

**Understanding the relationship between debt problems and
psychological distress**

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A thesis submitted in partial fulfilment of the requirements of the
University of East London for the Professional Doctorate
in Clinical Psychology

July 2015

Word count: 28,119

ACKNOWLEDGEMENTS

I am grateful to the participants in this study for being so open about the difficulties they have faced. Thanks are due to my friends at the University of Liverpool, especially Professor Peter Kinderman, Professor Mark Gabbay and Dr Adele Ring, and to all of my other colleagues on the DeCoDer trial. At the University of East London, my supervisor Dr Trishna Patel has been unfailingly helpful, not to mention tolerant of my long bouts of silence.

I am lucky to be part of a fabulous cohort of trainees who have been a continual source of strength and encouragement. Thanks to all my family and friends, and to Joanna Thomas for expert proof reading, moral support, and Oxford commas.

ABSTRACT

The proportion of people in the UK experiencing problems repaying debt has increased in recent years. A growing body of evidence suggests that there may be a relationship between debt problems and clinically significant psychological distress. However, the causal direction of this relationship is unclear. Furthermore, it seems likely that psychological factors influence the relationship, such that how people make sense of their financial situation determines, at least in part, the extent to which they experience distress. The present study aims to develop a richer understanding of the relationship between debt and psychological distress from the perspective of those experiencing both difficulties.

The study was part of the *Debt Counselling for Depression in Primary Care* trial (DeCoDer). Semi-structured interviews were conducted with eight adults recruited through GP practices in Liverpool. All identified as having debt problems and significant depressive symptoms. A thematic analysis was undertaken from a social materialist perspective, focusing on how participants' experience of debt problems impacted on their lives.

Two over-arching themes were identified, each consisting of three sub-themes. *Living with debt day-to-day* described experiences of constant worry, material hardship and feelings of shame. *Cumulative psychological impacts* described the longer-term consequences of debt problems, highlighting in particular how debt threatened participants' sense of themselves as valuable and led to a perceived loss of agency in the face of difficulties.

Results of the analysis are discussed in light of psychological research and recent arguments from anthropology and political philosophy. The findings suggest that psychological processes of rumination, social comparison and identity threat may be significant factors in causing distress amongst people with debt problems, in part because of a wider social milieu in which not being able to pay one's debts is seen as a moral failing. Implications for clinical practice and future research are discussed.

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1. INTRODUCTION

Debt, n. An ingenious substitute for the chain and whip of the slavedriver.

Ambrose Bierce

1.1 Overview

This thesis presents a qualitative study of the relationship between debt problems and experiences of psychological distress.

In this chapter I set out the context for the study with reference to the current financial situation in the UK, the rise of problem debt and the social history of creditor-debtor relationships.

1.2 Debt, economics and politics

Debt has always been with us. Indeed, as the anthropologist David Graeber (2011) demonstrates in his influential book *Debt: The first 5000 years*, the invention of formal (i.e. written) systems of debt and credit preceded the invention of coinage, even the concept of money as such, by hundreds and probably thousands of years. Informal arrangements no doubt go back further still. It seems likely that as long as humans have been in relationships with one another they have lent and borrowed resources – that is, there have been “debtors” and “creditors”.

Debt is also fundamental to the wider economic system. In times past, explorers took out huge loans to finance foreign adventures, promising vast rewards for the lenders. Kings and queens borrowed money to build palaces and prosecute wars, ultimately – and unwittingly – ceding their power in the process.¹ Nations traded with one another, accruing enormous surpluses or deficits. Needless to say, many of the same processes are seen in the workings of the modern economy.

¹ A well-known example is Henry VIII, who accrued such huge debts that he resorted to debasing the coinage in an attempt to pay them (Hollis, 1935).

Yet, the very idea of debt has always carried a certain moral stigma. On the one hand, lending has often been regarded as a somewhat mucky and dishonourable way of making a living, perhaps even contrary to divine wishes.² At the same time, however, wherever one finds credit arrangements (that is, almost everywhere) one also finds a deeply-rooted belief that one *should*, in a moral sense, pay one's debts.

To see an example of this, we need only consider the current political context. Writing as I am in the lead up to, and aftermath of, a general election, it is hard to escape from politicians and commentators discussing the need to decrease levels of national debt. Indeed, as the New Economics Foundation think-tank demonstrate (Afoko & Vockins, 2013), the narrative of reducing the nation's debt has been a key plank in the arguments used to persuade the public to accept cuts in public spending – what have become known as “austerity measures”. Strikingly, leading politicians often present this argument by making an analogy between government and household debt:

we are asking the British people to reduce the record budget deficit and pay off the national credit card (George Osborne, Chancellor of the Exchequer, April 2011)

In economic terms this analogy is misleading, albeit perhaps deliberately so (Blanchflower, 2011). However, it is powerful because it speaks to a widely shared experience. For many people, the idea of owing money on a credit card, or to a bank, or to a loan company, is something to which they can personally relate. It is also an experience that many find unpleasant. Social surveys consistently find a negative correlation between unsecured personal debt and subjective measures of happiness and life satisfaction (Brown, Taylor & Wheatley Price, 2005; Cummins et al., 2004), which exists across the income spectrum. There seems to be something inherently discomfoting about owing money,

² In Islamic finance, for instance, lending at interest (“usury”) is strictly forbidden – as indeed it was in the Old Testament.

whether one has accrued the debt personally or collectively, by virtue of one's citizenship.

1.3 Debt in the UK

1.3.1 Debt as a fact of everyday life

Whilst the analogy between household and government debt might be questionable – and it is not at all clear that reducing the latter is desirable even in the long run³ – there is emerging evidence suggesting that high levels of household debt can be problematic for a nation's economy. For example, a recent briefing from the Bank of England (Bunn & Rostom, 2014) argues that household debt contributed to the slow recovery following the 2008 financial crisis, and likewise in the early 90s.

Debts can also be problematic for the individuals who hold them, though this is not always the case. After all, debt is now so ubiquitous in contemporary UK society that relatively few people can attend university, buy a house or a car, or go on holiday without taking out a loan or incurring a credit card debt. For many, such debts are simply a normal part of life, and are factored accordingly into career and lifestyle decisions.

However, this is not so for everyone. The number of, size of (relative to income) and likelihood of experiencing difficulty repaying debts is greatest for those at the lowest end of the economic spectrum. One reason for this is a general increase in the ratio of consumption to income. Lucchino and Morelli (2012) analysed rates of growth of household consumption and income over the decade 1997-2007, finding that consumption growth exceeded income growth across the board. A disparity between consumption growth and income growth does not necessarily imply increased indebtedness – some people may have been able to draw on savings to bridge the gap. However, in proportional terms the gap was largest in

³ Neild (2012) notes that the UK has held a national debt for over three hundred years and never defaulted. Moreover, the ratio of debt to the size of the economy has often been larger than it is today.

the lowest income decile. As people in this decile were likely to have little or no significant savings to draw upon, the most likely explanation is that they were relying on credit to maintain consumption. A report by the Financial Inclusion Centre (2011) supports this hypothesis. Analysing data from clients seen by the Consumer Credit Counselling Service (a debt advice charity) the authors found astonishingly high debt to income ratios in households with incomes of up to £13,500. The median unsecured gearing ratio (i.e. total unsecured debt to net income) amongst this group was 120% – in other words, they held unsecured debts worth 20% more than their annual net income.⁴

1.3.2 The changing composition of debt and the rise of debt problems

For the relatively affluent, credit might only be necessary to finance a major purchase – other expenses, even when unexpected, can be funded with savings. However, there are a large number of households who are able to get by day-to-day on their income but have little or no financial assets, and are thus vulnerable to unexpected events. de Santos (2014) reports data from a representative survey which suggests around 13 million people in the UK (27% of the population) would have insufficient savings to survive for a month if their income dropped by a quarter – something that could easily be caused by a relatively small exogenous shock such as divorce, illness, or even a sharp rise in living costs (e.g. rent or energy bills). Around six million UK households may already be using credit to get through until the next payday. de Santos (2014) notes that using credit in this way may buy time, but is likely to store up problems for the future as debt repayment costs increase month by month. The report estimates that some three million households may already be trapped in the cycle of having to pursue new lines of credit in order to keep up with pre-existing credit commitments.

For people whose financial circumstances are extremely constrained, using credit to pay to pay the rent, or the electricity bill, or to buy food, may be the norm rather

⁴ For those in this bracket who were also homeowners, median debt was an astonishing 14 times income.

than the exception. Precisely because of their low incomes and assets, many such people find themselves shut out of the mainstream credit market. A recent report for Citizens Advice (Pardoe & Plunkett, 2015), a leading debt and legal advisory charity, notes that the Office for Budget Responsibility estimates that total UK household debt will hit £2.43 trillion in 2019. The authors argue further that “[b]eneath these headlines, we see the character of debt changing” (p. 8), with increases in high-cost credit and arrears on council tax payments overtaking credit cards as the most prevalent sources of household debt.

One problem has been the rise of so-called “payday” lending. Although specific business models vary, in general these are loans of relatively small amounts provided on a short-term basis but with extremely high rates of interest and high (often hidden) charges. This market has grown rapidly in the UK in recent years, at a time when availability of credit from mainstream banks has decreased, especially to the poorest. Figures released by debt charity Step Change (2014) suggest that the number of people contacting them who had at least one payday loan increased by almost 50% between 2013 and 2014, with an associated increase in the proportion with five or more separate payday loans.

Unsurprisingly, the prevalence of such small short-term loans has seen an increase in the number of people running into problems. Around half of those taking on a payday loan experience trouble repaying (Which?, 2012a) and there has been a sharp rise in demand for debt advice – Step Change (2015a) report a 56% increase since 2012.

As noted above, the use of credit to pay for everyday expenses seems to be a growing feature of life for those whose incomes are towards the bottom of the spectrum. A survey published in 2012, for instance, found that over 60% of people taking out a payday loan were using the money to pay for essentials such as rent, fuel and food (Which?, 2012b). That credit is being used this way suggests difficult decisions about what to prioritise are being made day-to-day, increasing the possibility of default on one or more debts. Step Change (2015a) report a significant rise in the number of people contacting them who are behind on at least one essential household bill (e.g. rent, energy bills, council tax), up

from 34.9% in 2012 to 39.8% in 2014. This rise in the number of defaults on council tax, in particular, is significant because it is a so-called *priority debt*, non-payment of which can have serious legal consequences.

Importantly for the purposes of the current thesis, evidence from debt support charities suggests that debt problems are a significant source of distress. Step Change (2015b) recently conducted a poll of their clients and found that debt affected sleep (74% of respondents), concentration at work (43%), and put strain on family relationships (57%). Citizens Advice (2014) released data suggesting that 60% of its clients had received a mental health diagnosis within the previous six months, and that in 56% of cases its debt advisers felt that their client's mental state had a negative impact on their ability to make "reasonable decisions" about credit.

1.4 Debt as a social relationship

In the following chapter I will consider recent empirical evidence on the relationship between debt and psychological distress in more detail. Before this, however, it is worth pausing to reflect on an issue that has so far been taken for granted: What exactly *is* a debt?

The answer is more complex than it first appears, and more interesting. We are used to thinking of "debt" in financial and rather formal terms, as simply a sum of money that one person owes to another person or organisation. Someone might be in debt because they have borrowed money on the understanding that they will repay, usually with interest (i.e. a bank loan or a credit card), or because they have failed to pay a sum that has been legitimately demanded (i.e. a tax or a rental payment). Implicit in this conception of debt is the idea of some form of financial contract into which both parties entered in good faith.

However, conceptualising debt in this disinterested way misses something fundamental about the underlying power dynamics of the creditor-debtor relationship. How do we reconcile the idea of debt as a normal – indeed,

essential – aspect of economic life, with the fact that it is the cause of emotional discomfort and, in some cases, very considerable distress?

Tracing debt through human history, anthropologist Graeber (2011) argues that our modern understanding of debt obscures the fact that its roots are not principally financial, but social. Graeber surveys a wide range of practices from diverse societies across the world. A consistent theme is the way in which social networks are constructed through, and depend upon, complex relationships of favours, gifts, kindnesses and helpings-out that exert *moral* force on members of the society. The modern conception of debt, he concludes, ultimately stems from this source.

The difference between a 'debt' and a moral obligation is [...] simply that a creditor has the means to specify, numerically, exactly how much the debtor owes. (p. 14)

In other words, to be in debt is to be in a particular kind of *social* relationship (albeit one denominated in currency), in which one party feels a sense of obligation towards the other.

Graeber's analysis has been influential both in my interest in undertaking the current project and in my approach to the data. As such, I will return to these ideas in Chapter 5.

1.5 Summary

In this chapter we have seen how the ratio of household consumption to income has grown in recent years, along with the number of people forced to rely on credit for day-to-day expenditure. High cost lending has proliferated, with a concomitant rise in the number of people experiencing repayment problems. Moreover, taking a historical perspective suggests that debt should be seen primarily as a social (rather than financial) phenomenon.

It is not difficult to imagine how these observations might be relevant to the relationship between debt and serious psychological distress, which is where we now turn.

2. EVIDENCE REVIEW

2.1 Overview

This chapter presents a narrative review of literature on the relationship between consumer debt and psychological distress. The aim of the review is to explore existing evidence pertaining to three issues:

1. The strength of the relationship between debt and psychological distress.
2. The causal direction of the relationship.
3. Psychological factors that might mediate the relationship.

2.2 Terminology

2.2.1 Psychiatric diagnosis

Much of the literature in this area utilises psychiatric diagnosis as a means of classifying participants. This is particularly true of research making use of epidemiological surveys, in which findings are often expressed in terms that seem uncritically to accept diagnostic classifications, and thus the reality of the “disorders” they purport to describe. However, psychiatric diagnosis has been extensively critiqued on conceptual, empirical and ethical grounds (for recent summaries see: Cromby, Harper & Reavey, 2013; Johnstone, 2014; Kinderman, Read, Moncrieff & Bentall, 2013).

Throughout this thesis I generally prefer the terms “psychological distress” and “mental health difficulties” to psychiatric diagnoses. This is consistent with recent professional guidance (DCP, 2015) as well as with a critical realist epistemological stance (see 3.8.1) in which diagnoses are taken to be socially-constructed categories rather than “natural disease entities” (Pilgrim & Bentall, 1999, p. 261). However, it is sometimes necessary to refer to diagnostic categories when discussing research papers in which they are used.

2.2.2 *Types of debt*

Definitions of debt vary within this literature and findings are best considered on a case-by-case basis. However, an important distinction is between *secured* and *unsecured* debts. Secured debts are those tied to a concrete asset, which is regarded as collateral for the loan (for example, a mortgage is a secured debt). In the event of default (i.e. non-payment) the lender has the legal right to take back the asset. Unsecured debts are not tied to collateral and thus lenders have no right to take assets in lieu of missed repayments – although they can take court action, which may lead to this. Secured loans are typically for larger amounts and are available at lower cost (i.e. lower rates of interest) than unsecured loans. The majority of research on the psychological impacts of debt has focused on unsecured debt. At least one study suggests that secured debt is not strongly related to distress (Brown et al., 2005), although the key issue may be difficulty repaying rather than the kind of debt per se (Taylor, Pevalin & Todd, 2007).

2.3 **Review Methodology**

2.3.1 *Previous literature reviews*

In recent years, two significant reviews of the literature on debt and psychological distress have been published. Fitch, Hamilton, Bassett and Davey (2011) conducted a systematic review of the English language literature between 1980 and 2009. The authors searched 14 databases across a range of disciplines, identifying over 39,000 papers. Papers that did not present primary empirical data and that did not clearly differentiate debt from other financial concerns were excluded. This reduced the number of papers to 50, which were then subject to a detailed narrative review.

Richardson, Elliott and Roberts (2013) set out to expand on this work by conducting a meta-analysis in addition to a systematic review. The authors used a smaller number of search terms across a smaller number of databases. This yielded over 3000 papers, which was reduced to 65 following application of similar exclusion criteria to those employed by Fitch et al. (2011). These papers were then screened to identify data that could be utilised in a meta-analysis.

2.3.2 Current literature review

Given the scope of the current project and the existence of two recent and comprehensive literature reviews, it was felt that developing a new systemic review from first principles was unnecessary. Clearly, however, there was a possibility that some important research findings might have been published very recently and thus not included in either of the two existing reviews. As a result, the following strategy was adopted:

1. A systematic database search was conducted in order to identify any papers that were relevant to the objectives of the current study and that had been published in the time since the two existing reviews were conducted.
2. The two previous reviews were read in detail.
3. Significant findings relevant to the objectives outlined above were highlighted.
4. The studies from which these findings originate were identified and read in detail

2.3.3 Databases and search terms

The search was undertaken across three databases: Psychinfo, Medline and Embase. The same search terms used in Richardson et al. (2013) were used to search all fields, namely: “Indebtedness” or “Debt” and “Health” or “Mental disorder” or “Mental illness” or “Depression” or “Anxiety” or “Stress” or “Distress” or “Alcohol” or “Drug” or “Suicide” or “Eating Disorder” or “Psychosis” or “Schizophrenia”.

2.3.4 Inclusion and exclusion criteria

Inclusion and exclusion criteria were based on those used by Richardson et al. (2013). Papers had to present primary empirical data on the relationship between personal debt and mental health, drug or alcohol problems, or suicide. Papers had to look specifically at the impact of personal debt on these variables. Studies that did not distinguish debt from wider economic variables were excluded.

The most recent paper cited by Richardson et al. (2013) was Meltzer, Bebbington, Brugha, Farrell, and Jenkins (2013). In order to ensure that no papers were missed, the present search was restricted to papers published between 2012 and the present.

2.3.5 Summary of database search

The search identified 41 papers, which were screened according to the criteria outlined above. This identified three papers published since Richardson et al. (2013) that would have met their inclusion criteria: Archuleta, Dale and Spann (2013); Sweet, Nandi, Adam and McDade (2013); and Zurlo, Yoon and Kim (2014). These papers were read in detail and their findings incorporated into the following narrative review.

2.4 Establishing the debt-distress relationship

The first objective was to evaluate the robustness of the evidence for a relationship between debt and psychological distress. What reason might there be for hypothesising such a relationship? The following sections describe firstly some of the general evidence on the link between distress and socioeconomic conditions. Secondly, evidence for a relationship between psychological distress and personal debt *in particular* is considered.

2.4.1 Socioeconomic status and psychological distress

Financial deprivation, poverty and low socioeconomic status are all associated with the experience of psychological distress, both in developed (Fryers, Meltzer, McWilliams & Jenkins, 2004; Hudson, 2005) and developing (Lund et al., 2011; Patel & Kleinman, 2003) nations. The empirical evidence for this is copious. With respect to depression, for instance, Lorant et al. (2003) conducted a meta-analysis of over 50 studies relating the prevalence of diagnosed depression to socioeconomic status. Indicators of low socioeconomic status, especially income, were associated with new episodes of depression and (more strongly) with persistent long-term depression. Low socioeconomic status may also be linked to the severity of depression. Anderson, Thielen, Nygaard and Diderichsen (2009) analysed data from a large epidemiological survey in Denmark and found a

relationship between unemployment and low income in diagnosable cases of depression. However, the effect of the social gradient was strongest for diagnoses of Major Depressive Disorder (as defined by the Diagnostic Statistical Manual IV, or DSM-IV; APA; 2000), with an estimated odds ratio of 9-12.

Links between poor socioeconomic conditions and experiences described as “psychosis” (e.g. voice hearing, unusual beliefs) are also well-documented. Croudace, Kane, Jones and Harrison (2000) found a significant non-linear relationship between social deprivation and incidence of psychosis, with deprived areas seeing a greater number of acute psychiatric admissions than a linear model would predict. Kirkbride, Jones, Ullrich and Coid (2012) analysed the sociospatial distribution of risk factors for psychosis in East London, using an approach that allowed them to separate-out the effects of individual and area level factors. They found that the incidence of non-affective psychosis was associated with deprivation, income inequality, and population density, over and above individual factors such as age, gender, ethnicity and social class. A recent analysis by Wickham, Taylor, Shevlin and Bentall (2014) showed that the Index of Multiple Deprivation⁵ was a significant predictor of incidences of paranoia (although not hallucinations) and depression in a large representative UK sample. The relationship seemed to be mediated by stress and lack of trust in others, suggesting that these factors may play a causal role in linking the experience of living in a socioeconomically deprived area with the development of psychological difficulties.

These findings, albeit just a small sample from a large body of literature, suggest a consistent relationship between low socioeconomic status and the probability of experiencing psychological distress.

2.4.2 Debt and distress

As described in Chapter 1, debt seems to be a feature of everyday life for an increasing number of people in the UK. Moreover, there is a relationship between

⁵ A small area statistic developed by the UK Office for National Statistics.

debt and socioeconomic status. The relationship is non-linear with respect to the financial value of debt – people with greater resources have access to larger amounts of lower cost credit and are likely to have larger debts in absolute terms than those without such access. At the same time, however, the number, size (relative to income) and, importantly, likelihood of experiencing difficulty repaying debts is greatest for those at the lowest end of the economic spectrum (Wagmiller, 2003).

Given the known relationship between socioeconomic status and mental health difficulties, and given that there seems to be a social gradient in relation to debt, a question arises as to the possible role of debt in causing or maintaining distress. In fact, it is only recently that there has been any kind of concerted effort amongst researchers to focus on debt per se. In the UK, at least, the issue was brought to prominence by the *Foresight Project on Mental Capital and Wellbeing*, commissioned and published by the Government Office for Science (2008). This report aimed to identify mental health challenges likely to affect the population, and therefore government policy, over the next 20-50 years. Amongst the project's many findings and recommendations was the suggestion that the growing debt burden is a significant risk factor. The final report argues that:

the known association between poor mental health and low income is largely mediated by debt, and that debt is a much stronger risk factor for mental disorder than is low income. Indeed, when all other factors including income are accounted for, the effect of debt is still strong; but when all other factors including debt are accounted for, the effect of low income largely disappears. (p. 156)

This strongly-stated claim was based on an analysis by Jenkins et al. (2008) of the British National Survey of Psychiatric Morbidity. This survey interviewed over 8,000 UK adults and assessed respondents in terms of the International Classification of Diseases (ICD-10) diagnostic classification (WHO, 1992). It also asked for detailed information about financial matters, including the number of discrete debts incurred in the previous year.

The presence of debt was associated with mental distress; around 25% of people identified as having a diagnosable mental health condition had incurred a debt in the previous year, compared with just 8% with no such condition. Furthermore, the number of debts was associated with the risk of diagnosable mental disorder, as well as with the likelihood of substance misuse. As can be seen in Figure 1, even when the effects of income and other relevant sociodemographic variables were controlled for, the effect of having an increased number of debts on the likelihood of a mental health problem remained considerable. This led the researchers to hypothesise that the relationship between income and mental health problems may be largely mediated by debt.

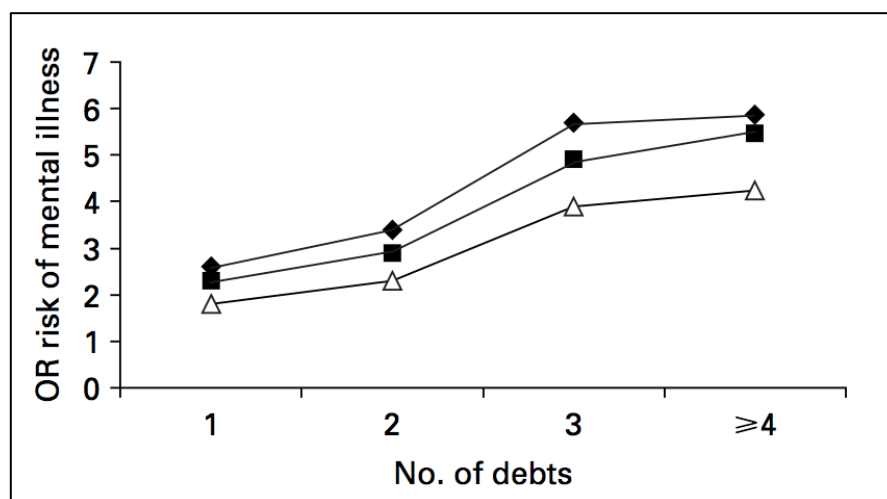


Figure 1: The relationship between personal indebtedness and the odds ratio (OR) of having a diagnosable mental health problem (reproduced from Jenkins et al. 2008). The open triangles represent odds adjusted for income and a wide range of relevant sociodemographic variables.

In a subsequent analysis of the same dataset, Jenkins et al. (2009) found that:

around half of people with debts in the general population have a mental disorder, compared with 14% of the general population with no debts, and 15% of the general population. People in debt have two to three times the rate of neurosis, three times the rate of psychosis, over twice the rate of alcohol dependence and four times the rate of drug dependence as people with no debt.
(p. 88)

They also found that measures likely to be linked with debt problems, such as having to cut down on energy use or having utilities (e.g. gas, electricity) disconnected were associated with increased risk of mental health problems.

As described above, Fitch et al. (2011) conducted a systematic review of the literature pertaining to debt and psychological distress. They reported having initially set out with the intention of conducting a meta-analysis, but argued that heterogeneity in the methods and measures used in the studies identified meant that this was “not a practical option” (p. 156). Instead, they conducted a narrative review, focused around a number of key questions.

