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A Content Analysis of A&E's *Hoarders*

A thesis

presented to

the faculty of the Department of Sociology and Anthropology

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Arts of Sociology

by

Samantha J. Redwine

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Dr. Joseph Baker, Chair

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ABSTRACT

A Content Analysis of A&E's Hoarders

by

Samantha Redwine

The interest in hoarding has peaked since its first clinical definition in 1996 and is evident by six television shows centered on the topic. This thesis reports the results a content analysis of two seasons (21 episodes) of the popular T.V. series A&E's *Hoarders*. People rationalize hoarding in ways that both differ and overlap. Doctors, professional organizers, hoarders and their loved ones collectively frame hoarding as a medical and mental health problem. The results suggest that Americans' perceptions of hoarding behavior has shifted from one that is deviant behavior to one that is medicalized.

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CHAPTER 1

INTRODUCTION

Hoarding behavior has never before attracted so much attention. Currently six doc-reality television series center on the behavior and its management. In 2009 when the series premiered the show received more viewers than any other series premier within the network's history with 2.5 million viewers (Broadcasting and Cable 2009). Because of the topics' pervasiveness in American television and popular culture, it is important to understand how the behavior is presented to audiences. Moreover, as of 2013 hoarding behavior has entered the DSM as well as been renamed. This research also contributes a new stage to Conrad's 1980 sequential model used to track the medicalization of deviant behavior. It is believed that reality television plays a new role to American audiences in the medicalization of deviant behavior that is also important to understand.

The Symbolic Interactionist perspective defines media outlets as entities that are created by individuals alone or in groups that have the ability to act back on audiences and shape the way viewers interpret and make meaning of similar situations. This thesis analyzes the content of the first two seasons of A&E's *Hoarders* series in order to extract emergent themes and patterns in the statements of all featured characters that are presented to viewers.

I first present a review of current literature on the discovery of hoarding and studies of how behavior is considered "deviant" and is transformed into a medical illness or condition. After explaining the methods employed in this thesis, I share the results of a content analysis and discuss the societal implications of the themes that emerged. This analysis also applies hoarding

disorder to Conrad and Schneider's 1980 sequential model of the process of deviance medicalization.

CHAPTER 2

LITERATURE REVIEW

The Medical Discovery of Hoarding

Definition

The definition of compulsive hoarding as a ‘mental condition’ is a fairly new phenomenon and goes by many titles: collector’s mania, pathological collecting, syllogomania, and chronic disorganization (Herring, 2011). The term was first used in Bolman and Katz’s (1966) study to describe “pathological or excessive collecting behavior in humans. [...] ‘Compulsive’ was originally used in order to differentiate normal saving and collecting from excessive, impulsive, and/or pathological hoarding” (Maier 2004:323). The terminology has more recently expanded via the distinction between primary hoarding that involves exaggerated fears of losing items that may be of value/importance or excessive emotional attachment, and secondary hoarding which the medical community believes to be “secondary to other developmental, neurological, or psychiatric conditions” (Matiax-Cols et al. 2010: 557). The first significant research paper on hoarding was published in 1987 by Greenburg and it was not until the early 1990s that the first major empirical studies and research began on the topic (Foundation n.d.). Frost and Hartl (1996) created the first set of clinical definitions of compulsive hoarding for the Diagnostic and Statistical Manual IV. They proposed compulsive hoarding behavior be defined as:

- (1) the acquisition of, and failure to discard a large number of possessions that appear to be useless or of limited value;
- (2) living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed; and
- (3) significant distress or impairment

in functioning caused by the hoarding” and later expanded to include:” (a) Persistent difficulty discarding or parting with personal possessions, even those of apparently useless or limited value, due to strong urges to save items, distress, and/or indecision associated with discarding; (b) the symptoms result in the accumulation of a large number of possessions that fill up and clutter the active living areas of the home, workplace, or other personal surroundings (e.g., office, vehicle, yard) and prevent normal use of the space. If all living areas are uncluttered, it is only because of others’ efforts (e.g., family members, authorities) to keep these areas free from possessions; (c) the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others); (d) the hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease); and (e) The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive Compulsive Disorder (OCD), lack of motivation in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interest Autistic Disorder, food storing in Prader-Willi Syndrome) (Frost and Hartl 1996; Foundation n.d.).

However, this is not to say that hoarding behaviors did not occur before the emergence of a definition. The topic of interest is not on the behavior itself but the development of its definition and social meaning.

DSM-V and OCD

In the 5th edition of the DSM, a panel of experts established a new label for compulsive hoarding, calling it “hoarding disorder” and placing it in a chapter alongside obsessive compulsive and related disorders. (Matiax-Cols et al. 2010; American Psychiatric Association 2013). Due to this recent change in categorizing/labeling, what was previously termed “compulsive hoarding” will now be referred to as “hoarding disorder.” This version of the manual groups these conditions together due to their similarities, however, also recognizing each as a separate disorder. Hoarding disorder is grouped in a chapter with OCD, body dysmorphic disorder, trichotillomania (hair-pulling disorder), and excoriation (skin-picking disorder) (American Psychiatric Association 2013). Rationale for this addition on the DSM’s website states that:

Hoarding disorder is included in DSM-V because research shows that it is a distinct disorder with distinct treatments. Using DSM-IV, individuals with pathological hoarding behaviors could receive a diagnosis of obsessive-compulsive disorder (OCD), obsessive-compulsive personality disorder, anxiety disorder not otherwise specified or no diagnosis at all, since many severe cases of hoarding are not accompanied by obsessive or compulsive behavior. Creating a unique diagnosis in DSM-V will increase public awareness, improve identification of cases, and stimulate both research and the development of specific treatments for hoarding disorder (American Psychiatric Association 2013).

In addition, epidemiological studies report that 2-5 percent of the world population exhibits ‘compulsive hoarding’ (Fitch et al. 2008; Frost et al. 2010; Matiax-Cols et al. 2010), an estimated 1.2 million people in the United States (University of San Diego, Department of Psychiatry n.d.), and that this behavior leads to unsafe and unsanitary environments. Hoarded living spaces result in blocked access to main utilities that one needs for daily life such as a household’s fridge, sink, bathtub, and toilet (Fitch et al. 2008). Because living space cannot be used for its intended purposes and cannot be kept in a cleanly order, law enforcement and child or adult protective agencies may intervene. It should be noted that statistics recorded on hoarding disorder should not be taken as complete and truly representative of this particular population. This is because hoarding behavior was not included in previous DSM editions, individuals may hide their behavior, and that it has only recently been of interest.

The placement of hoarding disorder as its own categorical entity to be featured in the current version of the DSM is similar to the emergence of the definition itself. The DSM-IV was published in 1994, around the same time as studies and publications on the subject first arose; however, it was only featured in the current fifth edition published in 2013. It is clear that hoarding behavior is a new concern in the mental health profession.

Explanations

Most explanatory causes for hoarding behavior have arisen from psychiatry, medical, and mental health professionals and can be generalized into three categorical explanations: family, evolution, and genetics; however, no official agreement on an epidemiological cause of hoarding exists. Family studies have suggested that compulsive hoarding behavior may be hereditary. Up to 85 percent of people who have been diagnosed with the disorder can identify another family

member with the same behavior. In addition, a recent twin study found that the familiarity towards hoarding behavior is due to a combination of shared and un-shared genetic factors (Iervolino et al. 2009). Evolutionary studies have also attempted to explain hoarding behavior via an application of theories that view hoarding behaviors as an adaptive animal strategy (Kellet 2007). Genetic studies have also attempted to make explanatory claims from gene research that suggest that a section of chromosome fourteen is possibly linked to families that exude the same hoarding behavior (Samuels et al. 2007; Saxena 2007). Of the three current perspectives on compulsive hoarding behavior, the statistical data suggesting the high proportion of family members who also over-accumulate objects (85%) is the only factor of relevance for sociology. The high proportion of family members who also compulsively hoard provides an indication that the behavior may indeed be a learned one. It is important to note that separating genetic and environmental factors is difficult here, so while there is inclination it does not mean it is proof.

Hoarding As Deviant Behavior

Individuals who others know to demonstrate compulsive hoarding behavior are commonly known as “pack rats” and hoarders. If exposed, individuals’ behaviors carry a heavy stigma in the form of common conceptions of filth, dis-organization, laziness, and possibly even mental illness (Herring 2011). It is here where the main focus of research begins – the intersection of compulsive hoarding as deviance and its processes of medicalization.

The Collyer Brothers

The Collyer Brothers of Harlem’s story holds important information that is relevant to the development of perceptions of compulsive hoarding as deviant behavior. The *New York Times*

bore the front-page heading “Homer Collyer, Harlem Recluse, Found Dead at 70” on March 22, 1947. A neighbor notified the police a day before the newspaper headlines and found Homer’s corpse - it was not until days later that they discovered Homer’s brother Langley lying only feet from where his brother lay dead. He had been buried and crushed to death by stacks of bundled newspapers they used as booby traps to ward off potential priors (Herring 2011). The brothers’ abode was a large house filled to the ceiling with objects, even overflowing out onto their yard. Herring (2011) examines the significance of the two eccentric white brothers and their hoard of things in Harlem at the time of high racial tension and its impact on public perceptions of deviance. His work provides a historical and contextual lens to view the behavior and how it became defined as deviant. He states that the brothers were linked to the ‘social and racial pathologies of Harlem’ (2011:163). In addition, the Coyller brothers’ story also represents how powerful an agent media is in framing an issue. Only after the brothers’ deaths were publicized and framed in a particular way was the behavior not evaluated harshly.¹

Hoarding as Secret Deviance

The sociological exploration of the emergence of compulsive hoarding as a deviant behavior presents a unique characteristic that has yet to be explored. Individuals who demonstrate the mass accumulation of objects within their homes typically attempt to hide their habits from outsiders, which may include family and friends. Howard Becker’s *Outsiders* presents a frame for categorization of types of deviants. Applying Becker’s typography of deviants, compulsive hoarders would fall under the ‘secret deviant.’ It should be noted that Becker’s notion of the secret deviant is only really applied in situations like his studies of marihuana users, where individuals learn the deviant behavior and incorporate it into their lives

¹ Before the media hype over the Collyer brothers, their behavior was only perceived as odd and eccentric, not

and parts of their conceptions of self; the “moral career” of a deviant is created through interaction with those who also participate in the deviant behavior. When assuming that the family is a primary factor contributing to the formation of the particular patterned behavior, the notion of Becker’s “moral career” can be appropriately applied. Members of family units who compulsively hoard and share living space with others have the potential to influence their behavior, particularly children who are still in the processes of basic socialization. Children of compulsive hoarders are subjected to cramped and cluttered living conditions. Those who have been frequently exposed to the behavior are at a much higher risk to perceive the behavior as a socially acceptable one.

