absence of intimate and social needs'. Barreto et al (2021) expands on this, by arguing that the experience of loneliness is influenced by factors that affect desired or actual social

relationships. When explained further, this overview contrasts with the notion of physical proximity as a safeguard against feeling lonely, i.e., the more people one is around the less likely they are to experience loneliness. Although it has been argued that the likelihood of forming social connections, ergo, fulfillment of social/intimate needs are higher in such an instance, studies have shown that this is often not the case. An investigation by Qualter et al (2018) in collaboration with BBC radio 4 titled 'The loneliness experiment' expanded on 4 types of loneliness that can be extracted from existing data. This includes emotional, social, situational and chronic (Spelman 2018).

### **3.1. Situational and Chronic Loneliness**

Each category appears to feature its own marked qualities. Situational and chronic loneliness can both be considered byproducts of circumstances that create physical isolation from others. In the case of the former, relocating to a foreign country by oneself can induce feelings of low mood and apathy that are typically accompanied by isolation. Similarly, the latter type can result in comparable effects but tends to go on for a much longer period, such as elderly individuals residing in care homes whose social companions have largely passed away, or whose families do not live close by (Spellman, 2021).

Both are associated with risk factors particular in relation to mental health. When loneliness becomes chronic, however, it is associated with a maladaptive impact on social relationships and overall maladjustment in the social world, including hypervigilance to threat, and a skewed perceptivity of threat itself (Vanhalst et al, 2018). This is considered self-reinforcing and has been identified largely amongst older adults within European and American samples (Martin-Maria et al 2021).

### **3.2. Social and Emotional Loneliness**

Social and emotional loneliness, by contrast, centers on the quality and experience of relationships over quantity. By this token it has been argued that loneliness is not solely a state of being alone, but rather a state of mind Dahlberg et al (2018). It is important to note, that there are variations between social and emotional loneliness themselves, primarily, emotional loneliness can encompass a deep sense of disconnection from others and often characterized by involuntary separation on an emotional level, with a great lack or absence of secure relational bonds. Social loneliness bears an aspect of chronic loneliness in that it can be self-reinforcing, particularly if one is in a state of self-withdrawal.

### **3.3 Self-Evaluation**

Another distinction within the 'type' of loneliness is the difference between physical and perceived loneliness, from emotional (Vally & D'Souza, 2019). How individuals evaluate their social relationships and view themselves in relation to others can vary according to cultural meaning. Elmoudden (2019), proposes 'Intersections of loneliness', which presents a paradox of a 'disconnected society' that exists within the realms of hyperconnectivity through social media and online platforms of communication. Needless to say that those who already experience physical isolation may perceive online communication as unfulfilling both socially and emotionally. Additionally, there can be a dichotomy between feeling emotionally lonely but not perceiving oneself as such. Similarly, those who are disadvantaged by socioeconomic factors and existing mental health concerns will naturally worsen in this conflicting reality of interconnectedness and separation.

It remains vital, however, to acknowledge that these studies have been carried out primarily in individualistic societies. Even in modern day Britain, intricacies of cultural overlap through migration, multiculturalism and assimilation are negated. There have undoubtedly been several investigations into loneliness in different countries that recognize collectivism beyond its one-dimensional portrayal, which presumes individuals to be shielded against this phenomenon. Indeed, the 'types' of loneliness are considered alongside the contributing factors towards its onset. One such example is a study that examines 'Social Withdrawal Subtypes during Early Adolescence' in India (Bowker & Raja, 2011). Their findings revealed the presence of 'withdrawal subtypes' i.e., shyness and unsociability were linked to social and emotional loneliness, which up until recent developments, were typically considered a phenomenon exclusive to western societies. Bowker and Raja (2011) intended to shift the focus of such research towards a cross-cultural perspective, as treatment of behavioral problems and internalizing difficulties are also necessary within collectivist societies.

Moreover, there has recently been a widespread increase reported pertaining to a lack of social and/or emotional fulfillment with online communication amongst adolescents in Japan, Thailand and South Korea (Twenge et al, 2021). This research has indeed expanded beyond just the 'Western world' and sheds light on the perceived levels of loneliness reported by those who hail from collectivist cultures. Interestingly, this was correlated with an increase in the use of smartphones across 36 countries, illuminating a common contributor within today's technologically inclined world.

