

**Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and  
Psychological Distress in Young Adults**



**Participant's Name: Arooba Tariq**

**Participant's ID: S2022146002**

**Supervisor's Name: Aiman Shahzad**

**MS Clinical Psychology**

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**Department of Clinical Psychology**

**School of Professional Psychology**

**University of Management and Technology**

**Lahore**

**2022-2024**

## DECLARATION

I, Ms. Arooba Tariq ID: S2022146002 Student of **MS Clinical Psychology** in the subject of Clinical Psychology session 2022-2024, hereby declare that the matter printed in the thesis title - **Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and Psychological Distress in Young Adults** is my own work and has not been printed, published and submitted as research work thesis or publication in any form in any university, research institution etc in Pakistan or abroad.

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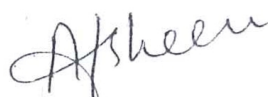
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Supervisor

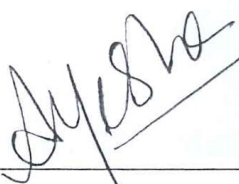
Name: 

Ms. Aiman Shahzad

Lecturer, Department of Clinical  
Psychology

  
External Examiner

Name: DR. AFSHEEN GUL




Dr. Ayesha Jabeen

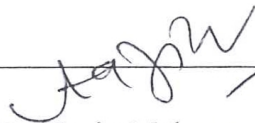
Chairperson of Department of Clinical  
Psychology (SPP), UMT

Name: Arooba Tariq

ID: S2022146002

Deponent 

Date: 20-6-2023



Dr. Haziq Mehmood

Dean, School of Professional Psychology  
(SPP), UMT

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## Abstract

This study investigated the impact of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, on Psychological Distress in young adults. The primary aim of the study was to understand complex interplay and the association among Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress. Attachment theory formed the basis of the theoretical framework of the study, describing how Parental Disharmony, Intolerance of Uncertainty and Hoarding Behavior could culminate in Psychological Distress. A quantitative approach was employed to collect data through on-campus surveys from university students (N=361). The results revealed a positive association between Psychological Distress and Parental Disharmony, Intolerance of Uncertainty, and Hoarding Behavior. Results of regression analysis revealed that gender, Parental Disharmony, Intolerance of Uncertainty and Hoarding Behavior were significant predictors of Psychological Distress, whereas mediation analysis showed that Hoarding Behavior and Intolerance of Uncertainty mediated the relationship between Parental Disharmony and Psychological Distress, however, no direct effect was observed between Parental Disharmony and Psychological Distress. These findings suggest that young adults who come from conflict ridden homes or whose parents often fight tend to develop Intolerance of Uncertainty and Hoarding Behavior as a coping mechanism all of which contribute to Psychological Distress. The study contributes to available literature by filling up gaps in it.

**Keywords;** Parental Disharmony, Parental Discord, Intolerance of Uncertainty, Hoarding Behavior, Hoarding Disorder, Psychological Distress, Young Adults

## **Chapter I**

### **Introduction**

Young adulthood is a time period ranging from approximately 18-26 years of age. It is an important and crucial period of life. This time period is marked with completion of the education, starting of work, developing of relationships, and pursuing of endeavors for young women and men to help set them on the path of a healthy and productive life. When speaking of young adults from a developmental point of view, it is noteworthy to mention that young adults are different from adolescents and older adults, biologically and psychologically in a number of ways affecting their health, decision making, and behavior. Socially, young adults find it more difficult and face major challenges, comparatively to make a transition successfully to adult roles in this rapidly changing world (Bonnie & Stroud, 2017).

Research has established a connection between the mental well-being of children and the surroundings in which they are raised. According to a study, children who grow up in households with high levels of disharmony between the parents are more likely to experience mental health issues and future mental illnesses. Early studies have emphasized the adverse effects of domestic violence, may it be verbal or physical, on the mental health of children. Evidence that has evolved through studies over time shows that youth can also be affected by conflicts between the parents, even if the conflict is not manifested physically or verbally. These environmental adversities are thought to be persistent or chronic in nature jeopardizing mental well-being and development of children (Harold & Sellers, 2018).

Role of disharmony between parents' relationship and how children are affected by interparental conflict has a potentially crippling effect on the mental health of children and their development, with evidence multiple studies it can be derived that children who observe poorly resolved, frequent and severe conflicts are more likely to have adverse effects on development such as depression, increased anxiety, antisocial behavior, substance abuse, aggression, poor academic performance, criminality, and in extreme situations suicidality (Harold & Sellers, 2018).

Parental Disharmony may therefore be defined as conflict between parents that disrupts the family system. This can considerably affect children, leading them towards assuming roles different from their usual ones and handling multiple roles simultaneously (Hania et al., 2022). Parental disharmony refers to conflicts or tensions between parents on significant matters within a family or household. It's important to note that parental disharmony does not necessarily lead to divorce (Rokan et al., 2020). Although relatively newer, the term "parental disharmony" aligns with similar concepts like parental conflict, marital disharmony, and family disharmony used in past research. As parental conflict is closely related to parental disharmony, it can be used interchangeably.

The possibility exists for interparental conflict (IPC) to impact children's social, emotional, and behavioral development (Giallo et al, 2021). Inter-Parental Conflict or Parental Conflict is likely to negatively impact the family environment and adolescent behavior (Parsa et al., 2014). There are two main types of Parental Conflict: verbal aggression along with withdrawal (Zemp et al., 2018) characterized by open disputes due to incompatible goals perceived by the parties, and physical

conflict, involving extreme forms of aggression and violence between parents (Van Berkel et al., 2024).

In addition to Parental Disharmony, different parenting styles can add to the conflicts between the parents. Parents both may have their own parenting ideologies, styles, and beliefs, and often these styles may differ between parents, which can lead to further conflict. Whereas, parental conflict or presentation of hostile or negative emotions from parents as well as parents' incapability of resolving these conflicts appropriately, has negative effects on the child's state of mind (Tavassolie et al., 2016). Furthermore, divergent parenting styles among parents may lead to inconsistent parenting and yield different outcomes for both boys and girls. The impact of parental disagreements or disharmony on children's behavior can be positive or negative. If the conflicts between the parents are handled in a constructive manner they lead to less divergence in parental practices of the parents, while if the conflicts are destructive they are associated with higher levels of problematic parenting which causes. These differences observed in the parenting styles emphasize the link between parental disharmony and the effects it has on youth (Warmuth et al., 2020).

Furthermore, conflict between parents/caregivers, whether or not they live together (i.e. separated or married), or whether or not children are genetically connected to the parents who raised them, negatively impacts children's academic, social, emotional, behavioral, and interpersonal interactions in the future. When exposed to violence between parents or caregivers, children are at risk of developing these problems however, conflict between parents (and carers) can have an impact on children; even though it may not always involve physical or verbal abuse, it can

nonetheless be a persistent form of environmental adversity that jeopardizes the mental health and future development of young people (Harold & Sellers, 2018).

Family conflicts are unavoidable, but depending on the couples involved, they may vary in intensity, frequency, and content. Children who are raised in households where there is a lot of conflict are more likely to suffer from mental health issues and are more likely to develop other health issues in the future (Olatunji & Idemudia, 2021). Numerous studies have connected Parental Disharmony to a wide range of problems affecting both teenagers and young children. Research involving longitudinal studies and cross-sectional studies (Kelly & El-Sheikh, 2011) has repeatedly shown that exposure to such conflicts has negative impacts on the mental health of adolescents (Olatunji & Idemudia, 2021).

According to Harold and Sellers. (2018), the children's developmental outcomes are more at risk when these exposures are frequent, severe, and inadequately resolved. These consequences may cause externalising problems such as temper tantrums, which may ultimately show up as persistent, inappropriately aggressive behavior. These actions could lead to more detrimental impacts on one's physical and mental well-being, such as academic failure (Harold & Sellers, 2018), exploitation by peers and depressive symptoms (Natsuki et al., 2014), and issues with sleeping patterns (Gregory & Sadeh., 2016). Parental discord can lead to internalizing problems that include, but are not limited to, anxiety, suicidality (Schleider & Weisz, 2017)), shyness, fearfulness, grief, and withdrawal (Brock & Kochanska., 2016).

As established earlier, Parental disharmony or conflicts significantly impact children's life. According to a study in the journal "Applied Research in Quality of Life", Parental Disharmony can lead to a decrease in emotional warmth, increasing

negative parental communication, subsequently reducing social well-being of children. The study also reported that an increase in conflict can also increase peer problems while decreasing prosocial behavior in children as they are strongly related (Hess, 2022). Research also emphasizes that children exposed to parental alienation or estrangement might experience persistent emotional outcomes (Jarnecke et al., 2017), indicating that Parental Disharmony can have consequences on a much deeper level for children witnessing it day to day. It is crucial to recognize that the aetiology of parental conflict can be diverse and complex. Possible factors contributing to parental conflict may include variations in parenting approaches or different parenting styles, socioeconomic status, infidelity or disloyalty among the parents towards each other, challenging life circumstances, and difficulties in communication or lack of communication (Hess, 2022).

Similarly, different parenting styles can significantly impact the relationship between parents and may at times even be one of the factors leading towards disharmony between the parents. Parenting is a dynamic process that is influenced by factors such as social and cultural. It is one of the most important factors influencing the development of childhood psychopathology in children. Excessively controlling parents stunt or restrict a child's ability to develop autonomy and negatively impacts their self-esteem and sense of competence, particularly in social settings. It is also examined that there is a relation between different parenting styles and level of intolerance of uncertainty in adolescents. The findings suggest that authoritative parenting tends to decrease the intolerance of uncertainty among adolescents and develops autonomy. However, authoritarian parenting styles increase the level of intolerance of uncertainty among them. Whereas no difference between the genders was found. Therefore, both boys and girls are known to equally develop and exhibit

the same level of intolerance of uncertainty during adolescence when exposed to such circumstances (Vinayan & KG., 2023). Therefore it can be said that different parenting styles not only contribute to child psychopathology by adding to Parental Disharmony but also induce Intolerance of Uncertainty among children towards their adolescence or young adulthood.

Intolerance of uncertainty (IU) is a psychological concept that describes a tendency to view unclear situations as threatening and to feel uncomfortable feelings like anxiety, dread, or concern while confronting them (Jacoby, 2020). The development and maintenance of anxiety disorders, such as obsessive-compulsive disorder and generalized anxiety disorder, panic disorder, and social anxiety disorder, are facilitated by Intolerance of Uncertainty (Shihata et al., 2017). Additionally, IU is linked to unhelpful coping mechanisms such as avoidance, assurance seeking, and excessive checking (Jacoby, 2020).

The reasons behind the development of intolerance of uncertainty are not completely clear, but several potential factors play a role in its development. These factors include genetics, biology, environment, and thinking patterns. Genetic aspects might make some individuals more sensitive to uncertainty or less tolerant of distress. In terms of biology, the way certain brain areas and chemicals process uncertainty and threat like the amygdala, prefrontal cortex, and serotonin can be disrupted (Normansell-Mossa et al., 2021). Environmentally, exposure to stressful or traumatic situations can increase the feeling of unpredictability and lack of control (Oglesby et al., 2017). In terms of thoughts, having negative core beliefs about uncertainty, processing information in a biased way when things are uncertain, and interpreting uncertainty as something threatening are cognitive factors that contribute (Jacoby,

2020). These factors can interact and create a cycle that makes uncertainty discomfort worse, leading to its negative impacts.

According to Smith et al (2020), individuals who have a lower tolerance for uncertainty, meaning they struggle to cope with ambiguous or uncertain situations, tend to socially isolate themselves and hence are more severely affected by the distress caused by it. Their difficulty in managing uncertainty amplifies the emotional challenges associated with isolation, potentially leading to increased feelings of distress, anxiety, and discomfort (Smith et al., 2020). Given that social exclusion is linked to mental health issues such as general psychological distress (Espinosa & Rudenstine, 2020), a decline in wellbeing, social anxiety disorder (Teo et al., 2013), and depression in older people (Taylor et al., 2018) it is important to take this into consideration as it adds to one's intolerance of uncertainty making the overall condition worse.

Studies show that the prevalence of intolerance of uncertainty (IU) varies depending on age and gender. According to research, women typically report higher levels of IU than males do, as reported by Normansell-Mossa et al (2021). In contrast, Smith et al. (2020) hypothesized that IU may differ by age, with older persons potentially gaining more successful coping mechanisms over time, resulting in lower IU levels. However, it's critical to understand that IU is a complex construct influenced by a number of variables, and that there are individual differences within gender and age categories. Clinically significant IU that results in anxiety disorders may not be as prevalent as less severe forms of IU. IU levels can also be influenced by cultural and environmental factors, highlighting the need for more research to properly comprehend IU's prevalence among demographic groups.

On the other hand, research has shown Intolerance of Uncertainty to be correlated to hoarding behavior. As people suffering with Intolerance of Uncertainty may also exhibit Hoarding behavior. Theoretically, hoarding behaviors and intolerance of uncertainty are plausible connections. To avoid the uncertainty of making a mistake when getting rid of belongings, hoarders, especially those with a high threshold for uncertainty, may engage in harmful behaviors such as hoarding behaviors. According to research, hoarders have a very hard time making any kind of decision. Moreover, studies have revealed that hoarders have a very hard time deciding which possessions to part with. Consequently, it would make sense that this process would be aided by an intolerance for uncertainty. Fears of committing an error when disposing off (e.g., in regards to the future use of the item) may lead people who hoard and are high in IU to engage in maladaptive hoarding behaviors to evade having to make decisions.

Compulsive hoarding, another name for hoarding behavior, is a long-term illness associated with mild to severe functional and health deterioration (Frost et al., 2015). It is now considered a separate disorder in the official DSM-5 diagnostic manual used by mental health practitioners. An ongoing inability to part with possessions is the distinguishing feature of hoarding, which results in extremely cluttered living spaces that cause distress and impairment. Notably a prerequisite for diagnosing obsessive compulsive personality disorder (OCPD) includes hoarding behavior (Mataix et al., 2014).

DSM- V describes hoarding as constant difficulty letting go of or parting with belongings despite their true value because of a strong emotional attachment to the things and the pain that comes along with it." (APA, 2013). Bolman and Katz (1966) coined the phrase "compulsive hoarding" to characterize pathological or obsessive

human collecting behavior. The term "compulsive" was used with the intent to distinguish between excessive, pathological, and impulsive hoarding and normal saving and/or collection. Primary hoarding behavior, which includes hoarding because of excessive emotional attachment or irrational fears of losing potentially valuable or important items, has been referred to as "compulsive" in recent times. This phrase is meant to set it apart from secondary hoarding that stems from other neurological, psychiatric, or developmental disorders (Mataix et al., 2014).

As the understanding of compulsive hoarding grew, the official classification systems did not have a formal diagnosis for this condition, Frost and Hart (1996) developed a set of diagnostic standards that are now commonly being used by experts in the field. The criteria includes; (1) acquiring useless and seemingly worthless items and then failing to discard them (2) living areas getting so cluttered that they become unusable for the purposes for which they were intended (3) severe distress or impairment in functioning resulting from hoarding. This criterion has been applied widely over the last decade (Burgess et al., 2018).

The manifestation of hoarding behavior can vary from moderate to severe. Hoarding can sometimes have little effect on a person's life, but other times it can have a big influence on day-to-day activities. (Mayo Clinic, 2023). Hoarding typically manifests its initial symptoms in adolescence or early adulthood. Individuals with this illness may have an excessive amount of items that they acquire and save, which causes clutter to slowly accumulate in their living areas. In addition, even if they don't need something right now or don't have enough room to store it, they could find it difficult to part with it. The hoarding habit tends to get worse as people age, making treatment more challenging, especially by middle age when the clutter can get out of control. In addition, hoarding issues are typically quiet, developing over time, and

involve people avoiding inviting friends, family, or repair professionals into their homes. Major clutter might not be noticed by others until it becomes very serious (Mayo Clinic, 2023).

Common symptoms of hoarding a strong emotional desire to hold onto things and distress at the idea of throwing them away, a persistent acquisition and holding of items without a current need or available space, difficulty letting go of possessions regardless of their value, excessive clutter that renders rooms unusable, difficulties with perfectionism and avoiding or delaying decisions, and difficulties with planning and organizing are common symptoms of hoarding. (Mayo Clinic, 2023).

While the precise cause of hoarding behavior is still unknown, research is still being done to look into possible causes like stress, brain function, and heredity. However, hoarding tendencies typically start in adolescence and get worse as people get older. In addition, It appears that older adults are more likely than younger people to hoard. Several risk factors have been associated with hoarding behavior, such as personality traits, family history, and going through difficult times in life. (Mayo Clinic, 2023).

Linkovski et al (2023) holds that although hoarding behavior is common in children and teenagers, clinicians rarely ask about it, and young people may be reluctant to disclose it for fear of being stigmatized. A recent epidemiological research showed that about 2% to 6% of the population may be suffering from a hoarding behavior problem (Burgess et al., 2018). Yet a different study by Højgaard et al (2019) found that 10.1% of kids and teenagers between the ages of 10 and 14 exhibited hoarding behavior. This study drew in 269 participants from 0–17 years old. Consequently, it was found that the expected prevalence of hoarding behavior in this

specific age group was 0.98%. This suggests that hoarding behavior is more common in children and adolescents between the ages of 10 and 14 than many other psychiatric problems. It was also discovered that in this age group, there is a higher likelihood of it coexisting with other psychiatric conditions. These results highlight the significance of considering symptoms of hoarding behavior when performing psychiatric evaluations for OCD or other disorders, especially when working with school-age children and adolescents who are having developmental challenges (Højgaard et al., 2019). According to the bio-psycho-social model basic biological and family influences are important etiological factors, i.e hoarding behavior is genetically transmitted. Hoarding frequently runs in families, according to a number of clinical studies. Yet another parameter of the environment that has gained attention as a possible risk factor for hoarding is traumatic or stressful life events (Tolin, 2023).

Furthermore, excessive anxiety is thought to be a component of the clinical picture because hoarding is thought to be a variant of OCD. Studies also revealed that, in comparison to OCD patients with other OCD types, hoarders with hoarding symptoms had greater levels of anxiety and depression, indicating that hoarding may actually contribute to psychological distress (Dozier et al., 2017). In fact, according to recent research, depressive disorders are actually the most common comorbidity accounting for over half of cases of hoarding disorder. It also demonstrated a strong positive correlation between heightened hoarding severity and depressive symptoms (Raines et al., 2016). While other studies have shown that comorbidities that frequently exist with hoarding may include social anxiety, depression, increased hostility (Mathes et al., 2019), worry (Kyrios et al., 2018) and the early life experience of stress (Sanchez et al., 2023) has also been linked to hoarding. These

researches suggest a significant relationship between Hoarding behavior and Psychological Distress.

The phrase "psychological distress" is frequently referred to as psychological discomfort experienced by patients (Han et al., 2020), encompassing a variety of non-specific symptoms like depression, anxiety, and stress (Keles et al., 2020).

Psychological distress is frequently discussed in the context of mental health alongside ideas like strain and distress. It is linked to common mental disorders like anxiety and depression and acts as a critical indicator of mental health impairment. Psychological distress is commonly measured using self-report rating scales, such as the General Health Questionnaire or MHI-5, which are derived from the RAND-36 questionnaire. It's critical to comprehend the causes of psychological distress because of its substantial influence on work disability (Viertiö et al., 2021).

A person may experience distress as a result of specific life events that may be stressful. These stressful life events are responsible for inducing psychological distress in individuals (Schroder et al., 2017). As a result, it is imperative that scholars and professionals understand the fundamental causes of psychological distress.

Psychological distress is a crucial outcome measure in the fields of public health, population surveys, epidemiological studies, clinical trials, and intervention studies. It is important to remember, though, that the term "psychological distress" is frequently used in a broad sense in scientific literature, covering a wide range of symptoms, including personality traits, behavioral issues, functional disabilities, and depression and anxiety. Even clinically, psychological distress is defined by a number of characteristics, such as signs of anxiety which may include restlessness and tenseness and depression which may include sadness, hopelessness, and loss of interest, along

with potentially somatic symptoms such as headaches, fatigue, and sleeplessness that can differ between cultures (Drapeau et al., 2012).

Young adults are said to frequently experience psychological distress. The transition from adolescence to adulthood is fraught with a number of challenges that can be upsetting, such as relationship changes, job insecurity, and academic expectations. According to a study by Auerbach et al. (2018), young individuals between the ages of 18 and 25 had a considerably high prevalence of moderate to severe psychological distress. The study recruited a total of 13,984 respondents in multiple universities across different countries. The results of the study revealed that about 35% of the participants who were examined, tested positive for a minimum of one prevalent lifetime disorder, whereas, 31% of the individuals who underwent screening tested positive for at least one 12-month illness (Auerbach et al., 2018). While psychological distress is often seen as a normal emotional response to stressors, it becomes problematic when it coexists with other clinical symptoms that fit into the criteria for particular psychological disorders, like post-traumatic stress disorder or obsessive-compulsive disorder. It also serves as a stress marker in other disorders, such as anxiety and depression (Drapeau et al., 2012).

Parental Disharmony, characterized by arguments between parents, has a detrimental effect on children's mental wellbeing which can result in conditions like anxiety and depression. Children are exposed to distress and family ties are disrupted by this disharmony, resulting from a number of variables, including disparities in parenting styles. It might also contribute to the development of an Intolerance for Uncertainty (IU), a condition in which people find it difficult to deal with ambiguity and resort to unhealthy coping techniques. IU, which is impacted by biology, genetics, and environment, can result in hoarding behavior, which is the inability to part with

belongings and a disorganized living environment. In turn, hoarding behavior is linked to psychological distress, specifically anxiety and depression, underscoring the detrimental effects of familial discord on mental health.

### **Operational definition**

#### ***Parental Disharmony***

Parental Disharmony is defined as conflict between parents that disrupts the family system (Hania et al., 2022).

#### ***Intolerance of Uncertainty***

Intolerance of uncertainty (IU) is a psychological concept that describes a tendency to view unclear situations as threatening and to feel uncomfortable feelings like anxiety, dread, or concern while confronting them (Jacoby, 2020).

#### ***Hoarding Behavior***

DSM- V describes hoarding as constant difficulty letting go of or parting with belongings despite their true value because of a strong emotional attachment to the things and the pain that comes along with it." (APA, 2013).

#### ***Psychological Distress***

Psychological distress is a state of emotional suffering and also characterized by somatic symptoms (Belay et al., 2021).

### **Aim**

To explore the relationship between Parental Disharmony, Intolerance of Uncertainty, and Hoarding Behavior, and Psychological Distress in Young adults.

## **Objective**

The present study has the following objectives

- To determine Parental Disharmony, Intolerance of Uncertainty and Hoarding as predictors of Psychological Distress.
- To understand the mediating role of Hoarding Behavior and Intolerance of
- Uncertainty between Parental Disharmony and Psychological Distress.
- To determine differences in key demographics in Parental Disharmony, Intolerance of Uncertainty, Hoarding, and Psychological Distress.

## Chapter II

### Literature review

The current review of the literature examines the complex interplay of three crucial factors: Parental Discord, Intolerance of Uncertainty, Hoarding Behavior, and psychological distress that significantly affect a person's psychological health.

Parental conflicts, arguments, or stress are all examples of parental disharmony, which is the presence of conflict or discord within the home environment. Whereas, Intolerance of Uncertainty stems from the anxiety caused by the disruptive home environment. On the other hand, Hoarding Behavior which involves the excessive purchase and retention of belongings, which results in congested living areas and impedes daily functioning, is used as a coping mechanism to deal with the ambiguous situations, to feel a sense of control. Anxiety, despair, and other negative feelings are just a few examples of the wide spectrum of emotional and psychological difficulties that constitute psychological distress.

Attachment theory's premise that early relationships shape an individual's interpersonal dynamics, holds significant relevance in understanding the link between parental disharmony and subsequent psychological difficulties. When children are exposed to consistent parental conflict, their foundational attachment patterns can be disrupted, potentially leading to insecurity, mistrust, and emotional dysregulation. These disrupted attachment patterns can set the stage for the development of intolerance of uncertainty, a psychological trait characterized by an aversion to ambiguity and a strong desire for predictability and control (Mathes et al., 2020).

Children who experience parental disharmony and disrupted attachment patterns may grow up with a heightened need for certainty to counteract their earlier

experiences of unpredictability. This need for certainty becomes a core aspect of their identity, influencing their thoughts and behaviors. As these individuals navigate life's uncertainties, they might develop maladaptive coping mechanisms to gain a sense of control, one of which could be hoarding Behavior.

Hoarding Behavior, in this context, can be seen as a response to the need for certainty. Accumulating and preserving possessions provides a perceived sense of control over the environment, creating a predictable and manageable space in which the individual can find comfort. The act of hoarding becomes a way to alleviate the distress associated with uncertainty. The accumulation of items serves as a tangible representation of security, compensating for the lack of emotional security experienced due to parental disharmony and insecure attachment formed as a consequence to it.

