Animal hoarding: developing a theoretical model.

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ANIMAL HOARDING: DEVELOPING A THEORETICAL MODEL

A Thesis Presented
by
CHRISTOPHER M. SPOFFORD

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ANIMAL HOARDING: DEVELOPING A THEORETICAL MODEL

A Thesis Presented

by

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CHAPTER 1

ANIMAL HOARDING: DEVELOPING A THEORETICAL MODEL

The Nature and Definition of Hoarding

Hoard ing is most commonly defined as the “acquisition of and failure to discard possessions that appear to be of useless or of limited value” (Frost & Gross, 1993). Hoarding can be an extremely problematic form of behavior in which an individual acquires a large number of possessions or animals and stores them in such a way that they interfere with daily living (Frost & Steketee, 1998). Severe hoarding can have dramatic effects on the individual and on the community at large (Frost, Steketee, & Williams, 2000), and can result in serious and even life-threatening pathology. Hoarding can result in housing difficulties, including dangerous fire hazards, unsanitary living conditions, dangerous fire hazards, health problems, and eventual condemnation of one’s living space (Frost, Steketee, & Williams, 2000). Although little is known about prevalence rates of hoarding behavior, Dr. Randy Frost, a leading researcher in the field, suggests that an increasing number of cases are being reported as a result of greater public awareness of the condition (personal communication, September 9, 2004). Despite this increasing awareness and the obvious negative impact on individuals and communities, surprisingly little empirical attention has been given to the problem (Coles, Frost, Heimberg, & Steketee, 2003).

Early anecdotal reports of hoarding (Frankenburg, 1984; Greenburg, 1987; Greenburg, Witzum, & Levy, 1990) involved case studies of individuals who collected and had difficulties with discarding objects. However, there early
publications provided no clear definition of hoarding. Frost and Hartl (1996) were the first to provide a systematic definition of compulsive hoarding as “(1) the acquisition of, and failure to discard a large number of possessions that appear to be of useless or of limited value; (2) living spaces sufficiently cluttered as to preclude activities for which those spaces were designed; and (3) significant distress or impairment in functioning caused by hoarding.” (p. 341). This definition was the first to distinguish hoarding from healthier behaviors such as acquisition of items for the purpose of maintaining a collection that is generally considered interesting and valuable.

Hoarding behavior has been reported in people with a variety of clinical disorders and psychiatric conditions including eating disorders (Frankenburg, 1984), depression (Shafran & Tallis, 1996), posttraumatic stress disorder, schizophrenia (Luchins, Goldman, Lieb, & Hanrahan, 1992), organic mental disorders (Greenberg, Witzum, & Levy, 1990), brain injury (Eslinger & Damasio, 1985), and various forms of dementia (Finkel et. al, 1997; Hwang, Tsai, Yang, Lui, & Lirng, 1998). However, hoarding is most commonly associated with obsessive-compulsive disorder (OCD) and obsessive compulsive personality disorder (OCPD) (American Psychiatric Association, 2000). Researchers focusing on the association between hoarding and OCD have reported that approximately one-third of adults with OCD engage in hoarding related behavior (Frost, Krause, & Steketee, 1996; Rasmussen & Eisen, 1989; Samuels et al., 2002, Sobin et al., 2000). Saxena and colleagues (2002) found hoarding to be the primary symptom in 11% of a large sample of clients with OCD.
Despite the association between hoarding and OCD, this notion remains open to debate. Often, hoarders exhibit behaviors consistent with OCD symptoms such as excessive doubting, checking, and reassurance seeking before discarding possessions (Rasmussen & Eisen, 1989; 1992). However, hoarders also exhibit other symptoms not commonly associated with obsessive compulsive disorder. Many hoarders exhibit a strong tendency to acquire items that are not needed (Frost & Gross, 1993). In this respect, hoarding behavior has been compared to other impulse-control disorders (Black, Repertinger, Gaffney, & Gabel, 1998). Many hoarders feel the impulse to acquire free items that are easily available such as newspapers, catalogs, weekly circulars, advertisements, promotional giveaways, and discarded items from street trash and dumpsters (Frost & Gross, 1993; Frost et al., 1998). In addition, the tendency of hoarders to acquire items often results in compulsive buying behavior, a characteristic that has been found to play a major role in hoarding (Frost, Steketee, & Williams, 2002).