Legal Policies

If individuals’ compulsive hoarding is severe enough, the physical accumulation of objects begins to block necessities within the home and the hoard may start to accumulate around the outside of their living space. Hoards that spill onto their outside property are a physical marker of their stigma for their neighbors and passersby to see. If a community member perceives an individual’s accrual as an ‘eye sore,’ she/he may attempt to contact the landlord. In fact, most compulsive hoarders risk eviction if they are renting; law enforcers in the United States treat it as a violation of local health, housing, and sanitation laws (Frost, Steketee, & Williams 2000). The implementation of these laws further stigmatizes individuals who compulsively hoard and further legitimizes that the particular behavior is deviant.

The Medicalization of Deviance

One of the arguments provided to push hoarding disorder into the DSM-V under the new label is that the behavior is not considered deviant; however, I have just laid out how hoarding behavior before its placement in the DSM-IV and re-named as “hoarding disorder” in the newest edition can still be considered a deviant behavior – just one that has undergone a process of medicalization. This suggests that if professionals do not officially position behaviors within the DSM, clinicians would not “see” it as a medical condition.

The medicalization of deviance is an extensive topic within medical sociology. It assumes that conceptions of deviant behavior change, as do delegated social agencies to control behavior. In *The Division of Labor in Society*, Emile Durkheim (1933) states that as societies develop from simple to complex structures, sanctions for deviance also change from punishment to rehabilitation or treatment. Medicalization “occurs when human problems or experiences become defined as medical problems, usually in terms of illness, diseases or syndromes” (Conrad & Barker 2010:S74). When applied to deviant behavior, medicalization captures how human behaviors, problems, or experiences that were previously defined as deviant are now medicalized, such that the “problems” gain a new, more official-sounding cognition. Peter Conrad is responsible for the broadest extension of literature and research on the topic and has explored how deviant behaviors and social problems such as Attention Deficit Hyperactive Disorder, alcoholism, and drug addiction are all behaviors that have now been medicalized.

Theories/Perspectives

Researchers investigating the medicalization of deviance use theoretical perspectives grounded in historical contexts. A useful tool for analysis is symbolic interaction’s notion of

social construction. Social constructionism emerged as a distinct perspective in the 1960s and 70s as an alternative to positivist methods dominating the discipline at the time. Social constructionists argue that what comes to be defined as a deviant behavior or a particular social problem does not exist independently from its culture or society (Conrad and Barker 2010). Rather, what comes to be defined as deviant (or any other social label) is a process of social negotiation between those with vested power and interests.

Conrad's *Deviance and Medicalization: From Badness to Sickness* (1980:261) provides a useful theoretical format for analyzing medicalization processes referred to as the medicalization of deviance. Deviance was commonly rooted in personal moral sin and failure; dating back thousands of years, public perceptions typically reflected that certain deviant behaviors caused disease. However, it was only in the nineteenth and twentieth centuries that medical descriptions of deviance became the dominant definition and explanatory method. It is because the topic of medicalization of deviance has such a broad history that this should be a main focus of concern in sociological analysis. Conrad states that the most significant historical factors that contributed to the modern conception of the medicalization of deviance were: (1) the rise of rationalism rooted from the European Enlightenment, (2) the development of determinist theories of causation that arose in nineteenth century, (3) the growth and success of medicine in the twentieth century, and (4) American society as particularly 'fertile grounds' for medicalization (1980:261). Conrad states that the European Enlightenment in the seventeenth and eighteenth centuries encompassed ideas of both collective and individual progress. The drive for progress ignited a revolution of scientific and rational principles that directly challenged popular theological explanations of the time; this, in turn, also influenced conceptions and designations of deviance. Classical criminology defined individuals as rational actors, thus

responsible for their own behavior (Becker 1976). The focus on *individual* behavior ignored the social context surrounding people's actions. Conceptions of progress at the height of the Enlightenment resurrected the use of science for understanding the world and also employed determinist theories that allowed one to "make sense" of deviant behavior. New ideas of progress and science applied to individuals' deviant behavior fostered the notion that criminals and deviants are unfixable, so the most progressive and humane last resort is to "treat" the symptoms that cause the criminal, bringing us to modern conceptions of crime and what Conrad calls "the divestment of criminal law" (1980:262).

The medicalization of deviance and its effects have far-reaching coverage over most of the industrialized world through the embracement and reliance on science and scientific knowledge. However, Conrad (1980:263) believes that American culture is particularly ripe for medicalization of deviance due to its cultural and organizational features. American culture mixes a strong heritage of experimentation with primary ideas of utopianism, strong values towards humanitarianism, the use of "pragmatism and particularly for pragmatic solutions to human problems" (p. 263), and individualism. Max Weber's (1905) thesis stating that protestant ethic played a strong role in the development of capitalism and the overall rationalization of Western society, and Rotenburg's extension of his work are useful in linking and backtracking "seeds" responsible for the medicalization of deviance. Rotenburg (1978) lengthens Weber's original idea to account for the Western, peculiarly American, style of both defining and treating deviance. The Protestant ethic of predestination is responsible for a split among people resulting in the *righteous elect* and the *wicked damned*. In Conrad's (1980) suggested lens for analyzing the medicalization of deviance, he states that there is a historical linkage between Rotenburg's damnation metaphor and the contemporary medical model of deviance that favors exclusively

positivist explanations of deviance. Conceptions of deviance as damning directly parallel the modern conceptions of deviance as a sickness, and since American culture is imbedded with humanitarianism, the goal is to “cure” the “sick.”

The prominence of the use of science in America in order to make sense of individual experiences and for problem solving also contributes to the emergence of medicalization of deviant behavior (Conrad 1980). The exclusive dependence on science is not unwarranted; science has proven its effectiveness through medical breakthroughs extending the lifespan of humans and curing life-debilitating ailments, accompanied by the rapid expansion of the use of pharmaceuticals for treatment.

American culture prides itself in democracy and public debate, allowing for the negation of official spokespersons for particular areas of knowledge but also the rise of spokespeople for different interest groups. Medical and scientific technologies via their effectiveness and moral authority allow them to reign dominant over the particular area of personal problems of the physical body and the mind (Conrad 1980; Hofstadter 1963). Conrad’s notion of deviance “from badness to sickness” can be found unchanged in the high value Americans places on health and is used to justify control of powerful corporations (e.g. air pollution and occupational safety regulations), and as a primary measure of standard for defining certain activities as deviant, such as smoking and drinking alcohol (1980:265).

Capitalism is the last critical factor to be noted for its influence on the medicalization of deviant behavior. Medicine is highly profitable. Over the past three decades pharmaceutical companies have made record amounts of profit (Conrad and Leiter 2004). In fact, the trend has been considered “one of the most potent transformations of the last half of the twentieth century” (Clarke, Shim, Mamo, Fosket, and Fishman 2003:158). Conrad and Leiter (2004:159) have more

recently explored and traced the factors responsible for this change: direct-to-consumer advertising of prescription drugs in insurance mediated medical markets along with the emergence of new private medical markets (p.159).

Medical markets emerge when “medical products, services, or treatments are promoted to consumers to improve their health appearance, or well-being ... [and are] considered a ‘theoretical anomaly’ due to the absence of most elements in classical definitions of a competitive market place” (Conrad and Leiter 2004:160). They assert the idea that loosened restrictions on advertising and medical markets via the Federal Drug Administration Modernization Act of 1997 are directly responsible. The Act relaxed restrictions placed on the type of information pharmaceutical companies could legally share with physicians regarding “off label” uses of their drugs and the information that must be included in direct-to-consumer advertisement. When the public decides that they want to gain access to the newly advertised and informed treatments and drugs, they can only gain access through mediated or private markets. Insurance companies act as brokers in mediated markets and intercede in the exchange relationship between consumers and providers by defining what is considered “medically necessary,” then only paying for the services and drugs that they deem essential. Private markets are an option for access to services and drugs only if individuals can afford to pay for the total cost of service (Conrad and Leiter 2004). The loosening of restrictions also made it much easier for pharmaceutical companies to advertise their drugs to the general public (Lyles 2000). Companies are allowed to name both the drug and disorder if they share (advertise) limited information on the risks and benefits, thus making drug advertising more appealing to those companies. The trends pinpointed by Conrad and Leiter (2004) lead them to assert that this law helped expand the medicalization of human problems. Advertising pharmaceuticals has

increased the demand for their use and also shaped the way the general public perceives problems.

The Social Construction of Illness

Symbolic interactionist analysis provides a contrast to the medical model, which assumes that diseases are universal and free of the restraints of time and place, is symbolic interaction analysis. The social construction perspective offers an examination of how both individuals and groups contribute to the production of perceived social reality and knowledge (Berger and Luckman 1966; Blumer 1969). Conrad and Barker (2010) take this approach and apply it to the conception and experience of illness. The main assumption through this lens is that the prominent popular conception of illness is socially constructed. One is not aware of illness until having (1) gone through the process of seeing a medical professional and (2) professionals have diagnosed and thus labeled an illness. Individuals seek out professional help because of some noticed physical ailment. The interaction between an individual and specialists invites the placing of categories onto human bodily experiences. Illness as opposed to disease does not happen in nature; while it is true that a human may experience individual malfunctions of their biological body, the experience of having an illness is completely shaped around social interaction (Gusfield 1967). The social constructionist perspective when applied towards the medicalization of deviance in particular is focused on how a behavior that previously went through definitions of deviance moves towards a medical explanation.