Over time, insecure attachment due to parental disharmony, intolerance of uncertainty, and hoarding Behavior can culminate in psychological distress. The distress originates from multiple sources:

1. Emotional Turmoil from Attachment Issues: The unresolved emotional impact of disrupted attachment can lead to anxiety, low self-esteem, and difficulty in forming meaningful relationships.
2. Stress from Intolerance of Uncertainty: Intolerance of uncertainty creates ongoing stress as individuals struggle to cope with the unavoidable uncertainties of life, leading to chronic worry and anxiety.
3. Isolation and Functional Impairment from Hoarding: The isolation resulting from hoarding behavior, combined with the practical challenges of living in

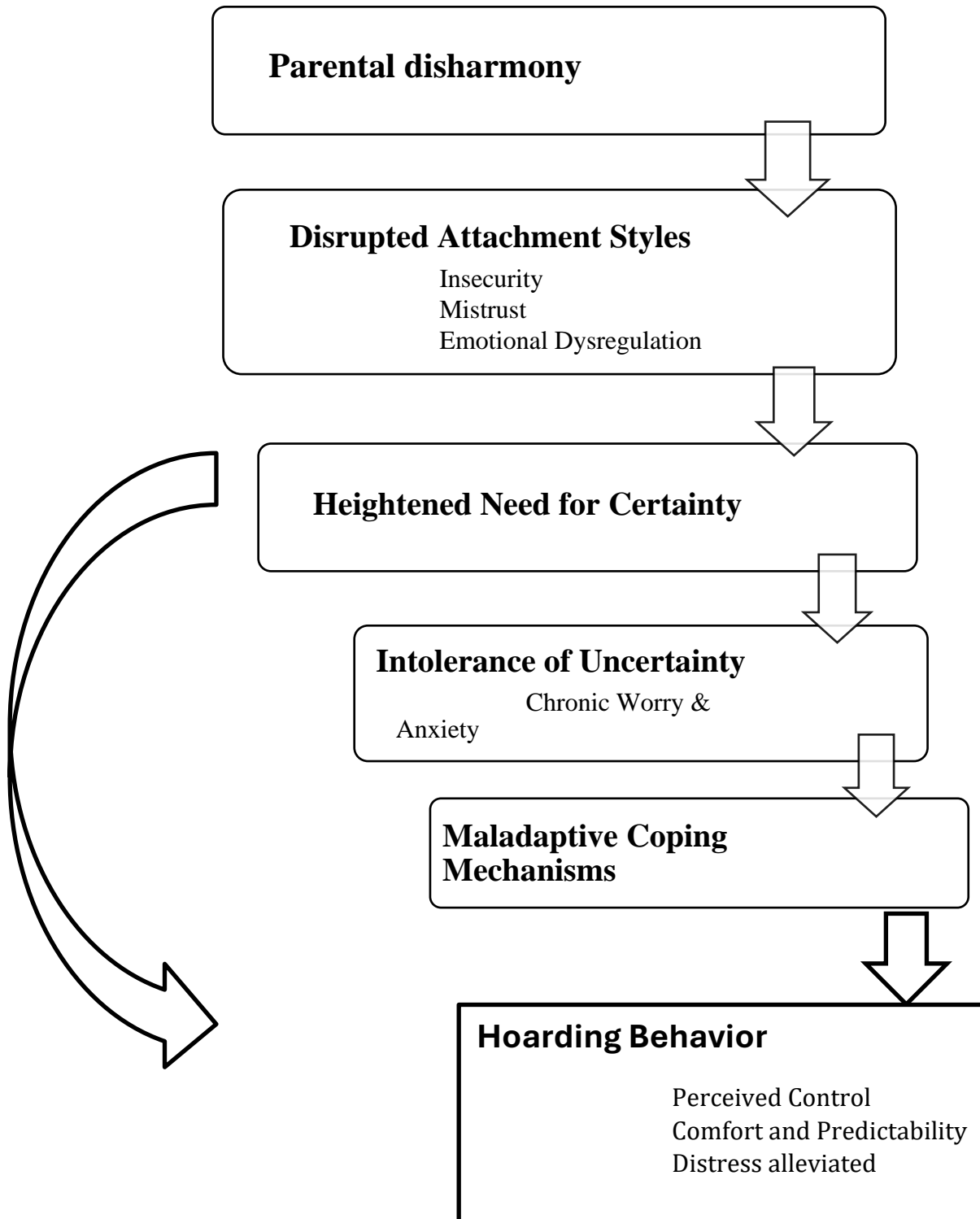
cluttered spaces, can contribute to depression, social withdrawal, and impaired daily functioning.

4. Cycle of Psychological Strain: These interwoven factors can create a self-perpetuating cycle of psychological distress. Hoarding Behavior may temporarily alleviate distress from intolerance of uncertainty, but the accumulation of possessions can lead to further distress as it exacerbates social isolation and living difficulties.

In conclusion, the interconnectedness of attachment theory, parental disharmony, and intolerance of uncertainty, hoarding Behavior, and psychological distress underscores the complexity of human experience. Understanding these relationships can guide interventions that address the root causes of distress. By fostering secure attachment relationships, promoting healthy coping mechanisms, and providing targeted interventions for hoarding Behavior and intolerance of uncertainty, mental health professionals can help individuals break free from the cycle of distress and build more fulfilling, adaptive lives.

Figure 1

## Theoretical Framework Depiction



Parental Disharmony has multifaceted impacts on children's emotional well-being, cognitive development, and social adjustment. According to attachment theory, parent-child discord and inter-parental conflict are related to children having a hard time adjusting to their surroundings because they share an unstable bond with their parents (Gross et al., 2017) Furthermore, it has been shown that children from high-conflict homes are vulnerable across a broad range of functioning, as shown by the higher than average rates of Behavioral issues, emotional symptoms, social difficulties, academic impairments, and psychological responsiveness (Davies & Cummings, 2015).

A study was carried out to find how family and/or the home environment affect family members. Research was done to develop the Familial Role Identification Scale for Adolescents (FRIS). A standardized assessment tool was developed using open-ended interview questions, 40 items were developed during the study's development phases (Phase I and Phase II) and tested for narrative ambiguities. In the initial phase, 390 participants, out of which 191 were Boys and 199 were Girls, ranging in age from 10-18 years ( $M = 14.70$ ;  $SD = 1.20$ ) were given the FRIS. (2014). After analyzing the items and creating a factorial structure using exploratory factor analysis with varimax rotation, three factors, hero, withdrawal, and mascot that represent the various roles that teenagers have adopted, were produced. These factors have acceptable psychometric qualities. According to the study, family dynamics have a significant impact on an individual's growth and development, and conflict within the family can be extremely distressing. To manage this distress, the family member might search for resources to aid in the coping process. The adoption of particular

roles may follow from an adaptable attitude that results in this Behavior (Hania et al., 2022).

Studies have shown that children who are used as pawns in their parent's disputes (by either parent) are more likely to feel negative emotions like anger, stress, depression, or anxiety and also have fewer good relationships with their parents leading to psychological distress. One such study was conducted by Shahnuzzaman et al. (2016) with the objective to investigate the relationships between youth's psychological distress and parental conflict. The study demonstrated a relationship between conflict attributes, self-blame, and threat to self and adolescents' psychological distress. A sample of 383 respondents, who were teenagers, was recruited. The sample was chosen using a two-stage cluster sampling technique in Dhaka city from eight secondary schools. The Children's Perception of Parental Conflict Scale, The Distress Weinberger Adjustment Inventory Scale, and a demographic and personal information questionnaire were the instruments used in this study. The findings showed that self-blame, threat to self, and conflict characteristics were all predictive of psychological distress. These three variables accounted for 89.5% of the variance in psychological distress. When considered separately, threat to self-explained 69.9% of the variance in psychological distress, making it the most potent predictor of the three variables

Another study described how there is a greater chance of a variety of psychological and Behavioral issues in children who witness violence in their homes and communities, some may mimic the Behavior while other children show resilience, or the ability to adapt after hardship. To understand the resilience-promoting factors in order to create more potent preventative and intervention plans research was carried out. To ascertain which preventive factors have the strongest

evidence backing, the researchers conducted a meta-analysis of 118 studies involving 101,592 participants. Although effect sizes were typically higher in cross-sectional studies than in longitudinal ones, four protective factors these are, self-regulation, family support, school support, and peer support, demonstrated significant additive or buffering effects in longitudinal studies. The findings held true for all forms of violence (such as abuse, violence against intimate partners, and violence in the community). The review identifies the most trustworthy markers of resilience and offers suggestions for improving our understanding of the policies and programs that support the development of resilience in children who have experienced violence (Yule et al., 2019).

The researches above confirm that relation between inter-parental conflict and psychological as well as Behavioral problems, among the children exists, as Behavior is directly linked to the modelling and exposure to stress, whereas changes in the parental relation with their child is indirectly linked to their Behavior. This was confirmed by a research carried out by Parsa et al. (2014). Finding the relationship between parental attachment, inter-parental conflict, and self-efficacy in 374 Iranian college going students aged 17 to 19 was the main objective of this study. Using the probability proportional to size sampling technique, the sample size was established. Conflicts between parents, parental attachment and self-efficacy were assessed using (CPICS) the Children's Perception of Interparental Conflict Scale, (IPPA) Inventory of Parent and Peer Attachment, and the (GSES) General Self-Efficacy Scale, in that order. The Pearson correlation coefficient results indicated that the self-efficacy of adolescents was negatively correlated with interparental conflict and positively correlated with parental attachment.

An additional study was carried out to evaluate the effects of parental discord on teenagers. This study examined the impact of parental relationships, gender, and grade disparities on depressive disorder in Chinese adolescents over a nearly 20-year duration. After the initial survey in 1999, which included 852 students, follow-up surveys were conducted in 2006, 2009, and 2016, with a total of 3,345 students participating. The Chinese version of the SCL-90-R was used to gauge depression. Additionally, social and demographic data about the respondents were gathered through the surveys. Parental disharmony, parental fights, and parental divorce were the three markers of parental relationships that were examined. Problematic parental relationships have been linked to an increased incidence of depression. The survey years (1999, 2006, 2009, 2016), gender (girls/boys), school grades (junior or senior middle school students), parental arguments (yes/no), parental discord (yes/no), and parental divorce (yes/no) were considered when adjusting the coefficients and 95% confidence intervals. Based on logistic regression analysis, gender and parental divorce were the two most significant predictors of the presence of depressive disorder. In conclusion, the likelihood of developing a depressive illness was higher in girls and senior middle school students. When parental fights and disharmony result in divorce, adolescents are more susceptible to depression. Consequently, it is plausible to argue that positive parental relationships play a crucial role in influencing adolescents' vulnerability to depressive disorders (Wang et al., 2019).

The parent-adolescent relationship has long been a popular subject for study, and scientists have discovered a strong correlation between different aspects of parent-adolescent relationships, such as cohesiveness and conflict, and parenting philosophies, such as authoritarian and authoritative parenting. The study looked at whether or not the gender of teenagers moderated the mediating effects of

adolescents' views about parental authority and their expectations of behavioral autonomy. It also examined the associations between parenting styles and conflicts between parents and adolescents. A sample of 633 Chinese adolescents showed similar levels of parent-adolescent conflict frequency across all parenting styles. The intensity of parent-adolescent conflict was higher in children of authoritarian and neglectful parents compared to children of indulgent parents. Cohesion between adolescents and their parents was found to be higher in cases of authoritative parenting compared to authoritarian, indulgent, or neglectful parenting. In terms of youth, girls who had domineering or indulgent mothers were more cohesive with them compared to boys. Adolescents' expectations for behavioral autonomy mediated the relationships between parenting style and conflict, while their opinions about the legitimacy of parental authority mediated the relationships between parenting style and cohesion; some of these mediating effects varied by gender. The findings highlight the importance of investigating how teenagers' values and beliefs may impact family structure within specific cultural contexts (Bi et al., 2018).

Parenting styles, parents' adjustment, and conflicts in parenting together are frequently the focus of intervention following a divorce. However, the relationship between these three factors and child outcomes is not well understood. This study examined the relationship between parenting style (rigidity and over-reactivity), parenting conflict, and parent adjustment (distress and anger), and how these behaviors predicted prosocial, internalizing, and externalizing behaviors in their children. Participants included 109 divorced parents of children between the ages of 4 and 17 from a community sample. The findings indicated that higher levels of parental distress and interparental conflict predicted more emotional and behavioral issues in children; more careless parenting was also associated with an increase in

externalizing behavior issues in children. On the other hand, only less permissive parenting was associated with higher prosocial behavior (Stallman et al., 2016).

Among the most crucial relationships for teenagers are those between parents and themselves. Adolescence is a time of rapid changes in the nervous system, biology, and cognition. These changes have a big impact on relationships and psychosocial functioning. Parent-child relationships are believed to undergo changes during adolescence, including a temporary decline in relationship quality and an increase in conflict, and a shift towards equality, interdependence, and reciprocity. In fact, during the early to middle stages of adolescence, adolescents report that their parents are less supportive, and as adolescence progresses, they overtime start to see their parents as less authoritative and powerful. Where few conflicts are considered a normal part of parent-adolescents relationship, too many conflicts are risky for adolescents' psychosocial adjustment and well-being. The relationship between adolescents and their parents may be bidirectional, whereby their parent's conflicts may result in a decrease in psychosocial adjustment while the children's adjustment issues may intensify conflict with parents (Branje, 2018). It has been proven by the literature above that parental conflicts impact not only children, teenagers and adolescents, although the research on this population is scarce, Parental Disharmony has been known to significantly affect young adults as well. The research holds that in India as well as other countries, suicide is among the main reasons/causes of death for teenagers and young adults. There are roughly 20 times as many suicide attempts as actual suicides. Adolescents and young adults who attempt suicide are a diverse group. Such Behavior is influenced by a number of biological and psychosocial factors, including familial factors. The functioning and relationships within the family may play a vital contextual role in determining suicidal behavior. Thus, this study set

out to look into the part that family dynamics play in suicide attempts. For the research, purposive sampling and a qualitative exploratory study design were employed. 22 teenagers and young adults provided data. An in-depth interviewing technique was used. After being transcribed in Malayalam, all audio recordings were translated into English. The software for analyzing qualitative data was used to create codes, and a thematic analysis was carried out. The framework that summarizes the data was created by combining themes and relationships. According to the results, the majority of participants believed that the home environment was unfriendly. Family issues included parental disharmony, disputes with siblings or other family members, and parental disagreements and separation. Participants felt their families didn't support them enough. Socioeconomic factors identified included financial difficulties, superstitious beliefs, unsettling neighborhoods, interpersonal problems, and the stigma associated with a family member's mental illness. The study also showed that negative family dynamics, a hostile home environment, and a lack of perceived family support can all contribute to suicidal behavior in adolescents and young adults. Therefore, it is essential to take these factors into account when treating them or developing any programs aimed at preventing suicide (Mathew et al., 2021).

Parental disharmony is also known to cause other more severe forms of mental health problems. A review conducted by Chia et al. (2021) studied the impact and role of the home environment and other factors in the development of hoarding behavior. The goal of the analysis was to systematically compile and integrate results from studies (meta-analysis) examining the connection between three hypothesized vulnerability factors: interpersonal attachment, early family environment, and traumatic or unfavorable life events and hoarding symptoms. A thorough search of the Scopus, PubMed, and PsycInfo databases yielded 39 studies that were suitable for

inclusion. The findings showed a nuanced pattern that supported the hypothesis of connections between heightened hoarding severity and exposure to cold and controlling family experiences, negative life events, and insecure attachment. However, compared to other clinical groups, it is unclear how specific these factors are to hoarding disorder, and the results are constrained by the small and diverse number of studies. Finally, the review addresses the limitations and clinical implications of these findings and suggests new lines of inquiry for future studies (Chia et al., 2021).

According to a recent study conducted by Nix and Dozier (2022), challenges faced by children in their life, environmental or others, can lead to the development of hoarding disorder, especially whose parents exhibit symptoms of the disorder. However, the comprehensive impact of growing up in a household marked by clutter, particularly within the context of parental disharmony, remains an area with limited understanding. This research delves into the intricate dynamics of generational dysfunction, focusing on the influence of both parents/caregivers and grandparents, and how these familial conflicts contribute to individuals' self-reported severity of hoarding Behavior and psychosocial functioning. The study involved 1306 participants who completed an online survey, providing insights into storage habits, anxiety levels, depression, measures of association, and emotional support. A subset of this sample ( $n = 198$ ) offered additional information on the clutter observed in the homes of both parents and grandparents, as well as the broader familial repercussions of hoarding Behavior. Their results revealed that the level of parental maladjustment significantly predicted participants' hoarding symptoms. Self-reported psychosocial functioning was significantly lower for participants who reported having caregivers with hoarding Behavior. Self-reported Behavior changes as a result of family

conservation cues (housing) was a significant predictor of participants' continued conservation cues. Furthermore, lack of planning by parents and family room practices may be a risk factor for future lack of organization in older children (Nix & Dozier, 2022).

Yet another study reveals that the development of hoarding behavior due to familial discord or other environmental reasons can be bidirectional as the impact extends beyond the individual himself, affecting family members and disrupting overall family functioning. Park et al (2014), in his study employed path model analysis, focusing on the intricate relationship between hoarding variables, their impact on family dynamics, and the parent-child relationship. In this investigation, a sample of 150 adult children of individuals with hoarding behavior was examined, aiming to elucidate the links between increased hoarding severity, diminished insight, heightened family facilitation, and assistance, and their associations with decreased family functioning, compromised parent-child relationships, and heightened levels of child impairment.

The results uncovered crucial insights into the dynamics of hoarding and familial relationships. It was revealed that family functioning played a pivotal role as a mediator in the link between the severity of hoarding and the state of the parent-child bond. Moreover, reduced insight into the hoarding Behavior by the parent was linked to heightened familial conflict. Notably, the relationship between insight and the quality of the bond between parent and child has been partially mediated by family functioning. Interestingly, among the children of hoarders, higher family facilitation was substantially connected with higher impairment in work, social, and family contexts (Park et al., 2014). These findings underscore the intricate interplay between hoarding Behavior and its impact on familial relationships, shedding light on

the nuanced dynamics that contribute to disruptions in family functioning and the parent-child relationship.

This study determined the parenting styles that Chinese children perceived, as well as the profiles of Intolerance of Uncertainty (IU) and worry and whether or not Intolerance of Uncertainty mediated the differences in worry. 591 Chinese primary school students, ages 9 to 12, participated in a self-report survey to gauge their perceptions of parenting style, IU, and worry. The researchers identified four parenting styles through six types of parenting Behaviors. These were; rejection, emotional warmth, and overprotection for mothers and fathers). The results showed supportive, disengaged, harsh, and extremely harsh patterns of parenting. The supportive and disengaged parenting profiles showed lower levels of anxiety than the harsh and extremely harsh parenting profiles, and the supportive parenting profile exhibited the lowest Intolerance of Uncertainty levels. The results of the multicategorical mediation analysis showed that Intolerance of Uncertainty fully mediated the difference in child worry between the supportive and harsh parenting styles. The results of the multicategorical mediation analysis showed that Intolerance of Uncertainty fully mediated the difference in child worry between the supportive and harsh parenting profiles. The results of this study, which took a person-centered approach and examined the internal mechanisms of child worry within the context of Chinese culture, offered preliminary support for parenting strategies aimed at reducing children's worry (Shen et al., 2020).

Intolerance of Uncertainty, a maintaining factor or a risk factor that can lead to the emergence and persistence of anxiety disorders. According to models of cognitive Behavior, people with elevated Intolerance of Uncertainty are more likely to perceive uncertainty in a threatening way, process information biasedly when faced with

ambiguity, and harbor underlying negative core beliefs about uncertainty. These people engage in needless, personally expensive, and negatively reinforcing certainty-seeking Behaviors in an attempt to manage the subsequent distress, but these actions only bring about momentary solace because it is impossible to guarantee safety in all circumstances. Clinical presentations of Intolerance of Uncertainty appear trans-diagnostically across a range of anxiety and fear-based disorders, such as uncertainty about somatic cues, contamination, safety, harm, and disasters; social evaluation; or the significance or meaning of thoughts. Clinical presentations of Intolerance of Uncertainty appear across a range of fear-based disorders and anxiety, such as doubt or insecurity about bodily cues, contamination, safety, damage, and accidents, social evaluation, or the relevance or meaning of ideas. Methods that question a patient's need for certainty through cognitive processes. Cognitive interventions that aim to change the patient's belief that uncertainty is unmanageable should specifically address their Intolerance of Uncertainty (Jacoby, 2020).

Few researchers have looked at the relationship between intolerance of uncertainty (IU) and uncertainty and how the two cause anxiety, despite the proven effects of IU and uncertainty on anxiety diseases. Research employing experimental techniques to control situational uncertainty is lacking in the interim. Consequently, the current study set out to investigate in greater detail whether and how traits IU interacted with uncertainty to generate worry. The current study looked at how anxiety was affected in a lab setting by threat-related ambiguity and IU. A variation on the threat-of-shock paradigm was used to control the degree of uncertainty. Both before and after this manipulation, the states of concern and anxiety were measured. The data analysis method utilized was hierarchical linear modeling. The study recruited a total of 88 volunteers from Beijing. Based on when they registered,

participants were assigned numbers. There was a pseudo-randomization process used. There were 44 individuals in each group: those with odd numbers were assigned to the group facing an uncertain threat, and those with even numbers were assigned to the group facing a certain threat. Age,  $t(86) = .204$ ,  $p = .839$ , and gender composition,  $\chi^2(N = 88) = 2.909$ ,  $p = .135$ , did not substantially differ between the uncertain-threat group (age:  $M = 23.59$ ,  $SD = 2.98$ ; 59.1% female) and the certain-threat group (age:  $M = 23.48$ ,  $SD = 2.18$ ; 40.9% female). Everybody involved was right-handed. The results showed a relationship between trait IU and higher state anxiety and worry. Conversely, in situations when an immediate threat existed, ambiguity increased anxiety levels but had no influence on general anxiety. There was no correlation found in this study between IU and anxiety ambiguity (Chen et al., 2018).

It has also been discovered that people with autism might also be suffering with intolerance of uncertainty as they are known to have anxiety. The high frequency of anxiety in people with autism has been explained cognitively by a number of hypotheses that center on the role of intolerance of uncertainty, which has biological and evolutionary roots. This hypothesis holds that everyone is born with a healthy degree of intolerance for uncertainty and that as we age, our capacity to identify safe environments and to understand and deal with ambiguity diminishes. The high levels of anxiety symptoms that are common in this community may be explained by the fact that people with high autistic features may not learn how to deal with uncertainty in the same way. We examined archived data from earlier studies, which included 55 autistic individuals and 199 non-autistic individuals. The study collected self-report measures of anxiety, sensory processing, intolerance of uncertainty, and characteristics associated with autism. Two route analysis was conducted to look into the role that adult autistics' intolerance of uncertainty plays in anxiety. The

evolutionary characteristic shared by all humans i.e. intolerance of uncertainty, was examined as a potential explanation for some of the cognitive components of anxiety in autism spectrum disorders, in the first model. According to the second model, sensory sensitivity and sensory seeking Behaviors are primarily caused by neurodevelopmental differences linked with autism features. These Behaviors raise the intolerance of uncertainty and consequent anxiety. It appears that the neurodevelopmental impact of higher levels of autistic traits may moderate a non-autistic trajectory of learning to manage uncertainty as children develop and comprehend that uncertainty is common and acceptable. Our findings indicate that the "neurodevelopmental" model fits the data better than the "evolutionary stress" model (Normansell-Mossa et al., 2021).

Additionally it is suggested that a transdiagnostic causative mechanism of psychological problems is intolerance of uncertainty (IU). A systematic review was carried out to assess the current state of knowledge about IU's assumed causal relationship to psychological disorder symptoms. To ensure a direct assessment of causality, the review compiled evidence from research involving temporal precedence assessment and experimental modification. Twelve papers describing fifteen suitable research (experimental manipulations:  $n = 10$ ; temporal precedence studies:  $n = 5$ ) were found using the search technique and eligibility screening. The data that was available included signs of disorders related to mood and anxiety, such as obsessive-compulsive disorder (OCD). The strongest evidence in favor of IU as a causative mechanism was seen in relation to anxiety-related problems and, to a lesser degree, negative affect; little evidence was discovered in relation to OCD-related problems. However, drawing firm conclusions is impossible due to a significant lack of

consistency in the study results for all difficulty levels. Recommendations and their implications are examined. (Rosser, 2019).

According to Bottesi et al. (2019) the phenomenon of intergenerational transmission of uncertainty intolerance (IU) may explain the overlap in psychological discomfort reported in both parents and children. In this study, we studied the Intolerance of Uncertainty (IU) relationship between parents and children of female college students. Parents and girls (N = 234) completed questionnaires to assess psychological distress and Intolerance of Uncertainty (IU). First, the relationship between Intolerance of Uncertainty (IU) and living situation (living alone vs. living with one or both parents) was investigated, as a variable predicting students' psychological distress. Second, psychological distress and Intolerance of Uncertainty (IU) scores were compared between groups. Thirdly, it was studied whether the transmission of Intolerance of Uncertainty (IU) from parents to children has a different impact on the child's psychological distress depending on the gender of the parents. It was reported that only Intolerance of Uncertainty (IU) predicted psychological distress among undergraduate students. There was no difference between IU levels in mother and father, but the former felt more psychological pain than the latter. Daughters experienced equal Intolerance of Uncertainty (IU) and psychological discomfort as their mothers but greater than their fathers. Lastly, while the path from mother to Intolerance of Uncertainty (IU) was slightly mediated by the daughter's psychological pain, the path from father to Intolerance of Uncertainty (IU) was entirely mediated by the daughter. These findings add to the evidence for a relationship between Intolerance of Uncertainty (IU) and psychological distress in college students, and also raise the possibility that parental gender influences how Intolerance of Uncertainty (IU) is transmitted in different ways across generations.

Intolerance of uncertainty (IU) has been linked to several forms of psychopathology and has been proposed as a risk and maintenance factor across diagnoses. A few researchers have looked at IU in relation to hoarding disorder (HD), a condition marked by strong desires to acquire and trouble getting rid of belongings, core symptoms that may be exacerbated by overstated IU. After adjusting for the intensity of anxiety and depression, a cross-sectional association between IU and several HD symptom aspects was assessed. It was investigated whether IU levels prior to treatment could predict how well an exposure-based HD treatment would work. Fifty-seven patients undergoing treatment for HD finished baseline assessments on their anxiety, depression, IU, and hoarding symptoms. The participants underwent either without compensatory cognitive training or 26 sessions of group exposure-based treatment for HD. After the last treatment session, hoarding symptoms were measured to gauge the effectiveness of the intervention. The study showed that beyond the combined variation explained by anxiety and depression, IU was positively and significantly associated with greater impulses to acquire and greater problems getting rid of belongings. IU did not significantly correlate with the intensity of clutter symptoms. Increased odds of treatment non-response were predicted by higher pretreatment IU. Raised IU is linked to particular clusters of hoarding symptoms and could be a useful target for HD treatment (Castrionta et al., 2019).

Studies have shown that people who feel distressed about parting with their belongings are less intentional than those who don't. When assigned tasks that require discarding, these individuals demonstrate greater intolerance to pain and more intense emotional responses. The goal of the study by Crone et al. (2019) was to determine whether emotional reactivity and distress intolerance play a role in moderating the

association between indecisiveness and insecure attachment styles in people with abandonment disorder. The study used a cross-sectional, within-group design. A sample of 156 college students and community members with clinically significant discarding problems assessed hoarding severity, insecure attachment style, emotional reactivity, pain intolerance, and indecisiveness. Research has shown that emotional reactivity, rather than pain intolerance, appears to play a mediating role in the relationship between indecisiveness and anxious attachment style. Additionally, there was no association between avoidant attachment and hesitation. Because emotions play an important role in this decision-making process, professional interventions for hoarding disorder should consider attachment patterns and address difficulties with emotional responses through exposure discarding.