Course and Features of Hoarding

Although case reports in the literature suggest that compulsive hoarding runs a chronic and unchanging course, there is some disagreement about the approximate age of onset for hoarding behavior. Greenberg (1987) suggested that age of onset occurs in the early 20s; however, Frost and Gross (1993) studied a community sample consisting of 32 “pack rats and chronic savers” (aged 17 - 73) and found that age of onset may occur earlier in life, most likely in childhood or early adolescence. In their study of age of onset and course of symptoms, Grisham and his colleagues (2003) conducted a retrospective assessment using a timeline with personally relevant
events to facilitate accurate recall. The participants in this study indicated mild levels of hoarding symptoms on average around the age of 18, with hoarding symptoms approaching more moderate levels approximately 8 years later. Extreme levels of hoarding involving severe impairment of daily functioning did not occur until the approximate age of 35.

Hoarders also appear to have some familial features. In a community study of hoarders, Frost and Gross (1993) found that approximately three-quarters reported having at least one “pack-rat” among first-degree relatives. Other studies have supported this finding of an above average prevalence of hoarding in the relatives of people who hoard (Samuels et al. 2002; Winsberg et al. 1999). Although preliminary studies suggest there may be a familial component to the transmission of hoarding behavior, more research is needed to explore how this familial transmission occurs.

Another common feature associated with compulsive hoarding is the limited insight into the severity and impairment caused by hoarding behavior. Individuals with hoarding difficulties are frequently unaware of how their behavior is affecting their lives. Research and case reports indicate that many hoarders do not consider their hoarding behavior to be unreasonable (e.g. Frost & Gross, 1993; Frost, Steketee, & Williams, 2000; Hogstel, 1993; Thomas, 1997). Evidence of limited insight is also found in the tendency of hoarders to have a delayed recognition of their problem. Grisham and his colleagues (2003) found that many hoarders do not recognize their hoarding behavior as problematic until a decade after onset. This lack of insight on the part of hoarders is particularly troublesome for family members and social service
providers. Social service agencies report that most elderly clients with severe hoarding show little insight into their problem, and that this lack of insight can present a major obstacle to the provision of needed services to address the health implications resulting from excessive clutter (Steketee, Frost, & Kim, 2001).

Cognitive Behavioral Model of Compulsive Hoarding

Frost and Hartl (1996) proposed a cognitive behavioral model of compulsive hoarding based on preliminary research and observations. According to this cognitive behavioral model, manifestations of hoarding (i.e., acquisition, saving, clutter) result from basic deficits or problems in (a) information processing, (b) beliefs about and attachments to possessions, and (c) emotional distress and avoidance behaviors (Frost & Hartl, 1996; Frost & Steketee, 1998; Hartl & Frost, 1999; Steketee et al., 2000; Steketee & Frost, 2003).

Cognitive processing problems thought to be associated with hoarding include information processing deficits such as difficulties with attention, categorization, memory, and the use of information to draw conclusions and make decisions (Steketee, Frost, & Kyrios, 2003). Anecdotally, clinicians have reported that hoarders have difficulty staying focused while engaged in sorting tasks performed during therapy sessions (Steketee et al., 2000).

Empirical support for attentional difficulties comes from a study conducted by Duffany, Hartl, Allen, Steketee and Frost (2003) in which members of a self-help group for people with cluttered homes were compared to members of a community control sample on measures of attentional focus and cognitive difficulties (Duffany et al., 2003). The members of the hoarding group had significantly higher scores on
measures of adult attention deficit/hyperactivity disorder (ADHD), childhood symptoms of ADHD, and current cognitive difficulties related to perception, memory, and motor function. These findings shed light on why hoarders have difficulty in organizing their possessions, suggesting that people with hoarding problems may organize or categorize their possessions in an inefficient or maladaptive manner. They may use a cognitive style that is less inclusive with respect to categorization of their items. Many hoarders report that each item has a special importance to them; therefore, they tend to organize in a way that reflects this special importance (Steketee & Frost, 2003). This type of categorization style ultimately results in too many categories and considerable inefficiency.

Wincze, Steketee, and Frost (2002) conducted a study to explore this cognitive behavioral theory. In this study, 21 hoarders, 21 OCD non-hoarders, and 21 non-psychiatric controls were compared on three tasks involving categorization. During the categorization task, hoarders took significantly longer, created more piles, and reported more anxiety than non-psychiatric controls. They also took longer than OCD controls when categorizing personal items, suggesting that the categorization of items with significant personal value is most difficult for hoarders.