With regard to the basic issue of whether or not a positive relationship exists between debt and psychological distress, studies included in the review “routinely” (Fitch et al., 2011, p. 158) supported this hypothesis. Some of these studies were of small and somewhat unrepresentative samples; for example, Adams and Moore (2007) and Norvilitis, Szablicki and Wilson (2006) found significant associations between debt levels and self-reported stress and depression in samples of US college students. However, the relationship was also found in large and better-controlled studies. Brown, Taylor and Wheatley Price (2005), for instance, examined the British Household Panel survey and identified a statistically significant, albeit small association between scores on the General Health Questionnaire (GHQ-12; Goldberg, 1992) and self-reported consumer debt.

The meta-analysis undertaken by Richardson et al. (2013) included most of the studies considered by Fitch et al. (2011), along with a number of others in which quantitative estimates had been made of the strength of relationship between debt and various indications of psychological distress. The authors brought these results together into pooled odd ratios – that is, the odds of an event occurring in one group compared to the odds of it occurring in another group, pooled over a number of studies. Table 1 reproduces selected key findings from this exercise. In each case, the odds ratio expresses the chance of someone with debt

problems experiencing the difficulty in question, compared with someone who is not in debt. The table also includes prevalence statistics.

Table 1: Pooled odds ratios and prevalence statistics for relationships between debt and indications of psychological distress (reproduced from Richardson et al., 2013).

	Pooled OR (n studies)	Prevalence of [...] in people with debt problems	Prevalence of [...] in people without debt problems	Prevalence of debt problems in people with [...]	Prevalence of debt problems in people without [...]
Mental disorder (all kinds)	3.24 (7)	41.9%	17.5%	25.2%	8.9%
Depression	2.77 (4)	15.5%	13.2%	15.0%	12.8%
Suicide completion	7.9. (4)	^a	^a	31%	5.0% (matched controls)
Suicide completion or attempt	5.76 (5)	^a	^a	30.9%	17.2% (matched controls)
Problem drinking	2.68 (5)	32.2%	18.0%	30.1%	16.5%
Drug dependence	5.69 (2)	12.9%	2.6%	38.3%	10.1%
Neurotic disorders (depression, OCD, panic, phobia, GAD)	3.21 (2)	36.0%	15.1%	24.4%	9.3%
Psychotic disorders	4.03 (2)	1.9%	0.5%	31.3%	10.7%

^a For technical reasons explained in the source paper these statistics are not available.

As can be seen from Table 1, positive associations were found between the presence of debt problems and all the categories of psychological distress. People with debt problems were found to be over three times more likely to experience some form of psychological distress (“mental disorder”) as those without. Translated into prevalence estimates, these findings suggest that 41.9% of people with debt problems also experience psychological distress, compared with 17.5% of people without. Looked at from the other direction, 25.2% of people with a mental health problem also have debt problems, compared with just 8.9% of those who do not. The findings in relation to suicide are also striking, with the

data suggesting that debt poses a very significant risk – those with debt problems being 5.7-7.9 times more likely to kill themselves than those without.

The Richardson et al. (2013) study is thorough and the overall finding seems unambiguous: problems with debt are significantly related to depression, suicidal ideation and completion, substance misuse and experiences described as “psychosis”. However, there are a number of difficulties with the evidence base. Most obviously, the pool of studies the authors were able to draw on was small, meaning that some of the estimates (e.g. for neurotic and psychotic disorders) were based on just two published papers. The studies were also mainly cross-sectional, limiting what could be said about causation (although see 2.5, below). Moreover, there was considerable heterogeneity in outcome measures used (e.g. some studies used diagnostic criteria whereas others did not), and also in definitions of debt and debt problems.

My database search identified three papers published since the Richardson et al. (2013) meta-analysis that are likely to have met criteria for inclusion in their study. Sweet et al. (2013) analysed data from the National Longitudinal Study of Adolescent Health, a nationally representative cohort survey in the US following 15,000 adolescents from school age to their late 20s, in four waves. Mental health was assessed in each wave using the Centre for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). Additional questions asked about health and health behaviours (e.g. smoking, alcohol consumption, diet, exercise) and perceived stress (Cohen, Kamarck & Mermelstein, 1983). Measures of blood pressure and other biomarkers were included in Wave IV. This wave also included the question: “Suppose you and others in your household were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay off all of your debts. Would you have something left over, break even, or be in debt?” Responses were coded into a dichotomous variable: those who said they would still be in debt, and those who said they would not, or would break even. Absolute debt was assessed by asking participants to indicate the total amount they owed to the nearest \$10,000. From

these data, the authors also calculated a ratio of absolute debt to assets for each participant.

The analysis compared debt, income and other socio-economic measures with health outcomes in the most recent wave of the survey. Data from earlier waves were used as control variables. Within the sample, 20% of respondents had “high subjective relative debt” – that is, they said that they would remain in debt even if they liquidated their assets.

Considering just the Wave IV data, absolute debts, assets and income were all positively associated, with the strongest correlation being between income and assets. This is perhaps unsurprising, and underscores the point made earlier that there is not a simple linear correspondence between absolute amount of debt and socioeconomic position, because people with greater income and/or assets have greater access to credit. The authors also noted that the correlation between calculated debt to asset ratio and subjective relative debt was positive but not strong. This suggests some degree of mismatch between respondents’ perceptions of their financial position and its actuality.

The three main financial outcomes – total debts, debt-to-asset ratio and subjective relative debt – were regressed on the various health measures. In an unadjusted model only using variables from Wave IV, total debt was not predicted by any health measure except better general health overall. However, when previous measures of physical and mental health were included in the model, along with sociodemographic variables (including age, race and employment statuses), there were significant associations between total debt and depression, stress and general health. Perceived stress and depressive symptomology were associated with both calculated debt-to-asset ratio and with subjective relative debt even in the unadjusted models; these associations remained significant when previous health status and sociodemographic variables were controlled for.

These findings provide further evidence that household debt is a significant and independent predictor of self-reported mental and physical health outcomes.

However, a unique aspect of the study was the inclusion of biological data, and this revealed an interesting nuance. Diastolic blood pressure was not linked with total debt or debt-to-asset ratio, but was positively associated with higher subjective relative debt, with an effect size big enough to confer elevated risk for hypertension and stroke. The authors suggest that:

with respect to blood pressure the psychological feeling of being indebted may be more salient than actual financial standing. (p. 98)

However, they note that their measure of subjective relative debt does not sufficiently capture important psychological factors such as people's attitudes and beliefs about debt, and that future research is required in this area. They speculate that:

different types of debt may have different material, psychological and social meanings, and may occur in different contexts. (p.99)

They illustrate this with the example of payday loans, which they argue have become subject to a particularly high level of social stigma due, in part, to their association with areas of deprivation. As a consequence, whilst:

the relative size of payday or other short-term loans may be small compared to a home mortgage or student loan, their psychosocial impact could be much greater. (p. 99)

Archuleta et al. (2013) conducted a survey of 180 students who sought assistance at a specialist financial counselling service in a large university in the USA. The authors devised a new measure, the Financial Anxiety Scale, by taking criteria for Generalized Anxiety Disorder in the DSM-IV-TR (APA, 2000) and writing a self-referential statement for each criterion, referring specifically to financial situation (e.g. "I have difficulty sleeping because of my financial situation"; "My muscles feel tense because of worries about my financial situation"). Participants were then asked to rate themselves against these statements on a seven point Likert-type scale. In addition to this measure, they

asked about subjective financial satisfaction, and perceived financial knowledge. They also asked participants to estimate their total debt, which they then divided into student loans and other debts.

A hierarchical regression found that although there was an association between amount of debt and financial anxiety, this was not significant once demographic factors and self-reported measures of financial awareness were included. This was the case whether debt was considered in total or in separate categories of student loan and other debts. However, self-reported financial satisfaction was consistently associated with financial anxiety even when other variables were controlled. The authors describe this result as “perplexing” (p. 59) and discuss explanations in terms of the weight of student loan debt within their sample. Viewed in the context of other research, however, this finding seems consistent with the hypothesis that how people think about their debt, rather than the amount of debt they actually hold, is what matters most to their psychological distress.

The third recent paper identified in the database search, Zurlo et al. (2014) analysed data from a large retirement survey in the US (Smith et al., 2013) with almost 6,000 respondents all aged 51 or over. The survey included the CES-D as well as measures of psychological well-being (Ryff & Keyes, 1995), questions about the presence and amount (in dollars) of unsecured debts, and a question about perceived control over finances.

Several logistic regression models were estimated to explore the relationship between debt, depressive symptomology and psychological well-being. These included a range of demographic variables, including age, gender, household income and employment status. Both the presence and magnitude of unsecured debts were significant over and above demographic variables when entered in the model independently, although this significance disappeared when both were entered together. However, perceived control over finances was found to be a significant predictor of depressive symptoms whether or not the two debt variables were included, making a comparatively large contribution to the overall

R^2 . Essentially the same pattern was repeated for models predicting psychological well-being.

Unfortunately the researchers did not include the number of discrete debts in their regression models, which would have been interesting given the finding of Jenkins et al. (2008) that this may be a more salient predictor of distress than their actual financial value. Nevertheless, overall the paper can be taken as offering further corroboration of the findings of the Fitch et al. (2011) and Richardson et al. (2013) studies.

2.5 Direction of causation

So far, we have seen consistent evidence that debt and distress are related, albeit that this relationship is not straightforward and is likely mediated by other psychological factors. However, almost all of the research considered so far has been cross-sectional – that is, based on a snapshot of a particular point in time. For instance, the influential paper by Jenkins et al. (2008), upon which some of the Foresight (Government Office for Science, 2008) report's arguments were drawn, was itself based on a single cross-sectional survey (albeit large and nationally-representative).

A key limitation of these kinds of studies is that they shed little light on the direction of causation between debt and mental health difficulties. This is important, since it impacts directly on what kinds of interventions might be useful to help people who are struggling. If debt problems have *led* to a person developing psychological distress then it might be that the most effective form of support is helping them deal with the debt itself, rather than targeting the distress with psychological or pharmacological interventions. However, if pre-existing psychological difficulties have contributed to the person becoming indebted then dealing with the debt may not be sufficient – a psychological intervention may be required in order to prevent the debt problems from getting worse, or happening again in the future.

It is plausible that causality could run in either direction. For example, Spinella, Yang and Lester (2007) assessed executive function in several non-clinical samples of adults and compared this with levels of income and credit card debt. Controlling for key demographic variables, they found moderate but consistent positive correlations between self-reported planning, impulsivity and attention control, and income, and similar negative correlations with credit card debt. Although the authors do not speculate about the reasons for variation in executive function in their sample, many “common” mental health problems are associated with difficulties in problem solving, focusing attention and making decisions for the longer term. It is easy to imagine, then, that pre-existing psychological problems might cause someone to make poor financial decisions and thus accrue problematic debt. Alternatively, such problems may trigger a downwards spiral in which people become more withdrawn, find it harder to maintain a job and a regular income and consequently take on debt as a way to make ends meet.

On the other hand, the experience of being in debt may be a causal factor in leading people to develop psychological difficulties in the first place. For instance, indebtedness might lead directly to anxiety and stress, which in turn may escalate to clinically significant levels (Social Exclusion Unit, 2004). Another, related possibility is that the effect of debt on mental ill health may be partially mediated through unhealthy behaviours such as substance misuse (which is one interpretation of the findings in Jenkins et al., 2008; see also Grafova, 2007). In this story, financial hardship is an acute stressor that may lead someone to misuse alcohol or drugs as a means of self-medicating or avoidance, which in turn leads to mental health difficulties.

The review by Fitch, Hamilton, Bassett and Davey (2011) attempted to address the question of causation directly, by singling-out studies that had a longitudinal component of some kind. Their review identified nine such studies. Of these, however, only five controlled for socioeconomic variables (e.g. income or wealth) at baseline and just three included appropriate statistical controls for previous episodes of mental health difficulty – evidently, without such controls it is difficult

to make any convincing causal claims. The most persuasive study was that by Skapinakis, Weich, Lewis, Singleton and Araya (2006), who analysed data from a survey of 2,406 adults in the general population that was repeated at 18 months post-baseline. A subjective measure of financial position at baseline was found to be associated with an increased risk of depression at follow-up, both for those who reported depression at baseline and, tellingly, for those who did not. In another well-controlled study, Nettleton and Burrows (1998) analysed two waves of a large representative panel survey and found that the onset of indebtedness led to increased mental health problems in women. However, their analysis was restricted to mortgage debt. In contrast to these two studies, Reading and Reynolds (2001) failed to find evidence that debt problems were a precursor of mental health difficulties. However, this was a much smaller-scale study with a sample that could not be considered representative.

Fitch et al. (2011) offer a cautious interpretation of these results, suggesting that they imply at least some degree of causal effect from debt to distress: “it would seem implausible that indebtedness makes no contribution towards poorer mental health over time” (p. 163). Nonetheless, they also highlight a number of methodological problems in the evidence base. They found, for example, that studies used markedly different definitions and measures of debt, leading to difficulties in comparing results.

Richardson et al. (2013) did not draw causal inferences from their data. Arguably, however, the prevalence estimates reproduced in Table 1 can provide some – albeit speculative – insight. For example, in the case of drug dependence, relatively few people (12.9%) with problem debts reported problems with drug use, whereas almost 40% of those who were drug dependent were also in debt. Although causation could run either way, intuitively this result is more consistent with the hypothesis that drug dependence leads to debt problems than vice versa. A similar argument could be made in relation to psychotic disorders: at least in the studies analysed, 31.3% of people who met criteria for such a disorder also had problem debts, whereas only 1.9% of those with problem debts had a psychotic disorder. As with drug use, this pattern is more consistent with

the hypothesis that experiencing a psychotic disorder increases the probability of experiencing debt problems, rather than vice versa.

Perhaps the most thoroughgoing attempt to determine the direction of causation is presented in a paper by Gathergood (2012), analysing the British Household Panel Survey (BHPS). The BHPS contains waves of data collected from the same individuals over a long time period. It has a large sample and includes measures aimed at capturing psychological health. It also includes detailed information on subjective and objective financial position, including indebtedness, from two time points: 1995 and 2008.

Gathergood (2012) set out, firstly, to establish whether a cross-sectional inequality in mental health could be observed in the data between those with and without debt problems. As expected on the basis of previous findings, this was confirmed. Furthermore, households reporting higher levels of stress and worse mental health in 1995 were considerably more likely to have a worsened financial situation by 2008. This strongly implies a direction of causation *from* mental health problems *to* worsening debt.

However, previous research by Clark (2003) showed that the deleterious effects of being made unemployed on individuals' mental health were ameliorated (albeit not completely) if unemployment was relatively high within their geographical area. Gathergood hypothesised that the same may be true for local differences in debt prevalence, and undertook a further analysis making ingenious use of data on bankruptcy rates. He found that the association between debt and psychological health was weaker in areas where rates of bankruptcy were relatively high. This result is hard to explain if causation only runs from mental health problems to debt. If, however, it can also run in the opposite direction then it suggests a "social norm" effect, whereby problem debt is less likely to lead to serious distress if it is experienced as relatively commonplace.

In summary, evidence on the causal direction of the relationship between debt and psychological distress is currently limited due to a paucity of good

longitudinal studies. There is some evidence of causation in both directions, but at present this is relatively speculative. It seems likely that there are several possible pathways of influence and further research is required to understand them fully.

2.6 Psychological factors influencing the debt-distress relationship

Some of the research reviewed so far has suggested that the relationship between distress and *subjective* measures of debt severity may be stronger than that with objective measures. Two particularly clear examples of this can be found in studies included in the Richardson et al. (2011) meta-analysis. Drentea and Reynolds (2012) analysed data from a large, two-wave panel survey undertaken in Miami that aimed to compare the health and mental health of disabled and non-disabled people. This survey included various indicators of socio-economic status, including income, assets, and homeownership.

Participants were asked about the number and size of any debts, and also two questions based on earlier work (Drentea & Lavrakis, 2000) about their subjective experience of debt: how often they worried about their debt, and whether they were concerned about being able to repay. Additionally, the survey included the CES-D and a number of other questions aimed at assessing anxiety and anger. The analysis found that debt was the only socioeconomic indicator significantly related to all three symptom types (depression, anxiety and anger). However, the statistical effect of debt on psychological distress did not vary as a function of individuals' financial assets – that is, being in debt was experienced as bad *irrespective* of its objective severity.

Bridges and Disney (2010) analysed the UK's Families and Children Survey. This contained data on families' subjective assessments of their mental health and of the perceived burden of debt and financial hardship; crucially, however, it also included a detailed objective evaluation of their financial circumstances. The authors found a strong positive association between subjective and objective measures of debt, as well as between subjective debt problems and self-reported mental health difficulties in the family. However, this latter relationship persisted irrespective of families' objective financial circumstances; hence, "only a weak

link exists between ‘objective’ measures of the financial position of the household and psychological stress” (p. 402).

One explanation for these findings might come from questioning the accuracy of subjective financial reporting by people who are in a state of considerable psychological distress. However, such scepticism seems unwarranted given the strong positive association between objective and subjective reports of indebtedness that are generally found in the literature. A better interpretation is that offered by Bridges and Disney (2010), namely that it is the:

interaction of the respondent’s perception of financial difficulties with ‘objective’ measures of indebtedness that lies at the heart of the relationship between psychological and subjective financial well-being. (p. 389)

What psychological factors might mediate the debt-distress relationship?

Research evidence is limited, but it is possible to make some tentative hypotheses. These are presented briefly here, although will be returned to in Chapter 5.

2.6.1 Social comparison

The first possibility is that having debt problems causes people to judge themselves negatively compared to others. Discussing their findings, Drentea and Reynolds (2012) speculated that there might be “something truly unique about the imbalanced social relationship of being in debt” (p. 689). Their data do not speak to this issue directly but the implied hypothesis – that debt is distressing because it impacts on people’s sense of themselves in relation to others – is plausible. The study by Gathergood (2012), for example, is consistent with this explanation. If people in debt are more likely to be distressed when they live in areas where debt problems are uncommon, this suggests that they are making some kind of negative social comparison.

2.6.2 Hopelessness

Another candidate psychological factor is hopelessness. Feeling hopeless about the future is well known to be a strong predictor of suicide (Cox, Enns & Clara, 2004) and it would perhaps be no surprise if some debtors feel hopeless about their situation, especially if the debt seems difficult or impossible to repay.

Meltzer, Bebbington, Brugha et al. (2011) analysed the British National Survey of Psychiatric Morbidity, which included a question asking respondents if they had felt hopeless about the future in the previous week. A positive association was found between suicidal ideation and self-reported indebtedness. However, the authors also found a “strong indirect effect through hopelessness” (p. 8) – in other words, indebtedness may lead to feeling hopeless, which in turn increases the risk of psychological distress and potentially of suicidal feelings.

2.6.3 Control

A third possibility is that people’s sense of control over their circumstances (often described as *locus of control*; Rotter, 1966) influences the debt-distress relationship. As described above, Zurlo et al. (2014) found that perceived control was a significant predictor of both distress and psychological well-being even when measures of debt were included in the regression model. Although they did not test explicitly for a moderating relationship, they speculated that:

In respondents who have strong perceived control over their financial circumstances, unsecured debt may have little effect on lowering psychological well-being but may contribute to depressive symptoms. (p. 467)

Perceived control has often been linked to depression and other manifestations of psychological distress (Benassi, Sweeney & Dufour, 1988) and, as with hopelessness and shame, it seems at least intuitively plausible that people who experience debt problems may be likely to feel out of control.

2.7 Summary and research question

What can we conclude from this brief review? This is clearly a young literature, with a number of conceptual and methodological difficulties, including

overreliance on contested psychiatric conceptualisations of “disorder”, inconsistent definitions of debt and debt problems, and lack of longitudinal data.

Nonetheless, there is consistent evidence of a positive correlation between both debt and poor mental health. Furthermore, it seems that causality probably operates in both directions. People with mental health difficulties may be more likely – for both psychological and social reasons – to accrue problem debt. However, the experience of being in debt may also lead some people to develop significant psychological problems. In all likelihood, the relationship is likely to be one of a vicious circle (Social Exclusion Unit, 2004).

There is also evidence that how people think and feel about their financial situation influences the likelihood that they will experience distress. At present, however, there is little understanding about how and why this is. Most research in the area has involved post hoc analysis of large-scale surveys that were developed for different purposes, and thus did not capture potential mediating psychological variables. Some evidence implicates social comparisons, feelings of hopelessness and low perceived control, but these hypotheses are speculative at best.

In order to gain a better understanding of the mechanisms that underlie the debt-distress relationship a different approach is required. The following chapters present a qualitative study that set out to explore the experiences of people who identify as having both problem debt and mental health problems. The overarching research question can be stated as follows:

- How do people with debt problems and in psychological distress experience the relationship between the two?

3. METHODOLOGY

3.1 Overview

The study described in the present thesis was conducted as part of a larger research project: the *Debt Counselling for Depression in Primary Care* (DeCoDer) randomised controlled trial. In order to ensure clarity about the relationship between the present study and the wider trial, I begin this chapter by briefly describing DeCoDer and the nature of my involvement. I then provide a detailed account of the research methodology of the current thesis project. I have endeavoured to write this so that the project can be understood in its own right. However, it is occasionally necessary to refer to the wider trial.

3.2 The DeCoDer trial

3.2.1 Overview of the trial

DeCoDer is a randomised controlled trial funded by the National Institute for Health Research (NIHR). The trial's objective is "to determine the clinical and cost effectiveness of the addition of a primary care debt counselling advice service to usual care, for patients with depression and debt" (Gabbay et al., 2014, p. 8). During the trial's feasibility phase, which is on-going at the time of writing, qualitative in-depth interviews are being undertaken with a subset of participants randomly sampled from both the intervention and control groups. The interviews analysed in the present study are from this source. Further information about DeCoDer is provided in Appendix A.

3.2.2 Relationship of present research to DeCoDer

I am a co-investigator on DeCoDer, with responsibility for the design and analysis of certain quantitative measures used within the study. The present research is thus not part of my formal involvement with DeCoDer but was negotiated separately with the Chief Investigator. I provide a fuller explanation of my relationship to DeCoDer in Appendix B.

The data analysis presented in the present thesis has been conducted independently of my colleagues on DeCoDer. All coding and theme development is my own.

3.3 Objectives

The aim of the present study was to utilise data arising from DeCoDer in order to explore the research question identified at the end of Chapter 2. This question falls within the wider objectives of DeCoDer, which include “to explore reasons for outcome differences and relationship between depression, anxiety, debt, stigma, shame and psychosocioeconomic factors” (Gabbay et al., 2014, p.9).

3.4 Ethical approval

Ethical approval for DeCoDer was sought from the NHS National Research Ethics Service Committee North West (Preston). The committee granted approval for the research in a letter on 01/05/14 (Appendix C).

Ethical approval for the current study was also sought from UEL’s Research Ethics Committee. This was granted on 26/06/14 (Appendix D).

3.5 Interview schedule

The interview schedule was developed by myself and three colleagues, with input from service users. Because the interviews were part of a larger trial they were required to meet several different research objectives, and it was therefore not possible for me to have complete control over the content. In practice, however, this did not require any significant compromise of my own objectives.

The semi-structured interview schedule included some suggested prompt questions, but also instructions that the interview should use the questions flexibly. Questions were intended to be open-ended and curious but also neutral, avoiding any potentially judgemental language. The interview was structured around four broad themes:

1. How people came to be in debt and how their current financial circumstances compared with earlier times in their lives.
2. The impact of debt on different aspects of people's lives, including their mental health.
3. Negotiating the practical aspects of debt (e.g. dealing with bailiffs, creditors, debt collectors) and the psychological consequences.
4. Hopes and beliefs about the future.

The final interview schedule is given in Appendix E. Because I would not be conducting all of the interviews, I also wrote a separate guidance note for interviewers (Appendix F) in order to raise their awareness of some of the issues of interest to the present study.

3.6 Recruitment

3.6.1 Location

All participants in the present study were residents of Liverpool.

3.6.2 Criteria

Recruitment for the study took place in two GP practices. Prospective participants either responded to material placed in the waiting room or were identified through a database search and approached by letter. Inclusion and exclusion criteria were those specified in the DeCoDer protocol, namely:

Inclusion

- Age ≥ 18 .
- Scoring ≥ 14 on the Beck Depression Inventory (Beck, Steer & Brown, 1996).
- Self-identifying as having worries about debt.

Exclusion

- Housebound and/or unable to get to CAB advice sessions.

- Actively suicidal or psychotic and/or severely depressed and unresponsive to treatment.
- Unlikely to comply with the intervention or follow-up.
- Unable or unwilling to give written informed consent to participate in study.
- Currently participating in another research study including follow-up data collection phase.

Full details of the recruitment process can be found in Appendix G.

3.7 Procedure

3.7.1 Initial contact and baseline test battery

Within two weeks of agreeing to take part in the study, participants were contacted by a research assistant to schedule completion of an initial baseline test battery. At this meeting, the participants were asked if they would be willing to take part in a further interview.

3.7.2 Qualitative interviews

Those participants who agreed were contacted shortly afterwards and an interview date was scheduled. In accordance with the trial protocol this took place between two and four weeks from the date of the baseline. Participants were given the option of being interviewed at the University of Liverpool or at their home.