Results from different analogous samples indicate that emotional dysfunction, such as greater emotional reactivity and distress tolerance, is associated with the emergence and persistence of hoarding problems. Norberg et al. (2019) explored the field by examining emotional reactivity and pain intolerance in a sample of individuals diagnosed with hoarding disorders compared to clinical controls and non-clinical community controls. They observed that accumulation was significantly and independently associated with the trait of pain intolerance. The hoarding and clinical control groups had greater pain intolerance and trait emotional reactivity than the community controls, but did not differ in these areas. The hoarding group showed more subjective distress before initiating frustrating Behavioral activities, but did not show symptoms of increased physiological arousal. Furthermore, both the accumulation and control groups did not differ in the time they spent on this activity and did not experience the same increase in pain during testing. On the other hand, the community control group tended to persist until the task expired, while the clinical

control group completed the frustrating task significantly more quickly. Furthermore, there was a small to medium independent, non-statistically significant association between the pain intolerance trait and task duration.

There has been little study into parent-child conflict and mental health among adult offspring of hoarding parents. According to one study conducted by American Academy of Clinical Psychiatrists, across all age groups, more than half of respondents reported clinically significant generalized anxiety, and more than one-third reported clinically significant symptoms of depression, with the highest prevalence in adolescence. Parental understanding was associated with rejection at all ages, whereas confusion was associated with rejection from adolescence through adulthood. Rejection was associated with depressive symptoms and generalized anxiety in childhood and adolescence, as well as depressive symptoms in early adulthood. Lack of insight has been found to be substantially associated with depressive symptoms through rejection in childhood and adolescence and with generalized anxiety in childhood. Results suggest that parental hoarding may be a risk factor for sadness and anxiety. The association between parental hoarding and psychological discomfort, or more precisely, the association between low insight and depressive symptoms, may be explained by parental rejection. It was emphasized that both maladaptive cognitions and dysfunctional attachments to persons and goods jointly underpin the disorder conserving Behaviors. The ideas advanced in this theory contributed to our understanding of Hoarding Behavior, indicate relevant elements that might be targeted in intervention and preventive efforts, and give crucial future paths for empirical research (Mathes et al., 2020).

Research was done to study the correlates of intolerance of uncertainty besides Hoarding Behavior and Psychological distress. The study was a review of the

available literature on the topic. The results showed that intolerance of uncertainty is associated with anxiety related disorders according to a study published in *Neuropsychiatry Clin Neurosci*. Based on experimental manipulation of uncertainty levels, it was also revealed through clinical investigations that heightened intolerance of uncertainty is associated with hyper activation in multiple frontal and limbic brain areas (Wever et al., 2015).

Another review of the literature on Intolerance of Uncertainty revealed that regardless of the actual likelihood of a threat, intolerance of uncertainty (IU) is the belief that ambiguity poses a hazard. The review shows that after adjusting for related categories, IU is specifically linked to anxiety and depression symptoms and is predictive of symptoms in the future. It is also higher in different types of psychopathology. In light of the therapeutic significance of uncertainty and its prevalence in everyday life, research into the brain and psychophysiological correlates of uncertainty has recently commenced. This review compiles the body of research and incorporates findings into a mechanistic brain model of uncertainty response. Increased activity in the anterior insula and amygdala, altered neural responses to rewards and errors that are seen in event-related possibilities, a mixed pattern of startle responses to uncertain threat, and deficiencies in safety learning as measured by startle and skin conductance responding are all associated with IU. These results show abnormalities in various domains of IU-related response to reward, threat, and uncertainty that may increase the likelihood of psychopathology developing. Recommendations for future study are given considerable attention, with particular emphasis on the intricate interactions between IU and reward processing, emotion regulation, and cognitive control (Tanovic et al., 2018).

Hoarding Behavior is called "pathological collecting." This Behavior involves acquiring numerous seemingly useless items and an unwillingness or inability to discard them. As discussed previously hoarding Behavior is referred to as "persistent difficulties discarding or parting with possessions, regardless of their actual value, as a result of a strong perceived need to save the items and the distress associated with discarding them" in DSM-5 (American Psychiatric Association, 2013).

A study by Steketee and Frost. (2014), explored the phenomenology of Hoarding Behavior. They explained that excessive acquisition, difficulty parting with or discarding items, disarray, and the ensuing clutter are characteristics of hoarding. About 4% to 5% of adults suffer from hoarding symptoms, which start in infancy or adolescence and progress over time in a chronic and growing manner. Adult hoarders frequently live alone, are single, and may earn less money overall; there aren't many gender differences in these cases. Difficulty making decisions, perfectionism, emotional sensitivity, and a strong attachment to objects are associated qualities. Low insight frequently leads to issues with therapy and family intervention. Hoarding can have a detrimental impact on a person's finances, housing, work, and overall well-being as well as their family and the community. It can even seriously impair one's physical safety and health. Hoarding can have a detrimental impact on a person's finances, housing, work, and overall well-being as well as their family and the community. It can even seriously impair one's physical safety and health. Adversity in childhood and other stressful life events have been linked to hoarding, but not particularly post-traumatic stress disorder. We review these symptoms and features, noting additional chapters in this volume that go into greater information about certain features.

While obsessive-compulsive disorder (OCD) and hoarding disorder (HD) have long been thought of as a subtype or dimension of one other, preliminary research indicates that these two illnesses have different neurological foundations. The current study compared the hemodynamic responses on a high-conflict Go/No-Go task, which has been shown to be sensitive to OCD, across HD patients, OCD patients, and healthy controls (HC). Participants conducted a Go/No-go task while receiving functional magnetic resonance imaging (fMRI); they included 24 HD patients, 24 OCD patients, and 24 HCs. Behavioral results revealed substantial variations in hemodynamic activity but no changes in Go/No-go task performance between the groups. Using the area of interest method, HD patients showed more activation of the right precentral gyrus during accurate rejects (successful response inhibition), while OCD patients showed greater activation of the right orbitofrontal. Excessive activity in the left and right orbitofrontal gyrus was observed during errors of commission (response inhibition failures) in OCD patients, but not in HD patients. The current findings corroborate the biological differentiation between HD and OCD and are in line with earlier studies that suggested frontal hypo activity in HD patients when performing tasks unrelated to hoarding. (Tolin et al., 2014). For all these reasons, hoarding disorder (HD) is included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as a distinct illness under the heading of OCD and associated disorders.

Recent research has also uncovered a link between traumatic life events and hoarding Behavior. The rate at which hoarders report stressful and traumatic life events is higher than that of obsessive-compulsive disorder sufferers and healthy controls, however other clinical groups have not been studied. In order to test the hypothesis that rates would be greater in the hoarding and PTSD groups than in the

anxiety group, this study evaluated rates of traumatic life experiences among individuals with clinically significant hoarding, anxiety disorders, or posttraumatic stress disorder (PTSD). We examined the rates of stressful and traumatic situations among the groups. Every comparison on event categories between groups was statistically significant (partial-eta squared 0.051–0.162). Comparing the hoarding group to the PTSD and anxiety disorder groups, the hoarding group approved of substantially more crimes but comparable rates of other occurrences. Comparing hoarding to other clinical populations, these results imply that many stressful and traumatic life events are not particularly heightened in hoarding (Ouellette et al., 2021).

Studies have also shown that individuals who exhibit hoarding tendencies tend to display higher levels of anxiety and sadness and are at increased risk of developing anxiety disorders. A study was carried out to investigate self-reported emotion regulation (ER) deficiencies in people who have hoarding disorder (HD). A diagnostic examination was given to 77 adult outpatients with HD and 45 age and gender matched healthy control individuals. The participants also completed self-report measures of anxiety, depression, and hoarding severity. The Difficulties in Emotion Regulation Scale (DERS), which assesses emotional clarity (Clarity), difficulty regulating Behavior (Impulse), difficulty engaging in goal-directed Behavior and cognition (Goals), unwillingness to accept emotional responses (Accept), and lack of access to strategies for feeling better when distressed (Strategies), was also completed by participants. When baseline depression, anxiety, and stress were taken into account, self-reported Emotional Regulation deficiencies persisted; the HD group outperformed the Healthy Control group on all DERS subscales. In the HD group, there was a substantial correlation found between the DERS and the intensity of

hoarding: the DERS significantly connected with DERS impulse, strategies, and accept, while the DERS significantly correlated with DERS Accept while saving. Significant correlations were still found even after adjusting for stress, anxiety, and depression. The findings imply that self-reported ER deficiencies are a hallmark of HD and that there is more to this association than just elevated levels of worry and sadness (Tolin et al., 2018).

Previous studies have shown that obsessive hoarding symptoms and personality traits are related; however, no studies have examined this relationship using a sample of people who have been officially diagnosed with hoarding disorder (HD). A study with the objectives to assess the frequency and types of personality traits in people with HD diagnoses and investigate any correlations between the degree of hoarding and personality disorder traits in the selected population, was conducted. During their initial assessment, seventy-two veterans who were involved in a therapy trial for HD completed a series of self-report assessments. The unique variation explained by hoarding intensity in predicting scores on the personality disorder scales from the Millon Clinical Multiaxial Inventory-III (MCMI-III) was ascertained by linear regression analyses. On at least one of the MCMI-III Personality scales, the majority of subjects had increased scores. The Avoidant, Dependent, Depressive, and Schizoid scales showed the highest frequency of higher values. In 10 of the 14 MCMI-III scales, the degree of hoarding was a significant predictor of personality traits. The increased frequency of co-occurring personality pathology in HD adults highlights the significance of taking underlying personality structure into account when creating customized treatment regimens (Dozier et al., 2020).

Hoarding Behavior has often been talked about in relation to ADHD, anxiety and other disorders, however, No study has looked at the connection between

hoarding and ADHD symptoms in children, despite evidence that shows it may be related. 99 children with ADHD diagnoses (as well as a parent) who visited a general outpatient psychiatry clinic were included in the study. Children filled out the Rosenberg Self-Esteem Scale, the Revised Child Anxiety and Depression Scale, and the Obsessive-Compulsive Inventory Child Version. Parents filled out the Parent Version of the Vanderbilt ADHD Diagnostic Rating Scale and the Children's Saving Inventory. The sole identifying factor that distinguished between those with and without clinically significant hoarding was inattentive and hyperactive/impulsive symptoms. ADHD symptoms were a strong predictor of hoarding, but not non-hoarding obsessive-compulsive symptoms. Two distinct characteristics of hoarding were shown to be correlated with inattention and hyperactivity/impulsivity. A mediating factor in the association between compositionality and ADHD is hoarding tendencies. These results add to the expanding body of research regarding the connection between hoarding and ADHD (Hacker et al., 2016).

It is unknown how often hoarding disorder is in children and adolescents, despite reports that the disorder's symptoms start around these years. The study was conducted with the purpose to calculate the incidence of hoarding disorder (HD) among children. The research was a two-phase epidemiological study that was designed as an investigation. In the initial phase, a group of parents of pupils received informed consent forms and the Children's Saving Inventory (CSI). In the second phase, families and children who exhibited hoarding Behavior (HB), as reported by their parents, were scheduled for individual psychiatric interviews with a medical professional. The Development and Well-Being Assessment (DAWBA) diagnostic instrument and the DSM-5-based HD interview were utilized to determine the

prevalence of co-occurring mental disorders and Hoarding. The study involved 3249 children in total; in the second stage, 318 children and their parents were assessed.

Following the second evaluation, 32 out of 318 children met the HD diagnostic requirements. HD prevalence was estimated to be 0.98% (95% CI 0.7–1.4). Females were more likely than males to have hoarding disorder (F/M = 3/1). Variables including female sex and the existence of any psychopathology were found to be significant correlates of HD following a logistic regression study. Of the youngsters diagnosed with HD, over half (56.2%) also had a co-occurring mental illness. In the current investigation, the estimated prevalence of HD, as well as the variables associated with the disease and concurrent psychiatric disorders, were determined in a large pediatric sample using the two-stage evaluation approach (Akinci et al., 2022). This shows that Hoarding Behavior is a multifaceted concept and has basis in biological, psychological and social aspects.

In addition to psychological, social, and environmental factors studies have shown that Hoarding Behavior also has a neurological basis. Stevens et al (2020) revealed through their study that in individuals with Hoarding Disorder (HD), when making decisions regarding possessions, certain parts of the brain, such the anterior cingulate cortex (at the front of the brain) and the insular cortex (in the deep part of the brain) are more active. The stress and trouble people have to go through to get rid of their possession are related to this increased brain activity. Surprisingly, in individuals with Hoarding Disorder, the insular cortex is generally less active than in those without the disorder, even though it is more active while making decisions to discard goods. Indicating their decision making regarding the possessions is poor. These findings shed light on the neural processes associated with hoarding Behavior (Stevens et al., 2020).

Tolin et al (2018) in another study, revealed through their research that besides altering brain chemistry through neurological processes, hoarding also affects one's cognition. They argued that Hoarding affects the thinking abilities of adults. In the study, 46 healthy participants of the same age and gender were compared to 83 patients with hoarding disorder. Compared to the healthy group, the HD group reported more memory issues, being easily distracted, making mistakes, forgetting names, and not paying attention. Even when other conditions like anxiety or depression were taken into account, these disparities in cognitive capacities persisted. The more severely the HD group hoarded, the worse their cognitive abilities were. Also, they discovered that HD patients felt compelled to store items in order to prevent forgetting them. These results corroborate the notion that HD is associated with poor decision-making and thinking, which complements what specialists have observed regarding cognitive issues related to hoarding.

As previously discussed, children raised in dysfunctional families may be more prone to emotional distress, low self-esteem, and problems with emotion regulation. The likelihood that the person will resort to maladaptive Behaviors, such as hoarding, to deal with their emotional turmoil is increased as a result of these emotional challenges. The wider circumstances of a child's family, including parenting style and emotional climate, can therefore have a significant impact on their psychological well-being and can either increase or decrease the likelihood that the child will use hoarding as a coping mechanism. (Chia et al., 2021).

According to Bowlby's original attachment theory, people are predisposed to want to be close to important people in order to elicit care and protection in situations where they feel threatened, anxious, or uncertain. Over time, people internalize the responses of their early attachment figures to this care-seeking and develop schemas

that influence their expectations of other people, the environment, and themselves. On the other hand, a child's environment may be encouraged to develop hoarding Behavior if their parents exhibit neglect, harsh correction, or arbitrary boundaries. This emotional upheaval and disturbance effects the quality of life as studies reveal that the severity of hoarding symptoms is related to a lower quality of life (QoL) in a number of areas, whether or not a person has hoarding disorder, their overall health, interaction with others, psychological health, and role limitations brought on by emotional issues are all important factors to consider. This emotional turmoil and disruption has an impact on one's quality of life. Notably, hoarding symptoms are strongly associated with reduced energy, which is frequently characterized by low energy levels. It is not possible to attribute this lack of energy to comorbid depressive symptoms alone. Other quality of life (QoL) domains, such as social functioning, emotional well-being, role limitations, and general health, seem to be impacted in all cases of individuals with at least moderately severe hoarding disorder; they are not, however, exclusively correlated with the severity of hoarding behavior. This sheds light on the broader effects of hoarding symptoms on numerous facets of individuals' quality of life, extending beyond the specific diagnosis of hoarding disorder (Tolin et al., 2019).

Despite the widespread belief that problematic hoarding is a behavior shared by all people, research on clinically diagnosed hoarding has largely been conducted in Western nations. A study was designed with the goal to characterize and directly compare the characteristics of people who met HD diagnostic criteria in four different cultural contexts. 82 people who fit the DSM-5 criteria for HD were included in the study. They were chosen and assessed by licensed medical professionals in Barcelona,

Rio de Janeiro, London or Fukuoka, one of the four project locations. The study included a set of semi-structured interviews and self-report measures to gather data on socio-demographic traits, psychiatric comorbidity, hoarding intensity, and associated factors. The results showed that the essential characteristics and severity of HD, together with the beliefs and actions that are frequently connected to this illness, are generally constant across cultural boundaries. Comorbid psychiatric characteristics and variations in the patient's demographics, such as, marital status, clinical presentation, and age were also observed. These results verify the existence of HD as defined by the DSM-5 and the similarity of its phenomenology across the cultures under investigation (Nordsletten et al., 2018).

Due to methodological flaws in the body of evidence, the prevalence of hoarding disorder (HD) is currently unknown. The estimates have varied greatly, ranging from 1.5% to 6% of the total population. Therefore, meta-analysis or a systematic review was conducted to use studies with sufficiently big samples and tight inclusion criteria to summarize and accurately estimate the prevalence of HD. A thorough search of the literature was done to find all pertinent research on prevalence. Studies with sample sizes of at least 1009 people and reporting working age adult HD prevalence rates met the inclusion criteria. Eleven research (n = 53,378) that were initially based in affluent nations and had minimal bias risk satisfied the criterion. After that, a random effects meta-analysis incorporating meta-regression and subgroup moderator analysis was carried out. Hoarding prevalence was estimated to be 0.98% (95% CI 0.7–1.4). Females were more likely than males to have hoarding disorder (F/M=3/1). A logistic regression analysis revealed that factors such as female gender and the presence of any psychopathology were independent correlates of HD of the youngsters diagnosed with HD, more than half (56.2%) also had a co-occurring

mental illness. In the current investigation, the estimated prevalence of HD and the variables linked to the disease and comorbid psychiatric disorders were determined in a large pediatric sample using the two-stage evaluation approach (Postlethwaite et al., 2019). The prevalence rates of 'Hoarding Behavior' were found to be higher compared to the prevalence of 'Hoarding disorder' because disorder and distress could not be fully assessed clinically in these studies.

In another attempt to find the prevalence of Hoarding Behavior, It was assessed that over 30% of kids had moderate cases of hoarding symptoms. This is more than what is usually observed in kids without ASD. Additionally, the study showed that compared to boys, girls with ASD were more likely to engage in Hoarding Behaviors. More severe hoarding was also associated with the intensity of ADHD symptoms, as well as difficulties with social interactions associated with ASD. More severe hoarding was also linked to anxiety and OCD symptoms. Notably, the results highlight the need for appropriate treatment by indicating that treating OCD and anxiety symptoms in kids with ASD may help lower Hoarding Behaviors. (La Buissonniere-Ariza et al., 2018).

Cognitive-Behavioral therapy (CBT) is a key component of hoarding-specific treatments. Research has shown that cognitive restructuring and exposure techniques are used in therapy to challenge and alter the illogical beliefs that are linked to hoarding. Compulsive hoarding was formerly treated as a type of obsessive-compulsive disorder, with differing degrees of success. The literature has not focused much on the efficacy of behavioral interventions designed specifically to treat hoarding disorder, and the majority of studies that have been done on the subject have limitations that limit the generalizability of the findings, such as participant size, ethnic and cultural diversity, and study replication. This article examines the

frequency of hoarding disorder, the methods used in cognitive behavioral therapy, and the ways in which symptoms are measured. The effectiveness of several CBT techniques is compared in a systematic review, with special attention to how therapy intended to treat hoarding problems differs from that which is often used to treat OCD. The only studies that were included were clinical ones that used CBT therapies to treat hoarding that was linked to OCD or hoarding disorder. All ages participated in the studies, and the papers were published in peer-reviewed journals. Case studies weren't included. Following a thorough search that eliminated duplicates from references and databases, 65 articles were examined; 12 of them satisfied the requirements for review. However, the article revealed that more research was required since preliminary data show that both CBT interventions for OCD and those tailored to treat hoarding disorder particularly improve hoarding symptoms. However, the effectiveness of these treatments was not conclusive when compared to one another (Williams et al., 2016).

A group of severe physical and mental symptoms that are connected to most people's typical mood swings. Psychological distress, however, can sometimes be a sign of the onset of major depressive disorder, anxiety disorder, somatization disorder, schizophrenia, or any number of other clinical illnesses. It is believed to be what is evaluated by numerous purported self-report depression and anxiety tests (American Psychological Association, 2018). A survey of the last 30 years' worth of literature confirms that psychological distress is a persistent problem that impacts college students all across the world. Students' discomfort is associated with poorer academic performance and unhealthy behaviors. These broader implications further emphasize the need for suitable policies and resources to support students during what is undoubtedly a difficult time. A more thorough analysis revealed a number of socio-

demographic, related, and academic variables that may be the root causes of students' suffering. The rigors of a university lifestyle are undoubtedly stressful by nature, but this does not mean that you will always find them upsetting. Instead, an analysis of the relationships between the psychological characteristics of college students and psychological discomfort suggests that these characteristics could be excellent areas for intervention to make sure students are best prepared to handle the demands of higher education (Sharp & Theiler, 2018).

To understand the psychosocial factors of Psychological Distress. Research was conducted on the topic. The research focused on basketball coaches during the time of COVID-19. The purpose of the research was to try to ascertain coaches' perceptions of psychological distress and psychosocial risk factors that might affect their sports work during pandemics. The study highlighted that the psychological distress and psychosocial factors were studied in the context of sports in players of various specialties, but were rarely studied with coaches who carry out their work with these athletes. The study recruited 94 coaches out of 109 possible participants to make up the representative sample, which uses a single-group retrospective design, a shorter version of the ISTAS21 Psychosocial Risk Assessment at Work Questionnaire and the Kessler Psychological Distress Scale were modified for use in the sports environment. Research results indicate that level 1 and level 2 coaches, as well as the youngest and least experienced members of the group, exhibit the highest levels of stress. The psychosocial risk assessment places level 1 and level 2 coaches with six to ten years of experience in the risk category. Therefore, in order to prevent mental, emotional, and physical stress and to ensure that they are working under the best conditions possible, it is crucial to collaborate with a group of coaches who are in the psychosocial risk zone and who experience high levels of psychological discomfort.

Important results point to a higher risk of psychological distress among young people and those with less experience in their roles. The aforementioned observations emphasize the significance of providing these susceptible groups with focused mental health assistance and materials to aid in stress management and reduction, guaranteeing their welfare and optimum performance in their individual and occupational spheres (Torres-Martín et al., 2021).

A collective review of the major milestones in psychological distress was done by Barak. (2022). It was explained in the article how understanding of stress has been enriched by the work of several researchers. According to Charles Darwin's seminal work *The Origin of Species*, survival is the result of the biological world's interaction with a hostile and stressful environment. Claude Bernard explains that maintaining a steady and consistent internal environment allows an organism to adapt to its changing surroundings. With the development of the Fight or Flight model of the stress response, Walter B. Cannon was the first to introduce certain psychological aspects of stress. The General Adaptation Syndrome, developed by Hans Selye in the 1930s, emphasizes that the body's neuronal and hormonal processes underlie the stages of reaction to stress, which include alarm, resistance, and exhaustion. It was further mentioned that there have been a lot of studies conducted in the last ten years about the impact of stress on dementia development, although the field is still relatively young, with only a few scattered publications in the 1960s. Sulkava et al. used a sophisticated analysis of competing risk of death to publish their study about the relationship between psychological distress and incident dementia. The results show that a 17% to 24% increased risk of dementia was linked to stress, depression, anxiety, and tiredness. Overall the results imply that in order to resolve the mystery surrounding the relationship between anxiety and depression and the risk of dementia,

we should investigate long-lasting patterns of how we perceive our internal and external environments over extended periods of time and throughout different stages of our lives. Studies were carried out to find out how psychological distress impacts university students. One such research attempted to study the relationship between growth mindsets and psychological discomfort, as well as the relationship between growth mindsets and treatment and active coping strategies were studied. Articles authored in English, published between 1988 and 2019. Meta-analytic results showed that attitudes have a minimally significant relationship with therapy, coping, distress, and treatment. The results showed that, in particular, there is a positive correlation ( $r = 0.137$ ) between growing mindsets and value of the treatment, a negative correlation ( $r = -0.220$ ) between growth mindsets and psychological discomfort, and a positive correlation ( $r = 0.207$ ) between growth mindsets and active coping. Effects were moderated by variations in the mentality domain, mindset assessment methodology, and assessment scheduling. Based on the operationalization of the outcome of psychological distress or sample characteristics (e.g., developmental stage, diagnostic status, ethnicity), there were no variations (Burnette et al., 2020).

To find out whether women or men were more affected by psychological distress a study investigated the relationship between observed gender disparities in mental health and protective factors such as social support, a sense of coherence, regular physical activity, and, more broadly, involvement in social activities, whether organized or unorganized. This study's foundation was a cross-sectional regional health survey carried out in three southern counties in Norway; Aust-Agder, Vest-Agder, and Vestfold, during the winter of 2015–2016. The study also compared three age groups, those aged 18–24 ( $n = 624$ ), 25–31 ( $n = 582$ ), and 32–38 ( $n = 795$ ).

However, the concentration of the study was young adults. While the relationship between low social support and mental anguish was significant for young women only, sense of coherence was highly connected with low mental discomfort across all age groups and genders. When sense of coherence and social support were taken into account in the research, there was no positive correlation found between regular physical activities and reduced mental anguish. When it comes to protecting young women from mental anguish, social support seems to play a bigger role than it does for young males or older people. This has consequences for initiatives aimed at enhancing young women's health. For all age groups examined, sense of coherence showed a high correlation with low mental anguish levels (Johansen et al., 2021).

Adolescence is a time when psychological distress is more likely to occur. This study investigated in detail the distribution of important stress-inducing factors and their correlates in a large sample of adolescents. Using a cross-sectional study design, 291,110 participating adolescents answered an electronic self-report questionnaire over the course of four years. Items on demographics, significant stressors, perceived stress level, and mental health outcomes like depression and suicide thoughts and attempts were all part of the questionnaire. Schooling and career were the most common major stressors (54.7%). However, the stressor of peer conflict had the highest odds ratios for depressed mood and suicidal thoughts, followed by family circumstances. On the other hand, there were noticeably smaller odds ratios for suicidal thoughts and depression in relation to schooling and career. The study provides crucial information about psychological distress and adolescents' mental health. Even though psychological stress from school or work was most common, interpersonal issues like arguments with parents and peers and family situations had larger odds ratios for poor health outcomes in teenagers. The current research may aid

in improving the mental health of adolescents by educating parents and medical professionals about their psychological distress (Kim, 2021).

