Journal of Obsessive-Compulsive and Related Disorders 4 (2015) 54–59

Contents lists available at ScienceDirect

Journal of Obsessive-Compulsive and Related Disorders

journal homepage: www.elsevier.com/locate/jocrd

Motives for acquiring and saving in hoarding disorder, OCD, and community controls

Randy O. Frost [a,*], Gail Steketee [d], David F. Tolin [b,c], Nicole Sinopoli [a,d], Dylan Ruby [a]

[a] Smith College, United States
[b] Institute of Living, United States
[c] Yale University School of Medicine, United States
[d] Boston University, United States

ARTICLE INFO

Article history:
Received 8 July 2014
Received in revised form
18 December 2014
Accepted 19 December 2014
Available online 29 December 2014

Keywords:
Hoarding disorder
Motives for hoarding

ABSTRACT

Hoarding disorder (HD) was classified as a separate disorder in DSM-5 (APA, 2013). However, only recently research on hoarding has begun in earnest, and as of yet, very little research exists on the motivation to acquire and save the excessive volume of possessions seen in patients with this disorder. This investigation examined the frequency of four motives for acquiring and saving possessions that are often reported anecdotally by people with HD (information, emotional reasons, avoid waste, and aesthetic reasons). Comparisons in a sample of 443 participants indicated that those with HD reported higher frequencies of each of these four motives for acquiring and saving compared to OCD participants and community controls. The intention to avoid waste emerged as the most prominent motive in people with HD. Understanding waste avoidance may be key to better understanding and treating HD.

1. Introduction

Hoarding disorder (HD) is characterized by acquiring and failing to discard a large number of objects along with difficulty keeping them organized. The resulting clutter inhibits the use of living spaces and leads to significant distress and/or impairment in day-to-day functioning (Frost & Hartl, 1996). The prevalence of hoarding has been estimated at 2–5% (Iervolino et al., 2009; Mueller, Mitchell, Crosby, Glaesmer, & de Zwaan, 2009; Samuels et al., 2008). Hoarding is associated with considerable economic and social difficulties (Tolin, Frost, Steketee, Gray, & Fitch, 2008), as well as dysfunction among families (Frost, Steketee, Williams, & Warren, 2000; Tolin, Frost, Steketee, & Fitch, 2008). It also causes a significant threat to the health and safety of the sufferer (Frost, Steketee, & Williams, 2000). Although once considered a subtype of OCD, HD is now a separate disorder in DSM-5 (APA, 2013).

To date, few studies have examined motives for collecting and saving objects among people who hoard. Frost et al. (1998) found that people with hoarding problems produced more reasons to save items than did non-hoarding subjects, but did not differ in the number of reasons for discarding. Furthermore, reasons to save items were significantly and positively correlated with the perceived value of objects, and negatively correlated with the intent to get rid of belongings. Certain motives for acquiring and saving surface repeatedly among people with hoarding disorder. Emotional attachment to the object is among the most frequently reported. Multiple studies have shown that emotional attachment to possessions motivates excessive acquiring and saving behavior (Frost & Gross, 1993; Frost, Hartl, Christian, & Williams, 1995; Frost & Hartl, 1996; Kellett & Knight, 2003; Steketee, Frost, & Kyrios, 2003). Among people who hoard, possessions can serve as a source of comfort and security, extensions of the self, and sentimental reminders of important life events (Frost et al., 1995; Frost & Hartl, 1996; Furby, 1978; Hartl, Duffany, Allen, Steketee, and Frost 2005). Some people who hoard report extreme emotional reactions like “wanting to die” when they discard sentimental items (Frost & Hartl, 1996, p. 348), and some have likened getting rid of belongings to “losing a part of oneself” (Shafran & Tallis, 1996, p. 212). Emotional attachment to possessions is reflected in one widely used self-report questionnaire, the Saving Cognitions Inventory. No interview-based measures of emotional attachments have been reported.

In addition to being emotionally attached to objects, people who hoard have been hypothesized to feel responsible for safeguarding them from harm and caring for them (Frost & Hartl, 1996; Frost et al., 1995; Furby, 1978). Many people with HD report

* Correspondence to: Department of Psychology, Smith College, Northampton, MA 01060, United States. Tel.: +1 413 585 3911; fax: +1 413 585 3786.
E-mail address: rfrost@smith.edu (R.O. Frost).

http://dx.doi.org/10.1016/j.jocrd.2014.12.006
2211-3649/

feeling responsible for not wasting objects, not because they need or want them, but because they consider discarding them to be wasteful (Frost & Steketee, 2010, Shafran & Tallis, 1996; Steketee et al., 2003). Comments about being "responsible for saving" or "wasting a valuable opportunity" are reported more often by people who hoard than by OCD and control participants (Steketee et al., 2003). In a related vein, people with HD seem to be more willing to recycle possessions than to throw them away (Frost & Gross, 1993; Shafran & Tallis, 1996). Also in an early investigation, Frost et al. (1995) found that people who self-identified as having hoarding problems scored significantly higher on a measure of environmental consciousness than did non-hoarding controls, reflecting a greater concern over waste. Among a nonclinical sample, Haws, Naylor, Coulter, and Bearden (2012) reported an association between hoarding behavior and avoidance of waste as well. The Responsibility subscale of the Saving Cognitions Inventory (SCI) measures a somewhat broader version of this motive.