With contemporary evidence suggesting that loneliness, particularly emotional, has associations with qualitative characteristics of relationships, exacerbated by an increase in hyper-technological communication (Nosek et al, 2016), this paper examines cultural norms, expectations and shared values that shape interpersonal exchange, which involves a discrepancy between actual and desired relationships (Arpin et al, 2015) as opposed to the objective condition of not having ties with others; social isolation (Dykstra, 2009). In order to better understand the dynamic and layered nature of social relationships, it is incumbent on us to explore broader cultural contexts that contributes towards subjective experiences of loneliness and consider this for interventions of its negative affect.

#### **4. Individualistic (I) vs. Collectivist (C) Cultures**

##### **4.1. I-C Distinctions**

Collectivism, as defined by Hofstede (2005), pertains to societies in which people from birth onward are integrated into strong and cohesive 'in-groups', which continue to protect them in exchange for unwavering loyalty. By contrast, Individualism refers to societies in which the ties between individuals are loose: people are largely expected to look after themselves and prioritize one's goals over group goals. Based on these definitions, Individualists and Collectivists (I-C) rely on different information when making life satisfaction judgments.

One such example is presented by Seepersad et al (2008) who outlined romantic loneliness; akin to the perception of emotional and assumed loneliness. Not entirely unheard of, the concept of romantic loneliness has been a focal point for psychological input around various issues that concern romantic relationships. Seepersad et al (2008), emphasize that the degree of romantic fulfillment is cultivated by cultural norms and values that shape expectations. In essence, A culture promoting a strong desire for romantic relationships can greatly influence feelings of romantic loneliness or closeness. Their study exhibit's differences between a sample of U.S. young adults who experienced greater degrees of romantic loneliness because of a high desire for romantic relationship when single, vs. Korean young adults. Additionally, the 'assumption' of loneliness pertains to a cultural assumption of whether one might be romantically lonely in accordance with I-C cultural values.

Whilst it can be assumed that this may unduly result in increased perceived loneliness among Americans, their study also noted that they had a greater degree of closeness when in a romantic relationship that Koreans. It can be argued perhaps that the quality and levels of

romantic fulfilment amongst Koreans who hail from collectivist cultures remained unexplored. In addition, there is greater emphasis among Koreans on love and intimacy between parents and siblings; the cohesive collective of the family as opposed to one partner, highlighting the distinction between I-C cultures.

Additionally, in a study by Nisbet & Masuda (2003), participants were shown a picture of a fish in an underwater environment. A greater number of participants from the East generally described a holistic picture, including the environment around the fish and the fish relative to each other, whereas Americans generally concentrated on a single large fish. It can be evidenced that different levels of loneliness in the same situation are viewed in accordance to the cultural values, principles and scripts that people are most familiar with.

#### ***4.2. I-C cultures: Not as simple as 'East vs. West'***

Nevertheless, it is important to acknowledge nuances and overlap between cultures. Whilst individualism is more pronounced in Western societies and collectivist for Eastern, to associate these characteristics solely to 'East v West' can be considered reductionist. Many Western societies encompass collectivist principles such as Portugal and Mexico, whose cultural scripts would vary quite significantly from other Western societies such as England and France (Stimson & Sholette, 2007).

Moreover, with regards to culture itself, it is important to be aware of different dimensions, such as understanding of what constitutes I-C variations, including the following: 'power distance' to authority and its acceptance by society, notions of masculinity/femininity of a society that underpins cultural values and principles, uncertainty avoidance that captures the extent to which cultures feel threatened by ambiguity and uncertainty, and aspects of intercultural dynamics denoted by Hofstede (2005). Culture, termed as a 'mental software for humans' by Hofstede (2005) outlines variations and intricacies within I-C cultures as well as between them. One such example is the notion of 'power distance', which is considered to be greater within collectivist cultures. By virtue of this, levels of inequality are expected and valued, given the emphasis placed on obedience and compliance with authority figures (Heu et al, 2021). This provides insight into a different concept of relationality from individualistic cultures, which is why the removal from the 'other' within collectivist cultures can be considered as one being lonely as opposed to being in close social proximity that appears to equate the individual at an advantage in terms of connectedness and having their presence cherished.

To add, Hofstede (2005) also defined the differences between 'masculine' and 'feminine' societies, in that the former pertains to clearly defined traditional gender norms and roles. I.e., a society is considered masculine where assertion, aggression and ambition is high. Though many collective cultures define gender roles in a similar fashion (Taniguchi & Kaufman, 2022), Britain can also be considered a masculine society, yet highly individualistic. This highlights instances of intercultural variation (Hofstede, 2005). Furthermore, as Family and communities such as religious institutions may have a significant influence on individuals and help shape cultural scripts; other social groups can also have a significant impact on people, including schools and the workplace (Hofstede, 2005).