According to Hartl and her colleagues (2001), many hoarders report that they have significant memory deficits, with much less confidence in their memory than nonclinical controls matched on age and gender. In Hartl’s study, hoarders also reported much more concern about the catastrophic consequences involved in forgetting information. Interestingly, these differences in confidence about memory were not accounted for by their actual memory performance. Decision-making
difficulties have also been observed in hoarders, but this has only been observed
anecdotally and on self-report measures (Frost & Gross, 1993; Frost & Shows, 1993;
Steketee, Frost, & Kyrios, 2003).

One of the prominent features associated with compulsive hoarding is the
remarkably strong attachment to possessions. Findings from a number of
investigations have made it clear that hoarding is associated with a significant
emotional response to possessions (Cermele, Melendez-Pallitto, & Pandina, 2001;
Frost & Gross, 1993; Frost et al., 1995). This evidence has led researchers to
hypothesize that strong attachment to possessions may motivate individuals who
hoard to acquire or save items indiscriminately to avoid emotional upset and to
prevent negative outcomes (Frost & Hartl, 1996; Frost & Steketee, 1998). Steketee
and her colleagues (2003) examined the emotional and cognitive reactions of
hoarders when they attempt to discard an item. This study used a self-report scale
and delineated four types of cognitions that are activated while hoarders attempt to
discard objects: emotional attachment, memory-related concerns, desire for control,
and feelings of responsibility. The emotional attachment to possessions involved
thoughts such as the emotional comfort provided by objects, fears of losing
something important, or feelings of a loss of self or identity while discarding objects.
Memory-related concerns were operationalized as the belief that one’s possessions
are needed to serve as reminders of something important or due to sentimentality.
The desire for control over objects refers to the tendency of hoarders to restrict others
from touching, borrowing, or moving their possessions. Feelings of responsibility
refer to the sense of proprietary obligation to possessions and the need to ensure that
they are put to an appropriate use. All of these constructs were closely associated with hoarding behavior, even after controlling for other types of psychopathology.

Finally, Steketee, Frost, and Kyrios (2003) report that the unique experience of a hoarder’s avoidant reactions to distress may play a critical role in hoarding behavior. The cognitive behavioral model involves information processing deficits and maladaptive beliefs and attachments to possessions. These deficits and beliefs may result in intense feelings of distress when hoarders are faced with the thought of resisting the acquisition of an item or the discarding of a possession. Several investigators have argued that hoarding differs substantially from other OCD symptoms because obsessive thoughts do not drive the compulsive behavior of hoarders (Black, Monahan, et al., 1998; Miguel et al., 1997). However, Steketee, Frost, and Kyrios (2003) suggest that hoarding beliefs and emotional attachments play a role similar to that played by obsessive thoughts in people with OCD. Thus, compulsive acquisition and hoarding can be conceptualized as involving behaviors that help the individual avoid strong feelings of anxiety, loss, or grief.

Animal Hoarding: Characteristics and Features

One particular variant of compulsive hoarding that has garnered a significant amount of public attention through media news reports is the behavior of animal hoarding. Many media reports have emphasized the eccentricities of people who have accumulated a large number of animals that have been kept in horrendous living conditions (Arluke et al, 2002). These reports often tend to focus on the violation of societal taboos concerning sanitation and animal welfare, and have all but ignored the psychological well-being of the individual hoarder.
Despite the considerable attention from popular media, very little psychological or psychiatric literature exists on this topic. Much of the existing literature on the hoarding of animals has been written by officials associated with Humane Societies, ASPCA affiliated agencies, and other organizations concerned with animal welfare (Lockwood & Cassidy, 1988). Only a handful of scientific articles address animal hoarding. Worth and Beck’s 1981 analysis is the lone study that has been conducted to examine animal hoarding behavior by directly interviewing multiple-pet owners. Worth and Beck (1981) interviewed 34 pet owners who lived with multiple animals (at least 10 animals) that had come to the attention of either the New York City Department of Health or the American Society for the Prevention of Cruelty to Animals (ASPCA). Most of the individuals in this study collected dogs or cats, with the average number being 2 dogs or 34 cats per owner. Women were more commonly engaged in multiple-pet ownership at an 8:3 female to male ratio. Although most cases in this study involved the hoarding of either cats or dogs, there were also 3 cases in which the hoarders kept more than one species. These three cases involved a variety of species including dogs, cats, alligators, large lizards, poisonous snakes, rabbits, turtles, a turkey, ducks, pigeons, and one tarantula. Most of the cases reported by agencies involved members of the lower and lower-middle class; however, inquiries also confirmed that some cases involved animal collectors with higher socioeconomic status. Therefore, the researchers in this study concluded that multiple ownership of animals extends across the entire socioeconomic spectrum. Researchers in this study also noted that social isolation was common in this sample (Worth & Beck, 1981). Most of the participants in this qualitative study reported that
they began collecting animals sometime during their childhood. Many individuals reported no telephone, public utilities, or functional plumbing, and notably many multiple-pet owners tended to hoard inanimate objects as well.