Studies have shown psychological distress may also be associated with intolerance of uncertainty. It was observed that during the pandemic, the incapacity of college students to cope with the uncertain aspects of the pandemic and adapt to the new normal circumstances results in severe psychological distress. Research revealed that during the pandemic, the main factor contributing to the various psychological disorders was an intolerance of uncertainty. The study investigates the connection between college students' psychological distress and their intolerance of uncertainty during the pandemic. 500 participants were college students who were randomly chosen from five colleges located in Kerala, India's Ernakulam district. The research tools used in this study were the Depression Anxiety Stress Scale-21 and the Intolerance of Uncertainty Scale-12. For the quantitative data analysis, descriptive statistics, regression analysis, and Pearson correlation were performed. The study's results demonstrated a statistically significant ( $r=.928$ ;  $p=001$ ) strong positive correlation between psychological distress and intolerance of uncertainty. The results also showed that, among college students during the Pandemic, intolerance of uncertainty was a significant predictor of psychological distress ( $R =.861$ ;  $\beta = 928$ ). The current study came to the conclusion that the primary vulnerable construct elevating the participants' psychological distress was intolerance of uncertainty (Varghese et al., 2021).

Psychological Distress can further be connected to Hoarding Behavior, as a review of the literature with regards to hoarding Behavior was done, with geriatric population. There were several restrictions on the comparatively small number of

studies that satisfied the review's inclusion requirements. The methods employed for assessment and sample recruitment varied greatly amongst the studies as well.

Research on medical comorbidities was scarce. Dementia comorbidity was frequently mentioned as an exclusion criterion and was only evaluated in studies that examined hoarding in relation to poor conditions. The review showed that unsanitary living conditions, difficulties performing daily tasks, social isolation, and comorbidities in medicine and psychiatry may play a huge role in the development of hoarding behavior. Furthermore, hoarding is linked to cognitive impairment in the areas of working memory, attention, and executive function. The study further revealed that it may be possible that the medical disorders associated with hoarding may exacerbate cognitive dysfunction worsening the situation further. For example poor memory, reasoning, and attention have all been linked. Specifically, it seems that compulsive Hoarding Behavior and executive dysfunction are specifically linked, rather than being caused by comorbid depression or OCD. Furthermore, there is evidence that hoarding symptoms are chronic and get worse over time. The following conditions have been linked to hoarding behavior in older adults: substance use disorders, anxiety disorders, depressive disorders, personality disorders, and PTSD. Anxiety and depression disorders were the co-morbidities that were most frequently mentioned in research. The prevalence of co-morbid depression was by far the most often reported diagnosis, with reported rates ranging from 14% to 54% across studies. Severe hoarding behavior was found to be highly comorbid with major depressive disorder (28%) and dysthymia (22%), as well as OCD (16%), in a community sample of individuals aged 60–87. Hoarding was found to be more common in people with major depressive disorder (51.4%), generalized anxiety disorder (23.3%), OCD

(13.3%), specific phobia (13.8%), and PTSD in a larger sample of adults 60 years of age and older (Roane et al., 2017).

### **Indigenous Researches**

A study carried out by Rashid. (2014) revealed about the impact of the type of family structure on the quality of marital relationship. The study looked into how family dynamics and marital quality affected the mental health of teenagers. The study's data set included 100 adolescent participants and 100 parental couples. The participants, who ranged in age from 17 to 19, came from a variety of socioeconomic backgrounds. Data from Forman Christian College University, Beaconhouse National University, Hajvery University, and the University of South Asia were gathered through the use of purposeful sampling. Adolescents' mental health was assessed using the Kansas Marital Satisfaction Scale, and parental marital satisfaction was measured using the Demographic form, which requested name, age, gender, and educational attainment. An independent t-test was used to analyze the results. The results of this study demonstrated a strong correlation between teenage mental health and parental marital satisfaction. The findings also indicated that adolescents from joint and nucleus families had significantly different mental health. Furthermore, compared to the nuclear family system, parental marital satisfaction is higher in joint families (Rashid, 2014).

In the past few years, Hoarding Behavior has also attracted a lot of attention, especially in the context of Pakistani cities Rawalpindi and Islamabad. Since most studies to date have been conducted in the West and very few in other parts of the world, it is necessary to investigate the phenomenon in diverse cultural contexts. The purpose of the study was to find out how the general public in the Pakistani cities of

Rawalpindi and Islamabad perceived Hoarding Behavior. From September 2015 to May 2016, the National Institute of Psychology at Quaid-i-Azam University in Islamabad, Pakistan, carried out a grounded theory approach in this exploratory qualitative investigation. A sample of 46 people from different socio-cultural backgrounds were selected through purposive sampling from the generally healthy adult population in the Pakistani cities of Rawalpindi and Islamabad. Theoretical understanding of the phenomenon was developed through the use of a qualitative research methodology. The study explored the complex issues surrounding hoarding and shows that material belongings are more than just tangible objects; they also serve as a source of identity, security, and social standing. The emergence and maintenance of Hoarding Behavior can be attributed to a variety of factors, including early experiences, personality traits, emotional attachments, and both positive and negative effects. The cultural understanding of hoarding in Pakistan is further influenced by sociocultural factors such as status transformation, gender roles, competition dynamics, the impact of material deprivation, and religious constructs. Six groups participated in focus group talks to evaluate the existence and phenomenology of Hoarding Behavior within the current cultural framework. Grounded theory analysis was used to examine the data. The study's conclusions are consistent with previous research on the development and maintenance of Hoarding Behavior, which has focused on the roles of emotional attachments, related positive and negative affect, specific personality traits, and early experiences. This study also demonstrates that material belongings, which give their owners a sense of identity and are regarded as social status symbols, are sources of security. Lastly, it includes an explanation of socio-cultural elements such as gender roles, the impact of material deprivation, the transformation of status and the ensuing sense of competition, and the religious

construction of phenomena that arose as more culturally specific elements in Pakistan's indigenous settings. This study discusses the findings in relation to the similarities and differences with existing literature and addresses the factors that underlie major themes regarding the form and prevalence of Hoarding Behavior in the cultural context of Pakistan (Malik & Kamal, 2020).

The prevalent ethno-psychological frameworks of the general population in Karachi, Pakistan, are examined, highlighting the importance of studying cultural expressions of distress. To create culturally sensitive mental health screening instruments and interventions, research on cultural manifestations of distress in indigenous populations is crucial. This research looks at ethno-psychology, idioms of distress, and explanatory models of mental illness. In order to comprehend the cultural expressions of distress in a population of mental health professionals, patients, and laypeople (N=30) in Karachi, Pakistan, an exploratory study used qualitative methods. The researchers conducted thirty in-depth interviews using a phenomenological approach, and then did a thematic analysis. A "dividual" sense of self that is made up of several components (physical, mental, emotional, social, and spiritual) and impacted by the outside world was made evident by ethno psychology. Revolving around these aspects of the self were distress idioms and explanatory models of mental illness. Tension emerged as the most prominent idiom of distress related to the "heart" and "mind-brain" constructs. The explanations that linked mental illness to unfavorable social experiences were the most prevalent. In contrast to the psychological manifestation that is common in Western cultures, idioms of distress and explanatory models also demonstrated the somatization, spiritualization, and socialization of distress. The usage of idioms and explanatory models varied significantly amongst the various demographic groups. The more educated and

younger participants promoted Western conceptions of illness (Sabri, 2018). This research is essential to understanding the variety of distress expressions and explanatory models of mental illness among indigenous populations and developing culturally sensitive mental health screening instruments and interventions.

Another study that looks at parenting approaches examines how the interaction between fathers' and mothers' methods affects psychological distress and distress tolerance in Pakistani university students. A person's family has a significant impact on their development, and conflict within the family is very distressing. To deal with this distress, the family member might search for resources to help in the coping process. The adoption of particular roles may follow from an adaptable attitude that results in this behavior. To determine these roles a standardized assessment tool was created for the current study. Using open-ended interview questions, 40 items were developed during the study's development phases (Phase I and Phase II) and tested for narrative ambiguities. In the primary investigation, 390 participants out of which 191 were boys while 199 were girls. They ranged from 10 to 18 years of age and were given the FRIS. The Role Identification Scale for Children was used to assess concurrent validity. After analyzing the items and creating a factorial structure using exploratory factor analysis with varimax rotation, three factors; hero, withdrawal, and mascot that represent the various roles that teenagers have adopted were produced. These factors had acceptable psychometric qualities. (Hania et al., 2022).

In Pakistan, perceived parenting practices are also relevant when examining the violent behavioral outcomes of young people. The study sheds light on how family dynamics shape behavioral outcomes by finding a significant correlation between perceived parenting styles and violent behavioral outcomes among youth in Pakistan. The study used a mixed method approach, the goal of the study was to

create a culturally relevant scale to gauge how adolescents perceive conflicts between their parents. Three focus groups with parents and teachers and ten teenagers, aged 14 to 18, engaged in semi-structured in-depth interviews contributed to the development of a pool of 88 items. A sample of 500 adolescents, ages 14 to 18, was used to determine the construct validity and psychometric properties of the scale. 6 factors emerged for which the Cronbach's alpha coefficient varied from .63 to .92, with the overall scale having a coefficient of .94. The scale's discriminant and convergent validity were also acceptable. A valid and dependable tool for evaluating perceived interparental conflicts in teenagers is the Perceived Interparental Conflict Scale for Adolescents (PIPSCA) (Ramzan et al., 2021).

In addressing Pakistani university students' mental health, a study was conducted to look into the connection between stress, anxiety, depression, and intolerance of uncertainty. Researchers have focused a great deal of attention on the mental health problems associated with COVID-19, including intolerance of uncertainty (IOU), anxiety, stress, and depression. The lack of online courses and programs and online mental health support offered by academic institutions may make the challenges faced by university students in Pakistan more severe than those faced by students in developed nations. Therefore, the current study aims to assess the intolerance of uncertainty, depression, anxiety, and stress among Pakistani university students in the wake of the second COVID-19 wave, as well as the relationships among these constructs. Data from Pakistani university students was gathered between January 2021 and April 2022 using a structured online questionnaire and a convenience cross-sectional sampling technique. Using the IOU-12 and DASS-21, the descriptive analysis computed frequencies, percentages, means, and standard deviations (SD). AMOS statistical packages were used to analyze the covariance for

the research model and the fit indices for the confirmatory factor analyses of the IOU-12 and DASS-21. It is not surprising that stress, anxiety, and depression still exist among Pakistani university students. They typically report having mild to moderate mental health issues, including stress, anxiety, depression, and an intolerance for uncertainty. Anxiety, depression, and stress, the three elements of emotional distress, show a strong positive correlation, according to the findings. Nonetheless, the results of the study point to no meaningful connection between IOU and the three emotional distress subtypes (stress, anxiety, and depression) (Kim et al., 2023).

The various studies covered above offer a thorough analysis of psychological distress in Pakistan, emphasizing the important contributions of Hoarding Behavior, parental disharmony, intolerance of uncertainty, and diverse sociocultural influences. Parental disharmony has a substantial impact on the mental health of adolescents and can provoke violent behaviors, which is one of the factors that contribute to psychological distress in Pakistan. Cultural factors are important because material belongings have a strong connection to one's identity and social standing, which fuels Hoarding Behavior. Culturally sensitive mental health interventions are necessary because somatization and spiritualization are common ways in which distress is expressed. Stress, anxiety, and depression are common among college students, but there isn't a strong correlation between these problems and intolerance for uncertainty. These results emphasize the need for specialized mental health interventions that take socioeconomic, cultural, and familial factors into account.

### **Rationale**

In Pakistan, Collectivistic culture is the basis of most of the family dynamics and parenting plays an important role in shaping an individual mindsets and

personality. Similarly the environment is also controlled by what dynamics are shared between the both parents. Parental disharmony plays a pivotal role in shaping mental health challenges, especially in collectivist societies like ours, where the family unit holds significant importance in individuals' lives. The discord within the parental relationship can have far-reaching consequences on one's mental health. This can manifest as stressful symptoms such as depression or anxiety in many cases. With anxiety comes intolerance to uncertain situations. It can be especially evident when one is faced with vague circumstances. This intolerance of uncertainty can lead to further unhealthy coping mechanisms to ensure oneself or to feel in control of the situation. One notable outcome could be a heightened emotional attachment to possessions. Individuals often turn to material objects in an attempt to seek comfort and stability amidst the turmoil of familial conflicts. This emotional attachment to possessions can lead to increased levels of anxiety and distress, as individuals become reliant on these objects for emotional support and security one such behavior is hoarding behavior, a manifestation of this emotional attachment to possessions, is a complex phenomenon influenced by a combination of cultural, social, and personal factors. In our society, where family dynamics are deeply intertwined with one's identity, the link between parental disharmony, emotional attachment to possessions, and hoarding behavior becomes particularly significant. Understanding the contributors to hoarding behavior, such as intolerance of uncertainty, certain personality traits, and environmental factors like parental disharmony, is crucial in addressing the broader issue of mental health challenges. Recent studies have shed light on the alarming prevalence of psychological distress among young adults in our country. These findings reveal that a substantial portion of our population, approximately 38.6%, experiences psychological distress, with 17.2% likely suffering

from depression and 21.4% dealing with probable anxiety. This high prevalence underscores the urgency of investigating the underlying factors that contribute to psychological distress, with a specific focus on the relationship between parental disharmonies, hoarding behavior, intolerance of uncertainty, and psychological distress.

To address these pressing concerns, there is a compelling need for culturally sensitive studies that take into account individual psychological makeup and cultural backgrounds. Which can then contribute towards effective interventions that should not only target the symptoms of psychological distress but also delve into the root causes, including the impact of parental disharmony and the mechanisms that drive hoarding behavior and intolerance of uncertainty. By understanding the intricate interplay between these variables and tailoring interventions accordingly, we have the potential to significantly improve mental health outcomes across different cultural contexts.

### **Main Hypothesis**

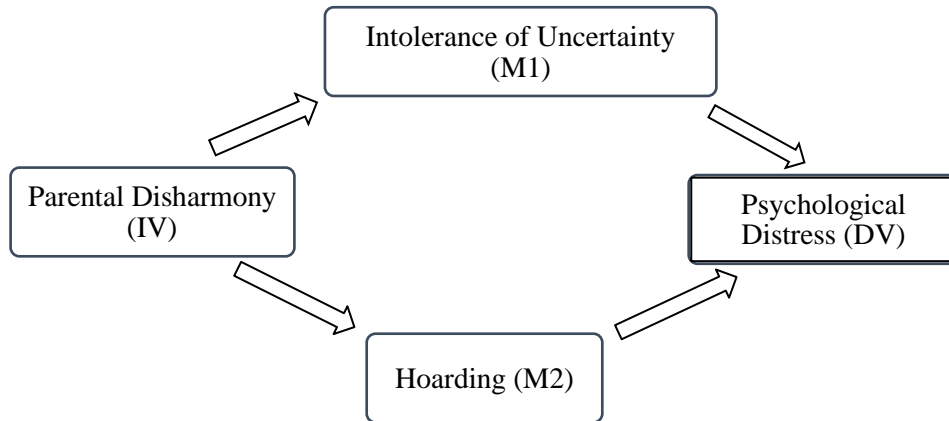
- There will likely be a positive relationship between Parental Disharmony, Intolerance of Uncertainty, Hoarding, and Psychological Distress.

### **Secondary Hypotheses**

- Parental Disharmony, Intolerance of Uncertainty, and Hoarding Behavior are likely to Predict Psychological Distress.
- Hoarding Behavior and Intolerance of Uncertainty are likely to mediate the relationship between Parental Disharmony and Psychological Distress
- There are likely to be gender differences in the relationship between

- Parental Disharmony, Hoarding Behavior, Intolerance of Uncertainty, and Psychological Distress.

### Hypothetical Framework



## **Chapter III**

### **Method**

The purpose of this chapter is to give an overview of the procedure that was used for the whole study. This study's procedures, measuring tools, sampling techniques, data analysis, research design, and ethical considerations were employed to test the hypothesis and meet its goals.

### **Research Design**

The study was a quantitative research methodology, as it involved a larger sample size and statistical analysis that could identify trends and patterns of a population and results could be generalized to a larger population. Correlational research, a form of non-experimental research, was employed in this study that investigates the relationship between multiple variables without directly manipulating those (Curtis et al., 2016). Finding evidence of a statistical association or correlation between variables is the main objective of the study.

### **Sample and Sampling Strategy**

Initially, the sample size was estimated to be  $N=361$ . The participants in this study were chosen using a non-probability purposive sampling strategy to ensure a diverse and well-informed sample, which is essential in qualitative research or when studying unique subgroups. Data was collected from a sample of young adults (18 to 26 years old). Both male and female students.

### **Inclusion Criteria:**

- People of both the gender
- Young adults between the ages of 18 and 26.

**Exclusion criteria:**

- Young adults from single-parent families
- Young adults living with guardians (other than parents) and without parents.
- Young Adults with any psychological and physical problems.

**Measures**

A brief introduction to the research was given at the beginning of the questionnaire, along with a consent form. This consent form was followed by a demographic sheet. The questionnaire had a total of 4 sections. The first section consisted of the Parental Disharmony Scale, the second section consisted of the Intolerance of Uncertainty Scale, the third section was the Hoarding Behavior Scale, and the Fourth and last section consisted of the Psychological Distress Scale.

***Demographic Form***

The purpose of the demographic information form was to elicit specific background information from the study participants. Participants were asked to select one of the two options to indicate their gender and to write down their ages in numerical form, provided in the questionnaire, and family situation by answering the parents of the participant's divorced, living separately, or of the participant is living with guardians other than his/her parents, family system by selecting one of the options i.e. nuclear or joint, and socioeconomic status by choosing upper class, middle class, and lower class.

***Parental Disharmony Scale (Amjad & Saleem., 2014)***

Perceived Parental Disharmony Scale (PPDS) by Amjad and Saleem (2014) was used to measure Parental Disharmony. The scale comprised 27 items and

consisted of 3 subscales. These subscales were lack of understanding, financial, and trust issues. The items are rated on a 4-point Likert scale, ranging from 0-3, where 0 translates to “never” and 3 indicates “often”. The scale is used to assess perceived nature of parental disharmony. The scale showed an internal consistency of 0.85 which means that the scale is reliable.

***Intolerance of Uncertainty Scale (Sajjad & Jabeen., 2021)***

The intolerance of Uncertainty Scale by Sajjad and Jabeen (2021) was used to measure the intolerance of uncertainty among young adults. The scale consisted of 36 items which were divided into 4 subscales. These factors were Apprehension which consisted of 9 items, Lack of Decisiveness which consisted of 9 items, Lack of Stability which consisted of 11 items, and Lack of Acceptance, which consisted of 7 items. The scale was reliable as the internal consistency of the scale is .78 of form A and .65 of form B.

***Hoarding Behavior Scale (HBS) (Ahmed & Jabeen., 2019)***

A newly developed indigenous scale of a 47-item was used to measure Hoarding Behavior in young adults, by Ahmed and Jabeen (2019). The items of the scale were rated using a 4-point Likert scale ranging from 0 to 3, where 0 translated to “never” (کبھی نہیں) and 3 to “Almost Always” (اکثر). The scale was further divided into 4 subscales i.e. Hoarding Behavior was measured on 4 factors; F1: Possessiveness, F2: Lack of Resistance, F3: Emotionality, F4: Withdrawal. The reliability of the scale was high as the internal consistency was  $\alpha = 0.87$ .

***Kessler Psychological Distress Scale (Ghafoor et al., 2010).***

To measure Psychological Distress, Kessler Psychological Distress Scale was used. The scale is used to measure the level of psychological distress among

individuals. It is used as a screening tool for mental health problems and to measure the symptoms of anxiety and depression. There were 10 items on the scale and each item had a 5-point Likert scale rating.

The scale is a self-report measure where higher scores indicate high levels of distress. The total score ranges from 10 to 50, with a cut-off 22, indicating a need for therapy or treatment. The Kessler scale has been found to have good validity and high reliability. The Kessler of psychological distress was translated in 2010 by Ghafoor et al. Overall the Kessler scale is a highly valid and reliable scale and is frequently used to measure psychological distress.

### **Procedure**

Permission to use the necessary scales was acquired from the authors of the respective scales. The authors were reached out to through mail. The study's target population was accessed by formally requesting permission from the relevant authorities at various universities to gather data. Once the permission was granted the researcher reached out to the participants on campus and introduced them to the purpose of the research and themselves. Participants were then first briefed before being given consent forms and demographic sheets which they were asked to fill up before beginning the questionnaire. They were then required to complete the aforementioned assessment measures. Their responses were recorded and scored using the appropriate scoring methods, and data analysis was then run.

### **Ethical Considerations**

Certain ethical considerations were taken into account in order to carry out this research. These are the following:

- Consent was obtained from all participants to demonstrate their willingness to participate in the research.
- The authors of the scales that were used in the study were consulted for permissions.
- In addition, the participant information sheet was distributed to them in order to familiarize them with the research.
- It was ensured that no physical or psychological harm/disturbance was caused to the participants during the study.
- The participant's autonomy and the confidentiality of the data was preserved. It was not used for any other purpose than this research.
- Participants had the option to withdraw.
- The accuracy of the results was guaranteed.

### **Statistical Analyses**

- The SPSS 22 version was used to scan the data.
- Normality statistics were run
- Reliability analysis (Cronbach's alpha coefficient) for subscales and scale totals.
- Analysis for Descriptive statistics (M, SD, f, and %) was run.
- Inferential statistics using Pearson Product Moment Correlation, Regression, Mediation, and mean differences using t-test and ANOVA were used to determine the relation between the variables.

## **Chapter IV**

### **Results**

The current study was set out to find the relationship between Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress in Young Adults. The results of every statistical procedure applied during the study are included in this chapter. Three indigenously developed scales while a translated scale was used in this study. The three indigenously developed scale consisted of the Parental Disharmony Scale, Intolerance of Uncertainty Scale, and Hoarding Behavior, while the translated scale was Psychological Distress by Kessler which were used to measure the concept of Parental Disharmony among the parents of young adults, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress among young adults, to study the interplay of these variables.

IBM-SPSS version 25 was used for statistical analyses. This chapter is divided in 4 sections which are

#### **Section I: Sample Description**

The frequency and percentage of the demographic variables are described in the first section, along with the normality of the data, that is, skewness and kurtosis.

#### **Section II: Psychometric Properties of the Scales**

This section deals with the psychometric properties of the scale.

#### **Section III: Testing of the Main Hypotheses**

Regression analysis and Pearson product-moment correlation analysis are used in this section to test the main hypotheses. Moreover, mediation analysis was used to examine the impact of the mediator variables.

## Section IV: Testing of the Secondary Hypotheses

In this section the effect of the demographic variables is described on the main variables of the study. This section uses Independent Sample t-test and Independent Samples ANOVA to study the effect.

### Section I: Sample Description

In this section the demographic variables were analyzed statistically. The find out the percentage and the frequency of the demographic variables descriptive analysis was carried out. To obtain comprehensive data on the demographic variables was the aim of this analysis. Moreover, the data was normally distributed.

The first section includes the frequency and percentage of the categorical demographic as well as the mean and standard deviation of the continuous variables. Additionally, the data's normality—that is, its skewness and kurtosis—is also examined.

**Table 1**

*Mean and Standard Deviation of Age (N=361)*

| Variables | <i>M</i> | <i>SD</i> |
|-----------|----------|-----------|
| Age       | 21.00    | 2.22      |

*Note.* M= Mean Deviation, SD=Standard Deviation

Table 1 indicates mean and standard deviation of continuous demographic variable (age). The results indicate that the mean age of the participants was 21 years.

**Table 2**

*Frequencies and Percentages of Demographic Variables (N=361)*

| Variables                         | <i>f</i> | %    |
|-----------------------------------|----------|------|
| <b>Gender</b>                     |          |      |
| Women                             | 184      | 51.0 |
| Men                               | 177      | 49.0 |
| <b>Educational Level</b>          |          |      |
| MS/MPhil                          | 55       | 15.2 |
| BS/BSC                            | 241      | 66.8 |
| Intermediate                      | 65       | 18.0 |
| <b>Marital Status</b>             |          |      |
| Married                           | 41       | 11.4 |
| Unmarried                         | 320      | 88.6 |
| <b>Family System</b>              |          |      |
| Nuclear                           | 221      | 61.2 |
| Joint                             | 140      | 38.8 |
| <b>Family Structure</b>           |          |      |
| Normal                            | 361      | 100  |
| <b>Physical/Mental Disability</b> |          |      |
| No                                | 361      | 100  |

*Note.* %=Percentage, f=frequency

The frequency and percentage of the study participants' demographic characteristics are displayed in the table above. Descriptive analysis shows that the gender ratio of women participants was higher (51%) than men (49%) as the total number of women participants was 184 and number of men participants was 177. The ratio of participants ranging from 18-20 years of age was 52% with 190 students falling in this age range of young adults, similarly 27.4% falling in the 21-23 years of age range with a total of 99 students, and 19.9% ranging from 24-25 years of age range. The ratio of participants with undergraduate level education (BS/BSc) was

66% with a total of 241 students, which was higher than the post-graduates (MS/MPhil) i.e. 15% (55 students) and college students 18% (65 participants) Whereas most of the participants were unmarried constituting 88% of the total sample i.e. 320 students and 11.4% were married i.e. 41 participants. Overall, a high number i.e. of the participants, 221 (61.2%) belonged to a nuclear family system, whereas 140 (46%) belonged to a joint family system. Furthermore, all 361 participants (100%) were mentally and physically intact and did not have any disabilities; their family structures were all normal.

### ***Normality of the Data***

To ensure if the data was normally distributed, mean, skewness, and kurtosis values of the variables of the study computed

**Table 3**

*Mean, Standard Deviation, Trimmed Mean, Skewness, and Kurtosis, of Intolerance of Uncertainty, Parental Disharmony, Hoarding Behavior, and Psychological Distress*

| Variables                  | Mean ( <i>M</i> ) | Standard Deviation ( <i>SD</i> ) | 5% Trimmed -Mean | Skewness | Kurtosis |
|----------------------------|-------------------|----------------------------------|------------------|----------|----------|
| Intolerance of Uncertainty | 43.11             | 21.12                            | 43.00            | .10      | -.45     |
| Parental Disharmony        | 28.31             | 17.76                            | 27.85            | .27      | -.83     |
| Hoarding Behavior          | 56.12             | 25.84                            | 55.76            | .17      | -.10     |
| Psychological Distress     | 16.29             | 8.87                             | 16.20            | .10      | -.55     |

*Note. M = Mean, SD = Standard Deviation*

Table 3 shows the values of mean 5% trimmed mean, Skewness, and Kurtosis. The result revealed that the mean values and the 5% trimmed mean values across all the variables were almost equal. The first criteria of a normal distribution states that the mean and 5% trimmed mean values should be equal which was fulfilled.