Before the interview commenced, participants were provided with a copy of the Participant Information Sheet (Appendix H) and asked to read and sign a copy of the consent form (Appendix I). They also had the opportunity to ask any questions. At the end of the interview, participants were given a £10 voucher to thank them for their participation.

I conducted two of the interviews and the remaining six were conducted by the trial manager. This is discussed further in 5.3.1.

3.7.3 *Transcription*

In accordance with the DeCoDer protocol, interviews were transcribed by the University of Liverpool's in-house transcription service. The approach to transcription was broadly orthographic, focusing on the words that were said rather than how they were spoken. Substantial pauses were transcribed, as were non-verbal vocalisations (e.g. laughs, coughs, "mmms"). However, no attempt was made to transcribe vocal intonation, speed, breath noise and so on. Although it can be argued that this kind of transcription offers a limited view of the interactional nature of the interview exchange, and can tend to imply an unproblematic relationship between text and meaning (Parker, 2005), it was felt to be sufficient for the current analysis.

3.7.4 *Data governance*

Anonymised electronic copies of transcripts were uploaded to the University of Liverpool's managed network server. Identifiable information (e.g. consent forms) was held in a locked filing cabinet at an office at the university. Original audio files were destroyed four months after the interview.

3.8 **Analytic approach**

3.8.1 *Epistemological assumptions*

In order to be informative, an analysis of qualitative data must avoid what Antaki, Billig, Edwards and Potter (2002) describe as "under-analysis through summary" – that is, simply re-describing the data rather than offering substantive insight and interpretation. However, this cannot be achieved without consideration of what the data represent to the researcher, since this influences both the analytic approach and the kinds of conclusions that can be drawn.

The research presented in the present thesis adopts a *critical realist* position. This has come to be an umbrella term for a number of approaches to enquiry that have their roots in the work of Bhaskar (1978) and have been elaborated and developed by many others since. Within clinical psychology, Pilgrim has been an influential proponent of the critical realist perspective (e.g. Pilgrim & Rogers,

1997; Pilgrim & Bentall, 1999; Pilgrim, 2014). Analysing the concept of “depression”, Pilgrim and Bentall (1999) explain:

In a critical realist account it is not reality which is deemed to be socially constructed [...] rather it is *our theories of reality*, and the methodological priorities we deploy to investigate it. (p. 262; emphasis in original)

This position is *realist* in the sense that it accepts that there is an objective reality “out there” independent of our perceptions and beliefs, and that it is possible to increase our functional understanding of it through scientific (and other) means. It is *critical*, however, in that it regards such understanding as inescapably constructed through the concepts that are socially available to us, and which do not map straightforwardly onto reality. Increasing our knowledge about the world is thus less a matter of finding out what there *is* (ontologically), but about refining and improving the concepts we use to describe it.

A critical realist epistemology falls somewhere between the archetypal extremes of naïve realism at one end and radical social constructionism at the other. Because critical realism denies a straightforward correspondence between how people experience the world (and what they then say about it) and how it really is, this position is sceptical of the reification of socially constructed categories, such as psychiatric classifications, as if they were real and invariant properties of an objective external reality. However, because it accepts that there *is* a single true reality that exerts causal influence on people’s experiences, it rejects relativist arguments that regard “causation” itself as simply another discursive construction.

A central premise of the present study is that debt and the socioeconomic forces that give rise to it are aspects of the external world that have causal implications for how individuals experience their lives. They are “real” in the sense that is often reserved in critical realist writing:

not for experiences or events, but for all the interacting forces, powers, mechanisms, sets of relationships and relationships between relationships, which may (or may not, if the tendencies are not actualized) produce a measurable event (Pocock, 2015, p. 175)

The “measurable event”, in this case, is the data – what the interviewees say about their experiences during interview. As such, a critical realist position acknowledges the existence of a social-material world, whilst recognising that people’s narratives of, and responses to, their circumstances are likely to influence to some degree the extent to which they experience them as distressing.

The practical implications of adopting this position will be seen by the reader as the data analysis develops in the following chapter. However, two are worth highlighting at this point:

- I have generally chosen to accept at face value participants’ descriptions of their social and material circumstances. On a purely practical level, it would not have been possible to verify the “accuracy” of such descriptions even had I wished to. However, I make no attempt to deconstruct participants’ descriptions of their situation at the level of discourse. Rather, the critical realist position leads me to focus on the “interacting forces, powers, [and] mechanisms” that seem to link people’s social and material interactions with their experiences of distress.
- I noted in the previous chapter that I have tried to avoid the use of psychiatric classifications and the “language of disorder” (Kinderman et al., 2013). The reason for this should now be clearer – namely, that the critical realist stance adopted in this study leads me to be sceptical of treating socially constructed concepts (e.g. “depression”) as if they were “natural disease entities” (Pilgrim & Bentall, 1999, p. 261). In the following analysis, I likewise try to avoid imposing any particular conceptual understanding of distress onto the data.

3.8.2 *Theoretical approach*

My analytic approach is influenced by Janesick (1994), Chamberlain (2000) and others who take issue with what they see as a tendency to “methodolatry” in qualitative research. Janesick (1994) notes that methodolatry is a portmanteau of “method” and “idolatry”, defining it as:

a preoccupation with selecting and defending methods to the exclusion of the actual substance of the story being told. (p. 215)

In practice, this “overemphasis on locating the ‘correct’ or ‘proper’ methods” (Chamberlain, 2000, p. 287) has given rise to a plethora of books and articles providing step-by-step guides to qualitative analysis. However, critics of the trend to methodolatry see a number of negative consequences, chief amongst which is the risk that slavish adherence to method interferes with the researcher’s ability to engage meaningfully with the data. Interesting interpretative moves may be obscured from view or avoided because they are not “allowed”. Meanwhile, the quality of the analysis comes to be judged in terms of its adherence to the “rules”, rather than whether it produces worthwhile insights.

As an alternative, Crotty (1998) provides a set of four questions that qualitative (or, indeed, any) social researchers should consider before embarking on a study.

- What methods do we propose to use?
- What methodology governs our choice and use of methods?
- What theoretical perspective lies behind the methodology in question?
- What epistemology informs this theoretical perspective?

In practice these should proceed in reverse order: rather than picking a method and allowing this to determine the theoretical perspective and thus the epistemology, the researcher should begin by identifying the epistemology and theoretical lens appropriate to the research question and allow these to determine the methods used.

Crotty's (1998) questions provide a useful framework for outlining the approach in the present study. The epistemological stance – critical realist – was explored in the previous section. The theoretical perspective of the study is best characterised as *social-materialist* (Midlands Psychology Group, 2012), taking as its core assumptions that “distress is produced by social and material influences” and that “social inequalities that exclude or marginalise contribute significantly to the potential for distress” (p. 95). This leads me to focus on the ways in which people make sense of their distress *in relation to* the social and economic difficulties they have suffered. My analysis is inescapably influenced by the research reviewed in Chapter 2, most of which accepts prevailing psychiatric and/or cognitive assumptions that situate distress “within” the person. However, in-keeping with the critical realist perspective, these are considered to be examples of possible “conceptual schemes” (Lakoff, 1987, p. 265) for understanding reality, rather than objectively accurate descriptions of the world.

This leads to methodology and method. Silverman (1993) defines methodology as “a general approach to studying research topics” and method as “specific research technique” (p. 1). Using this distinction, the *methodology* of the study is broadly that of “thematic analysis”, as described by Braun and Clarke (2006). Thematic analysis is appropriate to the critical realist and social-materialist orientation of the present study since it is not “theoretically bounded” (pp. 80) – that is, as a methodology it does not depend for its validity on particular epistemological or theoretical assumptions. As such, it permits a range of analytic lenses to be brought to bear and, in principle, combined within the same analysis.

Finally, the *method* of the study has already been described: namely, in-depth qualitative interviews with people who have experience of both debt and of psychological or emotional distress.

3.8.3 *Analytic process*

After transcripts were received they were checked for accuracy against the original interview recording, then uploaded to NVivo 10 for Mac OS. Coding took

place within NVivo, but theme development was undertaken using pen and paper.

The following is an outline of the analytical process:

1. I read each transcript through a number of times, making notes about anything that struck me. For those interviews that I did not conduct myself, I also read the field notes written by the interviewer.
2. I went through each interview in turn, coding the text. The size of coded extracts varied but was rarely more than two or three sentences. Some extracts had multiple codes. My approach to coding was largely semantic, in that I tried to describe what was being talked about without adding my own interpretation and sometimes used *in vivo* codes (that is, words said by participants). Coding was theoretically-driven to the extent that I was looking out for examples of where participants spoke about their emotional and psychological experiences and made links between these and their social/material/financial conditions. However, I avoided bringing existing theoretical constructs to bear on the data at this stage. This process produced 244 codes across the eight interviews (Appendices J-L).
3. During the coding process I wrote copious notes (“memos” in NVivo), recording thoughts and observations as they occurred to me. These became a useful repository for interpretive ideas that were later used in developing the main themes of the analysis (Appendix M).
4. After all eight interviews had been coded I began collapsing codes together. Because I generally created new codes for each participant rather than coding new data into previously-existing codes, there was a degree of overlap. I was thus able to reduce the number of codes significantly whilst remaining at a relatively semantic level of analysis (Appendix N).

5. After this I moved to a more interpretative stage in which I tried to identify commonalities in the data and consider possible underlying processes. This was informed by the memos that I had written during coding, as well as by looking back over the initial notes I had made about each interview.
6. I reviewed the themes I had developed by re-reading the constituent coded data extracts and considering the extent to which they were coherent. This led to some revisions of the initial thematic map (Appendix O).

3.8.4 *Reflexivity*

According to Willig (2008), reflexivity is the process by which researchers:

reflect upon their own standpoint in relation to the phenomenon that they are studying and attempt to identify the ways in which such a standpoint has shaped the research process and findings. (p. 6)

Reflexivity is an essential component of a convincing qualitative analysis, because it sheds light on how decisions made during the research process may have been influenced by the researcher's own experiences and prejudices.

The following is a brief summary of those aspects of my biography that seem pertinent to the issues in this thesis. My hope is that this will aid the reader in situating me, as the researcher, in relation to the study participants and the analysis presented in the following chapter. For now these are offered without commentary; however, I return to them in Chapter 5 when reflecting on the analytic findings.

- I am a 37-year-old white British man and would define myself as being from a middle class family.
- My politics are of the left. As a psychologist, I am particularly influenced by critical, community and social constructionist ideas that emphasise the importance of social context in understanding distress.

- My own experience of debt is limited. I was fortunate to complete my undergraduate studies before the introduction of fees and the abolition of grants. I have had one student loan, now paid off, and no other significant debts.

4. ANALYSIS

4.1 Overview

This chapter presents the findings of the analysis. The overall thematic map is presented, after which the themes and sub-themes are discussed in turn and illustrated with examples from the data. Some links are made to wider literature where this aids the interpretation; overall, however, the analysis remains essentially inductive. Discussion of the results in terms of the literature reviewed earlier and the aims of the wider study is reserved for Chapter 5.

4.2 Participants

Table 2 summarises the demographic details of the eight participants. The names are pseudonyms.

Table 2: Demographic details of study participants

Name	Age	Gender	Ethnicity
Laura	60	Female	White British
Paula	44	Female	White British
John	42	Male	White Irish
Susan	31	Female	White British
Anne	56	Female	White British
Mike	43	Male	White British
Mark	49	Male	White Irish
Pete	53	Male	White British

4.3 Thematic map

The following analysis can be conceptualised graphically as per Figure 2. Two over-arching themes were identified, each consisting of three sub-themes that are labelled using quotations from the data. *Living with debt day-to-day* describes aspects of participants' daily experience: constant worry; practical consequences of financial hardship; and feelings of shame. *Cumulative psychological impacts* describes three longer-term psychological consequences of living with debt problems, and participants' attempts to ameliorate these: a threatened sense of themselves as valuable and consequent attempts to reinforce a positive self-image; pervasive emotional difficulties and a variety of (sometimes unhelpful)

coping strategies; and a perceived loss of agency in the face of difficulties leading, at least for some, to positive attempts to regain control over their financial situation.

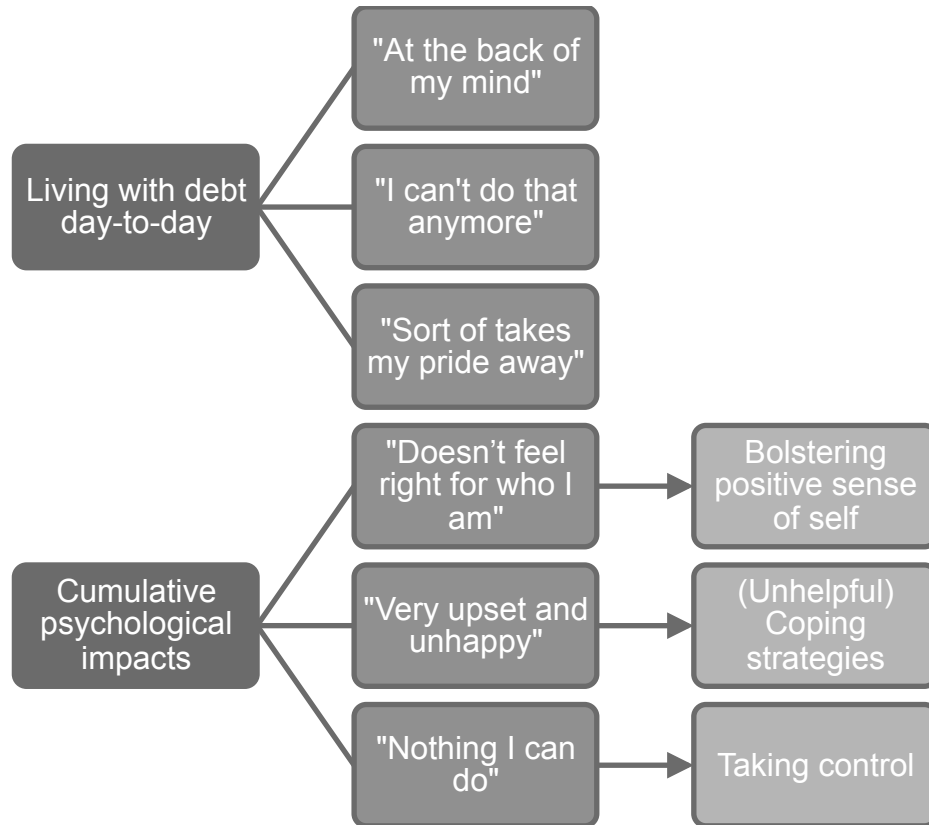


Figure 2: Thematic map.

4.4 Understanding the context

The interview schedule invited people to talk about how they came to be in debt. Although this is not the focus of the present study, it is useful to summarise briefly some commonalities in how participants described becoming indebted. This provides a sense of the situations in which participants found themselves at the point of interview and helps to contextualise the analysis that follows.

- Most of the participants said that they had been in debt for some time, in a number of cases several years. However, most described how debt had been manageable in the past.

I have always had some debt of some description but I have always paid it off or I have managed it. Always. Maybe hire purchase or credit card but just pay it off it has never been, more than I could manage. I would never worry about it because I believed I could just pay it off. So it wasn't a big worry, but I think I have always had something most of the time perhaps not all the time
(Laura)

- A common aspect of several participants' experience was the sense that debt seemed to increase slowly and almost imperceptibly until they suddenly realised they were in difficulty.

The way they done it as well you know the debt, it was, it seemed dead slow but crept up fast you know like one minute you are ok, and then before you know so much time has gone past and you are like how am I in this situation. Because it happens slow (Mike)

- Without exception, all of the participants spontaneously identified specific triggering events that they felt had led to their current difficulties. These included job loss or suspension, withdrawal of benefits and relationship breakdown. In some cases these events were a direct cause of taking out a loan, whereas in others the event made repayments on existing loans more difficult to manage.
- Several participants spoke about having received mental health diagnosis in the past. However, only two, Anne and Paula, described these as causal factors in the development of their current debt problems. Anne had a diagnosis of Obsessive Compulsive Disorder (OCD) and felt that this contributed to her failure to deal with her finances earlier.

but that is because of my OCD and why I couldn't deal with the paperwork before was because it was stuffed away in cupboards, in drawers, some I had probably shredded (Anne)

Paula did not state the diagnosis she had been given, although she spoke about having been hospitalised in the past and currently taking

antipsychotic medication. Although she attributed her current debt problems to a combination of benefit and employment changes, she saw her “illness” as a contributing factor because it prevented her from thinking and planning ahead.

4.5 Living with debt day-to-day

The first major thematic area identified in the interviews was participants’ experiences of living with debt day-to-day. Participants spoke about a wide range of ways in which the experience of debt was always “present” in their everyday lives.

4.5.1 “At the back of my mind”

Perhaps the most commonly-reported aspect of the experience of being in debt was the feeling of constant worry. For some, this was grounded in the experience of being pursued by creditors and debt collection agencies.

You reckon about 3 years ago was when it was really at its...

Its peak. And different bailiffs were sending letters, we might be sending someone round to your house. I am like it is not my house. So fucking doors were locked and everything you know what I mean.

It sounds like a really frightening experience.

It was, it was a like a big black cloud that was over me. You know what I mean, like a big black cloud (Mike)

It is the same with erm... when erm... a debt collection agency, gets in touch with you on behalf of like the council which is what happened there, or did it no it was with the utility bill for the previous tenants, they get on the phone to you, and put the fear of god into you, and they write, and write in such a way that if you didn’t read it properly you would think friggin hell they are going to send the bailiffs round (Anne)

In these examples, the fear is in response to a threat that is external and concrete. The tone (at least as perceived by participants) and manner of communication from the debt collection agencies is intimidating and warns of

real, tangible consequences. For Mike, who was living in his elderly mother's house, these experiences led to him becoming "paranoid".

And another thing that was doing my head in is that I thought like they were going to send bailiffs into my moms and that is another thing that like when people used to ring me they had to ring three times put the phone down and then ring again because this is how paranoid I got (Mike)

It is not possible to know how close the bailiffs were to visiting Mike, although it seems reasonable to assume that the threat was genuine – clearly, bailiffs exist and can, under certain circumstances, make visits to take property in lieu of unpaid debts. From one perspective, avoiding phone calls could therefore be seen as irrational, since speaking to a debt collection agency might at least provide the opportunity to avoid this taking place. However, it seems that the *thought* that the bailiffs might turn up and take his mother's possessions was so aversive for Mike that he was prepared to take what might be considered relatively extreme steps to avoid being confronted with the possibility – to avoid the fear becoming any more real.

This example highlights how the experience of worrying about debt can be distressing in itself, even if the worry is incongruent with the "reality" of the situation. This was also described by other participants, albeit in less extreme ways. Susan, for instance, described how although "It wasn't that I was in like deep spiralling red letters debt", nevertheless,

I just don't like having debt at the back of my mind, it feels, makes me feel like, you know like your house is a mess and that is what I feel like, even though it is not, it is not a pressure on me I don't like having that thing in the background to pay (Susan)

For Susan, then, there is something about the feeling of having debt "at the back of my mind" that is distressing even though the actual amount she is paying is manageable. This seems to concord with the observations of Bridges and Disney (2010) and others who suggest that the weak link between reported distress and

objective financial circumstances identified in epidemiological research might be explained by attitudes and beliefs about debt.

The constant worry about debts seemed to have a repetitive, insistent character for several participants.

It is in my mind going round and round. I know it is part of your thoughts, your thoughts aren't free to kind of just be, it is part of my thoughts and it is unpleasant
(Laura)

you know when you are not doing nothing your brain goes into thinking, thinking, thinking and it thinks about all the bad things. Oh the debt, the debt, the debt, the debt, it is very rare you think about the good things do you know what I mean
(Mike)

These examples convey a strong sense of being trapped and tormented by worries about debt. Participants described being constantly on edge, sometimes linking this to pending decisions hanging over them, or the expectation of letters and phone calls.

Given these experiences, I was struck that a number of participants also spoke about a strong desire for safety and stability in some aspect of their lives, even when this came at a financial cost they could not (objectively) afford.

But then I got them to sort the damp out, and then I know, I feel I am going to settle here. You know so that is, that is one solid thing. I mean I know I should be paying my TV licence, my water rates I don't know what I am going to be doing, I don't know how I am going to... how? (Mark)

Mark seems to be suggesting that having “one solid thing” – a feeling of being settled somewhere habitable – in some way makes it easier to deal with the psychological burden of debts, even if it does little to help financially.

That feeling of safety is really...?

It is imperative. I wouldn't, I don't like to say wouldn't survive but that is, it fills me with horror the thought of being in a flat, on my own in a building, where I don't know there is no controls over the neighbours, the noise, break-ins and I am sure I could get a flat for £400. Well I know I can. I looked at it before I found this place and it just fills me with horror absolute horror it really does. But here I am safe. I am secure (Laura)

The need to find respite from the psychological demands of debt is clearer still in Laura's example. She has taken a conscious decision to spend a considerable amount (£640pcm – which she acknowledges is difficult given her financial circumstances) on a flat in order to feel "safe". But from what? Rather than an imminent fear of bailiffs and red letters, it seems that Laura is seeking safety from her imagination – from an image she has of herself in the future.

I had this horror in my mind of living in front of a one bar gas fire or electric fire for the rest of my life. Couldn't see past it (Laura)

4.5.2 "I can't do that anymore"

This sub-theme describes the day-to-day consequences of debt both in terms of tangible material hardships and what these represent for participants. The overall sense of this from participants is well summarised by Mark, whose description of living with debt is particularly vivid.

Misery, misery. Misery yes. Because you count the pennies, you are going shopping and you can't buy the things you want to buy, you know? (Mark)

Participants spoke frequently about the difficulty of making ends meet on very little income and under the pressure of debt repayments.

it was horrendous because we literally, we were living off my wages and I had a three-hundred and odd pound loan from before I met [partner] which I had to pay off, and all my other bills so we literally had like £50 to last us for the whole month so we did like £20 a week for food as well (Susan)

So what I was getting I was paying them, and then I was out trying to make money to eat and pay the gas, the leccy. After about 2 months I thought I just can't do it (Pete)

These and numerous other examples give a strong sense of day-to-day stress. Participants felt under pressure to pay their debts – unsurprisingly, given the kinds of intimidatory communications that several reported receiving from creditors and debt collections agencies. But this forced them to make sacrifices and hard decisions on a regular, sometimes daily basis. In some cases these were seen as relatively manageable and minor.

Well what I have had to do is, I have had to cut down on things that I liked doing but I don't do anymore. And it is only small things it is I am talking about it won't kill me. Like going out for a meal with friends. Or like Sunday morning I used to go down to the [place] for my breakfast it is only a few bob but I can't do that anymore (Laura)

Whereas for others, the decisions were of a much starker and more fundamental nature.

And like you are watching the meter, you know what I mean. It is crazy like you are saying to yourself like this for gas and leccy, you are saying like, during the summer you can kind of back off a bit with the heat so you are putting, you can save the gas when the weather is good, only put so much in and then if not it is the leccy you know you are saying I won't do this, I won't do that you know. I used to use this [electric fire] a lot but it was burning me, putting a hole in the leccy and that you know. And I have often slept in here, I wouldn't bother going upstairs.

Right because it is colder upstairs.

Colder upstairs yes (Mark)

In another passage, for instance, Mark describes how he learned to ignore “the hungry pain in [his] stomach” by staying in bed and surviving for days on beans and porridge.

Examples like this give a strong sense of the stress of living in financially bleak conditions. For a number of participants, however, the emotional impact seemed less a direct consequence of the material hardships and more related to a sense of being shut off from the kind of normal, everyday life that other people enjoy.

I just, I don't like the lack of freedom I have got, to sort of say well ok I will go down town in to the shops today, I can't be as spontaneous. I have lost any spontaneity about spending money (Laura)

For Laura, this lack of spontaneity had tangible social consequences. Because of the pressure of having to reduce her outgoings, she found herself having to withdraw from aspects of her life that she previously enjoyed and which, it might be imagined, gave her a sense of normality.

Other participants described being left feeling bored and empty.

I just need a view of something to do. Do you know? Just like, rather than just passing the time away. What shall I do here now, what shall I do today? Do you want me to go on a message mom because the life has just shut down it is boring (Mike)

In summary, one of the less obvious consequences of debt seems to be how it leads to a sense of isolation from, or difficulty with participation in, "normal" life. The combination of lack of disposable income, bleak material conditions, unemployment and the stress of constantly having to make difficult choices, on top of the psychological pressures caused by the debt itself, leads people to withdraw.

4.5.3 *"Sort of takes my pride away"*

This sub-theme describes how debt impacts people's sense of themselves in their day-to-day interactions with others. It was evident from the interviews that feelings of shame and embarrassment were commonplace. Although some participants did make overt comparisons between their own situation and that of

others, on the whole there was little sense that they found his comforting. Rather, most participants felt embarrassed to be in debt.

I couldn't afford half the stuff I wanted to have you know getting proper food and erm... buying clothes and that, and then once the disability was lost I just, it was just I couldn't really I had to borrow money and I was embarrassed about it (John)

Sort of takes my pride away do you know. Knowing that I have got to go and buy the cheapest ciggies and stuff I know it sounds immaterial like the cheapest ciggies, the cheapest clothes that is how like I probably could never say to anyone (Mike)

For Mike and John here, being in debt seems related to pride; in order to get by day-to-day, both are forced to do things that they find embarrassing and would rather keep from other people. Laura, likewise, was very clear that she did not want anyone else to know about her debts.