Worth and Beck speculated that many of their participants adopted a parental role with their animals. The authors witnessed intense personalization of animals exemplified by different forms of anthropomorphism. Worth and Beck report that one woman kept scrapbooks of her animals’ lives, celebrated their birthdays and anniversaries, and upon death conducted special burials for them. They describe another case in which one elderly woman unable to bear separation from her dead cats, eviscerated them and dried them on her fire escape. These corpses, which she referred to as “cat boards,” were then kept in cupboards throughout her apartment. Another owner preserved his deceased animals by stuffing them. Interestingly, several subjects offered their own interpretation of their animal collecting behavior. One woman stated that she was attempting to “resolve feelings about her own adoption,” which she had “recreated with her own adoption of animals.” In almost all of the case interviews the formation of large collections of animals coincided with the subject, leaving their parental home and establishing their own permanent residence (Worth & Beck, 1981).

More recently, Patronek (1999) surveyed various animal shelter operators about their experiences with individuals who hoard animals. Patronek compiled detailed information on 54 cases identified by 13 agencies with animal cruelty investigative divisions. Each agency was asked to retrospectively identify as many animal hoarding cases as possible from 1992-1996. The officer who had investigated the
hoarding was then asked to fill out and mail back standardized case-report forms detailing the specifics concerning each hoarding case. Patronek defined an animal hoarder as:

Someone who accumulates a large number of animals; fails to provide minimal standards of nutrition, sanitation and veterinary care; and fails to act on the deteriorating condition of the animals (including disease, starvation, and even death), or the environment (severely overcrowded and unsanitary conditions), or the negative impact of their own health and well-being.

Much of Patronek’s research findings supported the qualitative analysis conducted by Worth and Beck (1981). Over two-thirds (76%) of the cases involved females, and a large proportion (46%) of individuals were 60 years or older. Most cases were single, divorced or widowed individuals; and almost half lived alone. The most common animals involved were cats and dogs. Patronek also evaluated the living environments of the animal hoarders, and found conditions similar to those described in 1981 by Worth and Beck. Dead or sick animals were discovered in 80% of reported cases, yet in 60% of the cases the animal hoarder failed to acknowledge the problem (Patronek, 1999). In 69% of the cases, agency workers found significant amounts of animal feces and urine in living areas. In over one-quarter of the cases surveyed the hoarder’s bed was soiled with urine and feces. Hoarders in this study offered up a range of justifications for their behavior ranging from an intense love for their animals, the belief that no one else could or would care for their animals, the feeling that their animals were surrogate family members, and a fear that their animals would be euthanized. Agency workers also reported a significant amount of
nonfunctional utilities (e.g. cooking facilities, heat, refrigeration, electricity, bathroom plumbing, etc.) in the homes of these animal hoarders.

Patronek (1999) also studied animal hoarding as a community and public health problem. He found evidence that animal hoarding was presenting a significant drain on community resources. Complete resolution to these cases was often non-existent and over 60% of the hoarders studied were repeat offenders. Many caseworkers in the study expressed frustration with the perceived lack of cooperation from public and mental health professionals.

