



You have been on eBay, I perceive: the pathology of Sherlockian hoarding

Given by Monica Schmidt
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Earlier this year, when Peter Blau asked me to speak to the Red Circle, I was floored. I've been a speaker at several Sherlockian conferences and meetings of smaller scions, but to be the featured speaker at a meeting of one of the oldest Sherlockian scions is really hitting the big-time. And I am truly honored to be here.

I'm a licensed mental health counselor who spends a great deal of time working with court-mandated clients. Working with that specific population has given me a warped (and sometimes gallows) sense of humor. With that in mind, I can't think of anything I would find funnier than making many of my friends in this room a little self-conscious today. So, without further ado, I give you "You have been on eBay, I perceive: the pathology of Sherlockian hoarding."

The hobby of **collecting** includes seeking, locating, acquiring, organizing, cataloging, displaying, storing, and maintaining items that are of interest to an individual *collector*. What is of interest to the collector varies from person to person and the ways a collector accumulates their stuff are numerous.

I guessing most of us have purchased items for our own collections through stores, eBay, and yard sales. We've received gifts from friends and family – many well-meaning who don't realize we probably already own more than 10 copies of The Canon. Because I've become Iowa City and Cedar Rapids' go-to person for Sherlockiana, people often unload their gently used Sherlockian items (most often books) from recently deceased relatives on me. Of course, I give the items I don't own a good home, and I store the items I already own until I can find a good home for them.

Most Sherlockians are collectors. Some stand apart: John Bennett Shaw and Peter Blau. Then there's the rest of us. There are quite a few collectors of note. Michael Quigley, for example, has completed his purchase of the full run of BSJ issues, and has an amazing collection of Sherlockian teddy bears. Then there's Denny Dobry, who's well known for his fabulous re-creation of 221B.

My own collection is far more meager, but I do have an assortment of Sherlockian plushies. . .and a tattoo.

So that's *collecting*. . .but what is *hoarding*?

The TV Show *Hoarders* brought the mental disorder to the public eye when it premiered in 2009 on A&E. Over the years, it's hopped networks from A&E to Lifetime and it's done a measure of good in the process. The increased attention caused by the show forced the American Psychiatric Association to re-

examine the hoarding disorder. In the previous edition of the *Diagnostic and Statistical Manual of Mental Disorders* (abbreviated DSM), the DSM-IV-TR (text revision), which was introduced in 2000, hoarding was listed as a symptom of obsessive-compulsive disorder. But in studying the matter more closely, the APA found that more people could be diagnosed with hoarding than OCD itself, which means that it is not a subtype of OCD.

In the DSM-5 (introduced in 2013), they now list hoarding as a separate disorder within the larger category of obsessive-compulsive related disorders. It stands with body dysmorphic disorder (obsession with a specific body part), trichotillomania (hair pulling), and excoriation (skin picking). They all share common features such as obsessive preoccupation and repetitive behavior.

So, let's look a little closer at the DSM-5 diagnostic criteria. A person needs to fit all 6 of these in order to diagnostically qualify as a hoarder.

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. The difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- C. The difficulty discarding possessions results in the accumulation of possessions that congested and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (family members, cleaners, authorities).
- D. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- E. The hoarding is not attributable to another medical condition (brain injury, cerebrovascular disease, Prader-Willi syndrome).
- F. The hoarding is not better explained by the symptoms of another mental disorder (obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorders, or restricted interest in autism disorder).

As a clinician, when I diagnose a person, I have to occasionally be specific about which sub-type of the diagnosis a person meets. These additional descriptions are called specifiers. So, these specifiers may be something as simple as 'mild,' 'moderate,' or 'severe' depending upon how many diagnostic criteria a person meets. Or, as in the hoarding disorder diagnosis, they might be about the person's level of awareness or insight regarding their hoarding:

with excessive acquisition: if difficulty discarding possessions is accompanied by excessive acquisitions of items that are not needed or for which there is no available space.

with good or fair insight: the individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.

With poor insight: the individual is mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

With absent insight/delusional beliefs: the individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

So, are you a hoarder? Have I made you all sweat a little?

- If you identify your behaviors in the criteria, a professional assessment might be warranted.
- If you have managed to avoid all six the diagnostic criteria, you can breathe a sigh of relief. You are probably NOT a hoarder.

But the keyword here is. . .PROBABLY.