For example, collectivist cultures can rank higher on the 'uncertainty avoidance' measure, yet people who reside within two opposing cultural scripts, such as people from collectivist heritage cultures attending schools in individualistic societies, may find that their experience of uncertainty avoidance lands somewhere in the middle. The social environment where one grows up and resides is of importance particularly in contexts where heritage culture and host cultures differ, as detailed by Zaidi et al (2016), whose findings are discussed in further detail in section 6.

Additionally, Heu et al (2021) spotlighted the significance of language between cultures, which adds to the complexity of I-C. For instance, those who hail from collectivist cultures denote that the use of the word 'I' tends to be avoided. Whereby 'I' is very much encouraged within individualistic cultural communities. This could be as to why expression of loneliness is low within collectivist contexts, as language and expression is encouraged within a collectivist, group sense. In addition, showing/expressing overt happiness is often discouraged within collectivist communities (Goodwin et al, 2001).

This can be substantiated by the power-distance dynamic of society denoted by Hofstede (2005) who outlined that cultures with a greater distance of power tend to avoid direct appraisal of subordinates, and subordinates do not expect such appraisals as this may spoil the harmony of society. Furthermore, occupational mobility in such environments may also be lower, therefore forming connections and new relationships with a variety of people may not transpire. Subsequently varying viewpoints on quality of relationships and meanings of loneliness may not be perceived from other perspectives than that of one's own within such contexts.

A more balanced approach would foster an acknowledgment that different types of loneliness can co-occur, but the extent to which this takes shape in I-C contexts can vary. Other existing literature present additional categories of loneliness (Frison & Eggermont, 2020) alongside nuanced considerations such as perceived loneliness vs. interpersonal isolation and social inadequacy, which are recognized as emotional and physical loneliness according to Rokach and Bauer (2004). These terms bear commonality with Spellman's categories, and other studies (Martin-Maria et al, 2021) also highlight that the overall experience and conceptualization of loneliness tends to vary according to social constructs that influence one's expectations and understanding of relational dynamics. This leads into the following section, which provides a basis as to how cultures can overlap, are nuanced, intersectional and significantly influence perceived loneliness and the quality of interpersonal relationships.

### **5. The Culture-Loneliness Framework**

Heu et al (2021) inspected the cultural underpinnings of loneliness, by exploring whether loneliness thrives in relation-freedom or restriction. I.e., do cultures that encourage loose ties between individuals experience more loneliness than cultures with more restrictive norms about social relationships. Through rigorous examination they generated the 'culture-loneliness framework', which suggests that loneliness occurs across all levels of restrictiveness but 'through different prominent types of isolation' (Heu et al, 2021, p.1). In essence, they found that cultures with more restrictive norms akin to collectivistic societies, can better protect against physical/situational isolation but increase the likelihood of emotional loneliness.

Their review presents that those from collectivist societies tended to score higher on loneliness than those in individualistic societies, but individuals who described themselves or their social environment as more collectivistic tended to report lower on loneliness. This highlights the differences between a perceived sense of loneliness and the experience of different types of loneliness within collectivist cultures. This framework can be used to explicate some of the findings from the thesis component of this paper outlined in the section below.

### **6. Perception of Loneliness with Restrictive-Freedom and Mental Health Implications**

Findings from the exploration in HD demonstrated significant differences between Black and South Asian (SA) participants pertaining to loneliness. The latter group described a strong degree of restriction within their cultural scripts, that followed collectivist principles. A noteworthy

finding was that the latter group varied according to ethnicity; with one half of participants denoting collectivist-cultural norms and principles, and the other half individualistic. For the SA cohort, the pursuit of autonomy was high. All participants had described a stifling quality of being raised in such close proximity with others; large, extended families whereby they were rarely ever on their own physically and socially speaking.

Nevertheless, each described feeling misunderstood, frustrated and regularly thinking about separating from their collective environments. Interestingly, much like Heu et al's (2021) findings, though they reported experiences akin to emotional loneliness, i.e., the absence of meaningful connections despite being surrounded by others; all participants in this group mostly used the word 'lonely' when they had attained physical separation. i.e., once they started living independently. It can be understood then that loneliness was present within this group that had high levels of restrictive freedom but identified and acknowledged loneliness mostly when physical separation occurred.