Following Patronek’s lead, other researchers have shifted their focus to investigating animal hoarding as a public health issue (Arluke et al, 2002; Hoarding of Animals Research Consortium, 2002; Patronek, 2001). Previously, information concerning animal hoarding was derived primarily through secondhand accounts by officers and caseworkers investigating these individuals (HARC, 2000). In 1997, the Hoarding of Animals Research Consortium (HARC)\(^1\), an informal group of researchers made up of professionals with expertise in psychiatry, psychology, social work, veterinarian medicine, and animal protection, formed to address this issue from an interdisciplinary perspective. HARC set out to investigate the phenomenon of animal hoarding from a more scientific standpoint with the goal of developing some testable models and effective solutions to this growing public and mental health issue. In recent years, HARC has worked both towards exploring possible antecedents to

\(^1\) The Hoarding of Animals Research Consortium (HARC) was formed in 1997 to investigate the problem of animal hoarding from an interdisciplinary perspective. Members include Arnold Arluke, Ph.D., Northeastern University; Carter Luke, Massachusetts Society for the Prevention of Cruelty to Animals, Edward Messner, M.D., Massachusetts General Hospital; Gary Patronek, V.M.D., Ph.D., Tufts University School of Veterinary Medicine; and Gail Steketee, Ph.D., Boston University.
animal hoarding, and disseminating the limited research findings that have been conducted on this behavior.

In a recent study conducted by members of HARC (2002), researchers speculated that animal hoarding is grossly underreported and may occur in many more communities than currently documented. Based on data collected in 2002, HARC researchers estimated that there is a prevalence of 1,200 to 1,600 reported cases of animal hoarding occurring every year in the United States. News reports suggest that animal hoarding knows no social or economic boundaries (Arluke et al., 2002). Although typically identified among unemployed and socially isolated individuals, some reports indicate that animal hoarding has also been discovered among physicians, veterinarians, bankers, nurses, teachers, and college professors (Arluke et al., 2002).

The most recent study targeting the health implications of animal hoarding behavior was conducted in 2002 by HARC (HARC, 2002). This study used a methodology similar to Patronek’s (1999) investigation by soliciting reports from a broad spectrum of professionals likely to encounter cases of animal hoarding (i.e. animal control officers, humane law enforcement personnel, police officers, public health veterinarians, elder service case workers, and health department personnel). Similar to Patronek’s (1999) study, case reporters were asked to submit a detailed standardized case report form created by HARC. Professionals who had visited the home and interviewed the household members were asked to report on a number of different variables such as impairment of ADL’s, personal hygiene, functionality of household utilities, possible fire and safety hazards, etc.
A follow-up interview was also conducted by each professional to obtain a “richer” narrative account of the case. The follow-up interview focused on the presence of dependent family members in the household and any potential risks to the hoarder’s health and well-being. Although it was not possible for the investigators to independently verify all of the information in the case reports, photo and police reports corroborated the data from the questionnaires and narratives in 29.6 percent (n = 21) of the cases. Seventy-one case reports were received from 28 states and one Canadian province. Much of the data supported previous research findings conducted in a similar study by Patronek (1999). Of the 71 hoarding cases, 83% were women and 17% were men. Median ages were 55 years for women and 53 years for men. Ten of 66 hoarders (15%) for whom age could be confirmed were 65 years of age or older. Total number of animals involved in a case ranged from 10 to 918. The mean and median numbers of animals were 55.8 and 47, respectively for men, and 90.1 and 50 respectively for women. Most cases involved the hoarding of cats (82%), followed by dogs, birds, reptiles and small mammals. Similar to Patronek’s (1999) findings, a large percentage (71%), or nearly three-quarters of animal hoarders were single, widowed, or divorced. In more than half of the cases (54%), other individuals were living in the home including children, bedridden or dependent elderly people, and disabled people. Several features stood out in this case series of animal hoarders. In the majority of these cases there was compelling evidence of self-neglect of the hoarder, and when dependent family members were present, there was evidence of neglect of that individual as well (HARC, 2002). In their discussion of the data compiled from the narrative reports investigators had this to say:
Descriptive statistics do not begin to capture the extreme nature of many of these situations. In a typical case, household interiors were coated, often several inches high, with human and animal urine and feces, sometimes to an extent that floors buckled. When animal control or humane society agents entered these homes to remove the animals, the contamination and toxic atmosphere sometimes made it necessary to wear protective clothing and breathing apparatus. In many cases, sanitary food preparation and storage were impossible or nonexistent (HARC, 2002).