Sociology of Knowledge

Umbrella-ed under the theory of social constructionism lays a related field of the sociology of knowledge. Similar to how certain social realms can have ruling and labeling grounds of behavior, the same is applicable towards compartments of knowledge. Conrad and Schneider (1980:21) offer a synthesis of sociological, phenomenological, and conflict perspectives that posits that deviance designation is socially constructed through a process of social and political conflict. By pairing these perspectives together it paints a fuller picture of the phenomenon.

The designation of the deviant label onto certain behaviors is a political process of negotiation and decision-making defined by groups with the authority and power to legitimize and enforce their decisions (Blumer 1971; Mauss 1975). Deviant labels do not haphazardly attach themselves to behaviors; they are applied through social and discursive interaction (Foucault 1973). This can be accomplished via both individuals and groups who believe that a certain behavior should be considered deviant. Becker (1963) calls these parties “moral entrepreneurs.” Becker further dissects the concept into distinctions between *rule creators* and *rule enforcers*. Both express humanitarian overtones; however, there may be a hidden agenda of self-interest. Becker (1963:147-149) states:

The prototype of the rule creator [...] is the crusading reformer. He is interested in the content of rules. The existing rules do not satisfy him because there is some evil which profoundly disturbs him. He feels that nothing can be right in the world until the rules are made to correct it. He operates with an absolute ethic; what he sees is truly and totally evil with no qualification. Any means is justified to do away with it. The crusader is fervent and righteous, often self-righteous.

Conrad and Schneider (1980:24) state that deviance designation can also occur via “interest politics,” the “the promotion, directly or indirectly, of definitions of deviance that specifically support and buttress certain class or status interests.” The way terms come to be defined is negotiated and “battled” over, so the definitions from those with more legitimizing powers become the most prominent (Foucault 1973). The legitimation of a term allows moral entrepreneurs to claim and have social control over that realm of behavior.

The “politics of deviance designation” are what Conrad and Schneider (1980) labeled as an attempt to decide the appropriate agent of social control for a deviant behavior. If the particular behavior is seen as a sickness, the medical community is responsible; if it is specifically considered a mental illness, the deviant is classified as mentally ill and typically treated with prescription drugs. Spector and Kituse (1977: 67) note that sociologists researching similar areas should pay close attention to “claims-making activities” of different groups asserting their definitions of deviance and to examine “how categories of social problems and deviance are produced, and how methods of social control and treatment are institutionally established.” Their reasoning for this is that those groups may use “public facts” (once their claims are institutionalized) to support their own claims, when they are the entities that initially produced them. Groups such as the American Medical Association, the Department of Health Education, the Department of Justice, etc. are at the top of what Becker (1967) calls “hierarchies of credibility” because they are institutionalized and legitimized. These groups are the most likely to be successful in their claims making attempts.

When deviance designations are successfully in place and legitimized there are consequences beyond assigning the most suitable social control agent for deviant behaviors. Conrad and Schneider (1980) present these consequences: (1) It may change the legitimate

“authority” regarding the particular type of deviance; (2) it may change the meaning of the behavior; (3) it may change the legal status of the deviant behavior; (4) it may change the contents of a deviance category or the norm itself; (5) it may change the realm where the identification and labeling of the deviance takes place and the vocabulary used; (6) it may produce a change in the mode of intervention of the behavior; (7) it may operate as a road sign to signal what type of data to collect and what to focus one’s attention on regarding studying the behavior; and (8) it may shift the attribution of responsibility.

Application of Deviance Designation and Unintended Consequences

Many of these consequences are evident regarding compulsive hoarding in contemporary society. Under item (2), it may change the meaning of the behavior. Hoarding was once seen not as particularly deviant, but as eccentric, typified through the Collyer brothers’ story. It was not until news media began to cover and comment on their death from being buried in their accumulation and linked to their refusal to leave Harlem that the behavior was really questioned. Under item (3), it may change the legal status of the deviance. Laws against child and elder abuse may be applied with extreme compulsive hoarding behavior depending on the condition of the hoard, and it may be considered child/elder neglect because the individual is dependent on the owner of the living quarters and it is failing to meet health standards (Administration for Children and Families n.d.; Department of Health and Human Services 2005). Under item (5), it may change the arena where identification and labeling of deviance take place, and well as the vocabulary used; and (6) it may produce a change in the mode of intervention. These are by far the most noticeable occurrences in contemporary U.S. culture. In the past, compulsive hoarding was typically seen as an individualistic problem due to extreme lack in organization skills. Rapid

expansion in research beginning in the 1990s has changed this conception from individualistic deviance to one that is medicalized. The interventions of psychiatrists who specialize in compulsive hoarding have now emerged, further legitimizing their domain over the new territory. The new psychiatric implementation further codifies and legitimizes the domination of territory through specialized and technical vocabulary used for explanation and treatment. Item (7), it may operate as a road sign as to what type of data to collect and on what to focus one's attention. Compulsive hoarding is not commonly examined as a social problem in terms of a capitalist society that revolves around consumption. The thrust of research is typically to find genetic or evolutionary explanations. Lastly under item (8), it may shift the attribution of responsibility. Compulsive hoarding is certainly noticeable in this consequence. Compulsive hoarding is no longer perceived solely as an individual's failing problem but rather as "illness" that needs to be treated through counseling.

Conrad and Schnieder's Sequential Model

Conrad and Schnieder (1980) present a rough sequential model for use in mapping the process in other similar studies, synthesizing Conrad's own work and previous social constructionist theory. They propose a five-stage model: (1) definition of behavior as deviant; (2) prospecting; medical discovery; (3) claims-making: medical and nonmedical interests; (4) legitimacy: securing medical turf; and (5) institutionalization of a medical deviance designation (meaning that the label of deviant has been successfully applied) (1980:266). In stage 1, before a deviant behavior can be medicalized, it first has to be defined as deviant. It appears that the behavior was considered an odd and eclectic behavior as seen in the case of the Collyer brothers, and once their death was publicized can be viewed as one step towards the medicalization

process. Deviant behavior does not simply create a new conception and completely dispose of the old, rather popular and folk explanations shape and mold to the new medicalized form of the deviance (1980:267).

Stage 2 – Prospecting: medical discovery is in reference to when the etiology of a disorder or illness is “discovered” through a publication in a professional medical journal. This stage also covers the “discovery” of a new treatment to control the illness as well. This particular state is called ‘prospecting’ because the discovery occurs via publication, but the articles have yet to become ammunition in ‘claims making’ activities, and the articles and publications are formal, so they exude very little challenge (1980:267). Once medical professionals and researchers have “discovered” a particular occurrence, it takes moral entrepreneurs to legitimize their claims.

Stage 3 - Claims-making: medical and nonmedical interests. This is the most crucial stage for the medicalization of deviance because it generates movement through the rest of the sequence. When medical claims-makers assert their beliefs for a new deviance designation, they are typically medical researchers or “administratively involved” (meaning physicians who either operate a special practice treating the particular behavior or are linked to an institution that is assigned to assist with that problem). This means that only a very small proportion of the medical community is actually actively participating in making claims. Mostly it is done by groups of professionals who have come together because they have similar interests. Non-medical claims-makers do not actively create new research for discoveries, but they wield previous research. These types of claims-makers also have more vested interests. They promote their designations via publicity campaigns, lobbying legislature, and supporting judicial changes (Conrad 1980). The distinction between medical and non-medical claims-makers functions to

make medical professionals perceived as the “experts” in whatever particular area of deviance designation they promote and is typically done in opposition to legislature and policies. Ronan (2011) highlights that due to studies concerning hoarding, state and local legislators have recognized the potential harm for both the individuals engaging in the behavior as well as other residents in the living space. These realities represent challenge of state and municipal laws and “current methods” to prevent the behavior, such as eviction and removal of victims living in hoarded living spaces. Ronan would be considered a non-medical claims-maker due to his attempt to lobby legislature to recognize that compulsive hoarding behavior is a psychological disorder that should not be allocated with the current methods in place.

Stage 4 - Legitimacy: securing medical turf begins once advocates of the medical deviance launch an instrumental and discursive, instead of rhetorical, challenge to the existing designation of deviance. The outcome judicial hearings against hoarders can greatly affect the outcomes of deviance designations and the perceptions of the public.

Stage 5 - Institutionalization of a medical deviance designation is the last step in Conrad and Schneider’s (1980) sequential model. Once a designation of deviance has been legitimized through judicial and legislative changes, the labeling of the particular deviant behavior has been officially medicalized. Once changes have occurred and the designation is fully legitimized, there will be a build up of support for its existence (e.g. creation of foundation[s], research funds). The research produced for deviance designation then further legitimizes itself in a cyclical process. In addition, professionals play a large role in supporting the medical deviance designation through the same methods. The addition of ‘hoarding disorder’ to the 2013 DSM-V can be viewed as the final stage and the last step in medicalizing hoarding behavior so that it is both officially and nationally recognized under medical territory.

The literature above has explored the history of the medical discovery of hoarding behavior and its new label of hoarding disorder. In addition the literature review positioned hoarding as a deviant behavior that social actors have transformed into a medicalized deviant behavior. If hoarding has been medicalized, the way the behavior is dealt will have changed so that it is viewed as treatable through medical professionals. It is believed to then be possible to find perceptions of hoarding behavior through mainstream media outlets such as television that focus on the topic.

Following a chapter on the methods of this study, I report on a content analysis applied to the reality television series A&E's *Hoarders*. By analyzing the content of this television show it is possible to understand the way a particular television show for framing techniques and patterns by featured characters, and it is possible to understand the way a particular television show focuses on hoarding and presents the behavior to viewers.