Do other people know about your situation?

No

OK,

Oh in what way? Money wise? No. Nobody does only me and I am not going to tell anybody because I am too embarrassed.

OK it sounds like you really wouldn't want people to know either.

No because I would feel far too embarrassed because as I said it is my responsibility and I feel I have failed (Laura)

Laura feels too ashamed to tell anyone about her situation, presumably because she fears that they might share the negative view that she has of herself for falling into debt. In practice, however, this leads her to isolate herself from potential sources of support.

Several participants described being helped financially by family members, although this was framed as a further source of shame and embarrassment.

because I feel like I have lost my own identity, you know I want to be able to stand on my own two feet, I want to not have to you know depend on other people to help me get things done (Anne)

then you know the next thing you know it was my mom then saying here is £30, here is £40, here is £50 and you know I have never asked my mam for money she, everybody else has I have never asked her and you know never wanted to but that was making me feel even worse like you know what I mean (Pete)

These feelings are evidently powerful. Nevertheless, at least as far as participants were willing to report, negative judgements from others seemed to be more feared or imagined than based on actual experiences of rejection or humiliation. However, one particularly striking example of such a negative judgement was given by Paula, who recounted a visit from a housing association officer and a benefits advisor.

[housing officer] noticed I had a Sky box on my telly and I invited her in, sat her down and she said oh you know why we have come you are not paying your rent. I said well I am having trouble she said well you can afford Sky. And I turned round and said don't come into my home and make judgements on what you don't know. And I put my Sky box on and I said, you know [housing association] I said you know [housing association] sent everybody a letter for a digital aerial, everything had to be digital now not analogue, I said [housing association] put that digital aerial in. I said the only way I can get it is a digital box I said I couldn't afford to go out and buy it, I said I was given that Sky box, I said so the only channels that are on my Sky box are Freeview channels. I don't pay. She said well you have a phone. I said I need that phone for emergencies. I said I need it, I said I have been going through some stuff so I need that phone, that is my only contact. And she said well and her words to me exactly were, your rent comes first, you do without your gas, your leccy and you do without food, you pay your rent first (Paula)

It is easy to understand how Paula might have felt deeply affronted by this event, not least the implication in the final line of the extract that her very survival was of less value to the housing association than her ability to pay the rent. But the

passage also highlights the intense power imbalance of the situation. Because Paula had not been able to pay her rent, her accuser felt entitled to enter her home and make judgements about her and her lifestyle, leaving Paula essentially powerless.

4.6 Cumulative psychological impacts

The second major thematic area relates to the impact of living with debt over a period of time. Given the aims of the present study and limitations of space, I have focused here on psychological impacts. However, it should be noted that participants spoke about a range of other consequences (e.g. to their credit rating and physical health).

My interpretation of the interviews led me to conceptualise the cumulative psychological impacts of debt in three sub-themes, each with two elements: a negative impact and a concomitant coping strategy. Needless to say, this is a somewhat artificial distinction in that there is a good deal of overlap between both consequences and coping strategies. However, it is a useful way to begin making sense of the data. I discuss my reasons for interpreting the data this way in Chapter 5.

4.6.1 “Doesn’t feel right for who I am” ⇒ Bolstering positive sense of self

The first sub-theme relates to participants’ sense of themselves, and particularly to the challenge of maintaining a positive identity amidst the repeated day-to-day experiences described earlier.

Threats to identity came in a number of forms, but the most commonly expressed seemed to be normative socio-cultural ideas about debt and the moral status of debtors. Laura expressed this plainly.

That I, because it is not right I would like to be completely debt free and I would like to have some savings.

Sorry to just pick up what you said, it is not right...

It is not right, no it is not right.

How do you mean?

It is not right to have all those debts. It is not what people do that are nice people ((laughs)) responsible people don't have a pile of debts and then I tell myself well the government is in a lot of debt so what am I going on about. But it doesn't feel right for me who I am. It doesn't, I don't know I think, and then a thought comes in well I think like that because it is right. If you owe money to people you have to pay it back. So...

Do you have an idea where that... because it sounds like a very strong...

It does, doesn't it? I agree with you. I don't know it must be childhood I suppose but it must be childhood it must have been nagged into me, it must have been nagged into my brain. It seems normal. It seems like a normal sort of thought (Laura)

Laura seems here to have internalised the kind of socially normative ideas about debt that Graeber (2011) discusses, namely that being in debt is wrong, that debts must be paid back, and that anyone who has lots of debts is not a "nice" and "responsible" person. These beliefs seem deeply-rooted, yet there is little that she can do to alter the material facts of her situation – thus, she is left with an uncomfortable dissonance, which poses a direct threat to her self-image.

Other participants expressed similar sentiments.

To be in debt? It makes me feel inadequate. Like, I have got no self-worth you know, no self-esteem and I don't know like it makes me feel like worthless and weak you know not being able to cope (Anne)

So, I haven't paid the rent this two weeks because I want to have a decent Christmas, get some food in and I couldn't do it if I am paying rent because it is £66 a fortnight that is coming out of my money and I can't afford it. I really can't afford it. I know it has got to be paid, I understand it has got to be paid, but I can't do it. Not at the moment so I have to, sacrifice that, which is wrong I know but if I

want to give my kids a good Christmas and have food in my cupboards for two weeks then that is what I do (Paula)

These examples can be seen as further evidence of participants having internalised the kinds of normative ideas articulated by Laura. Anne feels that she should be able to cope and that being in debt makes her “worthless”. Paula says that it is “wrong” to forego paying the rent and instead have a “decent Christmas”. But both of these statements raise the question of whose moral standard participants are judging themselves against? I think a reasonable interpretation is that, like Laura, they are grappling with an internal contradiction: on the one hand wanting to see themselves as worthwhile, valuable people; yet on the other struggling to reconcile this with dominant narratives of the dubious moral status of people unable to pay their debts.

An interesting corroboration of this view is given by John.

And I have only got two debts at the minute, and one of them I am not bothered about, and the other one I am not going to pay. So, maybe that is a bad thing (John)

John’s interview in some respects stands apart from the others in its overt denial of responsibility for, or concern about, his situation. Nevertheless, even in the course of presenting himself as “not bothered” about his debt, John still betrays an awareness of how others might view him – that his failure (or refusal) to pay his debts could be construed as “a bad thing” by others or by the standards of society at large, even if he implicitly claims not to accept these standards himself.

In a society whose cultural norms vilify the debtor as morally inferior (and as Graeber, 2011, argues, there has probably never been a society that did not do so), being in debt poses an existential threat to identity. How did participants deal with this threat? There seemed to be three main approaches. Some participants appeared to find it helpful to draw comparisons with others in similar or worse

situations, perhaps in order to normalise – and thus render more acceptable – their own circumstances.

Imagine people are in a worse state than me, and who is helping them. They are probably sitting there, you know what I mean, again, you have seen it on TV haven't you women committing suicide because they can't, she knows she can't afford to pay the bedroom tax. Why should life be that crap for people you know (Pete)

A second strategy, used at some stage by all participants, was to present themselves as *reasonable* in their dealings with others, particularly creditors, and conversely to present these others as having acted unreasonably towards them. Often this occurred as people were explaining the circumstances of their debt.

So I have rang up and said I think they must think I am paying my gas quarterly which I am not, but I am not going to pay it because I don't believe I owe it and they are sending letters saying you still owe, final demands I am not going to pay it [researcher] because I don't believe I have to, I don't believe I owe £666 (John)

They buy the debt don't they, well my debt has been sold 3 times, the first debtors and they said ok we will buy that for you, couldn't do nothing the £1 a week and all that, they sacked it another one bought it off them they sacked it and another one bought it off them. I am thinking come on, it is going all the way down the line here why don't you just come and talk to me, you can't talk to them when you go down. No they don't want to know (Mike)

Although no participant made the connection explicitly, it is plausible to think of these appeals to a reasonable self – often contrasted with an uncaring, faceless “them” – as serving a psychological purpose: namely, acting as a counterweight to sociocultural stereotypes of the debtor as lazy, feckless, irresponsible and so on. If participants feel themselves to have acted in good faith (and can persuade others to judge them likewise) then perhaps it becomes easier for them to maintain a positive sense of self, despite being unable repay? For some

participants, indeed, this allowed the act of *not* repaying debts to be framed as morally correct and justifiable.

I ended up getting more working tax credit, so this is where the overpayment came, but I didn't tell them anything incorrect so I was adamant, I am not flipping paying that you know they can whistle you know, you prove to me how I am liable for this overpayment when I have told you the correct information (Anne)

Sorry, I told them, I am in a situation that you put me in, I wouldn't have been in that house if it wasn't for you I said I would still be with my wife and my daughter, I said whereas I am now on my own, totally in debt, you owe me God knows how much money and you are forcing my hand I said, you know, in my mind if we go to court I am sure they will back me before they will back you, I am paying nothing (Pete)

A third strategy to bolstering a positive sense of self relates to being valued by others. A clue to this is found in the earlier quote from Paula where she describes deciding not to pay the rent for two weeks because "I want to give my kids a good Christmas". From a purely financial/pragmatic perspective this could be seen as a questionable decision, especially given the serious possibility (which she mentions elsewhere in the interview) that she may be made homeless as a result. Later, however, Paula elaborates as follows.

I have struggled all my life, and I have had no breaks so for just one day, or a space of a week with the Christmas, for one, just for that once then yes it is going to be a nice time. And even if am walking the street next year I can always say well at least I had one nice Christmas. That is how it is, that is the way I am feeling at the moment (Paula)

Being able to provide a "decent Christmas" for her family seems to represent something powerful for Paula – perhaps enabling her to maintain a sense of self-worth through performing a valued role in the face of the looming existential threat. From her perspective the psychological pay-off is worthwhile, even though

the decision to forego two weeks rent payment can only serve to increase the possibility of being made homeless.

Although not of the same gravity, other participants mentioned similar situations.

Right so this is a loan you took out to sort of to try and get by?

Yes, I actually went, I got it to go over to [country] and made sure I had enough, you know, it was £250 my ticket was £50 and then the rest I think yes, the rest I got Christmas stuff on that you know, I gave [son] 100 euros, and he said I am going to use that for presents for them for Christmas (Mark)

What are the biggest impacts [of being in debt] on your life day to day? I am thinking maybe practical things or like emotional relationship things.

Now?

Well I guess maybe back then and then maybe now as well.

The only thing was not being able to buy things you know like well now I haven't give my son, I give him £20 Christmas last Christmas and phew... I felt, I felt a joke you know putting it in but that is all I had (Mike)

Mark's decision to spend the bulk of his loan – which was taken out on top of others – on “Christmas stuff” and presents for his grandchildren seems like a similar decision to Paula's, in that it serves to reinforce a positive role identity. By contrast, Mike's observation that only giving his son £20 made him feel “a joke” seems to reflect the flip-side of the same phenomenon – the feeling of being prevented from acting (or at least acting in the way that one would wish) in a valued role. Other participants also sought validation by playing a positive role in relation to other people. Mark, for instance, spoke warmly about becoming involved in a community volunteering project in which he had been able to use some old skills learned from his father.

A wider point here, perhaps, has to do with the role of social obligations and how identity can be defined in relation to them. As suggested above, one of the day-to-day consequences of debt seems to be the way in which (in combination with

other factors) it serves to restrict participation in “normal” life. Although participants found making material sacrifices difficult, for some at least there was a sense that these were easier to deal with when they only affected oneself, but harder to accept when they impinged on important role-defining social rituals such as buying Christmas presents.

4.6.2 *“Very upset and unhappy” ⇒ (Unhelpful) Coping strategies*

The second sub-theme describes the impacts of debt problems on participants’ emotional states. Given the nature of the wider study and the recruitment process, all of the participants had been given a diagnosis of depression by their GP. Perhaps unsurprisingly therefore, some participants described their emotional experience using the concept of “depression”. For some, this seemed to accord with a medical, diagnostic understanding of a disorder that can be “got”.

And that is another thing that the depression has done is, has stopped me taking care of myself and the other thing I have got is so it is anxiety and depression I have got OCD and I am also alcohol dependent (Anne)

Often, though, participants made explicit links between their mood and their experience of their material or social situation. Mark’s description is typical.

Yes it is hard to explain the depression. You know when you are really fed up with everything you just feel you are just sitting here and just don’t want to talk to no one you know and then you are just watching, looking at the clock, what am I going to eat, where am I going to be eating, or you could be watching the phone for somebody to ring (Mark)

This excerpt points vividly to a number of the consequences, for Mark, of his constrained financial situation: social isolation, low motivation and nagging uncertainty about being able to meet material needs. The reference to “looking at the clock” also suggests another experience that could be found in a number of accounts, namely lacking a structure or routine.

So if you haven't got that kind of order and structure in the day then you find those thoughts [about the debt] will come up more often?

Yes. Exactly yes. If you haven't got that structure you know like getting up at this time, having your dinner that time, that is a structure. Once that goes it is like your brain just like, what is it, like it is just starting to happen (Mike)

Although some participants acknowledged that they had had mental health difficulties in the past, most explained their current distress as being – at least in part – a consequence of being in debt rather than a precursor.

So it is just, it is basically built up from when I went to work, up until now, but I think it is just that everything from about five years ago where it started just getting worse, and the debt built and then I have not been the same since (Paula)

It was, the debt was a killer it really was, I would sit here and I would be in buckets all day all night, somebody would phone me up and I would be in buckets on the phone before the call do you know what I mean and you know that made it worse because you couldn't even speak then like you know what I mean (Pete)

With the exception of John, who gave little acknowledgement in the interview of having significant emotional difficulties linked to debt, all of the participants made connections in this direction.

Laura's account was slightly different, in that as well as attributing her current distress to her financial difficulties, she also made causal connections in the other direction: namely, between previous instances of low mood and the financial decisions leading to her becoming indebted.

I think I, when I am feeling fed-up and my mood is low, unless it is desperately low but then I will kind of go and do a bit of what I call comfort shopping. Now it is not massive, it is not you know like people go and buy loads and loads of things I am talking of going to Tesco's but all those things add up if you do it quite frequently (Laura)

Even though few participants attributed their financial situation to their mental health difficulties, a number spoke about how their experiences of emotional distress made it more difficult to take steps to deal with their debts. For instance, Pete described not being in a state of mind to accept help when it was offered.

So nobody was making you aware of what [debt support] was available?

That was it yes. One woman did but I mean I was in meltdown, I was at meltdown point at that time, you know I couldn't even talk five minutes to anybody because I was just breaking down all the time you know what I mean, I just found it better sitting in my house, and I should have listened to her at that time (Pete)

Other participants also spoke about the problem of not “thinking clearly” (Laura) when in a heightened emotional state. Often, it seemed that this compounded the difficulties people were already experiencing in trying to navigate a complex system.

As well as describing their emotional distress, participants also spoke about how they tried to deal with it. Broadly speaking they employed strategies of *avoidance*. For some people, this took a very concrete form – literally not opening letters or answering the phone. Other strategies included sleeping,

I could go to sleep at 10 o'clock at night, and sleep right round till 6 o'clock at night do you know that is some hours to sleep. And then I could still go back to bed 8 hours later and put myself away because there was that much going through my brain I just didn't want to wake up in the night time, day time. I didn't want to go out of a day because I was thinking of the letters, the letters, the letters (Mike)

distracting oneself by keeping busy,

You are trying to think how am I going to fill my day do you know all that and then, the depressing. You can watch, anybody can watch television all day and all that you know what I mean, I am not like that. I would rather get up and get out and do something, even if it's do something (Mark)

or even shopping.

So I try and drag myself out of it and ignore it and I will go shopping. But that is bad, that is mad. That is just a really bad way of coping with it (Laura)

Four of the participants reported significant use of alcohol. Although in some cases these were relatively long-standing problems, it was evident that drinking was also a form of distraction used consciously by participants as a way of avoiding thinking about debt.

I ended up turning to drink you know like waking up like sometimes there was even days when I was going into work needing a drink you know just to get it off my mind...

The debt collection agency that is another one, makes me just want to get rotten [drunk]. You know and blank it as though it is not there the problem is not there (Mike)

Last year I got to a point even though I had money I got to a point again of where I needed to drink to get out of the door you know because I felt like, I don't know I just felt like I couldn't go past the front door, unless the lack of confidence I suppose like you know what I mean I needed to be drunk to get out (Pete)

There was little mention of other substances, although Mike described one incident of trying to manage his feelings by using cannabis.

And how to deal with it, is like... and someone give me a blow once, right you know a joint, oh the paranoia, the paranoia that I felt I was that big in the world, the walls were coming in. I had to go home and lie down ((laughs)) I was thinking banks, banks, banks, banks. Never again, never again (Mike)

A persistent undercurrent running through many of the descriptions of avoidance was the recognition that, ultimately, it is not an effective strategy. Participants were aware that avoiding thinking about their situation was only likely to make it worse and prevent them from taking the steps required to deal with things.

You just put yourself in a shell don't you, it is like you have got to put it away haven't you, you know in the back of your mind but as you say as you know it eventually works its way back to the front (Mike)

So you just let yourself go deeper and deeper into debt, you just like, you blank it out, it is not there for a while. And it is only when something really hits you like an eviction you realise how far you have let it slide and that is what I am doing right now, just to get Christmas out of the way I have pushed this to the back of my mind (Paula)

Here, Mike acknowledges that trying to avoid thinking about the debt ultimately fails as a coping strategy. Paula, likewise, seems to understand that a strategy of avoidance can only take her so far. She describes how the hard reality of eviction hits home, and implies that it is made all the worse by the fact that she has avoided thinking about it at all – and yet, she acknowledges that she is now doing the same thing again in the run-up to Christmas.

Given the potential consequences for participants of ignoring their debts and not taking steps to improve their financial situations, the lure of avoidance strategies is striking. A possible explanation can be found in a further quote from Paula.

If I thought about it day-to-day I wouldn't get up, in fact if I thought about it day-to-day I would probably take a load of tablets and end it. So I know it sounds stupid, because I know it is there, but I don't talk about it, I don't think about it. I am not dealing with it at the moment. That is the only way I can, I could put it that way I am not dealing with it at the moment at all (Paula)

Suicidal thoughts were mentioned rarely in the interviews – only one participant disclosed having made a suicide attempt in the past (Pete, in 2009) and none reported having active suicidal feelings at the time of the interview. However, Paula's description here provides a vivid illustration of the emotional toll of being in debt. The thought of facing up to her situation is so painful that she fears she could not bear to live with it. It seems possible that this is linked to the sub-theme discussed previously – of debt as a threat to identity because of what it

represents within our socio-cultural context. To face up to one's debts would be to admit to being a "bad" or "worthless" person.

In fact, throughout the interviews there were relatively few examples of coping strategies that could not be seen as in some way unhelpful or counterproductive. A partial exception was medication, which a number of participants had been prescribed for their emotional difficulties. Pete, for instance, found this helpful because it enabled him to gain some control over his previously labile emotions and think more clearly.

So this year is probably the best year, where I have actually managed to plan things because probably because the medication I am on now, like you know what I mean. It has helped. It slowed me right down you know to where I am actually thinking about what I am doing and you know taking my time (Pete)

However, there was also some acknowledgement of the limitations of medication in the face of mounting stresses.

And, the antipsychotic tablets are supposed to help with the stem of the thoughts, and they are not working again at the minute but this is because the debt now is mounting and I can't, I really can't see any way whatsoever out of it, this time (Paula)

A final strategy identified in some of the interviews could be thought of as searching for comfort. Laura, for instance, gave the following description of going to Tesco's.

And you know shops are bright and you know when you go to Tesco's, I was thinking this the other day because Tesco's and the likes of that they are bright, and they lull you into a sense of like security almost. You don't pay with money well I don't so you are going in there and it is, there is a bit of music in the background it is bright and there is people around and it is I find it kind of relaxing (Laura)

Visiting the supermarket may not be many people's idea of "relaxing", but for Laura it represents a source of security. Her description evokes an almost childlike sense of wanting to be somewhere she feels safe and looked-after. Comfort of a different kind is sought by Pete.

I saved, this sounds stupid like but I saved up enough for a funeral, because I always said if anything happens to me I know I am going to get buried, you know what I mean, so, I told my brothers and my sisters the same. I said no I just feel good knowing that the money is there, if anything happens to me and you are buried me, give me a headstone I am sorted like you know and yes, that is probably one of the only things over the years where I have thought, if I pop my clogs, I don't have a pot to piss in like you know (Pete)

This seems to reflect a need for a kind of spiritual comfort, and can be interpreted in relation to the idea of debt as an existential threat. The money Pete has saved could, presumably, be used now to improve his financial situation. However, psychologically he finds comfort in knowing that his funeral arrangements are taken care of, thereby guaranteeing some lasting marker of his significance and value in the world after his death.

4.6.3 "Nothing I can do" ⇒ Taking control

The final sub-theme relates to the participants' sense of control in their lives and hopes for the future. From a theoretical perspective this is significant given the evidence linking feelings of powerlessness and loss of hope to suicidal feelings, and the suggestion in existing literature that both hopelessness and perceived control may be significant mediating factors in the debt-distress relationship.

A number of participants expressed feelings of being stuck or trapped by their debts.

It is just not possible at the moment. So I felt like stuck in somewhere whereas, I felt like I was killing myself really. That is what it feels like.

You feel stuck, can you tell me about that?

Really stuck and like I couldn't find any way out of this situation the only thing I could think to do was to increase my income which if I was 20 years younger was fine and I do accept responsibility for my debts I am not saying they are anybody else's problem (Laura)

In Laura's case, the feeling of being stuck is framed, at least in part, as her own fault. For others, however, it is attributed to external forces. Here, for example, Paula is talking about her situation in relation to the coming introduction of the so-called "bedroom tax".

So my situation is a catch 22 for me, I can't move. I get further in debt, I can't pay the debt, they evict me I am homeless walking the streets. And that is basically it (Paula)

A number of participants spoke about their current situations in ways that suggested feelings of powerlessness and positioned them as passive agents in relation to their difficulties.

But do you know what it has been like that so it has always been like that so it is just a matter of well, it is going to happen it is going to happen there is no point in worrying about it. Do you know, many a day many a time I sat here, in the madness sober sitting here well, Mark what are you going to do for food, what are you going to eat today. And there will be no leccy then what's the point going out for work, or what is the point Mark, it is going to be the same (Mark)

Here, for instance, Mark seems to have come to see his situation as inevitable – "it is going to happen" no matter what he does. Another very striking example is given by Paula.

How would you describe it [being debt]?

The best way is it is an illness. It is an illness that is what it is. It is an illness. You can't, there is no cure for it, there is, there is absolutely no cure of it, it can get better it can ease with time but it is an illness. And I know that sounds stupid

Not at all

But it really, it really is to me, it is an illness, it has made me ill, it is like a disease like I have caught something and I can't get shut of it. You know what I mean it is going to be with me until the day that I die, it is not a debt I can see me ever getting out of. So it is an illness, to me. That is what I would say it was, it is an illness (Paula)

Paula's analogy of debt with chronic illness is revealing in several ways. It suggests that she feels an almost total lack of agency – nothing she can do will ever “cure” her of debt, and therefore the threat of debt returning will be ever-present. At the same time, framing debt as illness distances Paula from responsibility. If the debt is something that she has “caught” rather than brought upon herself, does this make it easier for her to live with? Again, perhaps this offers a way to keep at bay the existential threat of debt and its meaning.

The way that participants spoke about the future was often contradictory. On the one hand, most participants were not devoid of optimism, and were able to express positive hopes for the future. Moreover, some were at pains to stress that their hopes were realistic.

I think just being financially stable, I don't want to be a millionaire and live in a big house, but not be skint and I can't go out because I have got no money I can't go, can't get new shoes for the kids because I have got no money but that is not the position at the moment anyway (Susan)

Susan's overt wish here is for enough money to live on. In relation to the issues of identity threat and need for safety discussed earlier, it is notable that she highlights being “stable” as a goal, and also that she gives an example of a normal, everyday activity strongly identified with a valued role (i.e. being a good mother).

Unsurprisingly, all participants hoped to be debt free. Employment was also mentioned frequently.

I would like to have a full time job working three days a week, getting a full pay ((laughs)) and, just you know, not have to worry about money (Anne)

Well yes, being employed, having a job and getting off benefits. But at the same time I would need probably to be making enough, have enough of a wage to cover my housing rent and council tax and stuff, and housing benefits because that is all paid from benefits but I would like a weekly wage and to try and get back into work. So I can do a lot more with like, improve my flat, and stuff and get it erm... improvements on it. But at the minute I can't do anything you know what I mean (John)

On the other hand, participants often expressed their hopes in a way that positioned them as passive and powerless. In the example above, for instance, John seems almost to be voicing an inner dialogue in which he is caught between expressing aspirations for the future but then talking himself out of them. A similar positioning can be seen in this excerpt from Mark's interview.

I know it will click for me I am just hoping, that anxiety and depression don't keep hanging over me you know, force me to drink. It is important that I keep active in [alcohol support group] you know (Mark)

Again, this is striking for the way that Mark frames the "anxiety and depression" as external forces over which he has limited control, and which have the power to "force" him to drink. A somewhat different example of a lack of agency is given by Anne, who speaks at some length about how she hopes to get a "life coach".

