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Adult offspring perspectives on parental hoarding behaviors



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ABSTRACT

Hoarding disorder (HD) is characterized by difficulty discarding unneeded items and the accumulation of items within living spaces and is associated with significant functional impairment and distress. Along with the negative impact of hoarding on the individual, HD is substantially impairing for family members, and linked to disruptions in family functioning. The present study utilized a path model analysis to examine the associations between an array of hoarding variables hypothesized to impact family functioning and parent–offspring relationships in 150 adult-aged children of hoarders who responded to online requests to participate in a research study. It was hypothesized that increased hoarding severity, decreased insight, and increased family accommodation (i.e., act of family members facilitating or assisting in hoarding behaviors) would be associated with decreased family functioning, decreased quality of parent–offspring relationships, and increased offspring impairment. Results from the path model revealed that family functioning mediated the relationship between hoarding severity and parent–offspring relationship. Diminished insight in the hoarding parent (as reported by the offspring) was associated with increased familial conflict and family functioning partially mediated the relationship between insight and quality of parent–offspring relationship. Increased family accommodation was significantly associated with increased impairment (work, social, and family domains) in offspring of hoarders.

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1. Introduction

Hoarding disorder (HD), characterized by difficulty discarding useless items and cluttered living spaces (American Psychiatric Association, 2013), has an estimated prevalence rate of 5.3% and runs a chronic course in the absence of intervention (Pinto et al., 2007; Samuels et al., 2008). Mounting evidence has indicated that HD can be a substantially impairing disorder that is associated with negative outcomes for not only the individual, but also family members that are exposed to the hoarding behaviors (Tolin et al., 2008a; Wilbram et al., 2008). Despite increased attention to HD and associated risks, understanding factors that may affect the relationship between hoarders and their family members, especially children, are limited.

Only a handful of studies have investigated familial burden associated with hoarding (Drury et al., 2014; Tolin et al., 2008a; Wilbram et al., 2008). In an internet survey of 665 family members (i.e., children, significant others, and siblings) and friends of hoarders, informants reported increased negative

attitudes towards the hoarder, such as frustration, rejection, and hostility. Increased familial distress and impairment were reported with informants noting difficulty having people over to the home and feeling embarrassed about the state of the home. In another quantitative study, caregiver burden was examined among family members of normative collectors and hoarders; increased physical, social and emotional burdens were found in family members of hoarders relative to family members of collectors (Drury et al., 2014). Family members of hoarders also endorsed lower emotional well-being as well as role limitations due to burden. Wilbram et al. (2008) qualitatively examined familial adjustment and distress in 10 caregivers of hoarders, which comprised of siblings, spouses, parents, and children of hoarders. Informants described a sense of loss of “normal” family life due to the inability to use spaces within the home as intended. Disruptions in the caregiver's personal life were also endorsed with informants reporting avoidance of friendships outside the home, feelings of embarrassment regarding the clutter in the home, and inability to have others visit the home. Caregivers expressed frustration and anger towards the hoarder and reported frequent conflicts with the hoarder regarding clutter; in some instances these conflicts subsequently lead to the breakdown of relationships, with caregivers noting feelings of hatred and resentment towards the hoarder.

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Various factors associated with HD, such as hoarding severity, attenuated insight, and family accommodation may influence familial relationships and the quality of relationship between parents who hoard and their children. Increased hoarding behaviors can directly impair family members and others living within the home. Dust pollen, rotting foods, and bacteria can accumulate in living areas, posing significant health hazards for those living in the same residence (Frost et al., 2000). Clutter can obscure living areas and walkways increasing the risk of slipping and having items fall on top of people while they move throughout the house. In fact, 1% of hoarders reported having a child or elder forcibly removed from the home due to living conditions (Tolin et al., 2008b). Severe clutter that may accumulate outside the home (e.g., front yard, backyard, and sidewalks) can also pose as fire hazards for those in the home and in surrounding neighborhoods.

Attenuated insight, which is commonly observed among hoarders (Tolin et al., 2010a), can further complicate and damage familial relationships. Hoarders often do not consider their behaviors to be abnormal or excessive, tend to deny the lack of cleanliness in their living spaces, and often refuse to cooperate with health department officials to address clutter (Frost et al., 2000). Within familial relationships, decreased insight has been associated with increased feelings of frustration, hostility and rejection towards the hoarder by family members (Tolin et al., 2008a).