CHAPTER 3

METHODOLOGY

Theoretical Background

In order to analyze the content of A&E's *Hoarders*, grounded theory developed by Glaser and Strauss (1965, 1967, 1968; Strauss and Glaser 1970) provides the most theoretical use.

Grounded theory is rooted in the sociological perspective of symbolic interaction. The theory's systematic focus is how individuals make meaning from their environment, relationships, and interactions with others. Analysis of data informed by grounded theory extracts emergent themes and patterns from the data itself as opposed to relying on preconceived themes from previous literature. In order to systematically uncover the layers of meanings and themes present within the series, grounded theory is appropriate, as it does not rely on any literature but exclusively on the data itself to match with existing theories relating to the data.

Methods

Data for the analysis of the study were collected for a content analysis through viewing the first two seasons of the series (21 episodes). In addition to viewing episodes, I transcribed all text narration, character dialogue, and camera visuals present within the twenty-one episodes into separate Microsoft word documents. Once all transcription was completed I uploaded it by episode into the qualitative analysis program *Dedoose*. *Dedoose* allows researchers to electronically code and catalog open-ended patterned interactions and themes found within

character interactions, statements to the camera, text narration, and camera visuals. I performed open coding on the data in order to uncover emergent themes and patterns within the data. Open coding is an analytic process that examines, compares, and categorizes qualitative data to then develop grouped themes (Charmaz 2001). It is important to note that although open coding was used, it was previously discussed that the behavior has officially been added to the DSM-V. Because of this fact, in addition to open coding, I coded any medicalization themes. After I carried out open coding, I performed a second round of more focused observation and recording in order to rearrange and shift coded themes and patterns into more specific groupings.

Coding Scheme

Two components of data were coded for themes and patterns: 1) visual happenings and descriptions within episodes as well as descriptions of central characters and 2) all verbal communication between characters as well as statements made to the camera.

Central characters were visually coded for gender and race for each episode. In addition, the visuals of the outside of central characters' homes were coded for socioeconomic status into either "lower level SES" or "middle to upper level SES". For example, if central characters were shown to live in a gated apartment community with manicured lawns and fountains, they were coded as "middle to upper level SES". Characters were coded for character types depending on the stated (vocally or textually) relationship to the central character or hoarder: doctors in psychology, friends/family to hoarder, or professional organizers and "hoarding specialists."

Verbal communication was coded for rationale for hoarding behavior as well as for instances of framing the behavior in a certain way. Rationale was coded when character types gave personal speculation on why they believe the central character was displaying hoarding

behaviors. A code of framing was applied to verbal communication when a character spoke of hoarding by presenting it in a certain fashion to viewers through the selection of words that carry embedded symbolism. The following codes were used in the analysis to of frames presented within the series: defining hoarding as an addiction, assertions that hoarding requires long-term treatment, presenting hoarding as abnormal, hoarding as a sickness/illness or dangerous/unhealthy, and hoarding can be inherited/transferred to others.

Limitations

Although grounded theory is useful in qualitative research, it does contain limitations. The application of this theory is a time-consuming and tedious process not only because of the time to transcribe each forty-five minute episode into text but also to analyze text data for patterns and themes. Moreover, researchers such as Bryant (2002) suggest that because of the flexibility of methodology it can be used to justify studies with weak methodological strength.

Steps can be taken by researchers to address the limitations of grounded theory and were considered as research was conducted. The use of qualitative computer programs allow researchers to organize data in an orderly and efficient fashion, particularly because qualitative open-coding requires a large amount of paper to sift through. Grounded theory content analyses of televisions shows are best suited for qualitative research due to rich content embedded with meanings that can be found within media outlets and because recording of shows permit repeated study. Embedded meanings are best suited for grounded theory methodology because its dual purpose. It begin with the data itself and not rely on developed literature for coding as well as its to discover how individuals make meaning.

CHAPTER 4

RESULTS

Demographics

Each episode of A&E's Hoarders typically features two central characters that share their story with the audience. Within the data set of 21 episodes (seasons 1 and 2) the racial, gender, and (assumed from outside house visuals) socioeconomic status reflects bias. Of the total 43 individuals showcased 28 were female; 39 were white; and 28 appeared to have middle to upper socioeconomic levels.

Rationale for Hoarding Behavior

Character types found in each episode were found to provide reasoning or rationale for the central character's hoarding behavior. Rationale for all character types centered on the idea that hoarding behavior is related to a strong emotional attachment to belongings and possessions. Even so, rationales from these three character types were found to contain differences. The central character, their family members, and friends typically discussed and described the central character's emotional attachment to belongings, in addition to attributing the behavior to a traumatic life event that "triggered" the behavior to occur. Rationale from professionals, specifically individuals carrying titles of *certified professional organizers* and *hoarding specialists*, also focused on the relation of hoarding to overwhelming emotional attachment to objects. Professionals wielding prestigious credentials, specifically individuals carrying doctoral

degrees in psychology and specializing in the area of hoarding and anxiety disorders, provide the most potent rationale of all character types in the television series. Characters belonging to this category stress the nature of how the behavior is rooted in a psychological mental disorder, and therefore must not only be treated but treated in a specific manner.

Central Character and Friends/Family

Central character(s) and their primary group of family and friends offered indistinguishable rationales. Rationales provided from both of these groups attributed the hoarding behavior displayed by the featured central character to a traumatic life event that then caused or triggered a strong emotional attachment to possessions. They then identified a problematic point or an event that worsened or intensified. Differences between the two categories were negligible. Central characters habitually spoke of their overwhelming emotional attachment to their possessions, while their friends and family members spoke of the attachment but typically as a response to the traumatic event. These specific kinds of statements are evident from friends and family members of hoarders like Leanne and Marsha, who explicitly expressed their belief that loved ones were keeping and/or acquiring items to counter severe negative feelings after experiencing a traumatic event.

After his father had passed, I would have to say that he probably was trying to hold on to things.

She started gathering and it was like she was gathering things around her to heal hurt.

After Aiden died, she kept having the nurses bring him back, and it got to a point where I told the nurses, “don’t bring him back again,” because he was obviously decomposing. I believe that’s when she started going downhill even more.

Central characters also recognized their over-accumulating behavior, however acknowledgement was done while also withholding a personal speculation on causation. A featured individual named Dick acknowledged his behavior of over-accumulation and stated that his possessions are symbolically meaningful to him as representations of himself and his life.

I’m accumulating vast quantities of things, but in a collection every one of them is different. I think of situations where I accumulated something, and I can tell a story about, “well, this happened this time, and this happened then – and I was with these people.” It’s a reminder of the joy of the life that I’ve led.

As in the case with Gail, characters also framed their over-accumulation as an emotional struggle. Individuals featured spoke of severe anxieties interwoven with the thought of disowning belongings; that if they parted with an object they would then lose their memories they associated with it.

My name is Gail I’m 56 years old and I work security. My mother passed away six years ago and my father passed away three years ago and their stuff is still in the house because I haven’t been able to get rid of any of it. I do kind of feel like I would be betraying their memories to get rid of their stuff.

Objects acquired are seen as mementos representing moments in time for central characters. In addition central characters spoke of their behavior as a result of passivity. Some central characters featured dealt with personal dilemmas due to deceased loved ones leaving their belongings to those still living. For example, Gail’s featured problem in the series was due to her

parents' death, leaving their accumulation to be handled by her. Central characters found emotional attachment to not only their own accumulation, but also the accumulations left by others. The objects of deceased loved ones take on a new form, as they then become representations of those loved ones who have left the central character. The central character then must deal with issues of the disposal of objects that are perceived as representations of family members. Gail felt as if she was betraying the memories of her mother and father if she were to dispose of their belongings even though they are of no use to her or her deceased parents.

Certified Personal Organizers/Hoarding Specialists

Those who stated within episodes that they were certified professional organizers or hoarding specialists also framed to the behavior of the central characters in specific ways, mostly suggesting that that hoarding is tied to a deep emotional connection with possessions. Geralin, a recurring professional organizer within the series, framed hoarding behavior in ways that emphasized the central character's lack of choice. Geralin emphasized the overwhelming emotional attachment to belongings; that hoarders cannot easily rationalize whether an object or possession is of use or need, and instead focus only on the anxiety felt when paired with attempts at disposal.

Holding something in his hand, seeing handwriting – they stir up really deep feelings and emotions for Jim.

Kerrylea likes to tell a story. That's really common with a hoarder. They have a story about every single thing they touch.

Individuals under this category also framed the behavior in relation to an unpleasant dramatic life event that explains why an individual is ritualistically acquiring and not disposing

of objects. This type of framing was found in the statements of a “hoarding specialist”, Matt who frequented different episodes in the series.

Carrie is just furious that she didn't have a childhood and she didn't have a mom that was there for her. And this is hard for her, and it's – you know, you feel bad for her working with her.

Matt explicitly states that the central character experienced extreme attachment to her belongings in response to getting pregnant as a teenager and missing out on the last designated portion of childhood central to contemporary Western culture. It is in this manner that the framework used by professional organizers and hoarding specialists parallels with friends and family members of the central character. Professional organizers, hoarding specialists, and friends and family members are attributing hoarding behavior as a response to a life-changing event such as losing a loved one, or becoming a teen parent.

Doctors

Featured individuals with doctorates in psychology and specializing in anxiety disorders spoke about behavior spotlighted in A&E's *Hoarders* in a very particular way that was distinguishable from the way the central characters and their friends and family members discussed the behaviors. Doctors appearing in episodes referred to hoarding behavior as a member of the same category as other anxiety disorders such as general anxiety and obsessive compulsive disorders and also related it to depression. Doctors' framing of hoarding behavior therefore defined and explained the behavior as something the central characters or “hoarders” could not control primarily because it is a mental disorder.