It is like, it is not like counselling as far as I know, it is this is how I would expect it to work or how I would like it to work, knowing that it will help me would be that they came here the sessions were here, and it wasn't just sitting and talking, it was ok right, so let's go into that room, what do you want to do first in here, and what I have been putting off there (Anne)

Whilst Anne's idea of the service she might receive from a life coach is probably some way from being accurate, it is nevertheless powerful if interpreted as a form of escape fantasy. She wishes that someone would come into her home, sort out the things that she is unable to and make everything OK.

Of all the participants, only two, Susan and John, described having taken significant steps to deal with their debts. For instance, both highlighted the importance of learning to plan spending.

So you are monitoring very closely what is coming in what is going out and yes I always plan, try and go 3 months ahead, and pay this off this month and I have been sticking to it because if I had money someone give me £200 now, 10 years ago I would have gone out and spent it on clothes now I would pay off debts. Whereas [partner] would spend it on clothes, and pay off the debts in small chunks I would rather get as much as I can out of the way, so then in the future you can enjoy the money better without having to pay off things. I am happy to buy it but not happy to pay for it ((laughs)) (Susan)

So then I learnt to just budget money and, and just try and keep my flat going without having to ask anybody else. And I did stop eventually. So I did, so now I am like, I am doing alright with it. I have always got money left over which is good, I have never, I have never like erm... I have never like... had any money because it is always spent in like the one day or whatever but now every few weeks I have got money like basically every day now so I have which is a good thing. So now if I need, if I run out of anything I need I can go to the post office to get some money and go and get it. And I am glad about it so I am (John)

Notable in both of these extracts is a sense of pride in having taken some control over their situations. Both Susan and John explicitly compare their current behaviour with money to how they might have behaved in the past, and express satisfaction at how they have changed. This is in marked contrast to, for instance, Paula's description of herself as a passive victim of the "illness" of debt, from which she can never escape.

5. DISCUSSION

5.1 Overview

In this chapter I consider the findings in terms of the study's objectives, the literature reviewed in Chapter 2, and additional theoretical perspectives. After this, I offer a critical appraisal of the methodology. Finally, I make suggestions for future research and practice.

5.2 Situating the analysis

The objective of the study was to understand more about the debt-distress relationship from the perspective of people who are living with problem debt and also experiencing significant psychological distress. In particular, I hoped that the data would provide insight into psychological factors that influence this relationship and, thus, offer new ways to explain the empirical finding that the relationship between distress and subjective measures of debt severity may be stronger than that with objective measures.

In this section, I return to the findings of my analysis and consider relevant literature that is helpful in making sense of the themes. Instead of including a separate reflective commentary I have tried to write reflexively throughout, describing where appropriate my thought processes, the ideas influencing my analytic decisions and interpretation, and making links to my own position. I draw on ideas from psychological research but also from the fields of anthropology, political philosophy and economics. The critical realist perspective adopted in this research means that where I offer connections to theory, these should be viewed as possible ways of making sense rather than claims about the "truth" of what is happening. As Lakoff (1987) notes:

there can be more than one scientifically correct way of understanding reality in terms of conceptual schemes with different objects and categories of objects. (p. 265)

Thus I have made no attempt (nor do I recognise a need) to interpret all of the data from within one theoretical paradigm.

5.2.1 *Living with debt day-to-day*

I analysed the data in terms of two overarching themes, each consisting of three sub-themes. The first, *Living with debt day-to-day*, captures the ways in which participants talked about debt in relation to their daily experiences: what being in debt caused them to do, or to think about, as they negotiated everyday life. This theme can be thought of as reflecting a more phenomenological analytic lens, insofar as that the focus was on describing “what it is like” to be in debt. However, I did make some interpretive moves – such as, for instance, seeing the way participants spoke about daily hardship as reflecting an underlying sense of isolation from normal life.

From a psychological perspective, perhaps the most striking feature of participants’ experiences of living with debt was described by the theme “*At the back of my mind*”. In various ways, all of the participants described being plagued by negative thoughts and worries, sometimes to the extent of being unable to sleep or to concentrate on daily tasks, and of feeling constantly “on edge”. This kind of *rumination* – repetitive, perseverative thinking about problems – has consistently been associated with psychological distress (for a review see Nolen-Hoeksema, Wisco & Lyubomirsky, 2008), and recent research suggests that it may be a particularly important process in the development of difficulties. Kinderman, Schwannauer, Pontin and Tai (2013) analysed data from an online survey of almost 33,000 people. This included a wide range of measures of mental health outcomes, psychological processes (rumination, self-blame and adaptive coping), as well as social and economic variables and past history of mental health problems. Although factors such as social deprivation, traumatic life experiences and family history of mental health problems were all highly associated with anxiety and depression, these relationships were strongly mediated by processes of rumination and self-blame. Based on these data, they hypothesised that “psychological processes determine the causal impact of biological, social, and circumstantial risk factors” (p. 7).

Clearly, the data from the present study can in no way be seen as a test of this hypothesis. However, the prevalence of rumination (and, for some participants at least, self-blame) in the accounts is consistent with the thrust of Kinderman et al.'s (2013) argument. Rumination may therefore be a strong candidate to be added to the list of psychological processes implicated in the apparent "gap" between the objective severity of debt and the amount of psychological distress experienced.

The sub-theme "*I can't do that anymore*" concerns how participants navigated the financial sacrifices imposed on them by their circumstances. Although the severity of people's debt, and the consequent impact on day-to-day expenditure, varied, most described how they had been forced to cut back and reprioritise. There is perhaps no need to over-theorise the fact that material deprivation was experienced as unpleasant, although it is worth noting that this is consistent with other literature; Jenkins et al. (2009), for instance, found that chances of developing a mental illness (to use their terminology) were significantly higher amongst people who had had a utility disconnected. Indeed, the idea of being "disconnected" is a useful metaphor for the way in which problem debt, in combination with other factors, led some participants to experience a distancing from "normal" life. It is interesting to compare this finding with a recent grounded theory study by Topor et al. (2013), which explored the experiences of people with a diagnosis of psychosis who were also in poverty. Although their sample was different, the authors found similarly that "[l]iving under poverty negatively affects [participants'] possibility to acquire and maintain a social network" (p. 117), in turn contributing to their sense of isolation and experience of distress. This chimes with recent work by Step Change (2015c), who suggest that a significant proportion of their clients report worsened family and friend relationships as a result of their debt problems.

The theme "*Sort of takes my pride away*" describes feelings of shame and embarrassment that were commonplace amongst participants in their day-to-day interactions with others. The quotation from which I took the name of the theme – where Mike describes how he feels about having to buy the cheapest clothes and

cigarettes – is reminiscent of a famous passage from the enlightenment economist Adam Smith (1776).

A linen shirt ... is, strictly speaking, not a necessary of life. The Greeks and Romans lived, I suppose, very comfortably though they had no linen. But in the present times, [...] a creditable day-labourer would be ashamed to appear in public without a linen shirt. (Book 5, part 2, article 4)

Smith's point was that there is a comparative aspect to financial hardship. One might have enough to stay alive but not "to lead a life without shame" (Sen, 1987, p. 18) because without access to certain socially accepted norms (e.g. of dress) one might still be judged by others as inferior, with all the entailed consequences of stigma and rejection. In the same way, participants seemed to be concerned about how others might judge them (e.g. if they knew about the debt problems), which in turn led them to experience negative feelings.

One way to conceptualise this psychologically is through *social rank theory* (Gilbert, 1992; Price & Sloman, 1987). This argues that humans have evolved to be extremely sensitive to social hierarchy and their own place within it. Behavioural "symptoms" such as social withdrawal, safety-seeking, avoiding eye contact and shyness, accompanied by feelings of shame and embarrassment, can be seen as evolved responses to being in a low status position – a form of "social damage limitation" (Gilbert & Maguire, 1998). However, these "submissive and subordinate displays" (Gilbert, 2000, p. 176) can be triggered both by external threat (e.g. from a dominant other) but also internal threat, such as when comparing oneself unfavourably to someone else, or imagining their judgement (Gilbert, Allan & Trent, 1995).

5.2.2 *Cumulative psychological impacts*

The second overarching theme is concerned with the cumulative effects of day-to-day experiences on participants' sense of themselves, their emotional world, and their outlook on the future. In developing this theme I took a more overtly interpretive approach, inferring meaning that was not explicit and also making

hypothetical causal connections. Needless to say, another analyst may well have read the data in a different way.

In particular, it is worth saying more about the distinction between day-to-day experiences and cumulative impacts. The main influence for approaching the data this way was a series of conversations I had with an advisor from the Citizen's Advice Bureau during the development of the DeCoDer trial. She recounted her observation (anecdotal, albeit born of several years experience) that the psychological impacts of debt problems are not immediate but instead are insidious. She felt that by the time people reach out for help they have often been deeply affected by the struggle of living with debt for a considerable period of time, and do not recover from this quickly even when their debt problems are resolved. I was aware of having this observation in mind as I approached the data.

Within the overarching theme of *Cumulative psychological impacts*, I also made some speculative causal links between sub-themes. This was, in essence, a solution to a puzzle that I encountered during the coding and theme development phases of my analysis. I was often struck by the way in which participants reported having made financial decisions that were, if anything, actively counterproductive to alleviating their debt problems (e.g. Pete's decision to keep money aside for his funeral). That these decisions initially appeared "irrational" caused me to reflect on the standard of "rationality" by which I was implicitly judging the participants – i.e. that of a middle class man with little experience of being in debt or having financial worries – and to wonder whether there could be an alternative perspective from which these kinds of decisions were more readily explicable.

Karelis (2007) offers just such a perspective, arguing that the standards of "rationality" used in much economic theory (and which were implicit in my own judgements) fail to take account of the lived experience of people in poverty. Karelis suggests that when people are struggling with multiple disadvantages, their view of the world is shaped not in terms of consumption opportunities – as

economic theory would suggest – but of problems to be alleviated. He draws an analogy with being stung by a bee. If a person has one bee sting and the possibility of taking some action in order to get it treated, she is likely to be highly motivated to do so. But if she has seven bee stings then her motivation to get one treated is much less, since the others will still hurt almost as much. If the chances of treating all seven are minimal, it may be more “rational” to do something that will take her mind off the pain of the bee stings altogether, even if only temporarily. This, Karelis suggests, is essentially the situation in which many people in poverty find themselves. Bennett (2008), commenting on Karelis’ argument, summarises as follows.

One doesn’t have enough money to pay rent or car insurance or credit card bills or day care or sometimes even food. Even if one works hard enough to pay off half of those costs, some fairly imposing ones still remain, which creates a large disincentive to bestir oneself to work at all.

Not all of the participants in the present study were living in poverty. Nonetheless, the dominant picture was of complex lives with multiple financial, social and psychological problems – many painful “stings”, in Karelis’ analogy. If the argument is right, a question arises: what are people doing to provide some temporary relief from their problems, even if this is not conducive to resolving them? The causal connections I hypothesised can thus be seen as an attempt to answer this question.

My interpretation of the sub-theme *“Doesn’t feel right for who I am” ⇒ Bolstering positive sense of self* was strongly influenced by Graeber’s (2011) analysis of anthropological case studies of debt relationships. This was briefly outlined in Chapter 1 but it is helpful to elaborate at this stage. Graeber argues that a debt should be seen, first and foremost, as reflecting a social and moral relationship, an inescapable feature of which is power. When two parties each have resources that the other desires, they can (in principle, at least) make a mutually beneficial exchange that has no implications for their relative status relative to one another – indeed, this underpins the economic concept of “gains from trade”. But a debt

relationship has a fundamentally different dynamic, insofar as that the very *existence* of a debt depends on the a priori existence of an inequality. The would-be creditor has resources that the would-be debtor does not, and by transferring resources (e.g. through the extension of credit), the former adopts a position of power over the latter. The contemporary example of payday lending makes clear how the creditor can dictate terms to their advantage (i.e. exorbitantly high interest rates) and the debtor, because of the inherent power imbalance, must accept them. One does not have to go far back in UK history to find even more overt examples of what would now be considered unscrupulous lending leading to debt peonage (in effect, slavery). Where once in the past debtors prisons were a reality for those unable to repay, it is striking that people still speak metaphorically of being “trapped”, “imprisoned” or “weighed-down” by debt.

It is these aspects of debt – its origins as a form of social obligation and the inherent power imbalance that is implied – which, Graeber suggests, explain why across history and place repaying debts seems always to have been regarded as the morally correct thing to do. Looked at this way, being unable to pay one’s debts is to fail in one’s social duties and thus to incur shame. Again, some reflection on contemporary metaphors of social obligation makes plain the connection: “I owe you a favour”; “I’m forever in your debt”; “How can I ever repay you?”. Graeber summarises as follows:

Debt is a very specific thing, and it arises from very specific circumstances. It first requires a relationship between two people who do not consider each other fundamentally different sorts of being, who are at least potential equals, who *are* equals in those ways that are really important, and who are not currently in a state of equality – but for whom there is some way to set matters straight. (p. 120)

But,

This is what makes situations of effectively unpayable debt so difficult and so painful. Since creditor and debtor are ultimately equals, if the debtor cannot do

what it takes to restore herself to equality, there is obviously something wrong with her; it must be her fault. (p. 121)

This analysis provides a compelling perspective on the current data. All participants in the study found themselves (or, at least, *felt* themselves) in the situation of having “effectively unpayable” debts. We have already considered the kinds of day-to-day difficulties caused by this, but if Graeber is correct this represents a kind of deep-seated moral inequality that adds a further layer of significance. Perhaps the clearest example is Paula’s experience with the housing officer. Paula was evidently offended by what she perceived as an unfair negative judgement on her character. However, following Graeber, we could go further and suggest that the reason this incident was so painful was that Paula did not feel herself to be fundamentally different to, or morally worse than, the housing association officer – yet the very fact of being in debt to her (or to the organisation that she represented) served to put her in that position.

In a social or cultural context in which debt is morally frowned upon, then, being unable to pay one’s debts gnaws away at one’s sense of oneself as a good and worthwhile person. This could be conceptualised psychologically in terms of narratives (White & Epston, 1990). For instance, Walker (2011) describes how in contemporary psychological research, which he takes as reflecting dominant discourses in society,

over-indebtedness is largely understood as a property of fecklessness, financial incompetence or an inability to delay gratification. (p. 535)

One could see people with debt problems being (or feeling themselves to be) “storied” according to these dominant, negative ideas. Viewed from a narrative perspective, participants’ responses to the threat to identity posed by their debt problems are thus attempts to tell and strengthen alternative, more helpful stories. The story of “reasonableness”, for example, is a more-or-less direct counter to the dominant story of the debtor as incompetent and/or irresponsible. Likewise, the story of playing a valued social role (e.g. that of being a “good

mother/grandparent”) is a counter to the implicit charge of selfishness and moral failure. In thinking of the data from a narrative perspective, it is worth remembering the inherently social nature of the interview situation – participants were *literally* telling stories of themselves.

The sub-theme “*Very upset and unhappy*” \Rightarrow (*Unhelpful*) *Coping strategies* captures the enduring emotional toll of living with problem debt, as well as some of the ways that participants described trying to alleviate it. As such, it offers some insight into the causal direction of the debt-distress relationship. In Chapter 2 it was noted that there seemed to be evidence of causation occurring in both directions, although the absence of longitudinal studies made it difficult to make strong claims about the relative prevalence of these pathways. Evidently, the current small sample cannot speak much to the issue of prevalence. However, it is nonetheless notable that in most participants’ understandings debt problems caused (or significantly exacerbated) their emotional difficulties, not the other way around. These findings are encouraging at least within the local context of the DeCoDer trial itself, which is based explicitly on the hypothesis that debt problems lead to clinically-significant distress.

In considering the emotional impact of problem debt and the strategies employed to cope, it is worth noting here an aspect of the data which, due to space constraints, I did not emphasise in the analysis. During the interviews, all of the participants spoke at some length about the material facts of their situation – how much they owed to who and for what, the benefits they received and how these had changed as a consequence of different welfare policies, the details of their weekly income and outgoings, and so on. Reflecting from my own undoubtedly fortunate position (i.e. having reasonably well-paid full-time work and never having needed to claim benefits), I was often struck by the sheer complexity of their situations. I felt relieved that I did not have to confront this kind of difficulty in my own life.

There is evidence to suggest that people experiencing depression may find decision-making difficult (e.g. Leykin, Sewell Roberts & DeRubeis, 2011).

Moreover, Spears (2011), drawing on the theory that willpower is a finite resource (Baumeister, Bratslavsky, Muraven & Tice, 1998), suggests that when finances are limited even relatively small spending decisions become effortful, because they require the consideration of trade-offs. One of the consequences of the cumulative emotional toll of living with problem debt may therefore be that it makes dealing with an already complex situation even more challenging. This is significant when considering how often participants reported resorting to emotional coping strategies centred on avoidance.

Walker (2011) is sceptical of this kind of “cognitive delinquency” explanation, seeing it as an example of blaming the victim and reinforcing a narrative of debtors as feckless or incompetent. However, revisiting Karelis’ (2007) argument suggests a less accusatory interpretation. In the Analysis, I suggested “there were relatively few examples of coping strategies that could not be seen as in some way unhelpful or counterproductive”. But whose standards of “helpful” and “productive” were at play in this assessment? These kinds of strategies may be better seen as rational-under-the-circumstances, especially when the alternative – trying to deal with a complex situation whilst in a state of significant emotional distress – is extremely daunting. The problem, perhaps, is not the irrationality of participants’ behaviour, but the failure of empathy on the part of those who would see it that way.

The final sub-theme, “*Nothing I can do*” \Rightarrow *Taking control*, describes how participants spoke about the future. In Chapter 2 it was speculated that hopelessness and feeling out of control could impact the relationship between debt and distress. Hopelessness was identified as a potential mediating factor by Meltzer et al. (2011) in their analysis of the British National Survey of Psychiatric Morbidity. Zurno et al. (2014) suggested that perceived control over one’s finances may moderate the relationship to distress.

Although there were some overt and vivid expressions of hopelessness (e.g. Paula’s comparison of debt to chronic illness), most participants did have some hopes for the future, even if they felt stuck or trapped by their current

circumstances and found it difficult to see a way out. Moreover, these hopes were often presented explicitly as modest and realistic. This could be linked with the expressions of one's own "reasonableness", noted earlier as another way to strengthen an alternative to the dominant narrative of irresponsible, profligate debtor.

However, as I analysed the data I was struck by how even expressions of hope for the future seemed linked with a sense of having no agency – of being passive and powerless in the face of forces ("my illness", "anxiety and depression") that were external, uncontrollable and unpredictable. This seems reminiscent of the *learned helplessness* theory of depression (Seligman, 1975). According to this model, people who have repeatedly been exposed to setbacks and injustices beyond their control are likely to suffer a consequent loss of agency, viewing themselves as powerless and thus acting passively even where they do, in fact, have opportunities to change their circumstances. This seems like an accurate characterisation of several of the participants, and may be another useful way of thinking about the relationship between debt and distress.

5.3 Revisiting the methodology

In this section I consider some of the limitations of the present study. I also offer an appraisal of the quality of the research.

5.3.1 Limitations

Having discussed the findings of the study, it is important to note a number of limitations. With regard to the interviews, I would have liked, and had hoped, to conduct more myself. However, this was made difficult by the fact that the participants were all in Liverpool and that the interviews had to be conducted within a certain time window from initial recruitment in order to meet the requirements of the DeCoDer protocol. On two occasions I travelled to Liverpool to conduct an interview only for the participant to cancel on the day – this resulted in the rescheduled interviews being conducted by my colleague, since it was not possible for me to return again within the timeframe required.

It is not essential that a qualitative analyst conduct interviews themselves (indeed, within the main DeCoDer trial the co-investigators leading the qualitative component are not directly involved in any data collection). Before starting the analysis I read the other interviews carefully and also reflected on the field notes written by the interviewer in order to obtain as much of a “sense” of the participant as I could. Nevertheless, I was aware that my relationship to the data felt somewhat different for the two interviews I had conducted, as I had a clear recollection both of the participants themselves and of my own emotional impressions at the time. It is difficult to know how this might have impacted on the analysis.

Another limitation of working within a larger trial is that I had very little control over recruitment. As I began the coding phase, eight interviews were available; however, two more were conducted shortly afterwards. I considered expanding my analysis to incorporate these as well but decided against it. By that stage I was approaching a point of saturation at which few new codes were emerging; moreover, I felt that the data I had were already sufficiently rich for the purposes of the present study. Nevertheless, with eight participants the study is comparatively small and may have been strengthened by the addition of these two interviews.

Perhaps a more significant issue is the make-up of the sample itself. For instance, the Money Advice Service (2013) developed a market segmentation model to describe the different kinds of people in the UK who find themselves with debt problems. Comparing the current sample to this model suggests that all of the participants would fall into just two of the eight categories (“Low wage families” and “Benefit dependent families”). The sample thus provides a limited picture of the range of people who experience problem debt.

Demographic homogeneity is often seen as a positive in qualitative research, in that it provides a way of focusing attention on the issues or dimensions of interest. However, it also limits the extent to which findings can be assumed to generalise. A particular issue in the present sample was that most of the

participants had histories of being financially and socially marginalised. As I conducted the analysis, I wondered if some of the difficulties that participants (and, therefore, I) were attributing to debt problems were in fact the consequence of a wider range of factors – perhaps a more generalised experience of financial strain (Selenko & Batinic, 2011). Similarly, it seems possible that some of these difficulties would not be shared by other groups; for instance, perhaps younger, university-educated people who have problem debts would be less likely to experience the kind of “learned helplessness” noted in the present sample, insofar as this is the result of multiple setbacks over several years.

Although not a limitation as such, choices of epistemology and theoretical orientation inevitably open-up certain opportunities at the expense of others. My decision to adopt a critical realist and social materialist orientation led me to focus on how participants navigated the social and material “realities” of their situation, and to draw on a range of conceptual tools in order make sense of their accounts, paying most attention to those aspects that seemed to be common for all or most participants. To some extent this was a catch-all approach – alternative epistemological stances would likely have led to different emphases. A more overtly phenomenological perspective, for instance, may have characterised and contrasted the different subjective experiences of participants, rather than focusing on commonalities. Alternatively, a social constructionist position would have led to a greater focus on discourse, perhaps revealing more about how the idea of debt as a social/moral obligation is constructed in practice. It may also have provided the opportunity to reflect more on the discourses participants drew upon as they made sense of their own distress – this would have been pertinent given that the research context itself positioned them, very explicitly, as people with “depression”.

5.3.2 Critical evaluation

The notion of quality in qualitative research is contested. One of the critiques of so-called “methodolatry” is that it can lead to the situation where a study’s adherence to the strictures of a particular method is taken as a proxy for its value. In an effort to provide an alternative conception of a “good” qualitative analysis,

several authors have produced guidance for assessing the quality of qualitative research in psychology (e.g. Elliott, Fischer & Rennie, 1999; Spencer & Ritchie, 2012; Yardley, 2000). These have more similarities than differences, and I use here those by Elliott et al. (1999).

- *Owning one's own perspective.* This relates to a thoroughgoing reflexivity in which the researcher “attempts to recognize their values, interests and assumptions and the role that these play in the understanding” (p. 221). In Chapter 3 I was clear about the theoretical and epistemological orientation of the research. Throughout the thesis I wrote in the first person where appropriate, and in both the Analysis and (especially) Discussion chapters I endeavoured to explain the interpretive decisions I made and the reasons for them. I also made links between my observations on the data and my own personal beliefs and biography.
- *Situating the sample.* This criterion refers to depicting the participants in appropriate detail. I provided information on the age and gender of participants and gave further details as appropriate to the analysis. I also considered the limitations of the sample in terms of the extent to which they may be representative of other people in the UK with debt problems.
- *Grounding in examples.* Qualitative research relies on selective use of well-chosen examples from the data. In order to comply with university regulations the current thesis must be no longer than 28,000 words in length. Meeting this requirement imposes a de facto constraint on the number and length of quotations that can be incorporated into the analysis. Nevertheless, Chapter 4 provides numerous excerpts. I tried to quote at reasonable length to help the reader gain a sense of the data and to provide assurance that examples were not taken out of context. I also tried to provide multiple data examples to illustrate key points, in order to avoid the charge of “anecdotalism” (that is, giving undue analytical weight to vivid but isolated examples). In terms of the analytical process, I

provided various examples of coding and theme development in the Appendices.

- *Providing credibility checks.* This criterion relates to the desirability of checking the credibility of key themes in the analysis. I discussed my emerging analysis with colleagues from DeCoDer, and also shared my analysis with my supervisor, receiving comments back. Although it is ultimately intended that we will share the findings of the qualitative phase of DeCoDer with participants, it has not been possible for me to do so at this stage as I am not permitted (within the protocol) to have further contact with participants until their involvement in the trial is complete.
- *Coherence.* This refers to the extent to which the analysis provides a coherent account of the data, whilst retaining space for subtleties and differences between participants. I provided a summary of my analysis in graphical form, highlighting key themes and the relationship between them. In describing the analysis I tried to provide a sense of the extent to which certain thematic ideas were common across the sample, and also highlighted examples where one or more participants differed from the others.
- *Accomplishing general vs specific research tasks.* This refers to the balance between identifying commonalities in participants' accounts ("general") and understanding specific instances of phenomena in detail. My interests in the present analysis were chiefly "general", in that I wanted to draw out common elements in participants' experiences of living with debt problems. Where I elaborated on particular instances, it is because I viewed them as highlighting a point of more general significance.
- *Resonating with the reader.* This final criterion refers to the extent to which the analysis is judged by readers to have "clarified or expanded their appreciation and understanding" (Elliott et al., 1999, p. 224) of the issue in question. The reader will assess the extent to which I achieved this goal.