The two participants from the Black cohort who identified with their collectivist cultures reported similar perceptions. Interestingly, the remaining two participants, whose cultural scripts encompassed strong individualistic values, also described a sense of being emotionally lonely, but also acknowledged this more so when they were physically alone. This was an aspect of individualism that was considered as a type of prerequisite to try and cope on one's own; as part of a wider feature of having unrelenting standards within an individualistic cultural script (Young et al, 2003). This may have perhaps made it more challenging to report emotional loneliness in relation to the shame of deviating from one's cultural expectations. Nevertheless, this was expressed by participants with a semblance of acknowledgement in comparison to those who hailed from collectivist cultures.

This may also apply for SA participants, whose collectivist cultures place great emphasis on interpersonal relationships with tight rules and customs around social exchange attached to group pride and honor (Miedema, et al, 2020). Hence it is conceivable that participants in collectivist cultures may refrain from deviating against cultural expectations. This can be substantiated by Zaidi et al's (2016) exploration of SA youth's resistance to cultural deviancy. The study highlights competing cultural values and scripts of Canadian-born South Asians. SA's reported a resistance to cultural deviancy (collectivism) such as engaging in sex before marriage, for fear of ostracization from their respective communities, a notion of bringing

'shame' upon one's family and the stigma associated with this. Managing two competing cultural value systems was described as highly challenging for participants despite their resistance to more individualistic perspectives and illustrated a degree of emotional loneliness within their accounts. This entailed low mood, anxiety, fear of stigmatization from heritage-culture communities alongside a sense of 'other' within a Canadian context. Noteworthy, this was not perceived as being emotionally, or otherwise, lonely by the participants themselves.

Similarly, in a study by Lykes & Kemmelmeier (2014), which aimed to examine predictors of loneliness between I-C cultures, reported levels of loneliness were higher in collectivistic compared with individualistic societies, but societies differed in terms of their predictors of loneliness. I.e., autonomy and choice regarding interaction and romantic partner selection had greater implications for wellbeing in individualistic societies (greater emphasis on relation-freedom, whereby loneliness appeared to be lower), whereas traditional social bonds with greater levels of group input (restrictive-relational freedom) was more significant in collectivistic societies. A point to note that participants across the I-C cultures within this study were more open in their reporting of loneliness, and it can be reasoned that this may have been because all samples were exclusively from I-C societies in Europe; and that notions of I-C itself can vary with nuances between Europe vs. other regions.

Although these sets of findings provides a distinction between I-C cultures, this also exhibits a multi-layered perspective as findings are contrary to the assumption that people in individualistic societies are lonelier. Instead, this evidence different types of loneliness; how this is perceived and cultural influences. Addedly, findings from Dykstra's (2009) study of loneliness among older adults show that older adults in northern European countries, with greater relational freedom, tend to be less lonely than those in the more southern European countries, with more restrictive relational freedom. Physical contact does not necessarily mean connection.

Moreover, this study challenges the idea of Individualistic values ascribed almost exclusively to Western societies, as many parts of Europe such as Italy and Spain report high levels of contribution within family groups that coincide strongly with collectivist values (Beilmann et al 2018). Nevertheless, degrees of I-C itself can be viewed as dynamic, as Beilmann et al (2018) also reported that Individualism in America in comparison to Europe can entail cultural differences; substantiating the significance of intersectional considerations.

### **6.1 Impact on Mental Health (MH)**

Findings from the studies outlined above, with regards to the relation-cultural framework suggest that, at the cultural level, more restrictive norms have the potential to create higher risk for emotional loneliness. Within collectivist cultures, the adverse impact can be tricky to ascertain, given that perceived levels of loneliness are different. This illustrates the limitations in our understanding about loneliness in cultures with more restrictive norms about social relationships. This can be linked back to general adverse effects of loneliness that puts individuals at greater risk for depression, anxiety and even physical health concerns.

A way in which the understanding of relational-quality and perception of loneliness within collectivist cultures can be understood is through a schema-based lens. This includes the Emotional Schema Model by Leahy (2019), which provides insight into the development on schemas and emotional processing, with considerations of cultural perspectives other than that of solely Western frameworks. The way in which emotional loneliness is considered with regards to the quality of relationships and the implications for MH are detailed in the sections to follow.