Family accommodation is the act of family members facilitating, engaging in, or providing behaviors that assist in hoarding behaviors. Recent studies have suggested high rates of family accommodation among families of hoarders, as well as an association between increased family accommodation and decreased quality of life for the family member (Drury et al., 2014; Nordsletten et al., 2014). Case studies have also reported that that family members refrain from discarding items in the home to avoid conflict with the hoarder, as well as modify daily routines and decrease responsibilities (e.g., completing chores, managing finances, and overseeing self-care) for the hoarder because symptoms may interfere with the hoarder's ability to meet expectations (Wilbram et al., 2008). Family accommodation in other psychiatric disorders is associated with increased distress, increased familial stress, poorer family functioning, and increased negative feelings towards the patient (Amir et al., 2000; Calvocoressi et al., 1995; Storch et al., 2007). Problematically, accommodation has been linked to attenuated treatment response in patients with obsessive-compulsive disorder (OCD; Merlo et al., 2009) and it is reasonable to expect that the same negative association would be found with hoarding treatment.

The consequences of hoarding may be especially profound on the offspring of hoarders. Indeed, Tolin et al. (2008a) found that offspring of hoarders retrospectively reported decreased happiness in their childhood, increased difficulty making friends, and increased feelings of embarrassment about the home compared to siblings of hoarders. Offspring of hoarders also reported increased conflict within the home including arguments and strained relationships with parents. Outside of HD, studies have consistently shown that parent psychopathology negatively impacts both the functioning and psychological health of children (Beardslee et al., 1998; Weissman et al., 2006).

As parental psychopathology, hoarding severity, lack of insight, and family accommodation are linked with family dysfunction and impairment, it is likely that increased family dysfunction and offspring impairment may impact parent–offspring relationships as well. Quality of parent–offspring relationships is measured through communication, feelings of emotional attachment and closeness, reciprocity (exchange of financial, emotional, and/or instrumental support), and conflict (e.g., Lye, 1996). Although no literature exists directly examining the relationship between HD

and disrupted parent–offspring relationships, research suggests that family conflict and offspring impairment may have negative effects on parent–offspring relationships. While parents generally provide children more financial support, adult offspring often provide more emotional support (via communication) and instrumental support such as taking care of parents' household (Kohli and Kunemund, 2001; Lye, 1996). Providing support for parents can be burdensome for offspring; 77% of offspring report feeling alone with the support of their parents and 80% report that they do not receive positive feedback for their support (Perrig-Chiello and Hopflinger, 2001). Indeed, offspring report household standards as a main source of conflict when parents are unable or unwilling to take care and maintain their household properly (Clarke et al., 1999). Marital discord and inter-parental conflict also negatively impact the quality of parent–offspring relationships. A 17-year longitudinal study indicated that conflict within the home was associated with a decline in closeness between parents and offspring (Amato and Sobolewski, 2001). As hoarding associated variables have been linked with increased family dysfunction and offspring impairment, it may be possible that hoarding severity, level of insight and family accommodation may also contribute to disruptions in parent–offspring relationships.

While studies regarding the negative impact of hoarding on relatives as well as familial disturbance and dysfunction caused by parental psychopathology have been informative, no data exist that specifically targets the impact of hoarding on offspring. Given the depth of family impairment, distress, and dysfunction that is present in families of a person who hoards, it is possible that these hoarding behaviors may substantially impact the parent–offspring relationship. Because treatment of hoarding may strongly benefit when support persons are also involved (Muroff et al., 2009), increased family conflict may interfere with treatment. Accordingly, this study examined common familial problems experienced by offspring of hoarders and possible models of the impact of parental hoarding behaviors on offspring. The proposed model hypothesized that hoarding severity, insight, and family accommodation was associated with the quality of parent–offspring relationships. The relationship between these hoarding-related factors and quality of parent–offspring relationship were proposed to be mediated by both offspring functional impairment and family functioning.

2. Method

2.1. Participants

The present sample was recruited through postings on various hoarding support groups and informational websites. Information was gathered only from the offspring of hoarders, and not directly from the hoarders themselves. Participants were 150 adult-aged children of hoarders ages 19–63 years ($M=37.81$, $S.D.=10.18$). Eighty-seven percent were female ($n=131$). The inclusion criteria were as follows: (a) the participant must be 18 years of age or older and his/her parent must present with clinically significant hoarding, as completed by the offspring regarding the parent on the Hoarding Rating Scale Self-Report (HRS-SR; Tolin et al., 2008a); (b) the parent who hoards was not deceased; and (c) English speaking. The self-reported racial composition of the informants was 91.8% Caucasian ($n=135$), 3.4% African American ($n=5$), 2.7% Asian ($n=4$), and 2% other/mixed ($n=3$). Two percent ($n=3$) did not provide information regarding race. Four percent ($n=6$) self-identified their ethnicity as Hispanic/Latino.

2.2. Procedures

All study forms were administered on the computer via internet. Consent approved by the corresponding institution was assessed on the first page of the survey in which participants were given information regarding the study and provided with the option to participate. Participants were asked to continue with the survey only if they gave consent to participate. The survey was entered into a secure online survey program. Participants did not provide identifying information. To account for possible repeat responses, key demographic characteristics

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