5.4 Implications

5.4.1 Future research

The findings of the present study suggest a number of areas for future research.

Perhaps the most obvious outstanding question is that which the DeCoDer trial itself is designed to answer: is helping with debt problems an effective way to reduce psychological distress? Participants in the present study certainly *attributed* their psychological difficulties to debt over and above other problems, and believed that they would feel better if the debt was dealt with. To that extent at least, the data provide support for the DeCoDer trial hypothesis.

It seems very likely that there are multiple causal pathways between problem debt and psychological distress, operating in both directions, and further research is required to tease these apart. Ideally, this would employ longitudinal research designs, with survey instruments developed specifically for the task rather than, as has been the case for much of the existing research, “piggy-backing” on surveys ostensibly intended for other purposes.

The current study also highlights a number of candidate psychological variables that might mediate or moderate the relationship between debt and distress. In addition to hopelessness and control, it may be that rumination and perceived social rank are significant factors. Moreover, further research is required to understand and conceptualise the moral dimension of the experience of being indebted.

Finally, similar interviews should be conducted with people who have problem debt but different demographic characteristics (perhaps drawing on the market segmentation model developed by the Money Advisory Service, 2013). This would provide evidence about the extent to which the findings of the present study can be generalised.

5.4.2 Clinical practice

What do the findings of the current study suggest about current practice? One way to approach this is through the lens of public health, using the health impact pyramid (Figure 3; Frieden, 2010).

The two uppermost levels of the pyramid describe interventions with individuals who are already in difficulty: intervening to relieve the debt (*Counseling and Education*), and intervening to relieve the distress (*Clinical Interventions*). Evidently these are not mutually exclusive. In practice, however, people struggling with debt problems often end up being treated for “depression” or “anxiety” with little consideration given to helping them manage their finances. To the extent that mental health problems are a consequence of debt problems, the effectiveness of this strategy is likely to be limited. Moreover, from a social materialist perspective, it risks creating the impression that the “problem” is faulty thinking rather than real socioeconomic hardship, to which distress is an understandable response.

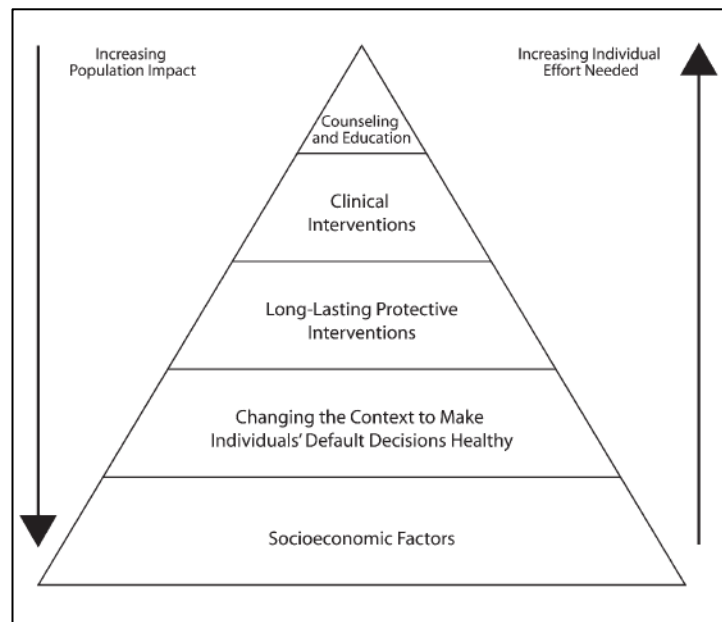


Figure 3: The health impact pyramid (reproduced from Frieden, 2010).

Nonetheless, therapeutic interventions may be a helpful adjunct to more practical financial assistance. Summarising their findings, Richardson et al. (2013) suggest that:

Cognitive Behavioural Therapy might be able to reduce worry about finances and catastrophising, and thus attenuate the impact of debt on mental health. (p. 1155)

The findings of the present study would support this view to some extent. Worrying about a visit from the bailiffs or making the next rent payment is hardly unreasonable when these are the realities of one's life. However, the kind of rumination described by most participants may be disruptive if it interferes with day-to-day living or makes it difficult to think clearly. Some evidence suggests that third-wave CBT approaches, which work on changing the relationship to thoughts rather than changing the thoughts themselves, may be helpful for these kinds of problems (e.g. Watkins et al., 2007).

However, my analysis also suggests a number of other avenues for therapeutic intervention. If, as for a number of participants, feelings of shame are prominent, conventional CBT strategies such as thought challenging may be ineffective, and an approach based explicitly on de-shaming (e.g. compassionate mind training; Gilbert & Proctor, 2006) may be more helpful. If the therapeutic focus is directed toward the threat to identity posed by being unable to pay one's debts, it could be that a narrative approach – along the lines outlined earlier – would provide a useful way to help strengthen a more positive self-image.

Whatever the goal of the intervention, it is more likely to be helpful if the debt problems are acknowledged openly. As a minimum, this requires curiosity about the client's financial circumstances and how they are experienced, perhaps paying particular attention to aspects of power and perceived social/moral obligation. But it may mean that therapeutic tasks are less focused on reducing symptoms and more on helping the client see their difficulties as the consequence of wider social inequalities (Miller & McLelland, 2006), for instance by using Hagan and Smail's (1997) power mapping approach.

Several participants in the present study lamented not having been taught how to deal with money when they were younger, which suggests that a *Long-Lasting Protective Intervention* might include educating people about debt. It is notable that financial education has only been part of the national curriculum in England since September 2014 (Foster, 2014); whether this makes a difference to the incidence of debt problems in the future only time will tell.

The next level of the pyramid, *Changing the Context*, suggests interventions informed by community psychology (Kagan, Burton, Duckett, Lawthom, & Siddiquee, 2011) that are targeted beyond the individual: at groups and communities. A psychologist working at this level might, for example, support the development of cheaper sources of credit (such as credit unions) and sources of debt advice within their local area. This might mean working closely with potential providers and commissioners (Hutt & Gilmour, 2010), in order to build capacity and raise awareness of the psychological impacts of debt problems.

Ultimately, as the epidemiologist Rose (1985) pointed out in a classic paper, attending just to those people who experience difficulties will not, in itself, help to reduce the overall incidence of a problem in the population if its causes are systemic. This brings us to the bottom layer of the pyramid, *Socioeconomic Factors*. In the case of debt, Walker, Burton, Akhurst and Degirmencioglu (2014) argue that:

There is a need to focus on positioning people's experiences of debt within a broader matrix of factors of national and international practices and policies, including globalisation, changing labour markets, and poorly regulated financial industries. (p. 264)

So long as these factors remain unaddressed, there will always be people who risk getting into difficulty with debt. Williams (1999) suggests that psychologists must become politically engaged if they are to make a real difference to the *incidence* of distress and not just the prevalence. Applied psychologists have not always seen this as part of their role, although there are signs this is changing –

the campaign group Psychologists Against Austerity (<https://psychagainstausterity.wordpress.com/>), for instance, has recently garnered significant media attention and mobilised many psychologists to write letters, sign petitions, and so on. With the right allies, such approaches can be effective. For instance, the new, significantly tightened regulations on payday lending introduced towards the end of last year by the Financial Conduct Authority (2014) came about, in part, after a concerted lobbying campaign by consumer groups. Perhaps, in future, similar campaigns could be actively supported by psychologists, who can use their knowledge of the evidence base to help make the case for change.

Policies, business practices and regulations, although complex and difficult to influence, are at least tractable. However, if Graeber's (2011) analysis is correct, the moral substrate of indebtedness is deeply embedded in our socio-cultural belief system and is unlikely to change. Being unable to pay one's debts seems always to have been a source of shame, and probably always will be. Perhaps the best we can hope for is a world in which fewer people find themselves in that position. I hope that the present research goes some small way towards making the case for further action to reduce the burden of problem debt.

REFERENCES

- Adams, T., & Moore, M. (2007). High-risk health and credit behavior among 18- to 25-year-old college students. *Journal of American College Health, 56*, 101-8.
- Afoko, C., & Vockins, D. (2013). *Framing the economy: the austerity story*. London: nef (the new economics foundation).
- Andersen, I., Thielen, K., Nygaard, E., Diderichsen, F. (2009). Social inequality in the prevalence of depressive disorders. *Journal of Epidemiology and Community Health, 63*, 575-81.
- Antaki, C., Billig, M., Edwards, D., & Potter (2002). Discourse analysis means doing analysis: a critique of six analytical shortcomings. *Discourse Analysis Online, 1*.
<http://extra.shu.ac.uk/daol/articles/open/2002/002/antaki2002002-paper.html>
- APA. (2000). *Diagnostic statistical manual-IV-TR, 4th ed*. Washington, DC: American Psychiatric Association.
- Archuleta, K. L., Dale, A., & Spann, S. M. (2013). College students and financial distress: Exploring debt, financial satisfaction, and financial anxiety. *Journal of Financial Counseling and Planning, 24*, 50-62.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
- Baumeister, R. E., Bratslavsky, E., Muraven, M., & Tice, D. M. (1998). Ego depletion: Is the active self a limited resource? *Journal of Personality and Social Psychology, 74*, 1252-65.
- Benassi, V. A., Sweeney, P. D., & Dufour, C. L. (1988). Is there a relation between locus of control orientation and depression? *Journal of Abnormal Psychology, 97*, 357-67.
- Bennett, D. (2008, March 30). The sting of poverty. *The Boston Globe*. Retrieved from http://www.boston.com/bostonglobe/ideas/articles/2008/03/30/the_sting_of_poverty/
- Bhaskar, R. (1978). *A realist theory of science*. Hassocks, UK: Harvester Press.

- Blanchflower, D. (2011, June 16). An economics lesson for David Cameron. *New Statesman*. Retrieved from <http://www.newstatesman.com/blogs/david-blanchflower/2011/06/credit-card-cameron-basic>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Brown, S., Taylor, K., & Wheatley Price, S. (2005). Debt and distress: evaluating the psychological cost of credit. *Journal of Economic Psychology*, 26, 642-63.
- Bunn, P., & Rostom, M. (2014). Household debt and spending. *Bank of England Quarterly Bulletin*, 2014 Q3, 304-15.
- Chamberlain, K. (2000). Methodolatry and qualitative health research. *Journal of Health Psychology*, 5, 285-96.
- Citizens Advice. (2014, October 10). Six in ten people in debt affected by mental health problems [Press release]. Retrieved from http://www.citizensadvice.org.uk/index/pressoffice/press_index/press_20101010.htm.
- Clark, A. (2003). Unemployment as a social norm: psychological evidence from panel data. *Journal of Labor Economics*, 21, 323-51.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health & Social Behavior*, 24, 385-96.
- Cox, B. J., Enns, M. W., & Clara, I. P. (2004). Psychological dimensions associated with suicidal ideation and attempts in the National Comorbidity Survey. *Suicide and Life-Threatening Behavior*, 34, 209-19.
- Cromby, J., Harper, D., & Reavey, P. (2013). *Psychology, mental health and distress*. Basingstoke, UK: Palgrave Macmillan.
- Crotty, M. (1998). *The foundations of social research*. Melbourne: Allen & Unwin.
- Croudace, T. J., Kane, R., Jones, P. B., & Harrison, G. L. (2000). Non-linear relationship between an index of social deprivation, psychiatric admission prevalence and the incidence of psychosis. *Psychological Medicine*, 30, 177-85.
- Cummins, R.A., Eckersley, R., Kai, L.S., Okerstrom, E., Davern, M., & Woener, J. (2004). *Australian Unity Well-being Index Survey 11, report 11: The Well-*

- being of Australians – Personal Financial Debt*. Melbourne: Australian Centre on Quality of Life.
- de Santos, R. (2014). *Life on the edge: Towards more resilient family finances*. London: Step Change.
- DCP. (2015). *Guidelines on language in relation to functional psychiatric diagnosis*. Leicester, UK: British Psychological Society Division of Clinical Psychology.
- Drentea, P., & Lavrakas, P. J. (2000). Over the limit: The association among health status, race and debt. *Social Science & Medicine*, 50, 517-29.
- Drentea, P., & Reynolds, J. R. (2012). Neither a borrower nor a lender be: The relative importance of debt and SES for mental health among older adults. *Journal of Aging and Health*, 24, 673-95.
- Elliott, J., Fischer, C., & Rennie, D. (1999). Evolving guidelines for publications of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-29.
- Financial Conduct Authority. (2014, November 11). FCA confirms price cap rules for payday lenders [Press release]. Retrieved from <http://www.fca.org.uk/news/fca-confirms-price-cap-rules-for-payday-lenders>
- Financial Inclusion Centre. (2011). *Report 1: Debt and household incomes*. Report for the Consumer Credit Counselling Service.
- Fitch, C., Hamilton, S., Bassett, P., & Davey, R. (2011). The relationship between personal debt and mental health: A systematic review. *Mental Health Review Journal*, 16, 153-66.
- Fitch, C., Simpson, A., Collard, S., & Teasdale, M. (2007). Mental health and debt: challenges for knowledge, practice and identity. *Journal of Psychiatric and Mental Health Nursing*, 14, 128-33.
- Foster, D. (2014). *Financial and enterprise education in schools*. House of Commons Library Standard Note SN06156. <http://www.parliament.uk/briefing-papers/SN06156.pdf>
- Frieden, T. R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100, 590-5.

- Fryers, T., Melzer, D., McWilliams, B., & Jenkins, R. (2004). A systematic literature review. In D. Melzer, T. Fryers & R. Jenkins (eds), *Social Inequalities and the Distribution of Common Mental Disorders* (pp. 1-125). Hove, UK: Psychological Press.
- Gabbay, M., Byng, R., Byrne, P., Edwards, S., Emsley, R., Frith, L., Harris, T., Huxley, P., Kinderman, P., King, M., May, C., Matthews, C., Phillips, C., Rawcliffe, T., Taylor, R., & Thompson, S. (2014). *Debt Counselling for Depression in Primary Care: An Adaptive Randomised Controlled Trial. Study Protocol version 2*.
- Gathergood, J. (2012). Debt and depression: Causal links and social norm effects. *The Economic Journal*, 122, 1094-114.
- Gilbert, P. (1992). *Depression: The Evolution of Powerlessness*. New York: Lawrence Erlbaum Associates.
- Gilbert, P. (2000). The relationship of shame, social anxiety and depression: The role of the evaluation of social rank. *Clinical Psychology and Psychotherapy*, 7, 174-89.
- Gilbert, P., Allan, S., & Trent, D. (1995). Involuntary subordination or dependency as key dimensions of depressive vulnerability. *Journal of Clinical Psychology*, 51, 740-52.
- Gilbert, P., & McGuire, M. (1998). Shame, social roles and status: The psychobiological continuum from monkey to human. In P. Gilbert & B. Andrews (eds), *Shame: Interpersonal behavior, psychopathology and culture* (pp. 99-125). New York: Oxford University Press.
- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: A pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy*, 13, 353-79.
- Goldberg, D. (1992). *General Health Questionnaire (GHQ-12)*. Windsor, UK: NFER-Nelson Publishing Co. Ltd.
- Government Office for Science. (2008). *Foresight mental capital and wellbeing project: Final project report*. London: The Government Office for Science.
- Graeber, D. (2011). *Debt: The first 5000 years*. New York: Melville House Publishing.

- Grafova, I. (2007). Your money or your life: managing money, managing health, *Journal of Family and Economic Issues*, 28, 285-303.
- Hagan, T., & Smail, D. (1997). Power-mapping – I. Background and basic methodology. *Journal of Community and Applied Social Psychology*, 7, 257-67.
- Hollis, C. (1935). *The two nations: A financial study of English history*. London: George Routledge and Sons.
- Hudson, C. G. (2005). Socioeconomic status and mental illness: Tests of the social causation and selection hypotheses. *American Journal of Orthopsychiatry*, 75, 3-18.
- Hutt, P., & Gilmour, S. (2010). *Tackling inequalities in general practice* London: The King's Fund.
- Janesick, V. J. (1994). The dance of qualitative research design: Metaphor, methodolatry, and meaning. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 209-19). Thousand Oaks, CA: Sage.
- Jenkins, R., Bhugra, D., Bebbington, P., Brugha, T., Farrell, M., Coid, J., Fryers, T., Weich, S., Singleton, N., & Meltzer, H. (2008). Debt, income and mental disorder in the general population. *Psychological Medicine*, 38, 1485-94.
- Jenkins, R., Bebbington, P., Brugha, T., Bhugra, D., Farrell, M., Coid, J., Singleton, N., & Meltzer, H. (2009). Mental disorder in people with debt in the general population. *Public Health Medicine*, 6, 88-92.
- Johnstone, L. (2014). *A straight-talking introduction to psychiatric diagnosis*. Monmouth, UK: PCCS Books.
- Kagan, C., Burton, M., Duckett, P., Lawthom, R., & Siddiquee, A. (2011). *Critical Community Psychology*. Chichester, UK: BPS Blackwell.
- Karelis, C. (2007). *The persistence of poverty: Why the economics of the well-off can't help the poor*. New Haven, CT: Yale University Press.
- Kinderman, P., Read, J., Moncrieff, J., & Bentall, R. P. (2013). Drop the language of disorder. *Evidence-Based Mental Health*, 16, 2-3.
- Kinderman, P., Schwannauer, M., Pontin, E., & Tai, S. (2013). Psychological processes mediate the impact of familial risk, social circumstances and life events on mental health. *PLoS ONE*, 8(10): e76564.

- Kirkbride, J. B., Jones, P. B., Ullrich, S., & Coid, J. W. (2012). Social deprivation, inequality, and the neighborhood-level incidence of psychotic syndromes in East London. *Schizophrenia Bulletin*, 40, 169-80.
- Knapp, M., McDaid, D., Evans-Lacko, S., Fitch, C., & King, D. (2011). Debt and mental health. In M. Knapp, D. McDaid & M. Parsonage (Eds), *Mental Health promotion and mental illness prevention: the economic case* (pp. 24-5). London: Department of Health.
- Lakoff, G. (1987). *Women, fire, and dangerous things: What categories reveal about the mind*. Chicago: University of Chicago Press.
- Leykin, Y., Sewell Roberts, C., & DeRubeis, R. J. (2011). Decision-making and depressive symptomatology. *Cognitive Therapy Research*, 35, 333-41.
- Lorant, V., Deliège, D., Eaton, W., Robert, A., Philippot, P., & Ansseau, M. (2003). Socioeconomic inequalities in depression: A meta-analysis. *American Journal of Epidemiology*, 157, 98-112.
- Lucchino, P., & Morelli, S. (2012). *Inequality, debt and growth*. London: Resolution Foundation.
- Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., Knapp, M., & Patel, V. (2011). Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. *The Lancet*, 378, 1502-14.
- Meltzer, H., Bebbington, P., Brugha, T., Jenkins, R., McManus, S., & Dennis, M. S. (2011). Personal debt and suicidal ideation. *Psychological Medicine*, 41, 771-78.
- Meltzer, H., Bebbington, P., Brugha, T., Farrell, M., & Jenkins, R. (2013). The relationship between personal debt and specific common mental disorders. *European Journal of Public Health*, 23, 108-13.
- Money Advice Service. (2013). *Personalising the debt sector: A segmentation of the over-indebted population*. London: Money Advice Service.
- Midlands Psychology Group. (2012). Draft manifesto for a social materialist psychology of distress. *Journal of Critical Psychology, Counselling and Psychotherapy*, 12, 93-107.
- Miller, J., & McClelland, L. (2006). Social inequalities formulation: Made, bad and dangerous to know. In L. Johnstone & R. Dallos (eds), *Formulation in*

- psychology and psychotherapy: Making sense of people's problems* (pp. 126-53). Hove, UK: Routledge.
- Neild, R. (2012), The national debt in perspective. *Royal Economics Society Newsletter*, 156, 20-2.
- Nettleton, S., & Burrows, R. (1998). Mortgage debt, insecure home ownership and health: an exploratory analysis. *Sociology of Health & Illness*, 20, 731-53.
- NICE. (2009). *Depression: the Treatment and Management of Depression in Adults (Update)*. NICE clinical guideline 90. Available at www.nice.org.uk/CG90.
- Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking rumination. *Perspectives on Psychological Science*, 3, 400-24.
- Norvilitis, J. M., Szablicki, P. B., & Wilson, S. O. (2003). Factors influencing levels of credit-card debt in college students. *Journal of Applied Social Psychology*, 33, 935-47.
- Office for Budget Responsibility. (2014). *Economic and fiscal outlook* (December 2014). London: Crown Copyright.
- Pardoe, A., & Plunkett, J. (2015). *Consumer challenges 2015*. London: Citizens Advice.
- Parker, I. (2005). *Qualitative psychology: Introducing radical research*. Maidenhead, UK: Open University Press.
- Patel, V., & Kleinman, A. (2003). Poverty and common mental disorders in developing countries. *WHO Bulletin*, 81, 609-15.
- Pilgrim, D. (2002). The biopsychosocial model in Anglo-American psychiatry: Past, present and future? *Journal of Mental Health*, 11, 585-94.
- Pilgrim, D. (2014). Some implications of critical realism for mental health research. *Social Theory & Health*, 12, 1-21.
- Pilgrim, D., & Bentall, R. (1999). The medicalisation of misery: A critical realist analysis of the concept of depression. *Journal of Mental Health*, 8, 261-74.
- Pilgrim, D., & Rogers, A. (1997). Mental health, critical realism and lay knowledge. In J. Ussher (Ed.), *Body talk: The material and discursive regulation of sexuality, madness and reproduction* (pp. 33-49). New York: Routledge.

- Pocock, D. (2015). A philosophy of practice for systemic psychotherapy: the case for critical realism. *Journal of Family Therapy*, 37, 167-83.
- Price, J. S., & Sloman, L. (1987). Depression as yielding behaviour: an animal model based on Schjelderup–Ebb's pecking order. *Ethology and Sociobiology*, 8(Suppl.), 85-98.
- Radloff, L. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Reading, R., & Reynolds, S. (2001). Debt, social disadvantage and maternal depression. *Social Science & Medicine*, 53, 441-53.
- Rose, G. (1992). Sick individuals and sick populations. *International Journal of Epidemiology*, 14, 32-8.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General & Applied*, 80, 1-28.
- Ryff, C. D., & Keyes, C. L. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719-27.
- Selenko, E., & Batinic, B. (2011). Beyond debt. A moderator analysis of the relationship between perceived financial strain and mental health. *Social Science & Medicine*, 73, 1725-32.
- Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death*. San Francisco: W. H. Freeman.
- Sen, A. (1987). *The standard of living*. London: Cambridge University Press.
- Silverman, D. (1993). *Interpreting qualitative data: Methods for analysing talk, text and interaction*. London: Sage Publications.
- Skapinakis, P., Weich, S., Lewis, G., Singleton, N., & Araya, R. (2006). Socio-economic position and common mental disorders: longitudinal study in the general population in the UK. *British Journal of Psychiatry*, 189, 109-17.
- Smith, A. (1776). *An Inquiry into the Nature and Causes of the Wealth of Nations*. London: W. Strahan.
- Smith, J., Fisher, G., Ryan, L., Clarke, P., House, J., & Weir, D. (2013). *Psychosocial and lifestyle questionnaire, 2006–2010* (Documentation Report, Core Section LB). Retrieved from the University of Michigan,

- Institute for Social Research website:
<http://hrsonline.isr.umich.edu/index.php?p=userg>
- Smith, R. (2011). Beneath the skin: Statistics, trust, and status. *Educational Theory*, 61, 633-45.
- Social Exclusion Unit. (2004). *Mental health and social exclusion*. London: Office of the Deputy Prime Minister.
- Spears, D. (2011). Economic decision-making in poverty depletes behavioural control. *B.E. Journal of Economic Analysis and Policy*, 11, Article 72.
- Spencer, L., & Ritchie, J. (2012). In pursuit of quality. In D. Harper & A. R. Thompson (Ed.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 227-242). West Sussex: John Wiley & Sons Ltd.
- Spinella, M., Yang, B., & Lester, D. (2007). Prefrontal systems in financial processing. *Journal of Socio-Economics*, 36, 480-9.
- Step Change. (2012). Rise in multiple payday loans [Press release]. Retrieved from:
http://www.stepchange.org/Portals/0/Documents/media/pressreleases/Press_release_Consumer_credit_spotlight_payday_loans_October_2012.pdf
 [Accessed 30/11/12].
- Step Change. (2014). Payday loan problems still on the rise [Press release]. Retrieved from
<http://www.stepchange.org/Mediacentre/Pressreleases/paydayloanproblemsonrise.aspx>.
- Step Change. (2015a, March 31). A rising economic tide, but many left drowning in debt [Press release]. Retrieved from:
<http://www.stepchange.org/Mediacentre/Pressreleases/Manyleftdrowninginindebt.aspx>.
- Step Change. (2015b). *Safe Harbours: Why we need a new extended breathing space guarantee to help people in temporary financial difficulties recover from debt*. London: Step Change.
- Step Change. (2015c, April 30). More money on bailouts for friends and family [Press release]. Retrieved from:

<http://www.stepchange.org/Mediacentre/Pressreleases/Friendsandfamilydebts.aspx>.