A third motive for saving involves the informational content of objects. People who hoard fear that they will lose or forget important material if an item is discarded (Frost & Hartl, 1996; Steketee et al., 2003). For instance, in response to why she felt unable to discard a five-year-old newspaper, one hoarding participant stated, "That information will be lost. I'll never be able to retrieve it" (Frost & Hartl, 1996, p. 344). Accordingly, people who hoard endorse saving objects to retain and remember information more frequently than do OCD participants and community controls (Steketee et al., 2003). Some people report hoarding unread written material (e.g., books and newspapers) because they might contain valuable information for a future need (Frost & Hartl, 1996; Hartl & Frost, 1999). The SCI Memory subscale captures the importance of saving things that facilitate memory, but not specifically the fear of losing information.

Anecdotal reports suggest that aesthetic appeal also motivates people with HD to acquire and save excessively. Frost and Steketee (2010) encountered this rationale as one patient excitedly described her collection of bottle caps: "Look at these bottle caps—aren't they beautiful? Look at the shape and the color!" (p. 66). In another interview, the child of a parent with HD explained, "[My mother] sees more [detail] than anyone I know, and attaches more meaning to each piece of it" (Frost & Steketee, 2010, p. 221). These comments suggest that some people who hoard consider ordinary items like bottle caps to be treasures with unique aesthetic qualities that should not be discarded. No questions on the SCI capture this motive. To date, no studies have examined aesthetic appeal as an acquisition or saving motive.

The present investigation examined the extent to which four motives for both acquiring and saving (information retention, emotional attachment, fear of waste, and aesthetic value) contribute to excessive acquiring and difficulty discarding. These motives were chosen because of the frequency with which they are reported anecdotally by people with HD. They overlap somewhat with the Saving Cognitions Inventory subscales, but were derived through interview assessment in the present study instead of self-report. While it was expected that people with HD would endorse each of these motives for saving and/or acquiring more strongly than would patients with OCD or non-psychiatric community controls, a central focus of the study was to determine whether the relative importance of these motives varied by group. That is, are the most and least frequent main motives for acquiring and saving the same for HD participants as they are for individuals who do not have HD? For this reason, motives were compared within each participant group. This study also examined the relative contributions of each motive in predicting overall hoarding symptoms.

2. Method

2.1. Participants

Adult participants (age 18+) recruited between 2005 and 2008 included 217 with clinical levels of hoarding (HD), 96 with obsessive-compulsive disorder and no hoarding (OCD), and 130 community controls (CC). Demographic information for participants is presented in Table 1. All three groups had similar age ranges, but the OCD group had a significantly lower mean age ($F(2, 438)=84.7$, $p<.001$) than the hoarding and community control groups. Gender distribution also varied significantly across groups ($\chi^2=24.9$, $p<.001$); hoarding and community control participants included more women, whereas men and women were almost equally distributed in the OCD sample. The three groups did not differ in education, employment, marital status, or race/ethnicity. However, HD participants were more likely to live alone than OCD or community controls.

2.2. Procedures

Hoarding participants were recruited through news media, clinics and mental health settings, and via word-of-mouth. Participants with OCD were recruited from mental health and anxiety clinic settings, as well as media and advertisements. CC participants were recruited through media advertisements and word-of-mouth; they were not permitted to meet criteria for any mental health disorder, except specific phobia. Criteria for inclusion and group membership were determined by trained diagnostic interviewers using the Anxiety Disorders Interview Schedule (ADIS-IV-Lifetime; Brown, DiNardo, & Barlow, 1994). Consistent with current DSM-5 criteria for hoarding (APA, 2013), inclusion in the HD group required interviewer ratings of moderate or greater clutter, difficulty discarding, and distress/impairment (either or both) from hoarding according to the Hoarding Rating Scale-Interview (HRS-I, Tolin, Frost, & Steketee, 2010). In addition, the clutter and difficulty discarding could not be attributed to another OCD symptom (e.g., contamination, checking) or other mental or medical disorder. HD was not required to be the primary diagnosis, and non-hoarding OCD symptoms were permitted; 178 had HD without OCD (82%) and 39 (18%) had co-morbid OCD. OCD participants

Table 1
Sample demographics.

Descriptive Statistics	Hoarding group ($N=217$)	OCD group ($N=94$)	Community controls ($N=130$)
Age			
Range	19–78	18–74	21–83
Mean (*SD*)	52.63[a] (10.26)	34.54[b] (13.73)	52.63[a] (13.48)
Gender			
Male	23.0%	52.1%	30%
Female	77.0%	47.9%	70%
Ethnicity			
White	88.3%	85.6%	88.3%
African	8.8%	5.6%	6.3%
American	1.4%	5.6%	3.1%
Asian American	.5%	2.2%	1.6%
Native American	2.0%	3.3%	5.6%
Hispanic	.9%	1.1%	.8%
Other			
Mean education (SD)	16 (2)	15 (2)	16 (3)
% Working FT or PT	53%	56%	54%
Married/partnered	36%	45%	40%
Living situation			
Lives alone	53.0%[a]	30.2%[b]	36.9%[b]
With partner/ roommate	35.0%	43.8%	50.0%
With child(ren)	26.3%	16.7%	30.8%
With parent(s)	4.1%[a]	25.0%[b]	4.6%[a]
Number of children	1.1 (1.3)[a]	.6 (1.1)[b]	1.7 (1.7)[c]

Note. HD=hoarding disorder; OCD=obsessive compulsive disorder; CC=community controls.
Means with different superscripts are significantly different from each other at $p<.001$ (Least Significant Difference [LSD]).