### **7. A Schema-informed lens and Quality of relationships**

A Schema approach, i.e., Schema therapy, combines cognitive behavioral therapy, psychoanalysis, attachment theory and emotion focused therapy to explore and address unmet needs during childhood and early life (Young, 2003). Denoting Schema domains that categorize maladaptive schemas – constructs on how we perceive and interpret the world – this approach can provide an understanding of the way in which emotional loneliness is managed by those who experience it; both when this is a perceived form of loneliness or likened and identified in relation to other aspects of mental health. Addedly, the quality of one's relationship to oneself, the world and one relates to others can be considered from a schema-based lens that highlights links between emotions, loneliness and culture-specific constructs.

Few of the schema domains that appeared to feature heavily within the findings of the study around HD, based on the wider thesis project for this study, included dependency and enmeshment within the collectivist SA cohort and part of the collectivist Black-African cohort. This can be considered in line with attachment styles, which included insecure avoidant, anxious and disorganized early relationships (Berry et al, 2020). The role of attachment within collectivist societies, as denoted by the relational-cultural framework, has been conveyed as

tightly bound. Great levels of interdependence, as well as dependence, can be considered given that enmeshment and dependency was very high for these participants from collectivist cultures. Baretto et al (2021), highlights a sense of conformity that is encouraged by collectivist cultures, particularly around authority figures. In examining the quality of relationships, it can be argued that a sense of self and cultivation of independence is hindered, culminating into maladaptive schemas of impaired autonomy.

Additionally, it is important to note that Collectivist organization frameworks can provide a sense of belonging and connection, hence why it has been assumed that collectivism can act as a strong protective feature against loneliness. Whilst there may be instances where this is apparent, given the nuances around I-C discussed so far, this may be a gross generalization. Nevertheless, the findings of Zaidi et al (2016) as well as the findings from the exploration of HD, participants appeared to stay close within these collectivist frameworks in several ways, for several reasons. I.e., It can be considered that the fear of shame and ostracization from collectivist cultures, otherwise known as 'in-groups' (Heu at al, 2021), can prevent deviations from the relationally tight structures. Addedly, the familiarity of cultural norms, customs and principles that are passed down in close communities and families, often alongside strong religious beliefs, provide certainty and comfort for people, and that deviations could entail the opposite (Taniguchi & Kaufman, 2022).

This also ties in with the Schema view around attachments and early relationships; roles and beliefs that are internalized and projected (Young, 2003). To expand, the fear of rejection from in-groups may be avoided in many ways and yet what remains as an unmet need can be considered autonomy and/or validation of different perspectives within I-C domains. Given the significance of attachment theory within this approach, these maladaptive schemas pertaining to managing cultural constructs and loneliness can be regarded as part of the insecure types (Goldberg et al, 2009).

Furthermore, this can also denote as to why physical and perceived isolation is viewed as being 'lonely' as opposed to experiencing emotional loneliness whilst surrounded by many other people. The cultural value placed on relationships that provide a sense of community and kinship are tied closely with a sense of stability and order (Heu at al, 2021). In essence, according to many collectivist cultures, maintaining strong ties with family and community members promotes a sense of certainty, safety and security (Sangar et al, 2021). It is of

important however, to attain an understanding of the quality of interpersonal relationships of those within such families and community structures, and to question whether the notion of safety, security and stability extends beyond the primary needs of sustenance, shelter and resources of a physiological nature, to a sense of belonging, meaningful connections, esteem and emotional security (Crandall et al, 2020).

With regards to more complex features of human dynamics; nuance and intersectionality are imperative to retain and the forefront of considerations when discussing I-C cultures. One such example of this is around gender roles, assigned by societal beliefs and constructs that shape individual schemas and vary across I-C (Wang et al, 2020). Therefore, it is important to consider the impact of cultural structures of gender roles and how loneliness can be perceived differently according to gender identity as well as gender-oriented expectations. Findings from a study reported by Ozben (2013) who examined life satisfaction and loneliness revealed that male students experienced significantly less loneliness and significantly greater life satisfaction than female students within a collectivist Turkish sample. The study demonstrated different levels and types of socializations between males and females within a Turkish society, which assigns traditional gender roles of masculinity and femininity in a strong, binary sense that impacted the sample's experiences.

Additionally, a study by Strivastava et al (2020) asserted an intersectionality of loneliness experienced by older adults in India in relation to gender as well. The women in the study reported higher rates of loneliness across three domains; situational isolation, developmental loneliness, and internal loneliness linked with emotional loneliness. Factors such as divorce/retirement/widowed/separation impacted their overall wellbeing, which included experiences of sadness, sorrow, shame, desperation and frustration. The collectivist norms and principles of this particular Indian sample had contributions from religion and gender ideals that factored into how women perceived themselves in line with these life events. I.e., the shock that one participant denoted following the death of her husband, given the value placed on a woman being married and emphasis on the role as a wife. This appeared further substantiated as their male counterparts who were examined with similar life conditions reported lower levels of loneliness across all three domains.