- Sweet, E., Nandi, A., Adam, E. K., & McDade, T. W. (2013). The high price of debt: Household financial debt and its impact on mental and physical health. *Social Science & Medicine*, 91, 94-100.
- Taylor, M. P., Pevalin, D. J., & Todd, J. (2007). The psychological costs of unsustainable housing commitments. *Psychological Medicine*, 37, 1027-36.
- Topor, A., Andersson, G., Denhov, A., Holmqvist, S., Mattsson, M., Stefansson, C-G., & Bülow, P. (2013). Psychosis and poverty: Coping with poverty and severe mental illness in everyday life. *Psychosis: Psychological, Social and Integrative Approaches*, 6, 117-27.
- Wagmiller, R. L. (2003). *Debt and assets among low-income families*. New York: National Center for Children in Poverty, Columbia University.
- Walker, C. (2011). Personal debt, cognitive delinquency and techniques of governmentality: Neoliberal constructions of financial inadequacy in the UK. *Journal of Community & Applied Social Psychology*, 22, 533-38.
- Walker, C., Burton, M., Akhurst, J., & Degirmencioglu, S. M. (2014). Locked into the system? Critical community psychology approaches to personal debt in the context of crises of capital accumulation. *Journal of Community & Applied Social Psychology*, 25, 264-75.
- Watkins, E., Scott, J., Wingrove, J., Rimes, K. A., Bathurst, N., Steiner, H., Kennell-Web, S., Moulds, M., & Malliaris, Y. (2007). Rumination-focused cognitive behaviour therapy for residual depression: A case series. *Behaviour Research and Therapy*, 45, 2144-54.
- Which? (2012a, November 8). Half of people taking out payday loans cannot afford to pay them back [Press release]. Retrieved from: <http://press.which.co.uk/whichstatements/half-of-people-taking-out-payday-loans-cannot-afford-to-pay-them-back/>
- Which? (2012b, May 18). People struggling to pay for food and bills caught in payday loans debt trap [Press release]. Retrieved from: <http://press.which.co.uk/whichpressreleases/people-struggling-to-pay-for-food-and-bills-caught-in-a-payday-loans-debt-trap/>.

- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton.
- WHO (1992). *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organization.
- Wickham, S., Taylor, P., Shevlin, M., & Bentall, R. P. (2014). The impact of social deprivation on paranoia, hallucinations, mania, and depression: The role of discrimination, social support, stress and trust. *PLoS ONE*, 9: e105140.
- Williams, J. (1999). Social inequalities, mental health and mental health services. In C. Newnes, C. Dunn, & G. Holmes (eds), *This is madness: A critical look at psychiatry and the future of mental health services* (pp. 29-50). Ross-on-Wye, UK: PCCS Books.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215-28.
- Zurlo, K. A., Yoon, W., & Kim, H. (2014). Unsecured consumer debt and mental health outcomes in middle-aged and older Americans. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 69, 461-69.

APPENDIX A: FURTHER INFORMATION ABOUT THE DECODER TRIAL

Background

DeCoDer is a randomised controlled trial funded by the National Institute for Health Research (NIHR; trial registration number 11/148/01). The trial was commissioned by the NIHR under the Health Technology Assessment (henceforth, HTA) programme, which funds research into the effectiveness, costs and broader impact of healthcare treatments.

The rationale for the trial, as outlined in the NIHR's initial call for proposals, was as follows. Depression and associated anxiety are common amongst patients seen in general practices, and many such patients also have debt problems. There is burgeoning epidemiological evidence pointing to a relationship between debt and depression, self-harm and suicide. Whilst the four-tiered stepped guidance to managing depression outlined by the National Institute for Health and Care Excellence (NICE, 2009) recommends a holistic approach, particularly in Primary Care settings, there is little research into the impact of debt counselling on mental health recovery. However, some authors (e.g. Fitch, Simpson, Collard and Teasdale, 2007) have suggested that health and mental health professionals should work more closely with specialist debt advisors in order to overcome the difficulties that people with a diagnosis of depression may have in accessing this kind of support. Moreover, economic analyses of the impact of debt on mental health suggest that such collaborations – if effective in improving outcomes – would be cost effective (Knapp, McDaid, Evans-Lacko, Fitch & King, 2011).

The DeCoDer trial is a collaboration between academic researchers, GP practices and the Citizens Advice Bureau (CAB). CAB is the UK's leading provider of debt advisory services, supporting over 2 million people per year across the UK in 3,500 locations.

Objectives

The overall objective of the DeCoDer trial, as specified in the protocol (Gabbay et al., 2014), is “to determine the clinical and cost effectiveness of the addition of a

primary care debt counselling advice service to usual care, for patients with depression and debt” (p. 8). In addition, the trial has a number of subsidiary objectives. Amongst these is “to explore reasons for outcome differences and relationship between depression, anxiety, debt, stigma, shame and psychosocioeconomic factors” (p.9).

Trial design

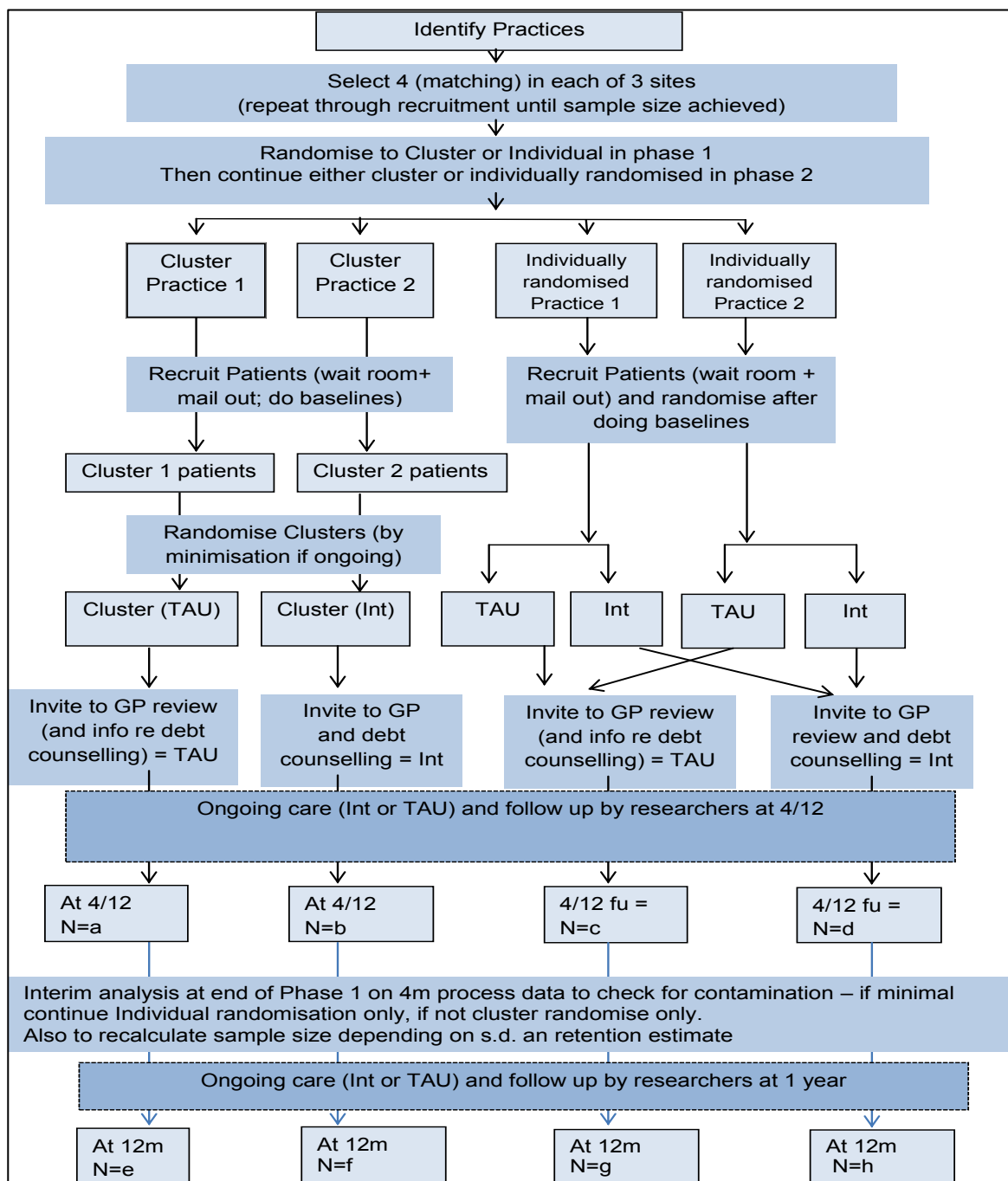
DeCoDer is an adaptive parallel two-group pragmatic randomised controlled trial with 1:1 allocation to intervention or control with a nested mixed methods process and economic evaluation. In brief, the trial is intended to run as follows:

- Patients who have current depression and are worried about debt will be recruited through general practices in three areas of the UK.
- After screening and consent, participants will be randomised to receive either:
 - a. General Practice treatment as usual, supplemented by a debt management advice leaflet (control group); or
 - b. General Practice treatment as usual supplemented with a debt management advice leaflet *and* primary care-based CAB debt advice, including a shared GP/Advisor comprehensive assessment (intervention group).
- Primary (depression, assessed using the Beck Depression Inventory; Beck, Steer & Brown, 1996) and secondary (health-related quality of life, cost effectiveness, satisfaction, and a range of additional explanatory factors) outcomes will be assessed in all participants at baseline, 4 and 12 months.

The trial aims to recruit 195 patients per arm across both feasibility and main trials if a single randomisation approach is chosen, or 235 patients per arm across both feasibility and main trials if cluster randomisation is used.

The trial includes an internal pilot phase, running for 11 months. The principle aim of this is to provide an opportunity to ensure intervention fidelity and to identify

and resolve any implementation problems, ideally without change to the intervention (so that data collected in this phase could be used in the final analysis). Both individual and cluster randomisation methods have been used in the pilot phase to assign participants to intervention or control arms with the aim of using individual level randomisation in the main trial if the pilot phase shows no strong evidence of contamination. The pilot phase is designed to recruit 120 participants. The following diagram shows the structure of the trial.



During the pilot phase, qualitative in-depth interviews are being undertaken with a subset of 30 participants randomly sampled from both the intervention and control conditions. The aim of these interviews is to help meet the trial objective highlighted above, namely exploring the relationship between depression, anxiety, debt, stigma, shame and other psychosocioeconomic factors.

Timescale

The DeCoDer trial is intended to run for a total of 45 months. This includes:

- 3 month initial set-up period.
- 11 months for the internal feasibility phase.
- 25 months for the full trial.
- 6 months data cleaning, analysis and reporting 6 months.

The trial officially commenced in March 2014. Data collection for the feasibility phase was somewhat delayed due to difficulties with recruiting GP practices – hence, recruitment and data collection did not begin until August 2014. At the time of writing, an application has been made to the NIHR HTA programme to extend the feasibility phase, due to on-going difficulties with recruitment.

Participating individuals and organisations

Chief Investigator

Professor Mark Gabbay	University of Liverpool
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Co-Investigators

Professor Richard Byng	Plymouth University
Dr Paula Byrne	University of Liverpool
Dr Suzanne Edwards	Swansea University
Dr Richard Emsley	University of Manchester
Dr Lucy Frith	University of Liverpool
Dr Tirril Harris	King's College London
Professor Peter Huxley	Swansea University
Professor Peter Kinderman	University of Liverpool
Professor Michael King	University College London

Caryn Matthews
Professor Carl May
Professor Ceri Phillips
Tim Rawliffe
Professor Rod Taylor
Dr Sam Thompson

Citizens Advice Bureau
University of Southampton
Swansea University
Lancashire Care NHS
Peninsula Medical School
University of Liverpool

Trial manager

Dr Adele Ring

University of Liverpool

APPENDIX B: DETAILS OF AUTHOR'S INVOLVEMENT IN DECODER

Responsibility within DeCoDer

As noted in section 3.2.2, I am a co-investigator on the DeCoDer trial. My responsibility on the trial is for the design and analysis of certain quantitative measures used within the study, specifically those relating to psychological variables. In this capacity, I have been involved with the design of the trial since its inception, which was some time before the beginning of my clinical psychology training. Specifically:

- I collaborated with the Chief Investigator, who at that time was my line manager and colleague at the University of Liverpool, to scope the initial proposal shortly after the NIHR call was released in early 2012.
- I contributed to an early draft of the project proposal and to subsequent iterations, including in response to reviewers' comments.
- I participated in a number of conference calls and in one project steering group meeting on 03/05/14.

Involvement in qualitative research

The research reported in the present thesis is based on data collected during the feasibility phase of the DeCoDer trial, which is on-going at the time of writing. Specifically, it is based on a subset of 8 of the 30 in-depth qualitative interviews that were due to be conducted as part of this phase of the trial.

The present research is thus not part of my formal involvement with DeCoDer. Agreement for me to be involved in the qualitative portion of the work was negotiated separately with the Chief Investigator and the co-investigators responsible for qualitative analysis. It was agreed that I could contribute to development of the interview schedule and to data collection, and could make use of the resulting qualitative data for my thesis. As such, I would be regarded as having the status of a (honorary) doctoral student in relation to this portion of the work.


To this end, my involvement in the qualitative phase of work has been as follows:

- I participated in group meetings and subsequent email exchanges during which we developed the draft interview schedule. I took the lead on drafting those parts of the interview schedule most directly related to the issues of interest in the present thesis.
- I wrote guidance to interviewers.
- I attended a meeting on with the qualitative team and a representative of the service user advisory group to review the draft interview schedule.
- I conducted two of the qualitative interviews.
- I had a number of telephone consultations with the project manager, Dr Adele Ring, who conducted the remaining interviews.
- I attended a meeting on 05/12/14 with the qualitative team, during which we discussed our initial readings of the first five interviews.

It was agreed that members of the qualitative team would conduct initial analyses of the data independently. At the time of writing, the only sharing of analysis to have taken place was at the meeting on 05/12/14. This was at an early stage; only five interviews had been conducted and transcribed, and none of the team had attempted any systematic coding.

APPENDIX C: NHS ETHICS APPROVAL

The following is a copy of the first page of the letter confirming NHS ethics approval (i.e. “favourable opinion”). None of the “Conditions of the favourable opinion” related to the qualitative portion of the trial, hence I have not included the subsequent correspondence confirming that these conditions were met.

1	 Health Research Authority National Research Ethics Service
	NRES Committee North West - Preston HRA NRES Centre - Manchester Barlow House 3rd Floor 4 Minshull Street Manchester M1 3DZ Telephone: 0161 625 7818 Facsimile: 0161 625 7299
 01 May 2014	
Professor Mark Gabbay Prof of General Practice & Head of Department Health Services Research University of Liverpool Department of Health Services Research Block B, Waterhouse Building 1-5 Brownlow St, Liverpool L69 3GL	
Dear Professor Gabbay	
Study title:	Debt Counselling For Depression in Primary Care: An Adaptive Randomised Controlled Trial
REC reference:	14/NW/0230
Protocol number:	UoL000917
IRAS project ID:	149137
 The Research Ethics Committee reviewed the above application at the meeting held on 25 April 2014. Thank you for attending to discuss the application.	
We plan to publish your research summary wording for the above study on the HRA website, together with your contact details, unless you expressly withhold permission to do so. Publication will be no earlier than three months from the date of this favourable opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to withhold permission to publish, please contact the REC Manager Mrs Carol Ebenezer, nrescommittee.northwest-preston@nhs.net.	
Ethical opinion	
The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.	
Ethical review of research sites	
NHS Sites	
The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see “Conditions of the favourable opinion” below).	

APPENDIX D: UEL ETHICS APPROVAL

ETHICAL PRACTICE CHECKLIST (Professional Doctorates)
--

SUPERVISOR: Trishna Patel

ASSESSOR: Francisco Jose Eiroa Orosa

STUDENT: Sam Thompson

DATE (sent to assessor): 27/06/2014

Proposed research topic: Understanding the relationship between debt and psychological distress.

Course: Professional Doctorate in Clinical Psychology

- | | |
|--|-----|
| 1. Will free and informed consent of participants be obtained? | YES |
| 2. If there is any deception is it justified? | N/A |
| 3. Will information obtained remain confidential? | YES |
| 4. Will participants be made aware of their right to withdraw at any time? | YES |
| 5. Will participants be adequately debriefed? | YES |
| 6. If this study involves observation does it respect participants' privacy? | YES |
| 7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? | N/A |
| 8. Is procedure that might cause distress to participants ethical? | YES |
| 9. If there are inducements to take part in the project is this ethical? | YES |
| 10. If there are any other ethical issues involved, are they a problem? | NA |

APPROVED

YES		
-----	--	--

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: FJEO Date: 26 June 2014

RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)

SUPERVISOR: Trishna Patel

ASSESSOR: Francisco Jose Eiroa Orosa

STUDENT: Sam Thompson

DATE (sent to assessor): 27/06/2014

Proposed research topic: Understanding the relationship between debt and psychological distress.

Course: Professional Doctorate in Clinical Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

- | | | |
|----|-------------------------------|-----|
| 1. | Emotional | YES |
| 2. | Physical | NO |
| 3. | Other | NO |
| | (e.g. health & safety issues) | |

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: LOW

APPROVED

YES		
-----	--	--

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: FJEO

Date: 26 June 2014

For the attention of the assessor: Please return the completed checklists by e-mail to ethics.applications@uel.ac.uk within 1 week.

SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.



School of Psychology Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

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The University of East London has campuses at London Docklands and Stratford
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853



APPENDIX E: INTERVIEW SCHEDULE

Topic Guide 1

Baseline Qualitative interview (2-4 weeks after baseline interview)

Opening remarks

The researcher will:

- Introduce him/herself and thank the participant for agreeing to take part in the interview.
- Go over the purpose of the interview and answer any questions.
- Discuss use of the audio recorder.
- Discuss confidentiality and risk.
- Advise the participant that they are free to terminate the interview at any time should they wish to do so.
- Go through consent form with participant.

Conversational prompts: Rather than a structured set of formal questions, the interview will follow the format of a focused conversation - beginning with an introductory question followed by the use of conversational prompts (CP) to facilitate further related discussion.

Introduction:

As you're aware, our project is asking people about their experiences with difficulties they have had with money and how this has impacted upon their lives.

Could I ask you to tell me your story about how you have come to have money worries?

- Recent issue or long term?
- Any specific events?
- Circumstances – illness, bereavement, redundancy
- Family & home circumstances
- Expected or unanticipated

When do you think you were aware that you were experiencing difficulties?

What do you think is debt?

Have you previously tried to sort out your difficulties with money?

- If yes— what happened?

How have your difficulties with money affected your life?

- relationships with close family, friends
- work
- social life
-

How do you feel about dealing with creditors?

- Why?

What do you think would help you to deal with creditors?

What would you like to happen in the future, in relation to money difficulties?

APPENDIX F: GUIDANCE NOTE FOR INTERVIEWERS

DeCoDer

Notes for qualitative interviewers

The topic guide has been written to help participants tell their story in their own words. However, there are a number of issues of interest in this research that are difficult or perhaps inappropriate to ask about directly (e.g. participants' sense of shame, stigma, etc).

The “story” of debt

In the first part of the interview, participants are invited to describe how they came to be in debt. As well as understanding the actual sequence of events, we are particularly interested in how participants *make sense* of what has happened to them.

The following are some themes that might arise in what participants tell you. Please try to have these “in the back of your mind” as you conduct the interview, notice if the participant says things that seem related and, if appropriate, ask them to say more:

- **Blame and responsibility.** How do participants talk about the causes of their debt? For instance, do participants indicate that they feel personally responsible for their situation, or do they attribute responsibility elsewhere? Do they “blame” someone/something for their debt?
- **Moral judgements.** Do participants talk about their story in terms that suggest underlying beliefs about right and wrong? For instance, do they say “*shouldn’t* have done...” or “*ought* to have done...”? Or do they mention the judgements of other people?

NB: If probing further about these issues, ensure that participants do not feel that you are judging or blaming them in any way for their situation.

The relationship between debt and distress

We are also interested in understanding how the experience of being in debt affects participants' mental health, and vice versa. The topic guide does not explicitly prompt about the relationship between depression/anxiety and debt since this would be quite an abstract question. However, please listen out for comments relating to:

- **Feelings of control.** Whether participants talk about their debt in a way that suggests they have some control over the situation or, conversely, that it is out of their control.
- **Relative severity of debt.** How people assess their debt difficulties relative to those of other people, and who they compare themselves with.
- **Debt burden.** Whether and in what ways the debt causes them psychological distress day-to-day (e.g. feelings of anxiety about bills / creditors, social isolation, sense of shame / stigma, etc).
- **Expectations about personal economic future.** Do participants display any sense that their situation will improve?
- **Hopelessness.** Any indication that people feel hopeless or trapped in their current situation.

APPENDIX G: DECODER PARTICIPANT RECRUITMENT PROTOCOL

Participants in the present study were a subset of those recruited into the feasibility phase of DeCoDer trial. This was conducted as follows.

GP practices

Recruitment was achieved through participating GP practices. The research team approached practices identified as being potentially suitable for the study, following-up an initial contact letter with a telephone call to ascertain interest and, where appropriate, a meeting to discuss the study in more detail. Local research teams work closely with the Local Clinical Research Network (LCRN) to recruit suitable practices.

Inclusion and exclusion criteria

Criteria for inclusion and exclusion from the study were agreed in collaboration with the NIHR. The objective of the study is to recruit adults with a diagnosis of depression (with or without a diagnosis of anxiety) within the last 12 months who are also worried about personal debt. To this end, the following inclusion criteria were established:

- Age ≥ 18
- Scoring ≥ 14 on the BDI
- Self-identifying as having worries about debt

The following exclusion criteria were agreed:

- Housebound and/or unable to get to CAB advice sessions.
- Actively suicidal or psychotic and/or severely depressed and unresponsive to treatment.
- Unlikely to comply with the intervention or follow-up, e.g. experiencing severe problems with addiction to alcohol or illicit drugs.
- Unable or unwilling to give written informed consent to participate in study.

- Currently participating in another research study including follow-up data collection phase.
- Has received CAB debt advice in the past 12 months.

Recruitment process

The recruitment process in the DeCoDer trial uses two approaches: 1) database search; and 2) waiting room recruitment.

The database search approach proceeds as follows:

- Participating GP practices conduct a search of their databases to identify adults potentially having current depression or depression related treatment in the last 12 months (by searching for, e.g. use of antidepressants, diagnostic codes).
- GPs screen the resulting lists and exclude patients they deem it would be inappropriate to approach.
- Practices send standard letters to potentially eligible patients, informing them of the study and inviting them to contact the research team. Accompanying these letters is a participant information sheet, an expression of interest form and a freepost envelope. The invitation letter asks patients to complete and return the form if they are interested in taking part.
- On receipt of the completed form the local research assistant (RA) contacts the individual by telephone, explaining the study in detail and answering any questions they have. If the person is still interested in taking part in the study the researcher arranges a date and time to meet with the patient.

The waiting room recruitment approach proceeds as follows:

- Publicity posters are displayed in the waiting rooms of participating GP practices and leaflets outlining the study placed around the waiting room.
- Leaflets include the contact details (telephone number/e-mail address) of the RA at the relevant site, an expression of interest form and a freepost envelope. Patients can then choose to return the expression of interest form

to the local research team as described above, or phone the research team for more information.

- Primary Care Research Network (PCRN) researchers and the RA may also highlight the study to patients in the waiting room by handing out leaflets and asking people to approach them or a member of the practice reception staff if they would like to discuss the study in more detail.
- Any patient registering their interest in the study in this way is taken into a side room to discuss the study in more detail and handed the participant information sheet to read. The researcher explains that patients will be screened for eligibility at their baseline data collection and consent visit.
- Patients interested in taking part in the study after discussion and reading of the participant information leaflet are asked to complete an expression of interest form and the researcher will arrange a date and time to meet with the patient to complete the baseline assessment.
- If potential participants opt to check their eligibility there and then in the GP practice, they are asked to complete the consent process at that point and complete their baseline BDI. Where people complete the BDI in their GP practice, they will be advised that the score will be carried over to the baseline assessment visit and will be the data used for the study, unless that visit takes place more than two weeks later, in which case, the participant would be asked to complete the BDI again at the baseline visit to determine eligibility and for use as baseline data for the study.
- Patients who are not eligible to take part (i.e. scoring <14) will be advised as to why, thanked for their time and willingness to participate and given the same study-specific debt advice leaflet as that given to people participating in the study. Ineligible patients will have no further involvement in the study.

APPENDIX H: PARTICIPANT INFORMATION SHEET



Participant Information Sheet

Title of project: Debt Counselling for Depression in Primary Care: An Adaptive Randomised Controlled Trial

We are inviting you to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take the time to read this information carefully and discuss it with others if you wish. Please do not hesitate to ask us if there is anything that is not clear. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?

Depression and associated anxiety are common among patients seen in general practices (GPs). Many of these patients also have difficulties with debt and prolonged absence from work. The purpose of this study is to find out if debt advice for patients with debt & depression, accessed through general practices, makes a difference to their recovery.

Why have I been asked to take part?

