



# An examination of excessive acquisition in hoarding disorder



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## ABSTRACT

Although much has been written about hoarding recently, excessive acquisition in hoarding has remained relatively unexplored. The present study examined the types and role of acquisition and acquisition avoidance in hoarding. Of the 852 people who identified themselves as having problems with hoarding and volunteered for an internet study, 526 completed principle study measures, and 369 of these met criteria for clinically significant hoarding. In addition, 469 family and friend informants completed measures about a hoarding loved one. Sixty percent of those who met criteria for hoarding also met criteria for excessive acquisition. Of the remainder, nearly 70% reported acquiring problems in the past. Overall, 88% of hoarding participants had problems with acquisition currently or in the past. Ninety-two percent of informants reported moderate or greater levels of acquisition on the part of their hoarding family member or friend. Comparisons of current, past, and non-acquirers indicated differences with respect to hoarding severity and associated features (e.g., cognitive failures, self-control, perfectionism). Further, a substantial number in all three groups reported avoidance of acquisition-related cues. Only a few cases reported stealing behavior. Inhibited self-control emerged as a significant predictor of excessive buying, while cognitive failures predicted both buying and free acquisition.

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## 1. Introduction

Hoarding has been characterized by the acquisition and failure to discard a large number of possessions resulting in significant clutter and disorganization (Frost & Hartl, 1996). When the behavior is extreme, it can result in considerable distress and impairment (Tolin, Frost, Steketee, Gray, & Fitch, 2008). Historically, hoarding has been viewed as a subtype of Obsessive Compulsive Disorder. However, accumulating evidence suggests that hoarding is a distinct clinical entity (Mataix-Cols et al., 2010), which has led to its inclusion as a separate disorder in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013). The diagnostic criteria for the proposed hoarding disorder (HD) include the perceived need to save possessions and the resulting clutter and impairment, but the inclusion criteria do not include excessive acquisition. DSM-5 does include a specifier so that clinicians can indicate whether or not the hoarding is accompanied by excessive acquisition. Excessive acquisition is defined as the “excessive acquisition of items that are not needed or for which there is no available space” (American Psychiatric Association, 2013). Although the overwhelming majority of HD patients acquire excessively

(Frost, Tolin, Steketee, Fitch, & Selbo-Bruns, 2009), the role of excessive acquisition in hoarding has yet to be clarified.

Theoretical models for hoarding have posited that it may be part of a broader spectrum of disorders that include excessive acquisition (e.g., compulsive buying, compulsive acquisition of free things, stealing; Steketee & Frost, 2003). Frost et al. (2009) investigated excessive acquisition in a large cohort of self-identified participants with clinically significant hoarding ( $N=653$ ). Over 80% had excessive acquisition scores that were greater than one standard deviation above the mean for community controls. Interestingly, as part of the same study, 95% of the family members with hoarding relatives ( $N=665$ ) reported excessive acquisition by their hoarding loved one. Similarly, Frost, Steketee, and Tolin (2011) found that nearly 80% of a sample of 217 participants carefully diagnosed with hoarding disorder met criteria for an acquisition-related impulse control disorder (compulsive buying, excessive acquisition of free things, kleptomania). Over 40% met criteria for more than one type of excessive acquisition. Timpano et al. (2011) found that over two-thirds of their HD participants met criteria for the proposed DSM-5 acquisition specifier. Furthermore, acquisition measures in the Timpano et al. (2011) study were stronger predictors of distress, general impairment, and social impairment among their hoarding sample than the core features of hoarding. In a hoarding-related field trial for the DSM-5, Mataix-Cols, Billotti, Fernandez de la Cruz, and Nordsletten (2013) found that more than 95% of their diagnosed hoarding participants met criteria for the acquisition specifier.

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Several forms of excessive acquisition have been identified in people with hoarding disorder. Compulsive buying, which affects roughly 6% of the U.S. population (Koran, Faber, Aboujaoude, Large, & Serpe, 2006), has been found to occur more frequently in people with hoarding problems (Frost et al., 1998, 2011) and to be correlated with hoarding severity in nonclinical (Coles, Frost, Heimberg, & Steketee, 2003) as well as clinical (Frost, Steketee, & Grisham, 2004; Mueller et al., 2007; Timpano et al., 2011) samples. In a large sample of carefully diagnosed HD participants, Frost et al. (2011) found that over 60% of HD participants met criteria for a compulsive buying impulse control disorder. Mataix-Cols et al. (2013) reported that between 60% and 75% of participants diagnosed with HD engaged in excessive buying. In addition, approximately two-thirds of compulsive buyers showed elevated levels of hoarding (Mueller et al., 2007), and compulsive buyers were more likely to report higher levels of hoarding severity than community controls (Frost, Steketee, & Williams, 2002).

Similarly, excessive acquisition of free things in hoarding has been found in the relatively few studies in which it has been examined (Frost et al., 2009, 2011; Timpano et al., 2011). Nearly 60% of self-identified hoarding participants scored higher than one standard deviation above the mean of community controls on a measure of excessive free acquisition (Frost et al., 2009). Similar figures were found for diagnosed HD participants in two studies (Frost et al., 2011; Timpano et al., 2011), while Mataix-Cols et al. (2013) found excessive acquisition of free things in over 90% of their HD participants. Accumulating evidence suggests that assessing each of these forms of excessive acquisition is important as both appear to contribute significantly to hoarding symptoms. Both excessive buying and excessive acquisition of free things independently predicted hoarding severity (Frost et al., 2009; Timpano et al., 2011), and excessive free acquisition independently predicted earlier age of onset of hoarding (Frost et al., 2009).