A lot of children of hoarders feel as though their parents love their stuff more than they love them and that's something that's important to remember that it's not really the case, that they have a disorder, and so I know it's often hard for people to understand, but it's not as easy as just making a choice.

In addition, doctors mystified the behavior through their scientific rationale, stating it is rooted in biology and genetics, further defining and framing the behavior within a medical or mental health framework.

I think people view hoarding as a behavior that is easier to control than it actually is of "just clean it up," or "just throw it away," "just stop shopping," it's a pattern of behavior, but it's also very biologically based, and right now there are a lot of genetic research being done and there's actually a few genes that have been targeted to be associated with hoarding. So there are lots of components to it, the biological component is an important one to understand.

Doctors framing hoarding behavior in this way also parallel the framework presented by professional organizers, hoarding specialists, and friends and family of the central characters in that it is uncontrollable; however, doctors specified and emphasized the mental health and biological dimensions to hoarding behavior. For example, the doctor below supports the lack of choice individuals displaying this behavior have by stating that it is a disorder and notes the lack of public awareness of that medical fact. Doctors in episodes are the wielders and experts of psychology specifically in hoarding behaviors; therefore, their statements and opinions carry more weight to viewers than other featured characters. The presence of doctors and specialists paired with definitions of compulsive hoarding behavior as a mental disorder suggest that the behavior sheds one stigma for another as the behavior shifts to a medical paradigm. This shift no

longer carries the moral stain of laziness and lacking morals of cleanliness dominant in American culture, instead replacing it with a stigma of someone with a mental disorder.

The central characters, their friends and family, the hoarding specialists and professional organizers, and the doctors featured within episodes emphasized different aspects as rationale for the central characters' hoarding behavior. While all characters emphasized the emotional attachment that the central character has with objects, central characters framed their situation in a way that further described the emotional attachment they have with objects, as physical representations of memories and the individuals in them and that alone makes it hard for individuals to part with them. Tied to this description, individuals also were left with loved ones' possessions after death and felt overwhelmed by guilt with thoughts of disposal. Friends and family members of central characters stressed that their emotional attachment was "triggered" by a dramatic life event typically involving loss, which then caused the problem to occur. Professional organizers and hoarding specialists also framed their rationale of hoarding in a specific way. These individuals' explanations either linked with those provided by friends and family members or overlapped with rationale provided by doctors that stressed the lack of choice individuals displaying hoarding behavior have in their actions. There are differences, however, even in their similar frames. Doctors framed the lack of choice central characters have in their behavior because it is a biological or mental disorder, while professional organizers or hoarding specialists framed central characters' lack of choice because of overwhelming feelings of anxiety.

Framing As Medical and Mental Health Territory.

Featured characters' statements framed hoarding behavior in multiple ways that overlap and contain similarities that make up a central theme in A&E's *Hoarders* – framing hoarding behavior within a medical and mental health jurisdiction. It is also possible to separately distinguish the different components that make up this frame. Themes such as statements made by featured characters that assert that hoarding behaviors can be inherited or transferred, that the behavior is unhealthy, dangerous, and a sickness, equating the behavior to an addiction, statements that the behavior requires long-term treatment, and also that the behavior is abnormal. All characters within episodes spoke about hoarding in ways that compartmentalized behaviors of hoarding within a framework that emphasizes an individual's health – specifically mental health.

Defining Behavior as Sick/Illness and Unhealthy/Dangerous

Individuals featured within the series spoke of hoarding behavior in specific ways that placed hoarding behavior within a medicalized or mental health framework. This was accomplished specifically through character's statements that defined hoarding behavior as a sickness or illness that is not only unhealthy but also even dangerous.

They've always had this problem with like accumulating stuff, especially within the last few years but to see how much it's grown in the last three years it's actually dangerous now – the levels of stuff they've got.

Heather, a daughter to parents who both displayed hoarding behaviors, explicitly defined her parents' situation as dangerous due to the amount of personal belongings they accumulated within their living space. In addition to personal belongings featured, characters also held onto

objects most individuals would deem as garbage. This alone creates perceptions of uncleanness and filth that then stigmatize the individual's living space as unhealthy and dangerous due to sanitation concerns.

Dale, a hoarding central character, explicitly stated that his behavior is connected to a disease or an illness. He supports his definitional claim through an emphasis on his lack of control in accumulating items in his home. In addition, Dale's statement possesses potential to affect audience members through a folk devil overtone. Audiences may feel through similar statements that they could just as easily begin to become irrationally attached to their belongings.

It's an illness. It's a disease. I mean, I don't think people hoard because they want to. It overtakes you without you even knowing it.

Those close to central characters also defined hoarding behavior as psychological due to the mental health nature of the central character's dilemma.

It's just incomprehensible that you can either get rid of stuff now and keep your home and keep your independence or you can let things continue as they are and you're going to lose everything. And that doesn't seem to click with them. It's not just cluttering it's not just untidiness – it's a psychological problem that they have.

Heather defines her parents' issues of over-accumulating in this way because she does not understand why they have not taken action to get rid of their things in order to keep their home. Her perception of her parents' irrational reasoning led her to rationalize their behavior within a mental health framework through statements that emphasize hoarding as a psychological problem. By pointing out her belief of their lack of logical reasoning, she overtly frames the behavior in a way that points out its abnormality and unreasonableness.

In addition to statements made by featured characters within episodes, the presence of psychologists in most episodes supports the positioning of compulsive hoarding within a medical or mental health framework, in particular that compulsive hoarding belongs in the cultural domain of mental health.

Doctors in psychology use scientific rhetoric to frame compulsive hoarding. They are deemed and perceived as the “experts” via credentials and typically specialize in the behavior along with other mental disorders. Their frequent presence within the series sends messages to viewers that these types of individuals possess and wield knowledge in this area, therefore, situating hoarding behavior within a psychological/psychiatric space. Moreover, the featured psychologists provide the most background information and knowledge on the behavior in the series as well as provide their own rationale backed by their schools of thought as to why the featured central characters are over-acquiring. The presence of doctors in psychology combined with their rationale and explanations place hoarding behaviors within this medical space. Juxtaposing the behavior as the jurisdiction of doctors in psychology supports the notion that the behavior is treatable via medical means, further framing the behaviors as sickness or illness.

Together, these themes suggest the medicalization of hoarding behavior, that is, the movement of public perception concerning hoarding behavior as a stigma that previously indicated moral failure and uncleanness to a medical realm where it is replaced by a stigma concerning hoarders’ mental health. Hoarding behavior is referred to both by featured characters and doctors alike as something to be treated by accredited doctors. The statements made by featured characters framed the behavior in ways that emphasized harm, illness, and sickness, but the most effective in framing behavior this way are the doctors featured within episodes due to

their credentials and perceived expertise on the subject. Collectively, these individuals position hoarding behavior in a way that asserts medical territory as its proper cultural place.

Behavior Can Be Transferred/Inherited

Characters featured within the series also spoke of hoarding behavior in ways that overlap and support a medical or mental health framework by stating beliefs that the behavior can be transferred to another individual through learning or biological inheritance.

All types of featured characters spoke of the behavior in ways that overtly insinuate that the behavior can be transferred or inherited from one individual to another. A common type of transference discussed can be distinguished as biomedical, and features explanations suggesting that an individuals' genetics contain sources of hoarding behavior that can be passed on to one's offspring.

My grandmother was like that. She [was] always like a collectibles person. And I think Dale inherited that.

She's [hoarder] very worried about her youngest son, Sam. She thinks he's got some hoarding tendencies.

Professional organizer Dorothy, and a friend of a central character, Bernard, states her belief that central characters are displaying hoarding behaviors because they are related to individuals who were also observed to display similarly defined behaviors.

Dorothy explains how her client in addition to her own over-accumulation issues was concerned about similar behaviors displayed by one of her sons. She believes that her client's son has some hoarding "tendencies" or predispositions to the same behavior his mother displays.

Bernard states his belief in the ability for hoarding behavior to be inherited by another family member. He connects his past observations of his grandmother's behavior to observations of his relative Dale in order to provide an explanation for their similarities and as support that the behavior is uncontrollable and rooted in a person's biology.

In one episode, Dr. Reed Wilson, the Director of the Anxiety Disorders Clinic, makes an authoritative statement that frames hoarding within a space that emphasizes the transference or inheritability of the behavior. Dr. Wilson appeared in an episode that featured two sisters and a mother all living together and displaying similar hoarding behaviors.

We've got a fortress that we're up against when we've got a very unique situation like this – we've got three people in the same family who are all hoarders and have a family history of it. We don't know the exact percentage of learned behavior versus genetics but we're finding with a family in a situation like this it is highly genetic.

Dr. Wilson provides two explanations for hoarding – emphasizing environmental factors typically surrounding learning the behavior, while also framing the behavior as biomedical territory through emphasis on genetics.

Dr. Robin Zazio, a Licensed Clinical Psychologist who specializes in treating compulsive hoarding, also stated that hoarding behavior can be transferred from one individual to another through learning while also suggesting it may be inherited biologically.

In Gail's case, her mother was a compulsive hoarder, and so we believe that there is not only an environmental influence, but there can be aspects associated with heredity.

Although professionals stated that hoarding behavior might be associated with environmental factors suggesting that hoarding may be a learned behavior, they also made reference to genetic and biological studies suggesting it is inheritable. Statements such as these contribute to positioning the behavior within a medical framework. If the behavior is inherited genetically, hoarding individuals are no longer perceived as responsible for their behavior. This change in perception of responsibility causes others to relinquish their power to blame hoarders for their abnormal behavior because it is out of their control. Featured individuals who defined hoarding behavior in this way frame it as a genetically or biologically transferred trait that leads to unintended consequences such as genealogical searches for hoarding traits and psychoactive medication as an attempt to modify and manage the behavior.