You have been asked to take part in this study either because the medical notes at your GP practice indicate that you have been diagnosed with depression, or

because you have contacted a researcher at the University of Liverpool indicating that that you are experiencing depression and are also currently experiencing difficulties with debt.

Do I have to take part?

No. It is up to you to decide whether or not you take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You will be free to withdraw at anytime without giving a reason. Should you withdraw from the study then the information collected so far cannot be erased and this information may still be used in the project analysis. If you decide not to take part, or to withdraw from the study, it will not affect the standard of care you receive.

What does taking part involve?

Initial assessment

If you are interested in taking part in the study a researcher will ask to meet with you at your home or at an alternate venue if you would prefer. At the start of this meeting, you will have the opportunity to ask any questions you might have about the study and you will be asked to complete a written consent form. After you have completed the consent form, you will be asked to complete a questionnaire to check if you are eligible for the study. If you are eligible for the study, you will then be asked to complete a series of questionnaires that will include questions about your health, current psychological, social and life difficulties (including severity and type of debt) and the health care services you receive. This interview may take up to two hours to complete.

Debt advice

This study compares two different ways of providing debt advice via GP surgeries. Half of the people taking part in this study will get debt advice provided in one way and half in a different way. In total, around 450 people will take part from three areas of UK. If you take part, a computer will allocate you at random (by chance – like tossing a coin) to one of the two ways of getting debt advice.

You will not be given specific details about the type of debt advice you have been allocated to receive, to reduce the effect of any prior knowledge or beliefs (bias). In some GP practices access to debt advice might include appointments with the Citizens Advice Bureau (CAB) whilst in other GP practices it will not. Whilst taking part in the study, you will also continue to receive your usual care.

What happens next?

Once you have been allocated to one of two ways to access debt advice, you will be contacted by a member of staff at your GP practice to arrange an appointment to see one of the GPs at the practice who is helping with the study. A member of the study team will also contact the GP practice to let them know which type of debt advice you have been allocated to receive. The researcher who conducted the assessment visit with you will not be told which type of debt advice you have been allocated to receive. At the GP appointment, the GP will carry out an assessment, advise you of the debt advice you have been allocated to receive and discuss your future care.

Further assessments

Whichever type of debt advice you receive you will also take part in two further assessment visits with the researcher. The second visit will take place four months after the initial visit and the third visit will take place 12 months after the initial visit. During the time that you are taking part in the study, your medical notes at the GP practice may also be examined to assess for any changes and to collect information about GP appointments, health care and other services you may have received.

We will ask some people who take part in the study to take part in two further meetings with a second researcher to tell us about their experiences of debt, the impact this has had on their life and their experience of health care. This information will help us to think about what else might be done in the future to help people experiencing debt and depression.

Audio-recorded interviews

We will ask for your consent to audio-record part of the assessment visits with the researcher and both of the two additional meetings with the second researcher (should you consent to take part in these additional meetings). **You may decline permission for us to audio record the three assessment interviews with the researcher at any time and still take part in the study.** However, we will only be able to ask you to take part in the two additional interviews with the second researcher if you are willing to consent to audio-recording of those particular meetings.

Will my taking part in the study be kept confidential?

Yes.

We will follow ethical and legal practice and all information which is collected about you during the course of the research will be kept strictly confidential; the only exception to this would be if the interview revealed a significant risk of harm to yourself or others. Due to our duty of care to you, in extreme cases it may be necessary to breach the confidentiality of this study and inform your GP of your responses. This would include cases where the specific intent to hurt yourself or others has been made clear. This would only be done after discussion with you first.

Relevant sections of your medical notes at the GP practice and data collected about you during the study may be looked at by responsible individuals from regulatory authorities and the NHS Trust, where it is relevant to you taking part in this research study - to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and nothing that could reveal your identity will be disclosed outside the research site.

How will my information be stored?

The Peninsula Clinical Trials Unit (part of Plymouth University) will store your name and address for the purpose of this study only, and these details will be held separately from the main study information. All participants will be assigned a study number, which will be used to match responses. All paper-based

information (e.g. Questionnaire Booklet) will be stored in a locked filing cabinet within a locked office in the Clinical Trials Unit. Information kept on computers by the Clinical Trials Unit will be stored securely on a system maintained by Plymouth University.

Personal data will be stored under strict security and destroyed after the statutory time period. Completely anonymous data may be retained for up to 10 years after the study.

What will happen if I do not want to carry on with the study?

If you wish to withdraw from the study, you can do so at any point without it affecting your care now or in the future. If you do withdraw from the study, we will destroy all your identifiable data, but we will need to use the anonymous clinical data collected up to your withdrawal.

What are the alternatives for treatment?

You can access treatment in the usual way, via your GP practice, regardless of whether you take part in this research trial or not.

What are the possible benefits of taking part?

It is hoped that individuals may find debt advice beneficial in their recovery from depression.

What are the possible risks or disadvantages of taking part?

It is possible that people may find it distressing when talking about current difficulties. If you become distressed during the interview, the researcher will check if you wish to continue. At any point during the interview, you can ask for it to be stopped altogether, or you can have a break, or you can ask for the audio-recorder to be switched off. If appropriate, the researcher may suggest that you visit your GP for further support.

What if relevant new information becomes available?

Sometimes we get new information about the intervention being studied. If this happens, a member of the research team will tell you about this new information and discuss whether you would like to continue in the study. If you decide not to carry on, arrangements will be made for your care to continue. If you decide to continue in the study you may be asked to sign an updated consent form.

Expenses and payment

You will receive a £10 shopping voucher for each assessment visit and each interview you attend with a researcher. You will receive the shopping voucher at the end of each assessment visit/interview. You will not receive any additional payments for the telephone calls from the researcher or for attending appointments at the GP practice. If interviews with the researcher(s) do not take place at your home and you have to travel to an alternate venue, travel expenses will be paid.

What happens when the research study stops?

You will continue to receive your usual care. You will no longer be able to access the specific debt advice provided by the study.

What if there is a problem?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. If you have any questions, you are welcome to ask the researchers, whose contact details are listed at the end. If you wish to make a complaint, you can contact Professor Mark Gabbay (Chief Investigator/Principal Investigator Liverpool). You can also seek independent advice from Healthwatch Liverpool: Telephone: 0151 227 5177; Text: 0151 237 3999; Email: healthwatchliverpool@lcvs.org.uk

The Merseyside and Cheshire Healthwatch advocacy service can provide free assistance to members of the public wishing to submit a complaint:

Freephone - Helpline - 0808 801 0389

Central office number (Liverpool) 0151 298 3267

Email: merseysideandcheshire@healthwatchadvocacy.co.uk

Harm

In the event that something does go wrong and you are harmed during the research, and this is due to someone's negligence, then you may have grounds for a legal action for compensation against the University of Liverpool but you may have to pay your legal costs.

Involvement of the General Practitioner/family doctor (GP)

We will write to your GP practice to inform them that you are involved in this research. A copy of your signed consent form will be held with your medical records at your GP surgery.

What will happen to the results of the research study?

Results of the study will be published in academic and professional journals and a report of the results will be sent to the funding organisation – the National Institute for Health Research. The study results will be fed back to members of the public through our service user group colleagues and contacts. We may use quotes from the qualitative interviews in reports, papers and presentations of the findings. All quotes will be anonymised and any identifiable information will be removed. If you are interested in receiving a copy of any publications from this study, please tell the research assistant when you meet with them.

We will also work with commissioners and GPs to explore how best to put the study findings in to practice.

Who is organising and funding the research?

The research has been funded by the National Institute for Health Research. The research is sponsored by the University of Liverpool.

Who has reviewed the study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been reviewed and given a favourable opinion by: NRES Committee North West - Preston [Ref: 14/NW/0230].

Further information and contact details

If you require any further information you can contact:

Professor Mark Gabbay
Chief Investigator/Principal Investigator Liverpool
The University of Liverpool
Waterhouse Buildings
1st Floor Block B
1-5 Brownlow Street
Liverpool
L69 3GL
Telephone: 0151 794 5610
Email: mbg@liv.ac.uk

Pam Clarke
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L69 3GL
Telephone: 0151 794 5595
E-mail: pclarke@liverpool.ac.uk

APPENDIX I: PARTICIPANT CONSENT FORM



QUALITATIVE INTERVIEW CONSENT FORM

Name Site PI: Professor Mark Gabbay

Debt Counselling for Depression in Primary Care: An Adaptive Randomised Controlled Trial

1. I confirm that I have read and understand the information sheet dated for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I give my consent to the interview being audio-recorded. ☐
3. I understand that I can ask to receive a copy of the transcript of the interview. ☐
4. I understand that my participation in the interview is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care or legal rights being affected. ☐
5. I understand that my medical notes and data from the study may be looked at by regulatory authorities or by persons from the Trust where it is relevant to my taking part in this study. I agree to these persons having access to this information. ☐
6. I give permission for anonymous quotations to be used, as appropriate, in written and verbal reports of the study. ☐
7. If I withdraw from the study, I agree that the information already collected about me during the interview can be retained and used. ☐

Name of participant

Date

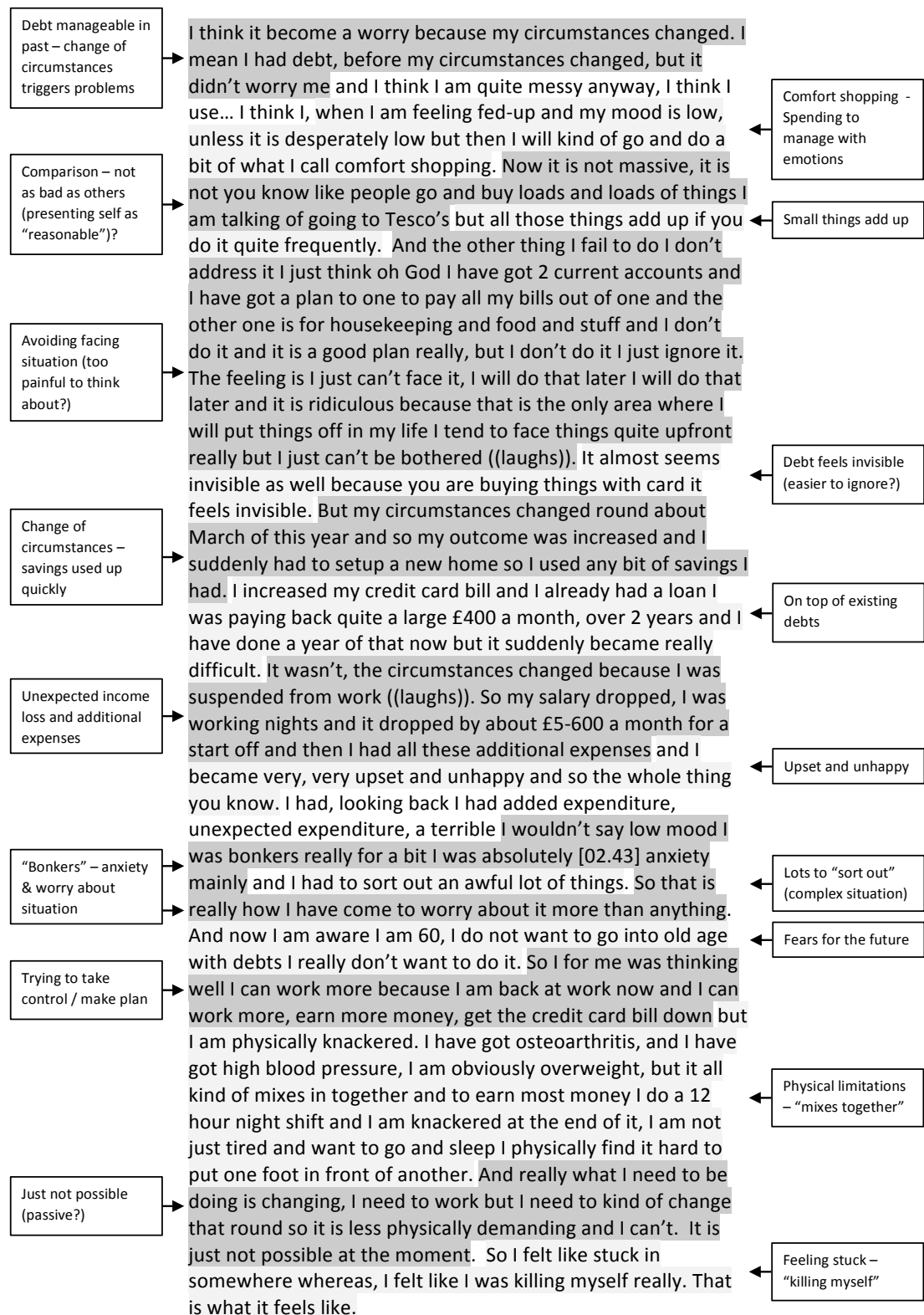
Signature

Name of person taking
consent

Date

Signature

APPENDIX J: INTERVIEW INITIAL CODING EXAMPLE



APPENDIX K: LIST OF INITIAL CODES

- 1 Affirmation from others
- 2 Anger & frustration
- 3 Anxiety about situation
- 4 Anxiety diagnosis
- 5 Avoid facing situation
- 6 Avoiding difficult thoughts
- 7 Avoid mention of debt
- 8 Avoid payday loans
- 9 Avoiding payday lenders
- 10 Back of my mind
- 11 Bad thoughts caused by debt
- 12 Bedroom tax
- 13 Being reasonable
- 14 Appeal to reasonableness
- 15 Self as reasonable (implicit comparison)
- 16 Being valued
- 17 Benefit discourse
- 18 Benefit trap
- 19 Benefits stopped
- 20 Bitter and regretful
- 21 Black cloud
- 22 Blaming self
- 23 Bleakness of situation
- 24 Bored
- 25 Borrowing from people
- 26 Bothered by having debt
- 27 Breakdown
- 28 Building over years
- 29 Building up (pressure)
- 30 Buying things I don't need
- 31 Can't relax
- 32 Change of circumstances triggers difficulty
- 33 Changed by debt experience
- 34 Christmas and birthdays
- 35 Comparison - not as bad as others
- 36 Competing demands
- 37 Complexity of finances
- 38 Conflict with identity
- 39 Constant pressure
- 40 Could be in worse situation
- 41 Damaged credit score
- 42 Dealing with creditors

- 43 Dealing with the legal system
- 44 Debt as illness
- 45 Debt comes suddenly
- 46 Debt different to loan
- 47 Debt manageable in the past
- 48 Debt triggers MH problems
- 49 Decent Christmas
- 50 Demeaning treatment
- 51 Depressed
- 52 Deteriorating mental state
- 53 Difficult life events
- 54 Difficult to get by
- 55 Difficulties in family
- 56 Dignity
- 57 Dilemma
- 58 Disclaiming responsibility
- 59 Distraction from rumination
- 60 Distress as consequence of income loss
- 61 Domestic violence
- 62 Don't believe what they claim I owe
- 63 Don't like owing money
- 64 Don't want to talk
- 65 Drinking heavily
- 66 Drinking interferes
- 67 Drinking to avoid thoughts
- 68 Drinking to deal with emotions
- 69 Drug abuse
- 70 Dwelling on the past
- 71 Economic conditions
- 72 Embarrassed
- 73 Employment
- 74 Everything at once
- 75 Experiencing stigma
- 76 External attribution of responsibility
- 77 Facing up to it
- 78 Family comes first
- 79 Fatalistic
- 80 Fear for others
- 81 Fear for the future
- 82 Fear of consequences
- 83 Feeling judged
- 84 Feeling rejected by others
- 85 Feels invisible
- 86 Fighting back
- 87 Frightened about going back to work

- 88 Funeral planning
- 89 Future as frightening
- 90 Gambling
- 91 Gambling as coping strategy
- 92 Getting back on track
- 93 Goal to be debt free
- 94 Going without
- 95 Good with money
- 96 Got too much
- 97 Hard to think about future
- 98 Hard to understand what has happened
- 99 Health impacts
- 100 Help seeking
- 101 Helping others not self
- 102 Hiding
- 103 Honesty with family
- 104 Hope
- 105 Hopes for children
- 106 Horror
- 107 Hospitalisation
- 108 Illness make things worse
- 109 Impact of MH problems
- 110 Impact of childhood adversity
- 111 Impact on others
- 112 Importance of family
- 113 Importance of planning
- 114 Important to have a plan
- 115 Impossible situation
- 116 Impulsivity
- 117 In trouble already - how much worse
- 118 In work - off benefits
- 119 Isolation from normal life
- 120 Joy just went
- 121 Justifying choices
- 122 Keeping occupied
- 123 Keeping secret
- 124 Knowing that help is available
- 125 Lack of financial knowledge
- 126 Lack of routine
- 127 Let down by professionals
- 128 Listened to by professionals
- 129 Loneliness
- 130 Longstanding debt
- 131 Loss of hope
- 132 Lost everything in past

133 Lost spontaneity and freedom
134 Lots to sort out
135 Low mood (consequence)
136 Low mood (pre-existing)
137 Lower class
138 Making life tolerable
139 Making sacrifices day-to-day
140 Managing low mood
141 Material hardship
142 Medication
143 Misery
144 Money as private
145 Money running out
146 Mounting stress
147 Need for positive role
148 Need for safety and stability
149 Need for social contact
150 Need for structure
151 Need support from others
152 Need to plan
153 Negative judgement from others
154 Negative self concept
155 Negative self identity
156 Never get better as long as debt is there
157 Nightmares
158 No way out
159 No-one to turn to
160 Normalising experience
161 Normalising own behaviour
162 Normative ideas about debt
163 Normative judgement
164 Normative judgement (on self)
165 Not bothered about it
166 Not frivolous
167 Not in frame of mind to push back
168 Not just a soft touch
169 Not living within budget
170 Not looking after myself
171 Not my problem
172 Not thinking clearly
173 Nothing I can do
174 Nothing to do with me
175 OCD rituals
176 Obsessive thoughts
177 Other people acquiring debt

178 Other people sorted it out
179 Others as reasonable
180 Others as unreasonable
181 Panic
182 Paranoid
183 Paranoid thoughts
184 Passively going deeper into debt
185 Penalised for doing right thing
186 Personal responsibility for situation
187 Physical impacts of drinking
188 Physical limitations
189 Playing the game
190 Positive self identity
191 Possessions in storage
192 Pressure leading to breakdown
193 Previous debt
194 Previous experience of violence
195 Prioritising debts
196 Putting things off
197 Rationalising own actions
198 Reflection on mental state
199 Regret over previous debt
200 Relying on hand-outs
201 Relying on others
202 Responsibility a problematic part of thinking
203 Responsibility to family
204 Running away
205 Seeking normality and security
206 Self as prudent
207 Self-critical voice
208 Self-harming
209 Shame
210 Sick of drinking
211 Sleep disturbance
212 Sleeping as avoidance
213 Slowly gets worse
214 Small things add up
215 Social support
216 Somatic symptoms
217 Something will turn up
218 Spending to cope with emotions
219 Stress causing other problems
220 Struggle to balance income
221 Stuckness
222 Suicide - attempt or ideation

- 223 Surviving day-to-day
- 224 Threats perceived from others
- 225 Too painful to think about
- 226 Tracking spending closely
- 227 Treated inhumanely
- 228 Treated unfairly because of situation
- 229 Treating self
- 230 Trying to do the right thing financially
- 231 Unaware of debt
- 232 Uncertainty
- 233 Understanding legal rights
- 234 Unequal social relations
- 235 Unexpected expenditure
- 236 Unfairness
- 237 Unnecessary debt
- 238 Unnecessary expenses
- 239 Unspoken, not talked about
- 240 Want to repay
- 241 Wanted more than could afford
- 242 Wanted to do nice things
- 243 Worrying
- 244 Worse in the past

APPENDIX L: EXAMPLES OF CODED EXTRACT ACROSS DATA SET

Code	Extract
Avoid facing situation (#5)	then there is someone who can show them and maybe write down, right next time you get a bill, get the envelope because this I can do with bills, I might open it and go oh... can't deal with that now put it there, put that there (Anne)
	And the other thing I fail to do I don't address it I just think oh God I have got 2 current accounts and I have got a plan to one to pay all my bills out of one and the other one is for housekeeping and food and stuff and I don't do it and it is a good plan really, but I don't do it I just ignore it (Laura)
	The feeling is I just can't face it, I will do that later I will do that later and it is ridiculous because that is the only area where I will put things off in my life I tend to face things quite upfront really but I just can't be bothered (Mike)
	And then I just forgot about it then I just said ok well there is nothing I can do, there is no way I can pay you this money out of my dole and that (Mike)
	I haven't contacted the housing because I am at that stage where I am all panicky (Paula)
	So I know it sounds stupid, because I know it is there, but I don't talk about it, I don't think about it. I am not dealing with it at the moment. That is the only way I can, I could put it that way I am not dealing with it at the moment at all. (Paula)
	just don't think about it and I have stopped thinking about it, for the past week just to be able to enjoy Christmas, just once (Paula)
Worrying (#243)	I just haven't got myself together properly yet, really about it but it is more the worry it is the worry about it. How can I clear this debt, how can I manage it and how can I do it as quickly as possible that is my issue how can I do it as quickly as possible. (Laura)
	It is in my mind going round and round. I know it is part of your thoughts, your thoughts aren't free to kind of just be, it is part of my thoughts and it is unpleasant, (Laura)
	And then, you always worry about something and then you were worried about family back home in [place] it was only there when [friend] died, a week after that I was so depressed all the people that were dropping off. (Mark)
	But there is like when I was in that, the post department that was a great job that I was made up with it. It weren't, strenuous you know what I mean it was like strenuous on me head but I loved that because it kept my brain in order, you know when you are not doing nothing your brain goes into thinking, thinking, thinking and it thinks about all the bad things. Oh the debt, the debt, the debt, the debt, it is very rare you think about the good things do you know what I mean. (Mike)
	bad thoughts concerning my grandson where it is him that gets hurt, and it is me that is ok, and I get them quite frequently and because the debt now is coming up again, with my worrying about that I am now having nightmares of an evening. (Paula)
	It is, it is.. it worries you to the point where you know you are sitting here every day thinking am I going to be here next week you know what I mean you are thinking (Pete)

APPENDIX M: EXAMPLES OF ANALYTIC MEMOS

Family obligations

Responsibility/obligation to family. Laura describes herself as “soft” and “stupid”, on the one hand blaming herself but then also disavowing the idea that she has been profligate. “Don't just give them everything they want” seems to be doing some kind of work in the social situation of the interview? Doesn't want me to think of her as indulgent and therefore weak - perhaps betrays that this is what she thinks of herself.

Paula – could have paid rent, and staring down the barrel of eviction... but buys Christmas presents for the grandkids.

The sense of doing right by one's family comes up in many interviews. Is it working to bolster/defend a more positive sense of self? I might be in a mess personally, but at least I can still be a good mother/father.

Not bothered

John's “not bothered” claims link to the idea of responsibility and reasonableness. He seems to be disclaiming responsibility, but implying that the other has been either unreasonable (e.g. letters stopping and starting) or that they should understand that he simply can't pay. Presents himself as the reasonable party.

Safety

Laura spends money on flat in order to feel safe. But from what? Not so much concrete fears about bailiffs etc, but more a sense of psychological safety from her anxiety about the future?

Wonder if sense of safety might turn out to be significant for other people too? Thinking about some of the more “paranoid” reactions, like Mike locking himself in the house, not answering phone, etc. Out of sight, out of mind?

Mark – wanting to sort out damp etc – “that is one solid thing”. Something about needing a base of safety and security which makes everything else easier to manage?

Wrong I know

Paula says that it is “wrong” for her to forego paying the rent and instead have a “decent Christmas”. Whose moral standard is she judging by here? Betrays ideas about social judgement - other people (like the house woman) might say that it was “wrong”. Or perhaps wider discourse about paying debts being the “right” thing to do?

APPENDIX N: INTERMEDIATE CODES

- 1 Always on your mind
- 2 Avoiding thoughts and feelings
- 3 Being prudent
- 4 Being reasonable
- 5 Changed attitude to money
- 6 Comparing self to others
- 7 Coping in the past
- 8 Dealing with situation
- 9 Debt different to loan
- 10 Disclaiming responsibility
- 11 Experience of others
- 12 Family relationships
- 13 Fear for the future
- 14 Feeling under pressure
- 15 Feeling unsafe
- 16 Fighting back
- 17 Finding a positive identity
- 18 Going without things
- 19 Hoping for change
- 20 Impact of MH problems
- 21 Isolation from normal life
- 22 Living with material hardship
- 23 Lower class
- 24 Navigating a complex system
- 25 Negative sense of self
- 26 Normalising experience
- 27 Overspending
- 28 Personal responsibility for situation
- 29 Physical consequences
- 30 Physical limitations
- 31 Playing a valued role
- 32 Psychological consequences
- 33 Regretting the past
- 34 Relying on others
- 35 Self criticism and blame
- 36 Shame and embarrassment
- 37 Significant previous life events
- 38 Sliding into debt
- 39 Struggling day to day
- 40 Stuck, trapped, powerless
- 41 Taking control
- 42 Threat to identity

- 43 Treated badly by others
- 44 Trigger for problems
- 45 Trying to find comfort
- 46 Unhelpful coping strategies

APPENDIX O: DEVELOPING THEMATIC MAP

Themes were developed using sticky notes rather than NVivo, in order to facilitate flexibility. The following picture provides an example of the theme-development process.