Furthermore, the second criteria of normal distribution were that the skewness and kurtosis values across all the variables should be within the range of -3 to 3. The results revealed that the second criterion of normal distribution was also met. Hence it can be concluded that the sample data was normally distributed across all the variables.

## Section II: Psychometric Properties of Scales

In order to test the internal consistency of the scale, Cronbach's alpha test was carried out for each scale using the reliability command in SPSS. Descriptive statistics are also presented to provide a summary of the sample and the measure

**Table 4**

*Cronbach's Alpha and Descriptive Statistics of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress*

| Variables                  | <i>K</i> | <i>M(SD)</i> | <i>Ranges</i> | $\alpha$ |
|----------------------------|----------|--------------|---------------|----------|
| Parental Disharmony        | 27       | 28.06(17.76) | 0-81          | .94      |
| Intolerance of Uncertainty | 36       | 42.86(21.22) | 0-108         | .94      |
| Hoarding Behavior          | 47       | 57.22(26.47) | 0-141         | .95      |
| Psychological Distress     | 10       | 16.12(8.86)  | 0-40          | .89      |

*Note.* N=361, K= Number of Items, SD=Standard Deviation, M=mean,  $\alpha$ =Cronbach Alpha

The table above shows the descriptive statistics and reliability of the scales. The total number of items were shown along with mean and standard deviation in the brackets. The table also presented the ranges of the scores of the scale. The table showed that all the three scales were highly reliable

## Section III: Testing the Main Hypotheses

### *Correlation Analysis*

**Hypothesis 1.** There is likely to be a positive relationship among Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and Psychological Distress in young adults.

**Table 5**

*Inter-correlation between Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress (N=361)*

| Variables | <i>M</i> | <i>SD</i> | 1 | 2     | 3     | 4     | 5     | 6     | 7     | 8     | 9     | 10    | 11    | 12    | 13    | 14    | 15    |
|-----------|----------|-----------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| PD        | 28.06    | 17.76     | - | .94** | .90** | .94** | .66** | .60** | .57** | .62** | .52** | .55** | .48** | .45** | .44** | .47** | .34** |
| L/Undrst  | 10.04    | 7.14      |   | -     | .77** | .84** | .63** | .55** | .55** | .60** | .50** | .51** | .44** | .43** | .40** | .45** | .34** |
| FinanIss  | 8.70     | 5.57      |   |       | -     | .78** | .60** | .59** | .52** | .55** | .47** | .51** | .44** | .43** | .44** | .45** | .34** |
| L/Trust   | 9.31     | 6.31      |   |       |       | -     | .61** | .54** | .53** | .59** | .49** | .50** | .47** | .41** | .41** | .41** | .29** |
| IUSS      | 42.86    | 21.22     |   |       |       |       | -     | .82** | .91** | .91** | .85** | .62** | .56** | .49** | .48** | .55** | .55** |
| Appre     | 8.91     | 4.67      |   |       |       |       |       | -     | .71** | .65** | .61** | .46** | .42** | .34** | .41** | .44** | .49** |
| L/Decisi  | 12.88    | 7.27      |   |       |       |       |       |       | -     | .75** | .67** | .52** | .46** | .40** | .41** | .50** | .51** |
| L/Stab    | 12.31    | 7.11      |   |       |       |       |       |       |       | -     | .75** | .62** | .58** | .50** | .45** | .51** | .49** |
| L/Accep   | 8.75     | 4.95      |   |       |       |       |       |       |       |       | -     | .55** | .51** | .45** | .42** | .47** | .44** |
| HoardBe   | 55.72    | 25.97     |   |       |       |       |       |       |       |       |       | -     | .87** | .88** | .78** | .80** | .41** |
| Possess   | 8.64     | 5.44      |   |       |       |       |       |       |       |       |       |       | -     | .71** | .56** | .67** | .34** |
| L/Resis   | 10.37    | 5.87      |   |       |       |       |       |       |       |       |       |       |       | -     | .63** | .65** | .32** |
| Emo       | 8.19     | 3.88      |   |       |       |       |       |       |       |       |       |       |       |       | -     | .60** | .32** |

|          |       |      |   |        |
|----------|-------|------|---|--------|
| Withdraw | 6.46  | 3.39 | - | .41 ** |
| PsyDis   | 16.11 | 8.86 |   | -      |

---

*Note.* PD= Parental Disharmony, L/Undrst=Lack of Understanding, FinanIss= Financial Issues, L/Trust=Lack of trust, IUSS=Intolerance of Uncertainty, Appre=Apprehension, L/Decisi= Lack of decisiveness, L/Stab=Lack of stability, L/Accept=Lack of acceptance, HoardBeh= Hoarding Behavior, Possess=Possessiveness, L/Resis= Lack of Resistance, Emo=Emotionality, Withdraw=Withdrawal PsyDis= Psychological Distress, SD= Standard Deviation; M= Mean, \* p<0.1, \*\* p<0.05, \*\*\* p<0.001

Pearson product moment correlation analysis was conducted to find out the association between Parental Disharmony, Lack of Understanding, Financial Issues, Lack of trust, Intolerance of Uncertainty, Apprehension, Lack of decisiveness, Lack of stability, Lack of acceptance, Hoarding Behavior, Possessiveness, Lack of Resistance, Emotionality, Withdrawal, and Psychological Distress. The outcome demonstrated a strong positive correlation between the variables.

The analysis revealed that Parental Disharmony was strongly positively associated with its factors. It also revealed that Parental Disharmony was positively but moderately related to Intolerance of Uncertainty (.66) and its Factors. Similarly, significantly positive but moderate association was found between Parental Disharmony and Hoarding Behavior (.55) as well as its Factors. Whereas a positive but weak relationship was found between Parental Disharmony and Psychological Distress (.34). This indicated that an increase in Parental Disharmony would increase Lack of Understanding, Financial Issues, Lack of Trust, Intolerance of Uncertainty, Apprehension, Lack of Decisiveness, Lack of Stability, Lack of Acceptance, Hoarding Behavior, Possessiveness, Lack of Resistance, Emotionality, Withdrawal, and Psychological Distress.

The variable of Intolerance of Uncertainty was strongly associated with its factors. Whereas the results revealed a moderate relationship between Intolerance of Uncertainty and other variable Hoarding Behavior (.62) and Psychological Distress (.55), which showed that these variables were directly proportional whereby an increase in one's Intolerance of Uncertainty causes an increase in other variables.

Results further revealed that Hoarding Behavior showed a strong and positive relationship between its factors, whereas a moderately positive relationship was found

between Hoarding Behavior and Psychological Distress (.41). Implying that an increase in Hoarding Behavior would increase Psychological Distress.

### *Regression Analysis*

**Hypothesis 2.** It was hypothesized that Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, had an impact on Psychological Distress

**Table 6**

*Hierarchical Regression Analysis for Psychological Distress (N=361)*

| Variables          | B     | SEB  | $\beta$ | 95% CI for B |       | R <sup>2</sup> | $\Delta R^2$ |
|--------------------|-------|------|---------|--------------|-------|----------------|--------------|
|                    |       |      |         | LL           | UP    |                |              |
| Step I             |       |      |         |              |       | .02            | .19          |
| Constant           | 19.50 | 4.28 |         | 11.06        | 27.92 |                |              |
| Gender             | -2.26 | .97  | -.12**  | -4.18        | -.34  |                |              |
| Marital Status     | -.64  | 1.53 | -.02    | -3.67        | 2.37  |                |              |
| Family System      | .08   | .97  | .00     | -1.82        | 2.00  |                |              |
| Step II            |       |      |         |              |       | .14            | .12***       |
| Constant           | 14.82 | 4.07 |         | 6.80         | 22.84 |                |              |
| Lack of Understand | .25   | .12  | .20**   | .01          | .50   |                |              |
| Financial Issues   | .30   | .13  | .20**   | .03          | .57   |                |              |
| Lack of Trust      | -.03  | .14  | -.02    | -.31         | .24   |                |              |
| Step III           |       |      |         |              |       | .33            | .18***       |
| Constant           | 10.46 | 3.65 |         | 3.27         | 17.66 |                |              |
| Apprehension       | .40   | .13  | .21**   | .14          | .66   |                |              |
| Lack of Decisive   | .23   | .09  | .19**   | .05          | .42   |                |              |
| Lack of Stability  | .22   | .10  | .17**   | .04          | .42   |                |              |
| Lack of Acceptance | .14   | .12  | .08     | -.10         | .38   |                |              |

|                    |       |      |       |      |       |       |
|--------------------|-------|------|-------|------|-------|-------|
| Step IV            |       |      |       |      | .33   | .02** |
| Constant           | 9.66  | 3.63 |       | 2.50 | 16.82 |       |
| Hoarding Behavior  | .19   | .08  | .56** | .02  | .36   |       |
| Possessiveness     | -0.34 | .18  | -.21  | -.71 | .01   |       |
| Lack of Resistance | -.24  | .16  | -.16  | -.58 | .08   |       |
| Emotionality       | -.30  | .20  | .13   | -.70 | .08   |       |
| Withdrawal         | .14   | .20  | .05   | -.27 | .55   |       |

*Note.* PD= Parental Disharmony, L/Undrst=Lack of Understanding, FinanIss= Financial Issues, L/Trust=Lack of trust, IUSS=Intolerance of Uncertainty, Appre=Apprehension, L/Decisi= Lack of decisiveness, L/Stab=Lack of stability, L/Accept=Lack of acceptance, HoardBeh= Hoarding Behavior, Possess=Possessiveness, L/Resis= Lack of Resistance, Emo=Emotionality, Witdraw=Withdrawal PsyDis= Psychological Distress, CI = confidence interval; LL = lower limit; UL = upper limit; \*\*\*p <.001, \*\*p < .01; SEB= Standard Error Beta

The Hierarchical Multiple Regression analysis was conducted to find out if Parental Disharmony, Intolerance of Uncertainty, and Hoarding Behavior predicted Psychological Distress and how much variance they caused in Psychological Distress.

The assumption of multicollinearity was met as no multicollinearity was found in the data as the tolerance values for all the predictors were greater than 0.2. The assumption of independent errors was also assumed as the value for Durbin Watson was 1.87. The assumption of normality of residuals was also relatively assumed as the graphs formed a bell-shape. Homoscedasticity and linearity both were relatively assumed, as the residual scores were homogeneously scattered on each data point.

The results revealed that it was more likely for women to suffer from lack of understanding and financial issues, lack of apprehension, lack of decisiveness, and lack of stability which predicted Psychological Distress

In step I the demographic variables; age, gender, family system, and marital status were entered to see if they predicted Psychological Distress in young adults. The results revealed that gender was a significant but negative predictor of Psychological Distress, showing that women were likely to predict higher Psychological Distress, whereas, men gender were likely to have lower levels of Psychological Distress. Results also revealed that age, educational level, family system, and marital status were non-significant and did not predict psychological distress,  $F(5,355)=1.42$   $p>.21$ .

Similarly, in the 2nd step, factors for Parental Disharmony were entered as predictors of Psychological Distress and the findings showed that the factors 1 and 2 i.e. Financial problems and a lack of understanding were found to have an impact on psychological distress, meaning that they were positive predictors of psychological distress where the positive relation indicates that an increase in lack of understanding and financial issues causes an increase in Psychological Distress whereas the lack of trust was revealed as a non-significant predictor of Psychological Distress. 12% variance was explained in the model  $F(8,352)=7.364$   $p<.00$ .

In the 3rd step, Intolerance of Uncertainty's factors were entered as predictors of Psychological Distress. The outcome of Hierarchical Regression revealed that "apprehension" (F1), lack of decisiveness (F2), and lack of stability (F3), factors of Psychological Distress were in fact significantly positive predictors of Psychological Distress whereas, lack of acceptance was found to be a non-significant predictor. That



|          |    |                               |      |     |    |                               |      |     |    |                             |     |     |
|----------|----|-------------------------------|------|-----|----|-------------------------------|------|-----|----|-----------------------------|-----|-----|
| Constant |    | 20.61                         | 1.57 | .00 |    | 33.14                         | 2.14 | .00 |    | 5.24                        | .98 | .00 |
| PD (X)   | a1 | .66                           | .05  | .00 | a2 | .55                           | .06  | .00 | c' | -.08                        | .03 | .18 |
| IU (M1)  |    | —                             | —    | —   |    | —                             | —    | —   | b1 | .53                         | .03 | .00 |
| HB (M2)  |    | —                             | —    | —   |    | —                             | —    | —   | b2 | .14                         | .02 | .02 |
|          |    | $R^2 = .44$                   |      |     |    | $R^2 = .30$                   |      |     |    | $R^2 = .32$                 |     |     |
|          |    | $F(1,359)=282.49,$<br>$p<.00$ |      |     |    | $F(1,359)=156.15,$<br>$p<.00$ |      |     |    | $F(3,357)=56.49$<br>$p<.00$ |     |     |

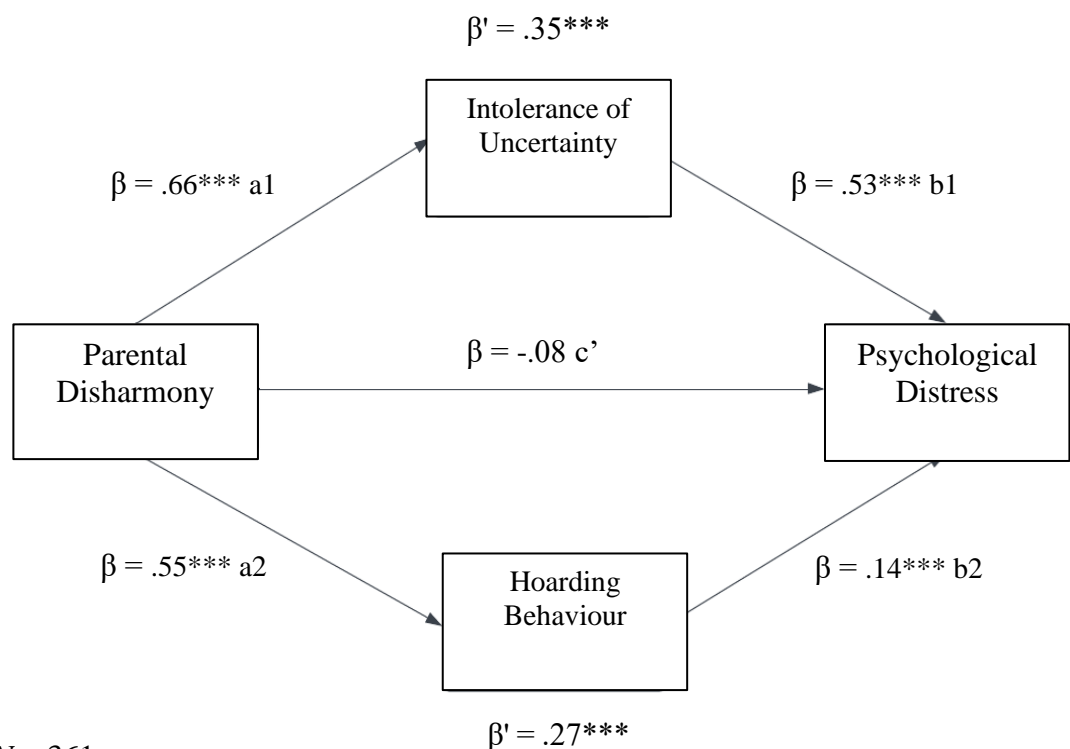
*Note.*  $N = 361$ .  $\beta$  = Standardized Regression Coefficient,  $SE$  = Standard Error, \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

Mediation results indicated that Parental Disharmony was found to be significantly stronger positive predictor of Intolerance of Uncertainty (.66), whereas somewhat weaker positive predictor of Hoarding Behavior (.06) with no apparent direct effect on Psychological Distress (-.08). It was discovered that the association between Parental Disharmony and Psychological Distress was mediated by Intolerance of Uncertainty where indirect effect (effect= .35 bootstrap interval). This showed that Parental Disharmony affects Intolerance of Uncertainty, which in turn affects Psychological Distress, at least partially. Whereas, Hoarding Behavior was found to be significant, hence suggesting presence of mediation i.e., indirect effect (effect= .27 bootstrap interval). This implied that the Hoarding Behavior accounts for the impact of Parental Disharmony on Psychological Distress. There was a chance that other variables influence Parental Disharmony and Psychological Distress more significantly.

However, the indirect effect of Intolerance of Uncertainty and Hoarding Behavior were found to be positively significant between Parental Disharmony and Psychological Distress.

**Figure 2**

*The Statistical Model of Parallel Multiple Mediation Analysis*



Note.  $N = 361$ .

\*\*\* $p < .001$

#### **Section IV: Testing the Secondary Hypothesis**

**Hypothesis 4.** There is likely to be gender differences in terms of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and Psychological Distress.

**Table 8**

*Gender Differences in Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, Psychological Distress (N=361)*

| Variables | Women<br>(n=184) |           | Men<br>(n=177) |           | <i>t</i> | Cohen's <i>d</i> |
|-----------|------------------|-----------|----------------|-----------|----------|------------------|
|           | <i>M</i>         | <i>SD</i> | <i>M</i>       | <i>SD</i> |          |                  |
| PD        | 28.20            | 18.41     | 27.92          | 17.11     | .15      | 0.01             |
| L/Undrst  | 9.81             | 7.33      | 10.27          | 6.96      | -.61     | 0.06             |
| FinanIss  | 9.12             | 5.87      | 8.27           | 5.21      | 1.44     | 0.15             |
| L/Trust   | 9.26             | 6.55      | 9.36           | 6.08      | -.16     | 0.01             |
| IUSS      | 44.78            | 22.21     | 40.85          | 20.01     | 1.76     | 0.18             |
| Appre     | 9.28             | 4.96      | 8.53           | 4.32      | 1.53     | 0.16             |
| L/Decisi  | 13.85            | 7.39      | 11.87          | 7.02      | 2.61**   | 0.27             |
| L/Stab    | 12.67            | 7.59      | 11.92          | 6.58      | 1.00     | 0.10             |
| L/Accept  | 8.97             | 5.15      | 8.53           | 4.74      | .84      | 0.08             |
| HoardBeh  | 56.14            | 27.50     | 55.29          | 24.33     | .30      | 0.03             |
| Possess   | 8.57             | 5.65      | 8.71           | 5.24      | -.25     | 0.02             |
| L/Resis   | 10.32            | 6.19      | 10.42          | 5.53      | -.16     | 0.01             |
| Emo       | 8.29             | 4.04      | 8.09           | 3.72      | .49      | 0.05             |
| Withdraw  | 6.51             | 3.46      | 6.42           | 3.34      | .24      | 0.02             |
| PsyDis    | 17.26            | 9.33      | 14.92          | 8.21      | 2.52**   | 0.26             |

*Note.* PD= Parental Disharmony, L/Undrst=Lack of Understanding, FinanIss= Financial Issues, L/Trust=Lack of trust, IUSS=Intolerance of Uncertainty, Appre=Apprehension, L/Decisi= Lack of decisiveness, L/Stab=Lack of stability, L/Accept=Lack of acceptance, HoardBeh= Hoarding Behavior, Possess=Possessiveness, L/Resis= Lack of Resistance, Emo=Emotionality, Withdraw=Withdrawal PsyDis= Psychological Distress, SD= Standard Deviation, M=Mean, *t*= T.Test Coefficient; Cohen's *d*; Effect Size, \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

For homogeneity of variances, Levene's test was found to be assumed as the *p* value was greater than .05 for all the variables ( $p = .48, p = .69, p = .24, p = .39, p = .14$ ,

$p=.08$ ,  $p=.62$ ,  $p=.05$ ,  $p=.35$ ,  $p=.08$ ,  $p=.34$ ,  $p=.13$ ,  $p=.26$ ,  $p=.42$ ,  $p=.42$ ,  $p=.20$ , respectively). Additionally, the outcomes showed that there was no apparent difference in the men and women participants in terms of Parental Disharmony, Intolerance of Uncertainty, and Hoarding Behavior. However, the test results did reveal that the two groups that are men and women were in fact significantly different in terms of Psychological Distress and Lack of Decisiveness (IU F2), i.e. women participants had higher Psychological Distress and Lack of decisiveness compared to men participants.

**Hypothesis 5.** There is likely to be differences in Family Systems in terms of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and Psychological Distress.

**Table 9**

*Differences in Family System in Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, Psychological Distress (N=361)*

| Variables | Nuclear<br>(n=221) |           | Joint<br>(n=140) |           | <i>t</i> | Cohen's <i>d</i> |
|-----------|--------------------|-----------|------------------|-----------|----------|------------------|
|           | <i>M</i>           | <i>SD</i> | <i>M</i>         | <i>SD</i> |          |                  |
| PD        | 26.30              | 18.83     | 30.84            | 15.59     | -2.48**  | 0.26             |
| L/Undrst  | 9.24               | 7.46      | 11.29            | 6.45      | -2.75**  | 0.29             |
| FinanIss  | 8.40               | 5.91      | 9.19             | 4.96      | -1.36    | 0.14             |
| L/Trust   | 8.65               | 6.68      | 10.35            | 5.56      | -2.62**  | 0.27             |
| IUSS      | 41.41              | 22.09     | 45.14            | 19.64     | -1.62    | 0.17             |
| Appre     | 8.69               | 4.83      | 9.26             | 4.39      | -1.13    | 0.12             |
| L/Decisi  | 12.52              | 7.59      | 13.44            | 6.74      | -1.16    | 0.12             |
| L/Stab    | 11.74              | 7.30      | 13.20            | 6.74      | -1.91    | 0.20             |

|          |       |       |       |       |         |      |
|----------|-------|-------|-------|-------|---------|------|
| L/Accept | 8.45  | 5.13  | 9.22  | 4.65  | -1.44   | 0.15 |
| HoardBeh | 53.06 | 26.85 | 59.92 | 24.01 | -2.52** | 0.26 |
| Possess  | 8.13  | 5.49  | 9.45  | 5.30  | -2.25*  | 0.24 |
| L/Resis  | 9.71  | 6.02  | 11.42 | 5.48  | -2.71** | 0.29 |
| Emo      | 8.02  | 4.03  | 8.47  | 3.65  | -1.05   | 0.11 |
| Withdraw | 6.28  | 3.65  | 6.76  | 2.94  | -1.31   | 0.14 |
| PsyDis   | 16.22 | 8.91  | 15.95 | 8.89  | .28     | 0.03 |

*Note.* PD= Parental Disharmony, L/Undrst=Lack of Understanding, FinanIss= Financial Issues, L/Trust=Lack of trust, IUSS=Intolerance of Uncertainty, Appre=Apprehension, L/Decisi= Lack of decisiveness, L/Stab=Lack of stability, L/Accept=Lack of acceptance, HoardBeh= Hoarding Behavior, Possess=Possessiveness, L/Resis= Lack of Resistance, Emo=Emotionality, Withdraw=Withdrawal PsyDis= Psychological Distress, SD= Standard Deviation; M= Mean, *t*= T.Test Coefficient; Cohen's *d*; Effect Size \*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$

Levene's test for variance homogeneity was violated for Parental Disharmony and its subscales of Lack of Understanding, and Lack of Trust, and for Hoarding Behavior as the *p* value was smaller than .05 for these variables ( $p = .00, p = .00, p = .00, p = .04$ , respectively), which is why the values under "Equal variance not assumed" were reported. As for the other variables, homogeneity of variance was assumed ( $p > .05$ ). Moreover, Furthermore, the outcomes showed a noteworthy difference in nuclear and joint family system of the participants in terms of Parental Disharmony, Lack of Understanding, Lack of Trust, Hoarding Behavior, Possessiveness and Lack of Resistance i.e. participants from nuclear families had higher Parental Disharmony, Lack of Understanding, Lack of Trust, Hoarding Behavior, Possessiveness and Lack of Resistance as compared to participants from joint families.

**Hypothesis 6.** There is likely to be a difference in educational level of the young adults in terms of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and Psychological Distress.

**Table 10**

*One-Way Independent Measures ANOVA Comparing Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress in Terms of Educational Level*

| Variables | M.Sc./MPhil<br>(n=55) |           | B.SC/BS<br>(n=241) |           | Intermediate<br>(n=65) |           | <i>F</i> (2,358) | <i>P</i> | <i>Partial</i> $\eta^2$ |
|-----------|-----------------------|-----------|--------------------|-----------|------------------------|-----------|------------------|----------|-------------------------|
|           | <i>M</i>              | <i>SD</i> | <i>M</i>           | <i>SD</i> | <i>M</i>               | <i>SD</i> |                  |          |                         |
| PD        | 23.01                 | 18.09     | 29.26              | 17.68     | 27.89                  | 17.28     | 2.79             | .06      | .01                     |
| L/Undrst  | 7.81                  | 7.40      | 10.64              | 7.13      | 9.67                   | 6.68      | 3.66*            | .02      | .02                     |
| FinanIss  | 7.78                  | 5.54      | 8.88               | 5.61      | 8.83                   | 5.45      | .09              | .40      | .00                     |
| L/Trust   | 7.41                  | 6.24      | 9.72               | 6.24      | 9.38                   | 6.45      | 3.02             | .05      | .01                     |
| IUSS      | 39.03                 | 21.13     | 43.71              | 21.92     | 42.93                  | 18.40     | 1.08             | .33      | .00                     |
| Appre     | 8.50                  | 4.44      | 9.09               | 4.89      | 8.56                   | 3.97      | .57              | .56      | .00                     |
| L/Decisi  | 12.61                 | 6.86      | 12.93              | 7.44      | 12.89                  | 7.06      | .04              | .95      | .01                     |
| L/Stab    | 10.65                 | 7.10      | 12.69              | 7.25      | 12.29                  | 6.48      | 1.84             | .15      | .00                     |
| L/Accept  | 7.25                  | 4.97      | 8.98               | 5.08      | 9.18                   | 4.26      | 3.04             | .04      | .01                     |
| HoardBeh  | 47.98                 | 27.14     | 56.51              | 26.59     | 59.35                  | 21.28     | 3.23*            | .04      | .01                     |
| Possess   | 7.18                  | 5.49      | 8.85               | 5.42      | 9.09                   | 5.37      | 2.39             | .09      | .01                     |
| L/Resis   | 8.32                  | 6.48      | 10.65              | 5.85      | 11.07                  | 5.05      | 4.15*            | .01      | .02                     |

|          |       |       |       |      |       |      |      |     |     |
|----------|-------|-------|-------|------|-------|------|------|-----|-----|
| Emo      | 8.18  | 3.70  | 8.10  | 4.10 | 8.56  | 3.17 | .36  | .69 | .00 |
| Withdraw | 5.70  | 3.70  | 6.61  | 3.43 | 6.55  | 2.91 | 1.63 | .19 | .56 |
| PsyDis   | 17.89 | 10.13 | 15.61 | 8.7  | 16.50 | 8.05 | 1.56 | .21 | .00 |

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*Notes.* PD= Parental Disharmony, LU=Lack of Understanding, FI= Financial Issues, LT=Lack of trust, IU=Intolerance of Uncertainty, App=Apprehension, LD= Lack of decisiveness, LS=Lack of stability, LA=Lack of acceptance, HB= Hoarding Behavior, P=Possessiveness, LR= Lack of Resistance, E=Emotionality, W=Withdrawal PDS= Psychological Distress, M= Mean; SD= Standard Deviation; *t*= T.Test Coefficient; Cohen's *d*; Effect Size \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

Assumption of homogeneity or Levene's test of equality of variance was assumed as  $p > .05$  for all the study variables. The results of one-way independent measures ANOVA showed that there was significant differences in the study variables among Educational Level of students i.e. M.Sc./MS, BSc/BS, and Intermediate, in terms of Lack of Understanding, Hoarding Behavior, and Lack of Resistance, that is, students belonging to different Educational Level showed significant differences in Lack of Understanding, Hoarding Behavior, and Lack of Resistance.