Defining Behavior As Addiction

Characters featured within the series spoke of the central character's hoarding behavior in a very certain fashion that corresponds with framing it as medical territory. Central characters in particular explained their behavior to the camera as equivalent to addictions recognized by Western medicine. By speaking of hoarding behavior this way, they inform viewers that their habit is no different from many of the bad habits that individuals perceived as otherwise normal deal with. Using the term addiction to aid in explaining to others what possessing hoarding behavior is like, it also shifts the behavior into a paradigm that can be treated by medical specialists. Moreover, it shifts personal responsibility and blame from the central characters for their over-acquiring of and/or emotional attachment to objects.

Dale, a central character featured in an episode, explained to viewers that he began gathering objects and new possessions during a dark period of his life. He parallels his behavior to that of a food addiction.

I would stay in bed for two weeks at a time, because I didn't want to face the world. I think I became very depressed with myself, my life. I wasn't working. I didn't like my social environment. And it was almost like an addiction, I started collecting stuff to satisfy my ego. It became like a food junkie wants more food – totally out of control.

Dale states that eventually his behavior became out of control to the point where he could not stop acquiring things in his home. The central character situates his behavior in a manner that simultaneously emphasizes the lack of control he feels over his behavior and also that appropriate medical professionals can control it.

Another central character named Todd also believes that his behavior parallels other types of addictions. Todd confesses to the camera his thoughts about attempts to get help to manage his behavior. This central character equates his cravings to those with an addiction to alcohol.

It's gonna be like being an alcoholic. Every day, I have to think about, "I'm not going to do this." And I think maybe it'll become more natural as it becomes, like, a habit. I don't think it'll ever be something that I won't have to think about and I won't have to deal with.

Not only does Todd compare his impulses to alcoholism, he also emphasizes the notion that his strong desire to acquire will never be completely eradicated; that it is something that he will have to live with and think about controlling and managing every day of his life.

Associations drawn between hoarding behavior and socially recognized addictions support central characters' attempts to explain how their lifestyles and thought processes are similar but also locate the behavior within a medical or mental health framework alongside addictions such as alcoholism, Attention Deficit Hyperactive Disorder, and food and sex addictions.

Matt, a "Hoarding Specialist", also framed his client's behavior in a similar fashion to the two central characters discussed above. The central character that Matt worked with hoarded animals in addition to other objects. Matt states that his client had been living in a comparable environment with the same amount of animals and clutter for the past two decades of her life.

This is her addiction. This is her life. This is how she's spent the last twenty years, avoiding reality caring for these animals.

Matt states that his client has been avoiding reality (i.e. the condition of her home and animals) for the past twenty years by focusing exclusively on her pets and staying with them in her home. Statements that highlight avoidance also parallel statements made to those with drug or alcohol addictions who become enveloped in altered states and no longer seek interactions with others nor acquire conventional life patterns such as working a job or attending school.

Framing hoarding behavior in a way that equates the behavior to an addiction allocates it as medical territory. Referring to hoarding behavior in this manner is a new phenomenon that has only occurred since research began in the 1990s (for example, see Frost and Gross 1993). Although new, it also mimics other socially redefined behaviors such as alcoholism and ADHD (Conrad 1980). These behaviors belong to a category of behaviors that have undergone a shift due to research that suggests that these behaviors are genetic and thus medicalized.

In addition to a new perception of behaviors that have undergone this shift into medical territory, it also carries symbolic connotations that the behavior must be treated through medical

or mental health means. The idea of treatment is exclusive to medical and mental health divisions in Western medicine and also carries with it strong medical symbolism. In Western medicine the word treatment implies that an individual is being healed or preserved due to an experienced abnormality. The application of treatment to hoarding behavior then also positions that the behavior in a medical framework.

Behavior Requires Long-Term Treatment

Framing hoarding behavior within a medical framework suggests to viewers that the behavior can be treated or at least managed through therapeutic or mental health means. In addition to statements made by characters who support this, featured characters also explicitly stated that the behavior required treatment that is long-term.

Missy, a central character featured in the series, spoke of her belief in the necessity of mental health/therapeutic treatment rather than biomedicine that typically takes form of a pill or medical procedure. Instead, therapeutic treatment consists typically of continuous sessions of discussion and organization periods to teach individuals how to get rid of things of no use until they successfully relearn techniques professionally deemed appropriate to manage their behavior.

It's clear that Alex has made a lot of progress over the last couple of days. Dr. Dia is still gonna be working with us on this problem. Hoarding does not go away.

Missy states that individuals displaying this type of behavior cannot just turn it off, ignore it, and continue on with their lives – that they have to confront it in order to manage it. Confronting hoarding behavior is presented through the use of mental health professionals such as doctors in psychology.

Professionals featured within the series were the most likely to stress the importance that their clients accept after-care treatment offered by the television shows' organizers and/or producers. Statements made by professionals assert that hoarding individuals who do not take the offered care will continue to display their behavior and will not be mentally equipped to fix their issue without help.

Doctors and professional organizers frequently featured within the series stated that patients would need treatment after they had removed items from their living space.

Standolyn – Aftercare will be very important here, they really need to work with a therapist and work though and this will be a life long struggle for them.

Dr. Elizabeth Moore* – [...] This is a mental illness, and it brings up emotions and it requires long-term treatment. And so we're just getting you started here but we want to do it at a pace that's healthy for you and is gonna give you the most benefit.

Assertions made by featured characters within the series, particularly those professionals who exclusively specialize in working with hoarding behaviors, are most likely to influence viewers that hoarding parallels other behaviors, existing within a medical or mental health framework. Their roles as experts on their subjects produce authoritative weight to frame the behavior as medical or mental health territorial property and also backed with scientific research. *Hoarders* situates the behavior in a medical/mental health framework via the inclusion of medical and mental health professionals along with words and phrases that carry symbolic connotations. Taken together, they influence public opinion that asserts viewers should perceive

* Individual speaking to another featured individual.

hoarding behavior in ways that are similar to those with medically recognized addictions, such as alcoholism.

Defining Behavior As Abnormal

Characters featured within episodes framed hoarding behavior in multiple ways that both relate but can be distinguished separately from defining the behavior within a medical or mental health framework. Characters other than the central character framed the behavior as abnormal, strange, or animalistic. Jason, an individual whose mother is a featured central character, defines the behavior in a specific way that emphasizes the abnormality of his mother's emotional attachment to not only everyday objects but also to packaging and wrappers that modern post-industrial societies consider as garbage or waste.

Jason – I'm very open about the fact that my mother is a hoarder and that I grew up in squalor. My mother chose garbage over being able to raise her son.

Jason's choice of the word "squalor" emphasizes the amount of uncleanness felt living in the home as a child. In addition, Jason also accentuates that he felt his mother caved to her overwhelming emotional attachment to possessions and desire to continue acquiring. Jason's statement differed from other types of accounts made by other characters within the series. While most characters make statements that assert that the central character's behavior is uncontrollable as it is a psychological disorder that is characterized by an overwhelming and insatiable attachment to both possessions and waste, Jason explicitly states that he believes his mother had a choice in her behavior. Jason believes that his mother's choice to surrender to her overwhelming feelings of attachment to items is what makes her hoarding behavior so abnormal

to him. Because Jason defines his mother's behavior as having choice in her situation, it also allows him to blame her for the behavior.

Jared, a relative or friend to a featured central character, also emphasized the choice in a central character's behavior, however, paradoxically before statements of belief that the behavior is a sickness.

Jared* [to central character]– It just makes me angry that I feel like you choose the sickness over the children.

Jared frames the central character's behavior in a similar fashion as Jason, highlighting the abnormality of the hoarder's behavior as a violation of parental norms. Both Jason and Jared state that their loved one chose their objects over relationships with their children. This decision reflects to Jason and Jared the abnormality of the situation of the central character that they make explicit to the camera and, in turn, the episode's audience.

Doctors in psychology were also found to frame hoarding behavior in a particular way, specifically framing the behavior as an abnormal one. Dr. Robi Ludwig, a psychotherapist who specializes in work with individuals with anxiety disorders, framed a central character, Todd, as abnormal through commentary on the visual perception triggered by large amounts of accumulation of personal objects and debris that results from taking in large quantities of objects and never clearing them out.

When you walk into Todd's home, it almost looks like an open garbage can.

Statements that equate an individual's living space to a designated container for waste situates the behavior within a space that is not perceived as normal human behavior.

Doctors featured within the series are perceived as competent in their field of work. The psychologists' work is to inform central characters and their loved ones about hoarding behavior

and also to inform the audience of the series. The secondary function of doctors in psychology within the television series provides a framework for audiences to perceive the behavior in particular ways that parallel their presentation of hoarding behavior as abnormal. In this way, *Hoarders* then functions similar to a modern day freak-show.

Dr. Suzanne Chabaud, a clinical psychologist who specializes in Obsessive Compulsive Disorders, explains to the camera and thus the series' viewers that individuals who display hoarding behavior are notably different from individuals who do not accumulate large amounts of objects or animals. She states that individuals who hoard lose their olfactory senses through their constant exposure to accumulation that then cause the inability to identify that their living environment is abnormal. Human olfactory senses are rooted in symbolic meanings and interwoven in cultural context. One culture may define a scent as pleasurable odor while another may find it intolerable. A distinct characteristic of Western post-industrial societies is its fascination with cleanliness, typically distinguished through the human sense of smell. Odors that are associated with filth such as feces, spoiled food, waste, dust, etc. are stigmatized because they do not comply with societal olfactory norms (Waskul and Vannini 2008).

When people hoard, they lose a sense of what their environment's like. It could be hideous to someone else, and they don't even smell it. They don't even sense that it's disgusting. And so she doesn't smell a rotting cat. She doesn't smell the reek of feces and urine from animals. Her senses are different than ours, than other people's.

Above Dr. Chabaud states that her client lacks the ability to determine that the accumulation of her animals (and thus their waste) in addition to the odors of animal death (due to piles falling and killing them) are due to the large buildup of objects in her home. The lack of

concern to distinguish the cause of odors or even to recognize them is societally perceived as deviant not only due to the emitted odors but to Americans' fear and disconnection with death and dying.