It is imperative, given these examples of intersectionality, early attachments styles and social-cultural expectations, to consider schema theory within collectivist societies, alongside subjective experiences of loneliness and its impact on mental health.

## **8. Conclusion**

The experience of loneliness in collectivist cultures is one that is nuanced and strongly tied in with intersectional factors of cultural scripts. This appears to be evident in collective communities that live in individualistic societies as well as those who remain within the geographical bounds of their heritage cultures. This is demonstrated by findings from Zaidi et al (2016) who explored the resistance to cultural collectivism amongst SA participants in a Canadian, individualistic context, as well as findings from Seepersad et al (2021), who highlighted variations of loneliness within a Korean vs. American sample from both I-C cultures. This would strengthen the argument that collectivism is not one-dimensional and subsequently, the way in which loneliness is conceptualized and addressed carries multi-layered complexity as well.

Whilst this is not necessarily a protective factor against loneliness, it is important to consider that objective understanding of loneliness and subjective perceptions of this can vary. I.e., individuals in both I-C societies are more likely to feel lonely when objective levels of isolation (social/situational) are comparable. And whilst physical proximity is not a safeguard against loneliness, there are aspects of this that are valued. By this token, patterns of independence and interdependence can vary widely across cultures as well as within cultures. Contemporary research assumes that the prominence of different self-construal's and self-to other relating, is at the center of the individualism-collectivism distinction (Heu et al, 2021), which can be expanded upon via considerations of a schema approach. Moreover, the quality and value of relationships can vary greatly across cultures as well as within cultures.

Moreover, mixed findings of the I-C framework where many collectivist cultures reported higher levels of loneliness, may be because they experienced a greater intensity of loneliness within contexts of physical isolation as this was a context unfamiliar to them. It can be considered that psychological well-being and mental states can worsen in conflicting realities of interconnectedness and separation. Addedly, as cultural norms, expectations and shared values shape interpersonal exchange, a reduction in the level of exchange that is significantly valued

can create feelings of rejection and subsequent loneliness; attributable to being physically removed from others amongst individuals from collectivist cultures.

On the one hand it can be argued that more individualistic societies have individuals raised with values and customs that encourage them to concentrate on emotional and internal facets of their existence, e.g., esteem and autonomy (Taniguchi & Kaufman, 2022). In contrast, collectivist societies value social inclusion, acceptance and satisfaction of life more heavily reliant on relationality – or restrictive relational freedom – which can make interpersonal dynamics more strained due to an enforced sense of social customs. To add, high levels of conformity and adherence to hierarchical structures are salient within collectivist cultures (Heu et al, 2021). Therefore, the quality of close and emotionally meaningful relationships within these contexts where authority is strong and deviations from the norm of adherence, compromise and conformity with in-groups is highly discouraged, can be considered more insecure. This can be understood in relation to why in many instances people from collectivist cultures report experiences that meet the criteria of emotional loneliness.

As humans are social beings, with an evolutionary requirement of survival to form and maintain social connections (Grinde, 2009), the interference with such requirements is important to examine cross-culturally. This is most imperative given the high levels of global migration and overlapping of cultural norms and customs within today's contemporary society. Cultures and the people within cultural constructs are complex and multifaceted. For those who hail from collectivist-heritage cultures, accommodating clashing cultural structures can be considered a lonely place to be. Within Zaidi et al's (2016) findings, though a SA youth resisted cultural deviancy, participants in some instances also reported feeling torn between personal wants and desires vs community expectations and family obligations, posing a question around whether relationality within this context is valued due to affection and emotional connectedness or, whether relationships are maintained out of a sense of duty to one's in-group.

To understand the concept of loneliness within collectivist cultures, it is vital to have insight into the quality and significance of interpersonal dynamics within them, alongside the cultures themselves. The emphasis placed on community cohesion and altruism, maintained by a set of socially/culturally constructed values, are transferred intergenerationally, which is why collectivist norms and values can be retained even when individuals consider navigating beyond this (Taniguchi & Kaufman, 2022). Even in the face of migration, globalization and assimilation

within individualistic societies, the value systems of collectivist cultures retain its prominence and impacts people from birth to adult life

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