Limited research also suggests that stealing and/or kleptomania may be another form of acquisition associated with hoarding. Grant and Kim (2002) reported that 12 out of 19 kleptomania cases (63.2%) reported hoarding behavior. Correlations between hoarding symptoms and stealing have been reported in undergraduate samples (Hayward & Coles, 2009). In a recent study, kleptomania occurred more frequently in HD patients than in individuals with OCD or among community controls, but the absolute frequency in HD was still quite low, < 10% (Frost et al., 2011). In contrast, Timpano et al. (2011) found “at least” occasional stealing in a quarter of HD cases, significantly more than among their non-hoarding counterparts. In the London field trial for hoarding disorder, Mataix-Cols et al. (2013) reported stealing in 6.9% of a small sample of HD cases.

Taken together, findings related to the frequency of excessive acquisition in hoarding suggest that 65–95% of people with HD engage in excessive acquisition. Little is known about the 5–35% of HD patients who do not acquire excessively. Clinical observations (e.g., Steketee & Frost, 2003) suggest that some deny current acquisition problems, but report a history of acquisition problems, and that problems may surface when they stop avoiding acquiring cues that trigger urges to acquire. For example, people struggling with urges to acquire often report avoiding store aisles, stores, and even whole sections of town in order to prevent themselves from acquiring. No research has examined either the frequency of past acquisition in HD patients who deny excessive acquiring or the extent to which acquiring cues are avoided by people who hoard. Both of these features will be explored in a sample of people with serious hoarding problems.

Finally, a variety of comorbidities and associated features have been found among those with HD including depression, obsessive compulsive disorder, perfectionism, and information processing deficits with regard to attention, decision-making, memory, and

other cognitive failures (Grisham, Norberg, Williams, Certoma, & Kaadib, 2010; Hartl, Duffany, Allen, Steketee, & Frost, 2005; Steketee & Frost, 2003). These features are part of the cognitive behavioral model of hoarding (Frost & Hartl, 1996), and are similar to those described for some impulse control disorders such as compulsive buying (Kyrios, Frost, & Steketee, 2004). Frost et al. (2009) found these features to be associated with the presence of excessive acquisition in hoarding disorder. However, no studies have examined the association of these features with the different forms of excessive acquisition seen in hoarding.

Self-control, the ability to exert control over one's behavior, is an additional characteristic hypothesized to be important for the development and maintenance of hoarding (Timpano & Schmidt, 2010, 2013), as well as impulse control disorders such as compulsive buying (Sher & Slutske, 2003). Although self-control is hypothesized to be associated with excessive acquisition in hoarding, this relationship has not been examined in a large sample of people with significant hoarding problems.

The aims of the present study were to (1) examine the frequency of current and past acquiring of all types, including stealing; (2) examine onset and course of these acquiring symptoms; (3) examine the relationship of each form of acquiring to other hoarding symptoms, including avoidance behavior; and (4) examine their relationship to associated HD features.

## 2. Method

### 2.1. Participants

Participants in the present sample were recruited from a database of over 10,000 individuals who had contacted the researchers in the previous 5 years for information pertaining to hoarding problems. These individuals were sent an e-mail inviting them to participate in a self-report study about hoarding conducted via the internet. Potential participants were permitted to forward the invitation to others with similar hoarding difficulties. Data collection occurred from September 15 to October 19, 2009. Of 1639 people who consented, 852 (64.3%) self-identified as having hoarding symptoms and 526 completed study measures. Of this group, 369 met criteria for clinically significant hoarding and also completed measures of acquisition and other study variables. Clinical hoarding was determined by scoring 4 (moderate) or higher on clutter and difficulty discarding and on either distress or impairment items of the Hoarding Rating Scale (HRS-SR; see below). These criteria are consistent with the DSM-5 criteria for hoarding disorder which state an individual must experience significant difficulty discarding, clutter, distress, and impairment. These criteria have been used in previous studies to indicate clinically significant hoarding problems (Frost et al., 2009; Tolin et al., 2008).

Of the 369 hoarding participants who met criteria for clinically significant hoarding, 94.3% were women who ranged in age from 26 to 80 ( $M=53.47$ ;  $SD=9.70$ ). Ninety-five percent identified as Caucasian, 2.2% as African American, 1.6% as Asian, and the rest as other. With regard to relationship status, 49.8% identified as married, 27.1% as single, 21.1% as divorced, 5.4% as living together, 4.3% as widowed, and 2.2% indicated other or declined to specify.

In addition, 618 individuals self-identified as a family member or friend of someone with hoarding difficulties and completed at least one measure of hoarding about that person, and 469 of them reported on individuals who met criteria for clinically significant hoarding. These participants were not related to the hoarding participants and were treated as a separate sample. Family/friend participants ranged in age from 20 to 79 ( $M=47.14$ ;  $SD=11.49$ ), and most were female (87%). The majority were Caucasian (93.8%), with 2.5% African American, 2.9% Asian, and 1.4% other. Two-thirds of the family/friends were married (67.1%), while 14.0% were single, 6.0% lived together, 9.8% were divorced or separated, and 2.1% were widowed.

### 2.2. Measures

**Hoarding Rating Scale Self-Report (HRS-SR, Tolin, Frost, & Steketee, 2010):** The HRS-SR is a 5-item Likert-type scale assessing the extent to which respondents experience difficulties with clutter, discarding, excessive acquisition, distress and impairment (0=no problem to 8=extreme). The HRS has strong psychometric properties, and has been shown to correlate highly with other measures of hoarding and discriminate hoarding from control participants (Tolin, Frost et al., 2010). Further, the HRS-SR demonstrates a diagnostic agreement with clinician interviews in 73% of cases. In the present study, the HRS-total was calculated by

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