In addition to these specific statements that situate hoarding behavior as abnormal due to the violation of prominent cleanliness norms, the statements also emphasized the behavior's abnormality, defining it as animalistic. In order for an individual to define a behavior as animalistic, or as behavior that is a normal behavior of lower animals and therefore not human, it must be spoken of through key terms.

Two hoarding central characters, Missy and Bill, discuss the many names she was called when others knew about her behavior. Two animals in particular are strongly symbolically associated with hoarding behaviors –pigs and rodents. The choice to use these animals as insulting identifiers carry symbolism used to parallel what their labelers equate to dirty animal behavior.

There are really hurtful words that come when you live like this. “Pig,” filthy,” “disgusting,” “freak” – I’ve been called all of that before. [...].

[...] I’ve heard a number of different terms – the packrat, collector. There are things that I just want to keep and can’t throw out, and I can’t really explain why.

I don’t know that I fully understand it. I have a disorder, and it’s... hoarding.

I just thought that she was a packrat because in my generation that’s what you called people that couldn’t throw things away.

The symbolism associated with both rodents and pigs also carries heavy negative connotations surrounding filth, disease, and overconsumption. The use of these animals that are

symbolically tied to filth further asserts that hoarding is more of an animal behavior than human and, therefore, abnormal.

Hoarding behavior is situated within a medical problem framework through the use of specific words and phrases that carry with them culturally significant symbols and emphasize the abnormality of the behavior. These meanings inform viewers of culturally appropriate ways to perceive the behavior and the tactics used to handle those who display hoarding behavior in a way that parallels treating physical or mental illnesses. The emphasis of the perceived abnormality of central characters' behavior contributes to framing the behavior within a medical territory. The perceived strangeness of the behavior provides a link for observers of hoarding to find merit in categorizing the behavior within a medical category, particularly a mental health space, as it is the proper domain for those deemed as mentally abnormal.

Framing a situation in a particular way requires statements embedded in meaning that present it in a particular way. Television, as with all media, present events and occurrences in a subjective manner, taking particular and specific viewpoints to present to audiences. The television series A&E's *Hoarders* presents to viewers the subject of hoarding behavior in very specific ways that emphasize a medical and mental health model. The series featured more women than men and more whites than any other race. In addition, the series presented more hoarding individuals with middle to upper-level socioeconomic status than lower. The framework found in the series is comprised of several sub-frames that make up the larger conceptual frame that suggests hoarding is now perceived as belonging to a medical and mental health space. The featured characters within the series provided rationale to explain the cause of hoarding behavior that typically emphasized emotional attachment and lack of choice in behavior, stressing that both are considered evidence that hoarding is a mental disorder or

psychological illness. In addition to characters' rationales for hoarding, characters also provided patterned statements that contribute to the larger frame, such as equating the behavior to an addiction, defining the behavior as abnormal, framing hoarding as transferable or heritable, framing it as a sickness/illness or unhealthy/dangerous, and statements that hoarding requires long-term treatment. Taken together, these smaller frames provide support that hoarding behavior has moved from a stigmatized moral deviance to a medicalized cultural space

CHAPTER 5

DISCUSSION

Introduction

The content analysis of two seasons of A&E's *Hoarders* found that individuals featured in the series speak about hoarding behaviors in particular ways in order to rationalize or provide a source for hoarders' emotional attachment and over-acquisition. In addition, individuals spoke of hoarding in particular ways, typically through emphasis that the hoarding is viewed as a concern of mental health professionals. This chapter provides a discussion of the role of reality TV in medicalization, an application of the medicalization model to the history of hoarding behavior with an additional stage, as well as discusses the limitations and considerations for future research. Also included are discussions on mental health framing, framing beyond mental health, gender and race bias, noted inconsistencies, the absence of defining hoarding as a social problem, scripted television, and the central concepts present in framing the behavior: behavior as choice versus a sickness.

Reality Television's Role in Medicalization

An unlikely medium of medicalization is reality television. This medium has not been discussed in previous scholarly literature and is an important new observation of American television. Average Americans are very unlikely to ever look through the DSM; however, they are likely to view an episode of *Hoarders*. Shows with a focus on hoarding behavior like A&E's *Hoarders* function as an informant to average Americans on the behavior and how it is

controlled. The series provides audience members a lens to view and perceive hoarding behavior through and serves as a representation of the behavior. Unless a person is willing to do more research, the average individual has only these presentations of hoarding to draw information from. Since there are little other media outlets individuals can access as easily on the behavior, reality television shows like *Hoarders* therefore play an important role in the process of medicalization. This role can be viewed as a new stage of Conrad and Schneider's (1980) sequential model and is discussed below.

Application and Extension of Sequential Model to Compulsive Hoarding

Conrad and Schneider's previously developed sequential model can be applied to compulsive hoarding to trace its movement through the phases of medicalization:

Stage 1 - Definition of behavior as deviant. This was discussed through the Collyer Brothers story and Herring's (2011) research stating that compulsive hoarding behavior, even in extreme cases, was not seen as deviant behavior, but rather eccentric. Through the media's coverage of the brothers' deaths, the stain of the brothers' failure to leave Harlem during white flight was what was perceived as more than odd ("harlemitis"), and led to its eventual perception as deviant behavior.

Stage 2 - Prospecting: medical discovery. The "discovery" of compulsive hoarding is relatively new, the behavior was not defined until the late 1960s and the first significant publication on the topic was not produced until 1987. The implementation of compulsive hoarding as a sub-note in the DSM-IV produced in 1994 could be seen as a symbolic step leading to its eventual medicalization.

Stage 3 – Claims-making: medical and nonmedical interests. The moral entrepreneurs in this case are organizations like the International OCD Foundation, American Psychiatric Association, and Anxiety Disorders Association of America. As discussed, compulsive hoarding was absent from the DSM-IV, but these groups contributed support for the successful addition of a separate category in the new DSM-V. Associations like the MSASF (Mental Health Association of San Francisco) have an “Institute on Compulsive Hoarding and Cluttering” whose mission is to advocate for individuals who compulsively hoard and protect them from laws against their behavior and risks of eviction and also provide support and treatment groups.

Stage 4 – Legitimacy: securing medical turf. Although the DSM-V is now published it is believed that the series *Hoarders* represents an instance of Stage 4 in the model. Through the use of psychologists in the series as guides or informants to the behavior they serve as authoritative experts. Doctors featured in the series engage in acts of legitimizing their claims that the behavior is a mental disorder and not a morally stigmatizing deviant behavior.

Stage 5 – Institutionalization of a medical designation. It appears as though hoarding behavior has successfully made it to stage 5 due to the implementation of its addition and new label as hoarding disorder the 2013 DSM-V (American Psychiatric Association, 2013). This symbolically and instrumentally is the acceptance (and assertion) of the deviant behavior as a medical category (Conrad 1980). It is important to note that just because a behavior has been medicalized does not necessarily influence perception; however, the way a behavior is presented on media outlets such as television are powerful agents in shaping public perception.

I propose a new stage that has emerged since the sequential model was developed in the 1990s. Stage 6 can be referred to as cultural diffusion and encompasses reality television outlets such as *Hoarders*. Once a behavior has undergone the process of medicalization and passed at

least stage 4, a medicalized deviant behavior will be presented to television audiences in its new medicalized form. This presentation on reality TV features a recurring process of stages 3 and 4. Presentations of hoarding behavior on reality TV feature non-medical claims-makers in the form of the different character types previously discussed. In addition, because individuals' claims are featured on television, audience members see statements as legitimate. Movement between stage 3 and 4 appear to continue and reinforce each other even after official institutionalization of a medicalized deviant behavior has occurred. This instance of cultural diffusion provides information of the new type of framing to the general public through popular media opposed to specialized outlets like journals.

Limitations and Considerations for Research

The content analysis of *Hoarders* has revealed the main themes used by characters featured within the series to frame the behavior within a medical and mental health framework. Although the two seasons analyzed provided insightful data, there are important limitations to review. Twenty-one episodes, or the first two seasons of the series, were viewed, so the sample is small in comparison to the total amount of episodes currently aired (the show is on its sixth season). If the total amount of episodes were possible to be analyzed, there may be new additions in the presentation of episodes and/or how the hoarders are treated. In addition, this analysis is only one television representation of the hoarding behavior. Other than A&E's *Hoarders* is TLC's *Hoarding: Buried Alive*, Animal Planet's *Confessions: Animal Hoarding*, the Cooking Channel's *Stuffed: Food Hoarders* and, the Style Network's *Clean House*. These shows may present hoarding behavior in ways inconsistent with the results found in this study.

Considerations for future research are vast due to the novelty of the subject matter in America. To extend the focus of this particular subject matter, research could make use of mixed methodology of extensive, informal, and open-ended interviews with family members and hoarders for how they interpret hoarding in addition to administered close-ended survey questionnaires for more in-depth background information on hoarders and their family. The sub-frame “defining hoarding as abnormal” contains an instance of emotional deviance that can be seen as support for the presentation of hoarding in a way that emphasizes the mental health territorial space that featured characters believed hoarders belonged in.

Mental Health Framing

The results of the content analysis exposed many sub-frames that make up the larger medical/mental health framework. Taken together they form an overarching conceptual framework that situates hoarding behavior as mental health territory. Behaviors deemed as mental health territorial space are handled or managed in specific ways. Hoarding behavior is currently seen as behavior appropriately dealt with through therapeutic means as evident through the stress for after-care following the end of every cleanup attempt.