The results showed that the intermediate students showed the highest Hoarding Behavior, and Lack of Resistance, while BS/B.Sc. students exhibited a higher lack of understanding. The small effect size indicates weak strength of effect of educational level on the study variables.

## Summary of the Findings

- The Pearson-Product Moment Correlation analysis showed that Parental Disharmony Lack of Understanding (F1), Financial Issues (F2), Lack of trust (F3), Intolerance of Uncertainty, Apprehension (F1), Lack of decisiveness (F2), Lack of stability (F3), Lack of acceptance (F4), Hoarding Behavior, Possessiveness (F1), Lack of Resistance (F2), Emotionality (F3), Withdrawal (F4), and Psychological Distress were all significantly and positively correlated.
- The regression analysis revealed that the gender, lack of understanding (PD F1) and financial issues (PD F2), apprehension (IU F1), lack of decisiveness (IU F2), and lack of stability (IU F3), Hoarding Behavior and possessiveness (HB F1) were significant predictors of Psychological Distress, whereas Parental Disharmony was found to be a non-significant predictor is Psychological Distress among young adults.
- Furthermore, Mediation analysis revealed that Parental Disharmony was found to be a significantly stronger positive predictor of Intolerance of Uncertainty and a somewhat weaker but positive predictor of Hoarding Behavior with no direct effect on Psychological Distress. Moreover, both Intolerance of Uncertainty and Hoarding Behavior affect Psychological Distress, however Parental Disharmony do not directly affect Psychological Distress, thus partially supporting the hypothesis.
- Gender differences were found to be significant, as indicated by the Independent Sample T-test in terms of Psychological Distress and Lack of Decisiveness i.e. women were more likely to suffer from Psychological Distress and lack of Decisiveness as compared to men participants. Whereas t-

test also revealed that participants living in nuclear family systems were more likely to experience Parental Disharmony, Lack of Understanding, Lack of Trust, Hoarding Behavior, Possessiveness and Lack of Resistance as compared to participants from joint families.

- Lastly, the results for One-way ANOVA revealed that there were significant difference found in the education levels and Hoarding Behavior, that is the students belonging to MS/M Phil program exhibited more Hoarding Behavior as compared to Students from different educational levels, whereas as no significant difference was found in educational level in terms of Parental Disharmony, Intolerance of Uncertainty, and Psychological Distress.

## Discussion

Parental Disharmony greatly impacts psychological wellbeing of adolescents and young adults. Parental conflicts, may they be verbal, physical or subtle, because stress contributes to an environment that is constantly stressful and can have a variety of detrimental effects on a child's development. If children are exposed to an environment that is often conflicted, they are at a higher risk of experiencing mental health issues like substance misuse, antisocial Behavior, depression, anxiety, and poor academic results. Children are forced to adapt in ways that are frequently harmful to their wellbeing as a result of these conflicts, which disrupt the family structure.

One of the effects of Parental Disharmony is the development of Intolerance of Uncertainty children over time. Intolerance of Uncertainty is marked by the ability to perceive vague situations as threatening. It is also linked to various anxiety disorders. Children who grow up in an unstable and unpredictable home due to frequent and unresolved parental conflicts may become more sensitive to uncertainty. This increased Intolerance of Uncertainty can exacerbate anxiety and stress by triggering unhealthy coping strategies like avoidance and compulsive reassurance seeking (Jacoby, 2020). One such unhealthy coping strategy is Hoarding Behavior which may lead to major functional impairment. This could result in Psychological Distress.

The present study contributes to the existing knowledge by focusing on studying the interplay of Psychological Distress in relation to variables such as Parental Disharmony, Intolerance of Uncertainty, and Hoarding Behavior.

The results of the study revealed that there were about 361 participants in the study out of which 184 were women and 177 men. The mean age of the participants

was 21 years. Most of the participants' educational level was BS/B.Sc. with a total of 241 students, while the 65 students were in intermediate, and 55 students in MS/MPhil. As the population was young adults, most of the participants were unmarried (320) while a few were married (41). Most of them belonged to nuclear families (221) while the rest of them came from the joint family system (140). The results also showed that the data was normally distributed as the kurtosis and skewness values were within the defined range +3 and -3.

The aim of the study was to investigate the association of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and Psychological Distress. Consistent with the previous research, the results of the present study revealed that there was a positive association of Psychological Distress with Parental Disharmony, Intolerance of Uncertainty and Hoarding. Study confirms that Parental Disharmony is associated with a number of manifestations of psychological problems in adolescents, such as elevated anxiety and depression along with physical manifestations. Literature holds that depression was found to be positively associated with increased severity of Hoarding Behavior (Raines et al., 2016). Similarly, in accordance with other studies it was found that Intolerance of Uncertainty is in fact linked with a number of emotional disorders, depression, and anxiety disorders (McEvoy et al., 2016), suggesting that Parental Disharmony, intolerance of Uncertainty, and Hoarding Behavior are frequently associated or correlated with psychological distress, as anxiety and depression are the most markers of Psychological Distress (Matud et al., 2015).

The first objective of the study was to find out if the variables of the study such as gender, age, marital status, and family system, predicted psychological distress. The results revealed that female gender was in fact a predictor of

psychological distress, whereas women were a stronger predictor of psychological distress ( $p=.01$ ). The result of the study aligned with those of earlier research, as Matud et al. (2015) revealed that women were more likely to suffer with Psychological Distress. Similarly, it was reported that women were more prone to experiencing Psychological Distress than their male counterparts (Bottesi et al., 2018), as women in Pakistani society are likely to receive less practical support and are less educated than men (Husain et al., 2014).

The results also revealed that Parental Disharmony was a significant predictor of Psychological Distress as two of the subscales of Parental Disharmony i.e. is lack of understanding ( $p=.03$ ) and financial issues ( $p=.02$ ) were found to have a significant and positive impact on Psychological Distress. According to Hess (2022) one of the few possible factors contributing to parental conflict may include difficulties in communication of lack of communication (Hess, 2022), where positive mental health is influenced by patterns of communication that are effective and healthy, studies show that poor communication can lead to lack of understanding, isolation and resentment which can cause mental health issues or Psychological Distress in the family members (Hodge, 2023). Similarly, Ryu and Fan (2023) proved through their study that higher financial issues or financial worries were predictors or had an impact on the mental health of a person suffering, i.e. financial issues were significantly associated with Psychological Distress (Ryu & Fan, 2023). Studies mentioned above indicate that both lack of understanding and psychological distress are predictors of Psychological Distress.

The results further proved that Intolerance of Uncertainty was a predictor of Psychological Distress, as apprehension, a subscale of Intolerance of Uncertainty, strongly and significantly predicted Psychological Distress ( $p=.00$ ). Psychological

distress is found to be higher in people who worry excessively about the future especially if they have had bad experiences in the past. This implies that higher levels of psychological distress are likely to be experienced by people who are more anxious about what might happen in the future or have future apprehensions (Sato et al., 2018). Another study holds that intolerance of uncertainty was a significant predictor of psychological distress among college going students. The findings of the study revealed that the primary construct elevating the participants' psychological distress was intolerance of uncertainty (Varghese & Delariarte, 2021).

Another subscale of Intolerance of Uncertainty, i.e. lack of decision making was found to be a predictor of Psychological Distress ( $p = .01$ ). This finding of the study was in congruence with the previous studies showing that decision-making was in fact a significant predictor of stress, anxiety and depression (Shafiq et al., 2020). Furthermore, another factor of Intolerance of Uncertainty i.e. lack of stability, was found to be impacting Psychological Distress. The results showed that lack of stability was a predictor of Psychological Distress. As people with social anxiety showed greater instability of negative affect and lack of stability of self-esteem compared to healthy individuals, supporting the findings of the present study (Farmer & Kashdan, 2014).

Lastly, regression analysis revealed that Hoarding Behavior was also a positive predictor of Psychological Distress ( $p = .03$ ), suggesting that Hoarding Behavior does contribute to psychological distress. In fact, depressive disorders are actually the most common comorbidity accounting for over half of cases of hoarding disorder. A strong positive correlation between heightened hoarding severity and depressive symptoms exists (Raines et al., 2016). While other comorbidities that frequently exist with hoarding may include worry, social anxiety and other non-

hoarding symptoms of OCD and the experience of stress has also been linked to all three of these constructs (Timpano et al., 2011) all of which may worsen the psychological state adding to Psychological Distress.

The second main objective of the study was to see if Intolerance of Uncertainty (M1) and Hoarding Behavior (M2) mediated the relationship between the Parental Disharmony (IV) and Psychological Distress (DV). The results were consistent with previous studies done on the topic as it has been proven that Parental Conflicts or Disharmony may occur due to different parenting styles of the parents (Hess, 2022). This disparity can lead children on the receiving end to suffer with Intolerance of Uncertainty (Vinayan & KG., 2023), as Parental Disharmony induces anxiety in children (Harold & Sellers, 2018). Similarly, Intolerance of Uncertainty has been known to directly induce Psychological Distress as it may lead to a number of internalizing problems such as worry, sadness, and other Behaviors that are linked to generalize anxiety disorder (Unbrin et al., 2024). Whereas, another study has proved that Intolerance of Uncertainty is in fact a predictor of psychological distress among college going students (Varghese & Delariarte 2021).

It has also been proven that Parental Disharmony or familial discords may lead to Hoarding Behavior. However, it was further established that the two may be bidirectional and one could cause the other and vice versa (Park et al., 2014). The results also showed that Hoarding Behavior shows a link with Psychological Distress. Literature also supports the relation between the two, as Hoarding Behavior was found to be comorbid with disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD) (Hacker et al., 2016) and anxiety (Frost et al., 2015), indicating that Hoarding adds to Psychological Distress. In short it can be derived from the literature above that Intolerance of Uncertainty and Hoarding Behavior can play the role of

mediators between Parental Disharmony and Psychological Distress. However no direct link was found between Parental Disharmony and Psychological Distress, contrary to the majority of the literature.

The emotional security theory suggests that children's emotional security mitigates the negative psychological effects of parental conflict. It holds that children's coping techniques and social defense mechanisms are important at reducing the harmful effects of conflict (Davies & Martin 2013), which may explain why the two may not be directly related. It may also be a probability that there may be other stronger mediating or moderating factors between the two variables thus supporting the findings of the current study.

Third objective of the study was to see the gender differences in terms of Parental, Disharmony, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress. It was found that women were more likely to suffer with psychological distress as compared to men, which aligns with previous findings of the research on the topic. In terms of psychological distress, chronic stress, little daily annoyances, emotional coping mechanisms, and social support, women outscored men (Matud et al., 2020). Results for gender differences in lack of decisiveness also showed that women were more likely to lack decisiveness as compared to men. In Pakistani society, the patriarchal system allows women to be placed in a subordinate position due to the unequal social status assigned to the sexes. Due to their greater access to public life, men are more likely to lead public discussions and take part in overt decision-making processes, which gives them the chance to use abilities that are highly valued in the workplace. Women's leadership abilities may be undervalued because they are expected to prioritize responding to interpersonal cues over expressing their own opinions and may have limited opportunities to practice these

skills. Due to the prevailing system, men (fathers, brothers, husbands, and sons) even have the authority to decide how women move around the home showing a lack of decision-making powers (Chaudhary & Dutt, 2022).

The current study also assessed the differences in family systems in the context of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress. The findings indicated that participants living in nuclear families showcased Parental Disharmony, lack of understanding, financial issues, lack of trust, Hoarding Behavior, possessiveness and lack of resistance. It has been reported previously that there were notable differences between joint and nuclear families' levels of parental marital satisfaction. Joint families have higher levels of parental marital satisfaction than nuclear families, which suggests parental disharmony may be higher in nuclear families. This relates to the present finding that nuclear families have higher levels of Parental Conflicts or Disharmony (Rashid, 2014). In joint family systems, it is typically observed that the roles of the members are apportioned so that children have roles of obedience and parents, grandparents, or paternal uncles and aunts are in charge of making decisions in all situations. The foundation for learning and overcoming obstacles in life is found in Pakistani family dynamics (Hania et al., 2022). It can therefore be derived that children in nuclear families may be somewhat disadvantaged in this regard as they might lack the wider support system, or the variety of role models present in the joint family systems, which aligns with the findings of the study suggesting that nuclear families have a higher level of lack of understanding.

The results further revealed that financial issues were prevalent in nuclear families as compared to joint families. As Pakistan is a collectivist society it prefers a joint family system (Zulfiqar et al., 2019), however, a shift in preferred family system

has been observed over the past few years. It can be observed that the nuclear family system is replacing the joint family system in Pakistan (Bandeali et al., 2015). However, the patriarchal society of Pakistan makes it difficult for women to work as revealed by qualitative research by Ali et al. (2022). A systematic review and qualitative interviews were conducted to investigate the issues pertaining to gender discrimination in Pakistan. The results of the qualitative research revealed six major themes. One of which was employment disparities, the reason for which was limited opportunity and gender biases (Ali et al., 2022). This left men as the sole breadwinners or the only source of income for their families (Adil et al., 2017). Studies have shown that single-income households are especially susceptible to financial instability because they only have one source of income. Any loss of employment or reduction in working hours can have serious repercussions if there isn't a backup (Kent, 2022). Furthermore, it was revealed that the nuclear family system causes one to develop a lack of trust. This may be due to the overdependence or over-reliance on the family that people are instilled with a distrust of strangers when they are brought up to trust their immediate family (Alesina & Giuliano, 2014). The data further revealed that people belonging to nuclear family systems demonstrated Hoarding Behavior. Adolescents from joint families, in comparison to their nuclear family counterparts, have higher levels of emotional development, social adjustment, adequate personality, and independence. The main cause of the observed difference is the emotional maturity amongst people belonging to joint family setups was due to factors such as family composition, climate, and traditions (Rawat & Singh, 2017). This shows that people belonging to nuclear families lack emotional maturity. To make up for this emotional imbalance people have been known to develop emotional bonds and attachments to material possessions (Malik & Kamal

2020). This supports the finding that people who tend to live in nuclear families or are brought up in nuclear family systems exhibit Hoarding Behavior. The study also has been looked at as an extreme kind of psychological possession in individuals. When the hoarding phenomenon is explored, links are found between the strong emotional attachments to possessions that define reasons behind psychological possessiveness or ownership and Hoarding Behavior (Chu, 2018). This suggests that Hoarding Behavior is strongly connected to possessiveness i.e. if Hoarding Behavior exists it is likely that there is a sense of psychological ownership or a sense of possessiveness. Hence if Hoarding Behavior is found commonly in nuclear families it is likely that the nuclear family system plays a role in the development of possessiveness as well. The study also established that the lack of resistance was found in participants belonging to nuclear family systems. A recent shift in the family structure from extended to nuclear has been observed in Pakistan (Bandeali et al., 2015). Nonetheless Pakistan remains a collectivistic culture. Collectivistic cultures are known to promote authoritarian parenting styles as they foster dependence, compliance, family harmony, group cohesion, and personal humility, where parents play a vital role. As Pakistan is a collectivistic society it too promotes authoritarian parenting. A few of the characteristics of Authoritarian parenting are lack of responsiveness and a severe, demanding, controlling parenting style where parents exert control and demand obedience from their children. As the children get older, they want to maintain their independence and need more freedom and autonomy from their parents (Saleem et al., 2017). Thus, it can be said that children brought up in nuclear families under authoritarian parenting tend to show lack of resistance as they are expected to obey their parents unconditionally.

Lastly, and fourth objective of the study was to assess the differences in different levels of education in terms of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior, and Psychological Distress along with subscales. The results demonstrated that participants belonging to lower levels of education such as BS/BSc and intermediate Showed higher lack of understanding, Hoarding Behavior, and lack of resistance. It has been proven that having lesser knowledge or lack of understanding of the circumstances can lead one to indulge into counterproductive or unfavorable mental and behavioral reactions such as developing hoarding habits in the case of scarcity (Zhao & Tomm, 2018), supporting the findings of the current study. It is generally agreed upon that developing critical thinking skills is a crucial skill obtained in education. Collaboration among students and their exposure to problems have been shown to be beneficial in fostering critical thinking processes. (Loyens et al., 2023) Critical thinking is crucial as it enables people to comprehend information on a deeper level and fosters decision making and problem-solving in practical contexts (Dwyer et al., 2014). However, if one lacks good decision-making skills, they are easily persuaded, indicating a lack of resistance (Hilken et al., 2020). Therefore, a lack of resistance can be because of one's lack of critical thinking. Since, the development of critical thinking is dependent on higher educational level it can be said that lack of resistance was due to the participant's lower educational level, as there was no direct literature on the link found between the two variables.

In summary, the research emphasizes the complex interplay among parental discord, an intolerance for uncertainty, hoarding tendencies, and psychological distress among young adults.

## **Conclusion**

The study's findings highlight the strong correlation between young people's Psychological Distress, Parental Disharmony, and intolerance of uncertainty. It was discovered that there is a positive correlation between psychological distress, intolerance of uncertainty, and hoarding behavior and reported parental disagreement through a quantitative technique involving on-campus surveys with 361 university students. The association between parental disharmony and psychological distress is mediated by hoarding behavior and intolerance of uncertainty, according to a mediation analysis. Regression analysis demonstrated the predictive roles of gender, parental disharmony, intolerance of uncertainty, and hoarding behavior on psychological distress. Significantly, there was no correlation found between parental discord and psychological suffering, indicating that young individuals from households plagued by conflict may grow to detest ambiguity and engage in hoarding behavior as coping strategies, which in turn may exacerbate psychological distress. By filling in knowledge gaps about the intricate interactions between coping strategies, family dynamics, and young adults' mental health outcomes, these findings add to the body of existing work.

### **Implications of the Research**

- To reduce psychological distress, create programs that specifically address young adults from conflicted family backgrounds' intolerance of uncertainty and hoarding behaviors.
- Include family counselling sessions with an emphasis on conflict resolution and communication enhancement, especially for nuclear families where discord is common.
- This may include educating newly married couples on family planning and parenting. However, for couples who've already become parents, parenting

workshops aimed at fostering a better understanding, trust, and sense of stability in the family can be arranged. These workshops should address issues that lead to parental discord and, in turn, affect the mental health of the children.

- Include critical thinking and decision-making activities in curricula to assist students with lower educational levels in managing uncertainty and lowering psychological distress. This would also help them manage their material possessions better consequently reducing the chances of hoarding habits to develop.
- Other areas that were brought to light as a result of this research could be the development of gender-sensitive mental health support strategies, with a focus on giving women, who are more likely to experience psychological distress, extra support.

### **Limitations and Suggestions**

- One of the limitations of the study was the less work done on these variables indigenously, as well as this population. When working on literature a scarcity of local studies was observed and most of the studies revolved around adolescents and children. A future suggestion could be to pay more attention to the young adult population as well as the topic of Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and Psychological Distress, as these among a few prevailing issues in Pakistani young adults today. Another suggestion could be to work on the subscales of the variables, especially “lack of understanding” and “lack of resistance” as these could be huge problems in themselves for young adults.

- Another limitation could be the lack of awareness of these terms among the population. Most of the students did not know what these terms meant and needed to be briefed on the topic. This shows the lack of understanding of people towards their own sufferings as a lot of the participants did suffer with the problems mentioned. This could mean a need for education on the following problems along with other mental health issues.
- One of the limitations faced was that a significant portion of the population did not fill up the questionnaires seriously as that did not take the research or purpose of the research serious enough to be considered worth an appropriate response despite being briefed about it. Here the resource person can ask the participants to fill up the questionnaires more sincerely. A major portion of the data was collected from classrooms that were being supervised.

### Reference

Adil, F., Shahed, S., & Arshad, H. (2017). The burden of being a man in a patriarchal society. *Journal of Arts and Social Sciences*, 4(2), 57-70. <https://doi.org/jass.pk/assets/allabs>

- Akıncı, M. A., Turan, B., Esin, İ. S., & Dursun, O. B. (2022). Prevalence and correlates of hoarding behavior and hoarding disorder in children and adolescents. *European Child & Adolescent Psychiatry, 31*(10), 1623-1634. <https://doi.org/10.1007/s00787-021-01847-x>
- Alesina, A., & Giuliano, P. (2014). Family ties. In *Handbook of economic growth* (Vol. 2, pp. 177-215). Elsevier. <https://doi.org/10.1016/B978-0-444-53538-2.00004-6>
- Ali, T. S., Ali, S. S., Nadeem, S., Memon, Z., Soofi, S., Madhani, F., & Bhutta, Z. A. (2022). Perpetuation of gender discrimination in Pakistani society: results from a scoping review and qualitative study conducted in three provinces of Pakistan. *BMC Women's Health, 22*(1), 540. <https://doi.org/10.1186/s12905-022-02011-6>
- Almeida, I. L. D. L., Rego, J. F., Teixeira, A. C. G., & Moreira, M. R. (2021). Social isolation and its impact on child and adolescent development: a systematic review. *Revista Paulista de Pediatria, 40*. doi:10.1590/1984-0462/2022/40/2020385
- Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., & Kessler, R. C. (2018). WHO world mental health surveys international college student project: prevalence and distribution of mental disorders. *Journal of abnormal psychology, 127*(7), 623. doi:10.1037/abn0000362.
- Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., & Kessler, R. C. (2018). WHO world mental health surveys international college student project: Prevalence and distribution of mental disorders. *Journal of abnormal psychology, 127*(7), 623. <https://doi.org/10.1037/abn0000362>

- Bandeali, M. S. M., & Isran, M. A. (2015). The changing patterns in family system from extended to nuclear: in context of working women in Pakistan. *Asia Pacific-Annual Research Journal of Far East & Southeast Asia*, 33. <https://d1wqtxts1xzle7.cloudfront.net/>
- Bi, X., Yang, Y., Li, H., Wang, M., Zhang, W., & Deater-Deckard, K. (2018). Parenting styles and parent–adolescent relationships: The mediating roles of behavioral autonomy and parental authority. *Frontiers in psychology*, 9, 2187. <https://doi.org/10.3389/fpsyg.2018.02187>
- Bolman, W. M., & Katz, A. S. (1966). Hamburger hoarding: a case of symbolic cannibalism resembling Whitico psychosis. *The Journal of Nervous and Mental Disease*, 142(5), 424-428. <https://journals.lww.com/jonmd/citation/1966/05000>
- Bottesi, G., Gürdere, C., Cerea, S., Sica, C., & Ghisi, M. (2019). Familial Patterns of Intolerance of Uncertainty: Preliminary Evidence in Female University Students. *International Journal of Cognitive Therapy*, 13(1), 30–41. <https://doi.org/10.1007/s41811-019-00063-5>
- Bottesi, G., Tesini, V., Cerea, S., & Ghisi, M. (2018). Are difficulties in emotion regulation and intolerance of uncertainty related to negative affect in borderline personality disorder?. *Clinical Psychologist*, 22(2), 137-147. <https://doi.org/10.1111/cp.12163>
- Branje, S. (2018). Development of parent–adolescent relationships: Conflict interactions as a mechanism of change. *Child development perspectives*, 12(3), 171-176. <https://doi.org/10.1111/cdep.12278>
- Brock, R. L., & Kochanska, G. (2016). Interparental conflict, children's security with parents, and long-term risk of internalizing problems: A longitudinal study

from ages 2 to 10. *Development and psychopathology*, 28(1), 45-54.

doi:10.1017/S0954579415000279

Burgess, A., Frost, R. O., Marani, C., & Gabrielson, I. (2018). Imperfection, indecision, and hoarding. *Current Psychology*, 37, 445-453.

<https://doi.org/10.1007/s12144-017-9695-4>

Burnette, J. L., Knouse, L. E., Vavra, D. T., O'Boyle, E., & Brooks, M. A. (2020).

Growth mindsets and psychological distress: A meta-analysis. *Clinical*

*Psychology Review*, 77, 101816. <https://doi.org/10.1016/j.cpr.2020.101816>

Castriotta, N., Dozier, M. E., Taylor, C. T., Mayes, T., & Ayers, C. R. (2019).

Intolerance of uncertainty in hoarding disorder. *Journal of Obsessive-Compulsive and Related Disorders*, 21, 97–101.

<https://doi.org/10.1016/j.jocrd.2018.11.005>

Chaudhary, N., & Dutt, A. (2022). Women as agents of change: Exploring women leaders' resistance and shaping of gender ideologies in Pakistan. *Frontiers in*

*Psychology*, 13, 800334. <https://doi.org/10.3389/fpsyg.2022.800334>

Chen, D., Bienvenu, O. J., Krasnow, J., Wang, Y., Grados, M. A., Cullen, B., ... & Samuels, J. (2017). Parental bonding and hoarding in obsessive–compulsive disorder. *Comprehensive psychiatry*, 73, 43-52.

