



# Hoarding and its relation to obsessive–compulsive disorder

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Received 15 January 2004; received in revised form 12 May 2004; accepted 11 June 2004

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## Abstract

Although hoarding is observed in some patients with obsessive–compulsive disorder (OCD), it has not been shown to share a specific relation with OCD. Across two studies, we found that (a) whereas the classic OCD symptoms of checking, rituals, and contamination intercorrelated consistently strongly with one another, hoarding related only moderately to both these OCD symptoms and to depression; (b) OCD patients were distinguished from both other patients and non-patients by classic OCD symptoms, but not by hoarding; and (c) whereas OCD symptoms showed consistent relations with Negative Affect, hoarding largely was uncorrelated with this dimension. These results do not support a specific OCD–hoarding relation but rather call into question the trend of considering it a specific symptom of OCD.

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**Keywords:** Hoarding; Obsessive–compulsive disorder; Psychopathology; Assessment; Confirmatory factor analysis; Negative affect

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## 1. Introduction

Obsessive–compulsive disorder (OCD) is an anxiety disorder marked by recurrent and intrusive thoughts, images, or impulses (obsessions) and/or repetitive behaviors, including mental acts (compulsions). Within the last decade, research has focused less on the dichotomy of obsessions vs. compulsions toward identification of several clusters of symptoms that subsume both

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obsessions *and* compulsions. Among the clusters identified consistently as belonging to the core of OCD are those related to checking, rituals, and contamination (e.g., Leckman et al., 1997; Summerfeldt, Richter, Antony, & Swinson, 1999; Wu & Watson, 2003). In addition to these clusters, many researchers have begun to include the domain of hoarding within OCD assessment instruments (e.g., Baer, 1991; Foa, Kozak, Salkovskis, Coles, & Amir, 1998; Foa et al., 2002; Goodman et al., 1989). Other researchers even have characterized hoarding as (a) a *symptom* of OCD (e.g., Frost, Steketee, Williams, & Warren, 2000; Stein, Seedat, & Potocnik, 1999), (b) a *manifestation* of OCD (Shafran & Tallis, 1996), or (c) a *variant* of OCD (Saxena et al., 2002). It is noteworthy, however, that hoarding never has been included as a *DSM* diagnostic criterion of OCD, nor is the term hoarding once mentioned in *DSM-IV*'s text description of OCD (APA, 2000). This discrepancy between (a) contemporary treatments of hoarding in the OCD literature and (b) the official *DSM* classification scheme is striking, and it raises fundamental conceptual and assessment issues regarding the relation between hoarding and OCD. In this paper, therefore, we examine data relevant to the question of whether hoarding should be recognized as a basic symptom of OCD.

## 2. Evidence from the literature

### 2.1. The nature of hoarding

Although scholars have debated distinctions among terms such as *normal collecting*, *obsessive collecting*, and *pathological hoarding*, hoarding typically is defined as the collecting of—and inability to discard—excessive quantities of useless or valueless items (Frost & Gross, 1993; Winsberg, Cassic, & Koran, 1999). Further, there is relative agreement that to qualify as psychopathological, hoarded items must occupy excessive amounts of space and also interfere with one's daily functioning (Frost et al., 2000; Frost & Hartl, 1996; Greenberg, Witzum, & Levy, 1990). Of note, however, the hoarder himself (herself) need not recognize such impairment. In fact, from a clinical referral perspective, most cases of hoarding that result in professional attention do so at the request of concerned family members, angry neighbors, or the legal system (Greenberg, 1987; Thomas, 1997). Further, hoarders typically demonstrate limited insight into the potentially dangerous nature of their hoarding and often experience their actions as ego-syntonic (Rasmussen & Eisen, 1998). In terms of prevalence, hoarding has been characterized by different researchers as “not a common phenomenon” (Melamed, Szor, Barak, & Elizur, 1998, p. 401), “not an unusual occurrence in the caseloads of experienced geriatric care managers and older adult protective service workers” (Thomas, 1997, p. 46), and as “commonly found in the general population and in a variety of mental disorders” (Hwang, Tsai, Yang, Liu, & Lirng, 1998). Clearly, no consensus has yet been achieved regarding its prevalence.

Well-known in the psychiatric literature, hoarding unquestionably is seen in a variety of clinical contexts, including organic mental disorders and psychoses, such as primary degenerative dementia and schizophrenia (Frost, Krause, & Steketee, 1996; Greenberg et al., 1990). Also available are clinical case descriptions of elderly hoarders who suffer from conditions such as Alzheimer's disease (Thomas, 1997), Diogenes' syndrome (Melamed et al., 1998), and cognitive disorder with delusions (Damecour & Charron, 1998). Further, hoarding behaviors have been

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