Jason’s mother’s, Augustine’s, presentation of her life in her episode can be labeled as a situation of emotional deviance. The role of mother carries deep symbolic meanings surrounding conceptions of embodying a nurturing being willing to exceed any length to protect offspring. Mothers are expected to take on this role in a very specific manner. The role of mother typically carries the expectation of one as a “domestic goddess” or a woman who can not only keep her living space clean, her children clean, but also maintain the unrealistic expectation to be “sexy”, “beautiful”, and “pretty” while doing it (McMahon 1995; Thoitis 1985). Augustine will feel an

instance of emotional deviance if she realizes she no longer met these role expectations. She not only violated the norms associated with her role as a mother but also violated the general norms surrounding expectations of cleanliness. Norms of cleanliness aid in creating contemporary social norms through explicitly stating what one's identity should not be.

Americans' perceptions of their own identities center around the notion that they are advanced compared to other countries and previous generations and that they are more knowledgeable about sanitary conditions that also prolong citizens' lives. Augustine also violated these norms through the condition of her home. The presentation of one's home is typically tied to gender expectations. The presentation of one's living space suggests the degree of an individual's morality. An individual with a living space outside the tolerance limitations for clutter deems them as unsanitary and outside the realms of normal behavior.

The collection of sub-frames presented together within the television series represents a shift in American public perceptions of hoarding. The behavior has shifted from a morally stigmatizing behavior to one that has undergone medicalization similar to Conrad's presentation of other behaviors such as Attention Deficit Hyperactive Disorder and drug and alcohol addictions. This shift in perception allows those individuals to trade their moral stigma for one around mental health.

Beyond Mental Health Framing

A sub-frame overtly situated hoarding behavior within a medical framework, that of biomedicine. The sub-frame representing statements that the behavior can be inherited or transferred to another individual is believed to move beyond framing the behavior as mental health territory, as statements coded under this theme stated hoarding behavior is related to

genetics. Moreover, these statements were made by doctors in psychology who possess the most authoritative weight as experts on the behavior and provided statements about genetic studies that support this view.

Statements made by featured characters coded in this way may also be representative of the continuity of the shift occurring around the perception of hoarding behavior. If this shift continues to move hoarding behavior past a mental health frame and into a biomedical or genetic one, the behavior will experience new consequential actions similar to those for other biological or genetic related behaviors. Behaviors such as anxiety disorders, depression, obsessive-compulsive disorders, and more severe neurological disorders are more often treated through prescribed psychoactive drugs than through therapy. If hoarding behavior shifts further into a biomedical territorial space, it may be treated in this way opposed to the current therapeutic treatments.

Inconsistencies

Inconsistency exists in the first version of the extended definition developed by Frost and Hartl (1996) of hoarding behavior as well as within its new label as hoarding disorder and new home grouped within a chapter of the DSM-V under “obsessive and other related disorders.” In addition, the presentation of treatment on the series differs from the likely route that the behavior will be treated with medication, similar to OCD. These inconsistencies signify a blurring between biomedical and mental health/therapeutic professions for authoritative professional control over hoarding behavior.

Frost and Hartl’s extension of their original definition of hoarding included a section stating, “Hoarding symptoms are not due to a general medical condition”. The term medical

condition is “a usually defective state of health”, while the term implies both an organism’s physical state of being” (Merriem-Webster 2011). Therefore, an inconsistency can be found in how hoarding behaviors are perceived by researchers and the medical community, although this may have changed as the label for the behavior has also changed.

Hoarding has now been added to the 2013 Diagnostic Statistical Manual published by the American Psychiatric Association in addition to a new label as hoarding disorder. Renaming the behavior as a disorder further legitimizes the behavior as mental health condition – directly in opposition to the original expanded definition. To diagnose the behavior as a disorder within the DSM-V as well as paralleling it to OCD disorders, psychiatry and psychology are winning the battle to claim the behavior as territory. OCD disorders are also likely be treated through psychoactive medication in addition to therapy; however, some individuals choose only one source of treatment. Moreover, Americans in particular are more likely to choose a medication or “therapeutic drugs” over therapy alone (Centers for Disease Control and Prevention 2013). This contrasts with the presentation of hoarding on the 21 episodes viewed of *Hoarders*. Most episodes stressed that the central characters accept “after-care” specified as “long-term treatment” but never explicitly stated whether this included prescription medication. In fact, there were no mentions of the use of prescription drugs within the series. The absence of reference to treatment through psychoactive medication may be because the series *Hoarders* primarily represents therapeutic professionals claims for authority over the behavior.

The stress of after-care treatment along with hoarding’s new classification as a mental disorder represents a blurring between therapeutic and biomedical *treatments* for the behavior rather than a traditional battle for professional legitimacy because they both appear to be successful in their claims for legitimacy. While biomedical professionals continue to look and

find support that the behavior is genetic, the behavior is more likely to be treated via medication; however, as seen through the presentation of the behavior through docu-reality television series such as A&E's *Hoarders*, it is treated much like an intervention where the hoarder is confronted by loved ones to get help for their over-acquiring.

Scripted Television

Despite the presentation as a real and true representation of the lives of hoarding individuals, it is important to note the scripted nature of the series. The showcasing of oddities or “freaks” on television has occurred since the 1980s. Whereas ready made “freaks” were typically only found on daytime television, it can now be found at any time on television. Television productions of this sort are created both to appeal to viewers’ sympathies and to make viewers feel superior (Gamson 1999). Viewers can witness the events of hoarders while making comparisons to their own lives, reaffirming to themselves that they thankfully are not “crazy” like the people on television.

Not a Social Problem?

There is an absence of a perspective presented within the series. Hoarding behavior is never presented or discussed as a social problem. Americans live in a capitalist society that features consumerism as a main way of life. Ironically and interestingly, however, this fact is never mentioned anywhere in the 21 episodes analyzed. Presenting behaviors and issues as social problem is not as fertile for people or professions for exploitation. The medical and mental health professions have successful tools and means for managing the behavior as well as the power to make successful claims in order to stake out professional territory.

Race and Gender Bias

Hoarders also displayed a disproportionate representation of female and white individuals. There were more women featured within the series than men, with almost twice as many women presented as main characters as men. The presentation of gender within the two seasons suggests that women are more predisposed to hoarding behavior than men; however, research states that men are more likely to display these behaviors than women (International OCD Foundation 2010). The frequency of more women as central characters than men may also be related to the scripted nature of the series. While the series is presented as a real representation of hoarding scenarios, all television productions outside of PBS (Public Broadcasting Station) are designed to attract and appeal to viewers. Audience members are not as surprised and repelled if a man is a slob compared to a woman due to gender deviance. Shows such as *Hoarders* are much more likely trying to be provocative than representative.

There were also a large number of white individuals within the series. Only three of the hoarding central characters were people of color out of the total forty-three featured hoarders. The presentation of race within the two seasons of the series suggests that white people are more prone to display hoarding behavior than any other race. However research suggests that hoarding behavior is inversely related to household income. In America, people of color face poverty and therefore lower household incomes at a disproportionate rate than white Americans. Accounting for the research and the disproportionate poverty rate between whites and people of color in America, there should be more minority members featured within the viewed episodes of *Hoarders*.

Choice Versus Sickness

Two other important frames surfaced from the results of the study: choice and sickness. Featured characters other than the central character, or hoarder, either blamed or relinquished blame on the central character dependent on whether the behavior was believed to be the result of a sickness, and thus individuals not responsible, or was perceived by others as individual choice, implying control over their hoarding. If the hoarder's behavior is perceived by others as a sickness, responsibility for the behavior is absent. If it is viewed as a choice, it is typically used by others to blame hoarders for the problems caused through over-accumulation. Jared, a relative to a hoarder on the show, ironically states that his loved-one chose her sickness over properly caring for her children. By the choice in the word "chose" this allows Jared to place blame on his relative for her behavior.

Perceptions of hoarding as a sickness as opposed to a conscious choice allows individuals to acknowledge hoarders' inability to organize and dispose of objects while also positioning them in a space where they can offer help to the hoarder. Individuals who perceive hoarding behavior as a choice or a controllable behavior will most likely face not only resistance to help but possibly resentment by the hoarder due to blame by others. Viewing hoarding behaviors as a sickness or an uncontrollable behavior shields the hoarder from blame, while also attempting to fix the over-accumulation and behavior that the hoarder's relatives typically want. By defining the behavior as a sickness, it allows a negotiable scenario for both parties. When individuals define hoarding as a sickness, hoarders are perceived as victims and thus worthy of sympathy because sickness is seen as harm that is randomized. Any living being is capable of experiencing harm in the form of sickness. Because of this reality individuals find this characteristic in individuals as sympathy-worthy (Loseke 2003).

CHAPTER 6

CONCLUSION

This thesis has found that the television series A&E's *Hoarders* represents a media outlet that presents hoarding in a way that suggests that both therapeutic/mental health and medical professionals are successfully claiming hoarding as professional territory. Although hoarding behavior is currently most likely to be treated through therapeutic means, the prominence and success of the pharmaceutical industry in America will most likely transition it to be treated through psychoactive medication. The presentation of hoarding behavior within the series *Hoarders* does not present the behavior as a social problem or an unintended consequence of a capitalistic society with a strong focus on consumerism. The presentation of hoarding as a social problem is not as scandalous as a mental health problem and, moreover, not as profitable.

Profit appears to be a powerful driving force in contributing to the process of medicalizing hoarding behavior and presenting it to audiences. While professional individuals and groups successfully engage (and continue to engage) in making claims to stake out medical territory, so do the groups and individuals that profit from the success of a television production that focuses on the behavior. Individuals who profit from television shows' ratings strategically present content to entertain and amuse viewers. The television presentations, therefore, are unlikely to be true representations of the lives of hoarding individuals. This is reflected by the large disparity in gender featured on the series, where most likely the show is an attempt to appeal to female viewers in order to create "shocking" material. In addition, the hoarders featured on the series are perceived as worthy of the audience's sympathy. Hoarders are

perceived as sympathy worthy are also seen as entertaining through the presentation of episodes that present each central character's case as a narrative. The structure of *Hoarders*, therefore, has a main purpose to entertain audiences while a secondary function is as a guide to inform viewers about hoarding behavior. In the case of *Hoarders*, the behavior is presented to viewers within a medicalized framework.

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