<https://doi.org/10.1016/j.comppsy.2016.11.004>

Chen, S., Yao, N., & Qian, M. (2018). The influence of uncertainty and intolerance of uncertainty on anxiety. *Journal of behavior therapy and experimental*

*psychiatry*, 61, 60-65. <https://doi.org/10.1016/j.jbtep.2018.06.005>

Chia, K., Pasalich, D. S., Fassnacht, D. B., Ali, K., Kyrios, M., Maclean, B., &

Grisham, J. R. (2021). Interpersonal attachment, early family environment, and

- trauma in hoarding: A systematic review. *Clinical Psychology Review*, 90, 102096. <https://doi.org/10.1016/j.cpr.2021.102096>
- Chu, C. K. (2018). Psychological ownership in hoarding. *Psychological ownership and consumer behavior*, 135-144. [https://doi.org/10.1007/978-3-319-77158-8\\_8](https://doi.org/10.1007/978-3-319-77158-8_8)
- Crone, C., Kwok, C., Chau, V., & Norberg, M. M. (2019). Applying attachment theory to indecisiveness in hoarding disorder. *Psychiatry Research*, 273, 318–324. <https://doi.org/10.1016/j.psychres.2019.01.055>
- Curtis, E. A., Comiskey, C., & Dempsey, O. (2016). Importance and use of correlational research. *Nurse researcher*, 23(6). doi: 10.7748/nr.2016.e1382
- Davies, P. T., & Cummings, E. M. (2015). *Interparental Discord, Family Process, and Developmental Psychopathology*. *Developmental Psychopathology*, 86–128. doi:10.1002/9780470939406.ch3
- Davies, P. T., & Martin, M. J. (2013). The reformulation of emotional security theory: The role of children's social defense in developmental psychopathology. *Development and psychopathology*, 25(4pt2), 1435-1454. doi:10.1017/S0954579413000709
- Dozier, M. E., & Ayers, C. R. (2017). The etiology of hoarding disorder: a review. *Psychopathology*, 50(5), 291-296. <https://doi.org/10.1159/000479235>
- Dozier, M. E., Davidson, E. J., Pittman, J. O., & Ayers, C. R. (2020). Personality traits in adults with hoarding disorder. *Journal of Affective Disorders*, 276, 191-196. <https://doi.org/10.1016/j.jad.2020.07.033>
- Drapeau, A., Marchand, A., & Beaulieu-Prevost, D. (2012). Epidemiology of psychological distress. *Mental illnesses-understanding, prediction and control*, 69(2), 105-106. <https://books.google.com.pk/>

- Dwyer, C. P., Hogan, M. J., & Stewart, I. (2014). An integrated critical thinking framework for the 21st century. *Thinking skills and Creativity, 12*, 43-52.  
[doi.org/10.1016/j.tsc.2013.12.00](https://doi.org/10.1016/j.tsc.2013.12.00)
- Espinosa, A., & Rudenstine, S. (2020). The contribution of financial well-being, social support, and trait emotional intelligence on psychological distress. *British Journal of Clinical Psychology, 59*(2), 224-240. [doi.org/10.1111/bjc.12242](https://doi.org/10.1111/bjc.12242)
- Farmer, A. S., & Kashdan, T. B. (2014). Affective and self-esteem instability in the daily lives of people with generalized social anxiety disorder. *Clinical Psychological Science, 2*(2), 187-201. [doi.org/10.1177/2167702613495200](https://doi.org/10.1177/2167702613495200)
- Frost, R. O., Steketee, G., & Tolin, D. F. (2015). Comorbidity in hoarding disorder. *Focus, 13*(2), 244-251. [doi.org/10.1176/appi.focus.130218](https://doi.org/10.1176/appi.focus.130218)
- Garey, J. (2023). Conflicts over parenting styles. *Child Mind Institute*.  
<https://childmind.org/article/conflicts-over-parenting-styles/>
- Giallo, R., Seymour, M., Fogarty, A., Feinberg, M., Christensen, D., Gartland, D., & Cooklin, A. (2021). Trajectories of interparental conflict and children's emotional–Behavioral functioning at 10–11 years: an Australian population-based study. *European child & adolescent psychiatry, 1-11*.  
[doi.org/10.1007/s00787-020-01700-7](https://doi.org/10.1007/s00787-020-01700-7)
- Gregory, A. M., & Sadeh, A. (2016). Annual research review: sleep problems in childhood psychiatric disorders—a review of the latest science. *Journal of child psychology and psychiatry, 57*(3), 296-317. [doi.org/10.1111/jcpp.12469](https://doi.org/10.1111/jcpp.12469)
- Gross, J. T., Stern, J. A., Brett, B. E., & Cassidy, J. (2017). The multifaceted nature of prosocial behavior in children: Links with attachment theory and research. *Social development, 26*(4), 661-678. <https://doi.org/10.1111/sode.12242>

- Guzick, A. G., Chabaud, S., Garrett, C., & Storch, E. A. (2022). Anxiety, depression, and rejection towards parents among individuals who grew up in a hoarded home. *Annals of Clinical Psychiatry, 34*(1), E1-E12. doi: 10.12788/acp.0053
- Hacker, L. E., Park, J. M., Timpano, K. R., Cavitt, M. A., Alvaro, J. L., Lewin, A. B., & Storch, E. A. (2016). Hoarding in children with ADHD. *Journal of attention disorders, 20*(7), 617-626. doi.org/10.1177/1087054712455845
- Han, H., Lee, S., Kim, J. J., & Ryu, H. B. (2020). Coronavirus disease (COVID-19), traveler behaviors, and international tourism businesses: Impact of the corporate social responsibility (CSR), knowledge, psychological distress, attitude, and ascribed responsibility. *Sustainability, 12*(20), 8639. doi.org/10.3390/su12208639
- Hania, A., Subhan, S., Saleem, S., & Mahmood, Z. (2022). Development of familial role identification scale for adolescents with perceived parental disharmony. *Pakistan Journal of Psychological Research, 37*(2), 237-254. doi.org/10.33824/PJPR.2021.37.2.15
- Harold, G. T., & Sellers, R. (2018). Annual research review: Interparental conflict and youth psychopathology: An evidence review and practice focused update. *Journal of child psychology and psychiatry, 59*(4), 374-402. https://doi.org/10.1111/jcpp.12893
- Harold, G. T., Leve, L. D., & Sellers, R. (2017). How can genetically informed research help inform the next generation of interparental and parenting interventions. *Child development, 88*(2), 446-458. https://doi.org/10.1111/cdev.12742

- Hess, S. (2022). Effects of inter-parental conflict on children's social well-being and the mediation role of parenting behavior. *Applied Research in Quality of Life*, 17(4), 2059-2085. <https://doi.org/10.1007/s11482-021-10022-y>
- Hilken, T., Keeling, D. I., de Ruyter, K., Mahr, D., & Chylinski, M. (2020). Seeing Eye to eye: social augmented reality and shared decision making in the marketplace. *Journal of the Academy of Marketing Science*, 48, 143-164. [doi.org/10.1007/s11747-019-00688-0](https://doi.org/10.1007/s11747-019-00688-0)
- Hodge, K. (2023). How does family life affect mental health? Building blocks or barriers. *Mental Health Center*. [https://www. Mental health center. Org/family life-affect-mental-health](https://www.Mentalhealthcenter.Org/family-life-affect-mental-health).
- Højgaard, D. R., Skarphedinsson, G., Ivarsson, T., Weidle, B., Nissen, J. B., Hybel, K. A., & Thomsen, P. H. (2019). Hoarding in children and adolescents with obsessive-compulsive disorder: Prevalence, clinical correlates, and cognitive behavioral therapy outcome. *European Child & Adolescent Psychiatry*, 28, 1097-1106. <https://doi.org/10.1007/s00787-019-01276-x>
- Jacoby, R. J. (2020). Intolerance of uncertainty. In J. S. Abramowitz & S. M. Blakey (Eds.), *Clinical handbook of fear and anxiety: Maintenance processes and treatment mechanisms* (pp. 45–63). American Psychological Association. <https://doi.org/10.1037/0000150-003>
- Jarnecke, A. M., South, S. C., Elkins, I. J., Krueger, R. F., Tully, E. C., & Iacono, W. G. (2017). The role of parental marital discord in the etiology of externalizing problems during childhood and adolescence. *Development and psychopathology*, 29(4), 1177-1188. doi:10.1017/S095457941600122X
- Johansen, R., Espetvedt, M. N., Lyshol, H., Clench-Aas, J., & Myklestad, I. (2021). Mental distress among young adults—gender differences in the role of

social support. *BMC public health*, *21*, 1-14. <https://doi.org/10.1186/s12889-021-12109>

Johnston, J. R., González, R., & Campbell, L. E. (1987). Ongoing postdivorce conflict and child disturbance. *Journal of Abnormal Child Psychology*, *15*, 493-509. [Doi.org/10.1007/BF00917236](https://doi.org/10.1007/BF00917236)

Keles, B., McCrae, N., & Grealish, A. (2020). A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents. *International journal of adolescence and youth*, *25*(1), 79-93. [doi.org/10.1080/02673843.2019.1590851](https://doi.org/10.1080/02673843.2019.1590851)

Kent, A. H. (2022). *Single Mothers Face Difficulties with Slim Financial Cushions* (No. 94185). Federal Reserve Bank of St. Louis. <https://ideas.repec.org/fip/100001/94185>

Kim, K. M. (2021). What makes adolescents psychologically distressed? Life events as risk factors for depression and suicide. *European child & adolescent psychiatry*, *30*(3), 359-367. [doi.org/10.1007/s00787-020-01520-9](https://doi.org/10.1007/s00787-020-01520-9)

Kim, Y. J., Aslam, M. S., Deng, R., ain Leghari, Q., Naseem, S., Hassan, M. M. U., & Lkhagvasuren, D. (2023). Intolerance of uncertainty across stress, anxiety, and depression among university students in Pakistan: A descriptive cross-sectional study. *Heliyon*, *9*(6). [doi.org/10.1016/j.heliyon.2023.e16636](https://doi.org/10.1016/j.heliyon.2023.e16636)

Kyrios, M., Mogan, C., Moulding, R., Frost, R. O., Yap, K., & Fassinacht, D. B. (2018). The cognitive–Behavioral model of hoarding disorder: Evidence from clinical and non-clinical cohorts. *Clinical psychology & psychotherapy*, *25*(2), 311-321. <https://doi.org/10.1002/cpp.2164>

La Buissonniere-Ariza, V., Wood, J. J., Kendall, P. C., McBride, N. M., Cepeda, S. L., Small, B. J., & Storch, E. A. (2018). Presentation and correlates of hoarding

behaviors in children with autism spectrum disorders and comorbid anxiety or obsessive-compulsive symptoms. *Journal of autism and developmental disorders*, 48, 4167-4178. <https://doi.org/10.1007/s10803-018-3645-3>

Liao, K. Y. H., & Weng, C. Y. (2018). Gratefulness and subjective well-being: Social connectedness and presence of meaning as mediators. *Journal of Counseling Psychology*, 65(3), 383. <https://doi.org/10.1037/cou0000271>

Linkovski, O., Moore, T. M., Argabright, S. T., Calkins, M. E., Gur, R. C., Gur, R. E., & Barzilay, R. (2023). Hoarding behavior and its association with mental health and functioning in a large youth sample. *European Child & Adolescent Psychiatry*, 1-8. <https://doi.org/10.1007/s00787-023-02296-4>

Loyens, S. M., Van Meerten, J. E., Schaap, L., & Wijnia, L. (2023). Situating higher-order, critical, and critical-analytic thinking in problem-and project-based learning environments: A systematic review. *Educational Psychology Review*, 35(2), 39. [doi.org/10.1007/s10648-023-09757-x](https://doi.org/10.1007/s10648-023-09757-x)

Malik, F., & Kamal, A. (2020). Perception of hoarding behavior among the general population of Rawalpindi and Islamabad cities of Pakistan: An exploratory qualitative inquiry. *Gomal Journal of Medical Sciences*, 18(3), 83-92. <https://www.gmedikhan.edu.pk>

Mataix-Cols, D. (2014). Hoarding disorder. *New England Journal of Medicine*, 370(21), 2023-2030. doi: 10.1056/NEJMcp1313051

Mathes, B. M., Kennedy, G. A., Cogle, J. R., & Schmidt, N. B. (2019). An examination of the relationship between hoarding symptoms and hostility. *Journal of psychiatric research*, 111, 121-127.) [doi.org/10.1016/j.jpsychires.2019.01.025](https://doi.org/10.1016/j.jpsychires.2019.01.025)

- Mathes, B. M., Timpano, K. R., Raines, A. M., & Schmidt, N. B. (2020). Attachment theory and hoarding disorder: A review and theoretical integration. *Behavior research and therapy, 125*, 103549. doi.org/10.1016/j.brat.2019.103549
- Mathew, A., Saradamma, R., Krishnapillai, V., & Muthubeevi, S. B. (2021). Exploring the family factors associated with suicide attempts among adolescents and young adults: a qualitative study. *Indian journal of psychological medicine, 43*(2), 113-118. Doi.org/10.1177/0253717620957113
- Matud, M. P., Bethencourt, J. M., & Ibáñez, I. (2015). Gender differences in psychological distress in Spain. *International Journal of Social Psychiatry, 61*(6), 560-568. https://doi.org/10.1177/0020764014564801
- Matud, M. P., Díaz, A., Bethencourt, J. M., & Ibáñez, I. (2020). Stress and psychological distress in emerging adulthood: A gender analysis. *Journal of Clinical Medicine, 9*(9), 2859. https://doi.org/10.3390/jcm9092859
- Mayo Clinic. (2023). Hoarding disorder: Symptoms & causes. Retrieved from https://www.mayoclinic.org/diseases-conditions/hoarding-disorder/symptoms-causes/syc-20356056
- McEvoy, P. M., & Erceg-Hurn, D. M. (2016). The search for universal transdiagnostic and trans-therapy change processes: Evidence for intolerance of uncertainty. *Journal of anxiety disorders, 41*, 96-107. https://doi.org/10.1016/j.janxdis.2016.02.002
- Merriam-Webster. (2024). Disharmony. https://www.merriam-webster.com/dictionary/disharmony
- Natsuaki, M. N., Shaw, D. S., Neiderhiser, J. M., Ganiban, J. M., Harold, G. T., Reiss, D., & Leve, L. D. (2014). Raised by depressed parents: is it an

environmental risk?. *Clinical child and family psychology review*, 17, 357-367.

<https://doi.org/10.1007/s10567-014-0169-z>

Nix, C. A., & Dozier, M. E. (2022). The generational impact of household clutter.

*British Journal of Clinical Psychology*. <https://doi.org/10.1111/bjc.12407>

Norberg, M. M., Beath, A. P., Kerin, F. J., Martyn, C., Baldwin, P., & Grisham, J.

R. (2019). Trait versus Task-Induced Emotional Reactivity and Distress

Intolerance in Hoarding Disorder: Transdiagnostic Implications. *Behavior*

*Therapy*, 51(1). <https://doi.org/10.1016/j.beth.2019.05.010>

Nordsletten, A. E., Fernandez de la Cruz, L., Aluco, E., Alonso, P., López-Solà, C.,

Menchón, J. M., & Mataix-Cols, D. (2018). A transcultural study of hoarding disorder: Insights from the United Kingdom, Spain, Japan, and Brazil.

*Transcultural Psychiatry*, 55(2), 261-285.

<https://doi.org/10.1177/1363461518759203>

Normansell-Mossa, K. M., Top Jr, D. N., Russell, N., Freeston, M., Rodgers, J., &

South, M. (2021). Sensory sensitivity and intolerance of uncertainty influence anxiety in autistic adults. *Frontiers in Psychology*, 12, 731753.

<https://doi.org/10.3389/fpsyg.2021.731753>

Oglesby, M. E., Gibby, B. A., Mathes, B. M., Short, N. A., & Schmidt, N. B.

(2017). Intolerance of uncertainty and post-traumatic stress symptoms: An investigation within a treatment seeking trauma-exposed sample.

*Comprehensive psychiatry*, 72, 34-40.

<https://doi.org/10.1016/j.comppsy.2016.08.011>

Olatunji, O. A., & Idemudia, E. S. (2021). The multidimensionality of inter-

parental conflict on aggression and mental health among adolescents. *Heliyon*,

7(5).

- Ouellette, M. J., Rowa, K., Soreni, N., Elcock, A., & McCabe, R. E. (2021). Exposure to stressful and traumatic life events in hoarding: Comparison to clinical controls. *Journal of Clinical Psychology, 77*(10), 2216-2227.  
<https://www.cell.com/heliyon/pdf>
- Park, J. M., Lewin, A. B., & Storch, E. A. (2014). Adult offspring perspectives on parental hoarding behaviors. *Psychiatry Research, 220*(1-2), 328-334.  
<https://doi.org/10.1016/j.psychres.2014.07.061>
- Parsa, N., Yaacob, S. N., Parsa, P., & Esmacili, N. S. (2014). Parental attachment, inter-parental conflict and late adolescent's self-efficacy. *Asian Social Science, 10*(8), 123.
- Postlethwaite, A., Kellett, S., & Mataix-Cols, D. (2019). Prevalence of hoarding disorder: A systematic review and meta-analysis. *Journal of affective disorders, 256*, 309-316. [doi.org/10.5539/ass.v10n8p123](https://doi.org/10.5539/ass.v10n8p123)
- Raines, A. M., Short, N. A., Fuller, K. L., Allan, N. P., Oglesby, M. E., & Schmidt, N. B. (2016). Hoarding and depression: The mediating role of perceived burdensomeness. *Journal of psychiatric research, 83*, 24-28.  
<https://doi.org/10.1016/j.jpsychires.2016.08.003>
- Ramzan, N., Malik, F., & Fatima, I. (2021). Development and Validation of Perceived Inter-Parental Conflict Scale for Adolescents. *Pakistan journal of psychological research, 36*(3). <https://doi.org/10.33824/PJPR.2021.36.3.27>
- Rashid, S. (2014). Marital Quality and Family Typology: Effects on Pakistani Adolescent's Mental Health. *European Scientific Journal*.  
<https://www.researchgate.net/profile>
- Raudino, A., Fergusson, D. M., & Horwood, L. J. (2013). The quality of parent/child relationships in adolescence is associated with poor adult

psychosocial adjustment. *Journal of adolescence*, 36(2), 331-340.

[Doi.org/10.1016/j.adolescence.2012.12.002](https://doi.org/10.1016/j.adolescence.2012.12.002)

Rawat, C., & Singh, R. (2017). Effect of family type on emotional maturity of adolescents. *Journal of Human Ecology*, 57(1-2), 47-52.

<https://doi.org/10.1080/09709274.2017.1311655>

Roane, D. M., Landers, A., Sherratt, J., & Wilson, G. S. (2017). Hoarding in the elderly: a critical review of the recent literature. *International Psychogeriatrics*, 29(7), 1077-1084. doi:10.1017/S1041610216002465

Roehr, B. (2013). American psychiatric association explains DSM-5. *Bmj*, 346.

<https://doi.org/10.1136/bmj.f3591>

Rokan, M. K., Yazid, I., & Ramadi, B. Family Disharmony as a Reason for Divorce. <https://doi.org/10.33258/birci.v3i4.1290>

Rosser, B. A. (2019). Intolerance of uncertainty as a trans diagnostic mechanism of psychological difficulties: A systematic review of evidence pertaining to causality and temporal precedence. *Cognitive therapy and research*, 43(2), 438-463. <https://doi.org/10.1007/s10608-018-9964-z>

Ryu, S., & Fan, L. (2023). The relationship between financial worries and psychological distress among US adults. *Journal of Family and Economic Issues*, 44(1), 16-33. <https://doi.org/10.1007/s10834-022-09820-9>

Sabri, T. (2018). *The Dividual Self: Ethno-Psychology, Idioms of Distress and Explanatory Models of Mental Illness in Karachi, Pakistan* (Doctoral dissertation). <http://hdl.handle.net/1773/42064>

Saleem, S., Mahmood, Z., & Daud, S. (2017). Perceived parenting styles in Pakistani adolescents: A validation study. *Pakistan Journal of Psychological Research*, 32(2), 487-509. <https://scholar.google.com/scholar>

- Sanchez, C., Linkovski, O., van Roessel, P., Steinberg, N. M., McCarthy, E., Rodríguez, P. A. M., & Rodríguez, C. I. (2023). Early life stress in adults with hoarding disorder: A mixed methods study. *Journal of Obsessive-Compulsive and Related Disorders*, *37*, 100785. <https://doi.org/10.1016/j.jocrd.2023.100785>
- Sato, A., Hashimoto, T., Kimura, A., Niitsu, T., & Iyo, M. (2018). Psychological distress symptoms associated with life events in patients with bipolar disorder: a cross-sectional study. *Frontiers in psychiatry*, *9*, 200. <https://doi.org/10.3389/fpsyt.2018.00200>
- Schleider, J. L., & Weisz, J. R. (2017). Family process and youth internalizing problems: A triadic model of etiology and intervention. *Development and psychopathology*, *29*(1), 273-301. doi:10.1017/S095457941600016X
- Schroder, H. S., Yalch, M. M., Dawood, S., Callahan, C. P., Donnellan, M. B., & Moser, J. S. (2017). Growth mindset of anxiety buffers the link between stressful life events and psychological distress and coping strategies. *Personality and individual differences*, *110*, 23-26. <https://doi.org/10.1016/j.paid.2017.01.016>
- Shahinuzzaman, M., Saha, A. K., & Akhtar, S. (2016). Adolescents' perception of inter-parental conflict and impact on psychological distress. *Journal of Psychosocial Research*, *11*(2), 367-376. <https://scholar.google.com/scholar>
- Sharp, J., & Theiler, S. (2018). A review of psychological distress among university students: Pervasiveness, implications and potential points of intervention. *International Journal for the advancement of counselling*, *40*, 193-212. <https://doi.org/10.1007/s10447-018-9321-7>
- Shen, Y., Luo, Z., Fu, D., Qie, M., & Wang, L. (2020). Parenting profiles, intolerance of uncertainty, and worry among Chinese primary school children.

*Journal of Child and Family Studies*, 29, 2303-2313.

<https://doi.org/10.1007/s10826-020-01755-9>

- Shihata, S., McEvoy, P. M., & Mullan, B. A. (2017). Pathways from uncertainty to anxiety: An evaluation of a hierarchical model of trait and disorder-specific intolerance of uncertainty on anxiety disorder symptoms. *Journal of anxiety disorders*, 45, 72-79. <https://doi.org/10.1016/j.janxdis.2016.12.001>
- Smith, B. M., Twohy, A. J., & Smith, G. S. (2020). Psychological inflexibility and intolerance of uncertainty moderate the relationship between social isolation and mental health outcomes during COVID-19. *Journal of Contextual Behavioral Science*, 18, 162-174.
- South, M., Hanley, M., Normansell-Mossa, K., Russell, N. C., Cawthorne, T., & Riby, D. M. (2021). "Intolerance of uncertainty" mediates the relationship between social profile and anxiety in both Williams syndrome and autism. *Autism Research*, 14(9), 1986-1995. <https://doi.org/10.1016/j.jcbs.2020.09.005>
- Stallman, H. M., & Ohan, J. L. (2016). Parenting style, parental adjustment, and co-parental conflict: Differential predictors of child psychosocial adjustment following divorce. *Behavior Change*, 33(2), 112-126. doi:10.1017/bec.2016.7
- Stapley, E., Midgley, N., & Target, M. (2016). The experience of being the parent of an adolescent with a diagnosis of depression. *Journal of Child and Family Studies*, 25, 618-630. <https://doi.org/10.1007/s10826-015-0237-0>
- Steketee, G., & Frost, R. O. (2014). Phenomenology of hoarding. In R. O. Frost & G. Steketee (Eds.), *The Oxford Handbook of Hoarding and Acquiring*. New York, NY: Oxford University Press. <https://books.google.com.pk/books>
- Stevens, M. C., Levy, H. C., Hallion, L. S., Wootton, B. M., & Tolin, D. F. (2020). Functional neuroimaging test of an emerging neurobiological model of hoarding

disorder. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, 5(1), 68-75. <https://doi.org/10.1016/j.bpsc.2019.08.010>

Stroud, C., Walker, L. R., Davis, M., & Irwin Jr, C. E. (2015). Investing in the health and well-being of young adults. *Journal of Adolescent Health*, 56(2), 127-129. <https://doi.org/10.1016/j.jadohealth.2014.11.012>

Tanovic, E., Gee, D. G., & Joormann, J. (2018). Intolerance of uncertainty: Neural and psychophysiological correlates of the perception of uncertainty as threatening. *Clinical psychology review*, 60, 87-99. <https://doi.org/10.1016/j.cpr.2018.01.001>

Tavassolie, T., Dudding, S., Madigan, A. L., Thorvardarson, E., & Winsler, A. (2016). Differences in perceived parenting style between mothers and fathers: Implications for child outcomes and marital conflict. *Journal of Child and Family Studies*, 25, 2055-2068. <https://doi.org/10.1007/s10826-016-0376-y>

Taylor, H. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. (2018). Social isolation, depression, and psychological distress among older adults. *Journal of aging and health*, 30(2), 229-246. <https://doi.org/10.1177/0898264316673511>

Teo, A. R., Lerrigo, R., & Rogers, M. A. (2013). The role of social isolation in social anxiety disorder: A systematic review and meta-analysis. *Journal of anxiety disorders*, 27(4), 353-364. <https://doi.org/10.1016/j.janxdis.2013.03.010>

Tolin, D. F. (2023). Toward a biopsychosocial model of hoarding disorder. *Journal of Obsessive-Compulsive and Related Disorders*, 36, 100775. <https://doi.org/10.1016/j.jocrd.2022.100775>

Tolin, D. F., Das, A., Hallion, L. S., Levy, H. C., Wootton, B. M., & Stevens, M. C. (2019). Quality of life in patients with hoarding disorder. *Journal of*

*obsessive-compulsive and related disorders*, 21, 55-59.

<https://doi.org/10.1016/j.jocrd.2018.12.003>

Tolin, D. F., Hallion, L. S., Wootton, B. M., Levy, H. C., Billingsley, A. L., Das, A., & Stevens, M. C. (2018). Subjective cognitive function in hoarding disorder. *Psychiatry Research*, 265, 215-220.

<https://doi.org/10.1016/j.psychres.2018.05.003>

Tolin, D. F., Levy, H. C., Wootton, B. M., Hallion, L. S., & Stevens, M. C. (2018). Hoarding disorder and difficulties in emotion regulation. *Journal of obsessive-compulsive and related disorders*, 16, 98-

103. [doi.org/10.1016/j.jocrd.2018.01.006](https://doi.org/10.1016/j.jocrd.2018.01.006)

Tolin, D. F., Witt, S. T., & Stevens, M. C. (2014). Hoarding disorder and obsessive-compulsive disorder show different patterns of neural activity during response inhibition. *Psychiatry Research: Neuroimaging*, 221(2), 142-148.

<https://doi.org/10.1016/j.pscychresns.2013.11.009>

Torres-Martín, C., Alemany-Arrebola, I., Lorenzo-Martín, M. E., & Mingorance-Estrada, Á. C. (2021). Psychological distress and psychosocial factors in the non-formal context of basketball coaches in times of the COVID-19 pandemic.

*International Journal of Environmental Research and Public Health*, 18(16), 8722. <https://doi.org/10.3390/ijerph18168722>

Unbrin, A., Khanum, S., Shahzadi, M., & Imtiaz, M. (2024). Associates of Distress Tolerance among Adolescents: Role of Anger, Worry and Sadness. *Pakistan Journal of Humanities and Social Sciences*, 12(1), 79-86.

<https://doi.org/10.52131/pjhss.2024.v12i1.1946>

Van Berkel, S. R., Prevoo, M. J., Linting, M., Pannebakker, F., & Alink, L. R. (2024). What about the children? Co-occurrence of child maltreatment and

parental separation. *Child maltreatment*, 29(1), 53-65.

<https://doi.org/10.1177/10775595221130074>

Varghese, M. K., & Delariarte, C. F. (2021). Intolerance of uncertainty as a predictor of psychological distress among college students during the pandemic. *Indian Journal of Health and Wellbeing*, 12(4), 517-521. <https://iahrw.org/our-services/journals/indian-journal-of-health-wellbeing/>

Viertiö, S., Kiviruusu, O., Piirtola, M., Kaprio, J., Korhonen, T., Marttunen, M., & Suvisaari, J. (2021). Factors contributing to psychological distress in the working population, with a special reference to gender difference. *BMC public health*, 21, 1-17. <https://doi.org/10.1186/s12889-021-10560-y>

Vinayan, M., & KG, V. B. (2023). Perceived Parenting Styles and Intolerance of Uncertainty among Adolescents. *International Journal of Indian Psychology*, 11(2). doi: 10.25215/1102.068

Wang, L., Zhang, Y, Yin, H, Zhang, Z, Tao, Y, Xu, Y, & Liu, Y. (2019). The effects of parental relationships, and gender and grade differences on depressive disorder in Chinese adolescents: the evidence from multiple cross-sectional surveys (1999–2016). *China Population and Development Studies*, 3, 37-52. <https://doi.org/10.1007/s42379-019-00033-6>

Warmuth, K. A., Cummings, E. M., & Davies, P. T. (2020). Constructive and destructive interparental conflict, problematic parenting practices, and children's symptoms of psychopathology. *Journal of family psychology*, 34(3), 301. <https://doi.org/10.1037/fam0000599>

Wever, M., Smeets, P., & Sternheim, L. (2015). Neural correlates of intolerance of uncertainty in clinical disorders. *The Journal of neuropsychiatry and clinical*

*neurosciences*, 27(4), 345-

353. <https://doi.org/10.1176/appi.neuropsych.14120387>

Williams, M., & Viscusi, J. A. (2016). Hoarding disorder and a systematic review of treatment with cognitive behavioral therapy. *Cognitive Behavior therapy*, 45(2), 93-110. <https://doi.org/10.1080/16506073.2015.1133697>

World Health Organization. (2021). *Adolescent health in the South-East Asia Region*. <https://www.who.int/southeastasia>

Yap, M. B. H., Pilkington, P. D., Ryan, S. M., & Jorm, A. F. (2014). Parental factors associated with depression and anxiety in young people: A systematic review and meta-analysis. *Journal of affective disorders*, 156, 8-23. <https://doi.org/10.1016/j.jad.2013.11.007>

Yildiz, B., & Iskender, M. (2021). The secure attachment style-oriented psycho-educational program for reducing intolerance of uncertainty and academic procrastination: Yıldız & Iskender: Secure attachment, academic procrastination & intolerance of uncertainty. *Current Psychology*, 40(4), 1850-1863. <https://doi.org/10.1007/s12144-018-0112-4>

Zemp, M., Johnson, M. D., & Bodenmann, G. (2018). Within-family processes: Interparental and coparenting conflict and child adjustment. *Journal of family psychology*, 32(3), 299. <https://doi.org/10.1037/fam0000368>

Zhao, J., & Tomm, B. M. (2018). Psychological responses to scarcity. In *Oxford research encyclopedia of psychology*.

<https://doi.org/10.1093/acrefore/9780190236557.013.41>

Zulfiqar, S., Sadaf, R., Popp, J., Vveinhardt, J., & Máté, D. (2019). An examination of corporate social responsibility and employee behavior: The case of Pakistan. *Sustainability*, 11(13), 3515. <https://doi.org/10.3390/su11133515>



## Appendix A

### Demographic Form

### Demographic Form

جنس:

- مرد

- عورت

عمر

---

ازدواجی حیثیت

-شادی شدہ

-غیر شادی شدہ

تعلیمی سطح:

- ایم ایس/ایم فل

- بی ایس/ایم ایس سی

- انٹرمیڈیٹ

خاندانی نظام:

- نیوکلیئر

- جوائنٹ

خاندانی سسٹم:

- طلاق یافتہ والدین

- والدین کی علیحدگی ہو چکی ہے (separated)

- فوسٹر یا ایڈاپٹو فیملی

- عام سسٹم

- دیگر (others)

کیا آپ کسی ذہنی یا جسمانی تکلیف سے متاثر ہیں؟

-ہاں

-نہیں

اگر ہیں تو کیا

کیا آپ اس کے علاج کے لئے کچھ کر رہے ہیں؟

**Appendix B**

**(Parental Disharmony Scale)**

ہدایات آپ کی عمر کے بچوں نے اکثر دیکھا ہوگا کہ ہر گھر میں والدین کا جنگڑا ہو جاتا ہے۔ اس بارے میں بیانات دیے گئے ہیں۔ ہر بیان کو غور سے پڑھیں اور دراصلہ جواب ہے (✓) کا نشان لگائیں اور بتائیں کہ ہر جملہ آپ پر کسی حد تک لاگو ہوتا ہے۔

| نمبر شمار | بیانات   | بالکل نہیں | بہت کم | اکثر اوقات | بہت زیادہ |
|-----------|--|------------|--------|------------|-----------|
| 1         | تنخواہ ہونا۔                                     | 0          | 1      | 2          | 3         |
| 2         | امی کا نوکری کرنا۔                               | 0          | 1      | 2          | 3         |
| 3         | ماں باپ کا پڑھا لکھا نہ ہونا۔                    | 0          | 1      | 2          | 3         |
| 4         | اجتماعی خاندان میں رہنا۔                         | 0          | 1      | 2          | 3         |
| 5         | مصروف ہونے کی وجہ سے ایک دوسرے کو وقت نہ دے پانا | 0          | 1      | 2          | 3         |
| 6         | وا الدین میں سے کسی ایک کا سخت مزاج ہونا۔        | 0          | 1      | 2          | 3         |
| 7         | کام کاج کی زیادتی۔                               | 0          | 1      | 2          | 3         |
| 8         | بچوں کے بارے میں فیصلے نہ کر پانا۔               | 0          | 1      | 2          | 3         |
| 9         | ایک دوسرے پر اپنا حکم چلانا۔                     | 0          | 1      | 2          | 3         |
| 10        | مالی حالات خراب ہونا۔                            | 0          | 1      | 2          | 3         |
| 11        | انا کا مسئلہ ہونا۔                               | 0          | 1      | 2          | 3         |
| 12        | خوبصورتی میں فرق ہونا۔                           | 0          | 1      | 2          | 3         |
| 13        | پسند کی شادی ہونا۔                               | 0          | 1      | 2          | 3         |
| 14        | جنسی تعلقات خراب ہونا۔                           | 0          | 1      | 2          | 3         |
| 15        | اپنے راز دوسروں کو بتا دینا۔                     | 0          | 1      | 2          | 3         |
| 16        | ایک دوسرے پر رعب ڈالنا۔                          | 0          | 1      | 2          | 3         |
| 17        | ایک دوسرے پر شک کرنا۔                            | 0          | 1      | 2          | 3         |
| 18        | کسی ایک فریق کا احساس کمتری کا شکار ہونا۔        | 0          | 1      | 2          | 3         |
| 19        | کام کی وجہ سے ذہنی دباؤ ہونا۔                    | 0          | 1      | 2          | 3         |
| 20        | ایک دوسرے پر اعتماد نہ کرنا۔                     | 0          | 1      | 2          | 3         |
| 21        | گھر کے کام کاج سے مطمئن نہ ہونا۔                 | 0          | 1      | 2          | 3         |
| 22        | بے روزگاری ہونا۔                                 | 0          | 1      | 2          | 3         |
| 23        | عزت نفس مجروح کرنا۔                              | 0          | 1      | 2          | 3         |
| 24        | وقت کی پابندی نہ کرنا۔                           | 0          | 1      | 2          | 3         |

|   |   |   |   |                                    |    |
|---|---|---|---|------------------------------------|----|
| 3 | 2 | 1 | 0 | اولاد سے محرومی ہونا۔              | 25 |
| 3 | 2 | 1 | 0 | اولاد کو وقت نہ دے پانا۔           | 26 |
| 3 | 2 | 1 | 0 | بچوں کی پڑھائی پر توجہ نہ دے پانا۔ | 27 |

## **Appendix C**

### **(Intolerance of Uncertainty Scale)**

## IUSS

زیل میں چند بیانات دیئے گئے ہیں۔ جو کہ عام طور پر لوگوں نے بیان کیے ہیں۔ آپ ان بیانات کو غور سے پڑھیں اور یہ زندگی پر کسی حد تک لاگو ہوتے ہیں۔ ہر جواب کے چار درجے ہیں

(3) بالکل نہیں (0) کبھی کبھار (1) - اکثر اوقات (2) بہت زیادہ

| نمبر شمار | بیانات   | بالکل نہیں | کبھی کبھار | اکثر اوقات | بہت زیادہ |
|-----------|--|------------|------------|------------|-----------|
| 1         | معمولی باتوں پر پریشان رہنا                            | 0          | 1          | 2          | 3         |
| 3         | ڈر اور خوف میں مبتلا رہنا                              | 0          | 1          | 2          | 3         |
| 5         | مستقبل کے بارے میں بے یقینی ہونا کہ کچھ برا نہ ہو جائے | 0          | 1          | 2          | 3         |
| 17        | تعلیمی کارکردگی کے حوالے سے پریشان رہنا                | 0          | 1          | 2          | 3         |
| 4         | بے یقینی کے حالات کا مقابلہ کرنے میں مشکل ہونا         | 0          | 1          | 2          | 3         |
| 2         | حالات کو جلدی قبول نہ کرنا                             | 0          | 1          | 2          | 3         |
| 9         | حال کے بجائے مستقبل یا ماضی کا سوچنا                   | 0          | 1          | 2          | 3         |
| 13        | حالات سے نکلنے میں مشکل ہونا                           | 0          | 1          | 2          | 3         |
| 16        | حساس ہونا  | 0          | 1          | 2          | 3         |
| 29        | ذہنی طور پر مضبوط نہ ہونا                              | 0          | 1          | 2          | 3         |
| 30        | اپنی قابلیت کے بارے میں بے یقین ہونا                   | 0          | 1          | 2          | 3         |
| 28        | ہر کام میں پیچھے پیچھے رہنا                            | 0          | 1          | 2          | 3         |
| 31        | زندگی کے نشیب و فراز کے لئے تیار نہ ہونا               | 0          | 1          | 2          | 3         |
| 7         | جلدی فیصلہ نہ کر پاتا                                  | 0          | 1          | 2          | 3         |
| 32        | ہر چیز کو مشکل محسوس کرنا                              | 0          | 1          | 2          | 3         |
| 12        | خود ارادیت کی کمی ہونا                                 | 0          | 1          | 2          | 3         |
| 27        | اپنے کاموں کو ادھورا چھوڑ دین                          | 0          | 1          | 2          | 3         |
| 8         | مستقبل کے بارے میں فیصلہ کرنے میں مشکل ہونا            | 0          | 1          | 2          | 3         |
| 11        | دوسروں کی بات نہ ماننا                                 | 0          | 1          | 2          | 3         |
| 10        | حالات سے فرار ہونے کی کوشش کرنا                        | 0          | 1          | 2          | 3         |
| 22        | متبادل کی بجائے چیزوں کو ایک ہی نظر سے دیکھنا          | 0          | 1          | 2          | 3         |
| 18        | اپنی زندگی میں خوش نہ رہنا                             | 0          | 1          | 2          | 3         |
| 24        | حالات سے نکلنے کے لیے جستجو کی کمی ہونا                | 0          | 1          | 2          | 3         |
| 20        | دوسروں سے تعاون نہ کرنا                                | 0          | 1          | 2          | 3         |
| 15        | مسائل کا حل نکالنے کے لیے غیر سنجیدہ ہونا              | 0          | 1          | 2          | 3         |

|   |   |   |   |  |    |
|---|---|---|---|--|----|
| 3 | 2 | 1 | 0 | جلدی حالات سے تنگ آ جانا                         | 25 |
| 3 | 2 | 1 | 0 | سوچنا کے حالات بدتر ہو جائیں گے                  | 26 |
| 3 | 2 | 1 | 0 | مشکل سے قائل ہونا                                | 21 |
| 3 | 2 | 1 | 0 | اپنے مقاصد کو حاصل نہ کر پانا                    | 19 |
| 3 | 2 | 1 | 0 | برداشت کرنے کی صلاحیت کم ہونا                    | 37 |
| 3 | 2 | 1 | 0 | حقیقت کو تسلیم نہ کرنا                           | 34 |
| 3 | 2 | 1 | 0 | لچک دکھانے کے بجائے ایک ہی بات پر اڑنا           | 36 |
| 3 | 2 | 1 | 0 | بے صبری کا مظاہرہ کرنا                           | 33 |
| 3 | 2 | 1 | 0 | ایک ہی چیز کے بارے میں سوچتے رہنا۔               | 23 |
| 3 | 2 | 1 | 0 | حالات کے لئے فوری طور پر تیار ہونے میں مشکل ہونا | 38 |
| 3 | 2 | 1 | 0 | جذباتی لحاظ سے کمزور ہونا                        | 39 |

**Appendix D**

**(Hoarding Behavior Scale)**

ذیل میں چند بیانات دیئے گئے ہیں۔ اب ان بیانات کو غور سے پڑھیں اور بتائیں یہ بیانات کس حد تک آپ پر لاگو ہوتے ہیں۔  
جواب دینے کے لیے آپ کبھی نہیں، بعض اوقات کبھی کبھار یا اکثر کے پیمانے پر نشان لگائیں۔  
اکثر (2) کبھی کبھار (1) بعض اوقات (0) کبھی نہیں (3)،

| نمبر شمار | بیانات   | کبھی نہیں | بعض اوقات | کبھی کبھار | اکثر |
|-----------|--|-----------|-----------|------------|------|
| 1         | چیزوں سے جذباتی لگاؤ ہونا                      | 0         | 1         | 2          | 3    |
| 2         | مستقبل میں استعمال کی غرض سے جمع کرنا          | 0         | 1         | 2          | 3    |
| 3         | ہر چیز کو لے کر حساس ہونا                      | 0         | 1         | 2          | 3    |
| 4         | چیزوں کے ساتھ لوگوں کے برتاؤ پر غصہ ہونا       | 0         | 1         | 2          | 3    |
| 5         | دوسروں کا آپ کو سمجھ نہ پانا                   | 0         | 1         | 2          | 3    |
| 6         | چیز پھینکنے کے ذکر سے بھی غصہ ہونا             | 0         | 1         | 2          | 3    |
| 7         | دوسروں کا چیز استعمال کرنے پر لڑ پڑنا          | 0         | 1         | 2          | 3    |
| 8         | اپنی چیزوں کو لے کر بہت حساس ہونا              | 0         | 1         | 2          | 3    |
| 9         | پیسوں کا ضائع کرنا                             | 0         | 1         | 2          | 3    |
| 10        | ہر چیز کا پسندا جانا                           | 0         | 1         | 2          | 3    |
| 11        | نی چیز ہونے پر بھی پرانی کو استعمال کرنا       | 0         | 1         | 2          | 3    |
| 12        | چیزوں سے یادوں کو منسلک کرنا                   | 0         | 1         | 2          | 3    |
| 13        | چیزوں سے متعلق جذبات کو دوسروں پر ظاہر نہ کرنا | 0         | 1         | 2          | 3    |
| 14        | کنجوس ہونا                                     | 0         | 1         | 2          | 3    |
| 15        | دوسروں کا چیزیں چھیڑنے پہ غصہ کرنا             | 0         | 1         | 2          | 3    |
| 16        | چیزیں خریدنے اور جمع کرنے سے مزاج کو بہتر کرنا | 0         | 1         | 2          | 3    |
| 17        | چیزوں کی وجہ سے گندگی ہونا                     | 0         | 1         | 2          | 3    |
| 18        | عمومی طور پر خاموش طبیعت ہونا                  | 0         | 1         | 2          | 3    |
| 19        | کم صفائی پسند ہونا                             | 0         | 1         | 2          | 3    |
| 20        | چیزوں کو انکی خوبصورتی کی وجہ سے خریدنا        | 0         | 1         | 2          | 3    |
| 21        | چیزیں جمع کرنے میں سکون محسوس کرنا             | 0         | 1         | 2          | 3    |
| 22        | غیر ضروری چیزوں کو سنبھالنا                    | 0         | 1         | 2          | 3    |
| 23        | ایک ہی چیز بار بار خریدنا                      | 0         | 1         | 2          | 3    |
| 24        | چیزوں سے لگاؤ محسوس کرنا                       | 0         | 1         | 2          | 3    |

|   |   |   |   |   |    |
|---|---|---|---|---|----|
| 3 | 2 | 1 | 0 | چیزوں کو رکھ کر بھول جانا                         | 25 |
| 3 | 2 | 1 | 0 | صفائی پسند ہونا                                   | 26 |
| 3 | 2 | 1 | 0 | اپنی چیزوں کو ضرورت سے زیادہ سنبھالنا             | 27 |
| 3 | 2 | 1 | 0 | ست ہونا   | 28 |
| 3 | 2 | 1 | 0 | گھر والوں سے بات چیت کم ہونا                      | 29 |
| 3 | 2 | 1 | 0 | ایسا محسوس کرنا کہ چیزوں کے بھی جذبات ہیں         | 30 |
| 3 | 2 | 1 | 0 | چیزوں سے باتیں کرنا                               | 31 |
| 3 | 2 | 1 | 0 | ہر چیز کی باریکیوں کو دیکھنا                      | 32 |
| 3 | 2 | 1 | 0 | ہر موقع کے حساب سے چیزوں کا استعمال مخصوص کرنا    | 33 |
| 3 | 2 | 1 | 0 | سامان کی وجہ سے جگہ کا کم ہونا                    | 34 |
| 3 | 2 | 1 | 0 | اپنے اردگرد سے بے خبر رہنا                        | 35 |
| 3 | 2 | 1 | 0 | لوگوں سے ملنا جلنا کم ہونا                        | 36 |
| 3 | 2 | 1 | 0 | سامان کے لیے جگہ کو بڑھانے کی کوشش کرنا           | 37 |
| 3 | 2 | 1 | 0 | سفر میں ہر طرح کا سامان ساتھ رکھنا                | 38 |
| 3 | 2 | 1 | 0 | اپنی چیزوں کے بغیر وقت گزارنا مشکل لگنا           | 39 |
| 3 | 2 | 1 | 0 | دوسروں کی رائے کے مطابق فیصلہ کرنا                | 40 |
| 3 | 2 | 1 | 0 | محنتی نہ ہونا                                     | 41 |
| 3 | 2 | 1 | 0 | احتیاط سے چیزوں کو استعمال کرنا                   | 42 |
| 3 | 2 | 1 | 0 | اپنی خود کی رائے نہ رکھنا                         | 43 |
| 3 | 2 | 1 | 0 | عام طور پر چیز خریدنے میں جلد بازی کا مظاہرہ کرنا | 44 |
| 3 | 2 | 1 | 0 | دوسروں کے لیے پرواہ نہ کرنا                       | 45 |
| 3 | 2 | 1 | 0 | چیزوں کے بغیر خود کو اہم نہ سمجھنا                | 46 |
| 3 | 2 | 1 | 0 | نہ خود چیزیں استعمال کرنا نہ ہی کسی کو کرنے دینا  | 47 |

**Appendix E**  
**(Psychological Distress Scale)**

## PDS (Kessler)

بدایات

نیچے دیے گئے دس سوالات میں آپ سے یہ پوچھا گیا ہے کہ آپ پچھلے چار ہفتوں میں کیسا محسوس کرتے رہے ہیں۔ ہر سوال کے لئے اس جواب کے نیچے کے دائرہ پر نشان لگائیں جو اس مدت کو سب سے بہتر طور پر بیان کرتا ہو جس میں آپ نے اس طرح محسوس کیا تھا۔

|    | کبھی نہیں | بہت کم | کبھی کبھی | اکثر | ہمیشہ |  |
|----|-----------|--------|-----------|------|-------|--|
| 1  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار بلا کسی معقول وجہ کے تھکان محسوس کی تھی؟                                   |
| 2  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار گھبراہٹ محسوس کی تھی؟  |
| 3  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار اتنی گھبراہٹ محسوس کی تھی کہ کوئی بھی چیز آپ کو پرسکون نہیں کر سکتی تھی؟   |
| 4  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار ناامید محسوس کیا تھا؟  |
| 5  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار بے چین یا بے سکون محسوس کیا تھا؟   |
| 6  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار اتنا بے چین محسوس کیا تھا کہ آپ تک کر نہیں بیٹھ سکتے تھے؟                  |
| 7  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار ڈپریشن (افسردگی محسوس کی تھی؟  |
| 8  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار یہ محسوس کیا تھا کہ ہر کام بہت مشکل ہے؟                                    |
| 9  | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار اتنا زیادہ غمگین محسوس کیا تھا کہ کوئی بھی چیز آپ کو خوش نہیں کر سکتی تھی؟ |
| 10 | 0         | 1      | 2         | 3    | 4     | پچھلے چار ہفتوں میں، آپ نے تقریباً کتنی بار خود کو بے وقعت محسوس کیا تھا؟  |

**Appendix F**  
**(Permission Letter)**



**Department of Clinical Psychology  
School of Professional Psychology  
University of Management and Technology**  
*We train Professionals*

To Concern,

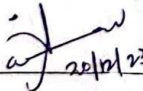
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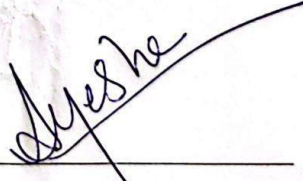
**Subject: Permission for Data Collection**

It is certified that Ms. Arooba Tariq is student of MS Clinical Psychology in University of Management and Technology. She is currently doing research on “Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and psychological distress in Young Adults” as part of degree requirement under the supervision of Ms. Aiman Shahzad, Lecturer, School of Professional Psychology. You are requested to kindly facilitate the students for data collection.

We thank you in anticipation for this assistance.

  
\_\_\_\_\_

Aiman Shahzad  
Lecturer

  
\_\_\_\_\_

Dr. Ayesha Jabeen  
COD  
Department of Clinical Psychology

**Appendix G**  
**(Similarity Report)**

# University of Management and Technology, Lahore

## Similarity Report

Turnitin Originality Report

Parental Disharmony, Intolerance of Uncertainty, Hoarding Behavior and Psychological Distress in Young Adults by Arooba Tariq

From Quick Submit (Quick Submit)

- Processed on 29-Jun-2024 08:56 PKT
- ID: 2410108122
- Word Count: 24842

Similarity Index

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Internet Sources:

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Student Papers:

4%

Sources:

1. 1% match (Internet from 26-Jan-2023)  
<https://www.researchgate.net/publication/47384045> Stressful life events and material deprivation in hoarding disorder
2. 1% match (student papers from 13-Jun-2023)  
Submitted to Higher Education Commission Pakistan on 2023-06-13



Checked by

Note:

- Sometimes the overall similarity index may be a smaller than the repository percentages combined. This would be due to overlapping text within the repositories.



Verified by CLO

**Appendix H**  
**(Certificate of Compilation)**



**Department of Clinical Psychology**  
**School of Professional Psychology**  
**University of Management and Technology**  
*We train Professionals*

**Certificate of Approval of Dissertation**

Name of Participant/Candidate \_\_\_\_\_ Participant ID \_\_\_\_\_

Approval for: \_\_\_\_\_

**APA Format (7<sup>th</sup> Edition)**

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| ▪ Title Page         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/>                |                              |                             |
| ▪ Table of Contents  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/>                |                              |                             |
| ▪ Font size          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/>                |                              |                             |
| ▪ Spacing            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/>                |                              |                             |
| ▪ Margins            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/>                |                              |                             |
| ▪ Page numbers       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/>                |                              |                             |
| ▪ Alignment          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/>                |                              |                             |
| ▪ Reference citation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| ▪ Grammar Check (by using software, e.g. Ginger) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|
- 

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| ▪ Quality of Expression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------|------------------------------|-----------------------------|

**Main Dissertation**

|              |                              |                             |
|--------------|------------------------------|-----------------------------|
| Introduction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--------------|------------------------------|-----------------------------|

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|           |                              |                             |
|-----------|------------------------------|-----------------------------|
| 1.1. Aims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------|------------------------------|-----------------------------|

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|                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| 1.2. Objectives | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------|------------------------------|-----------------------------|

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|                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Review of literature | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------|------------------------------|-----------------------------|

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|  |                              |                             |
|--|------------------------------|-----------------------------|
| 1.3. Recent local and international literature | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

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|                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| 1.4. Rationale of the study | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------|------------------------------|-----------------------------|

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|                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| 1.5. Research Question/s | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--------------------------|------------------------------|-----------------------------|

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|                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| 1.6. Hypotheses (If any) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--------------------------|------------------------------|-----------------------------|

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|        |                              |                             |
|--------|------------------------------|-----------------------------|
| Method | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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|                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| 1.7. Research design | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------|------------------------------|-----------------------------|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 1.8. Setting                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.9. Participants (sampling strategy)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.10. Measures                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.11. Procedure (ethical considerations) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Analysis of the results                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.1 Descriptive analysis                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.2 Inferential analysis                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.3 Summary of results                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discussion                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.1 Implications of the current research | <input type="checkbox"/> Yes | No                          |
| Limitation and Recommendation            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conclusion                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| References                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appendices                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Plagiarism report

Yes

No

❖ This document is approved/ not approved for final submission.

Signature of the Deponent

\_\_\_\_\_

Date \_\_\_\_\_

Signature of the Supervisor

\_\_\_\_\_

Date \_\_\_\_\_