Explanatory Models of Animal Hoarding

Because of the complexity and paucity of scientific inquiry into animal hoarding, currently there is no universally accepted psychological theory or model for animal hoarding behavior. In fact, although animal hoarding has sometimes been linked in the literature with the OCD symptom of compulsive hoarding, there is some debate among experts as to whether animal hoarding may be a qualitatively different psychological phenomenon. Campbell and Robinson (2001) noted that information on the etiology of animal hoarding is very limited and suggested that the problem may have multiple factors contributing to the manifestation of symptoms. The presence of significant co-morbidity with other psychiatric disorders has led researchers to speculate that animal hoarding may be a variant of one of these conditions. For example, in many of the descriptive studies researchers have noted concomitant hoarding in many homes of inanimate objects along with the hoarding of animals (HARC, 2002; Patronek, 1999; Worth & Beck, 1981), suggesting a link to obsessive compulsive disorder (OCD) with which hoarding is typically associated.
Some researchers have theorized that animal hoarding may be the manifested symptom of more serious organically based mental health disorders. Overt psychosis has rarely been observed in this population, but denial of the problem and a profound lack of insight has been documented repeatedly in many animal hoarding cases (HARC, 2000; Patronek, 1999; Worth & Beck, 1981) leading researchers to speculate that these individuals may suffer from some form of a highly focused delusional disorder (HARC, 2000). There has been a considerable amount of anecdotal information to support this hypothesis. In many of the cases, animal hoarders reported the belief that they have a special ability to communicate and/or empathize with all animals. Furthermore, despite obvious evidence otherwise (e.g., grossly unsanitary conditions and unhealthy living environments), many hoarders insisted that their animals are well-cared for and could not receive any better care in an alternate environment. This claim, in the midst of clear evidence to the contrary, may suggest a belief system that is out of touch with reality (HARC, 2000). Another interesting piece of anecdotal information is that, outside the context of their relationship with animals, many of these individuals appear to be reasonably high functioning, normal, and healthy. In fact, many animal hoarders are steadily employed with part-time or full-time jobs (HARC, 2002).

Other researchers have suggested that animal hoarding may be a significant warning sign for the early stages of dementia (Patronek, 1999; Rosenthal et al., 1999). In Patronek’s (1999) descriptive study, 26% of the individuals were placed in a residential facility or under guardianship due to their inability to care for themselves. Studies have also shown that the hoarding of inanimate objects occurs in
approximately 20% of dementia cases (Hwang et al., 1998). However, there has been very little evidence in the literature to establish any kind of causal link between dementia and animal hoarding. Both animal hoarders and people with dementia appear to lack insight into their problem; however, such lack of insight symptom is common with many disorders (e.g., anorexia, body dysmorphic disorder, schizophrenia) and hoarders have not historically demonstrated the amount of cognitive dysfunction that would warrant a diagnosis of dementia (HARC, 2000). Furthermore, studies have shown that animal collecting behavior for many individuals starts in the early twenties, and only becomes noticeable during the individual’s elder years when situations have become unmanageable, due to both increasing age and increasing amounts of animals to care for. Therefore, although the majority of cases may come to the attention of case workers when individuals are in their elder years, animal collecting may have occurred long before the typical age of onset for dementia.

Lockwood (1994) offered yet another preliminary theoretical model for animal hoarding by suggesting that there may be some interesting parallels between animal collectors and substance abusers, suggesting the utility of an addiction-based model in understanding animal hoarding behavior. Some of the common parallels in symptomatology between animal hoarding and substance abuse are: a preoccupation with the addictive substance (animals); denial that the addiction/problem exists; excuses or alibis for the behavior; isolation from society except from those who are involved in the addiction (e.g., enablers); claims of persecution; complete neglect of one’s personal hygiene and environment; and compulsive repetition of the behavior
(Lockwood, 1994). Other evidence consistent with this model comes from research and anecdotal reports of individuals with hoarding symptoms that may suggest co-morbidity with impulse control disorders (ICD’s). In particular, research has shown that the hoarding of possessions is associated with several ICD’s, including compulsive shopping (Frost et al., 1998) and gambling (Frost, Meagher, & Riskind, 1999). Some animal hoarders report extreme difficulty in resisting the urge or impulse to take stray cats into their home (HARC, 2000).

Media reports have occasionally cited cases in which animals have been used for sexual gratification, which would seem to suggest a zoophilia model of animal hoarding for some. However, there has been very little evidence to support this model as a major determinant of the behavior (HARC, 2000; Lockwood, 1994).

Animal Hoarding and Early Childhood Attachment

Some researchers propose that it may be useful to examine hoarding from the perspective of an attachment-type model (HARC, 2000; Frost et al., 1998; Steketee, Frost & Kyrios, 2003). There has been some anecdotal and preliminary evidence from studies using interviews with hoarders suggesting some degree of early developmental deprivation of parental attachment during childhood (HARC, 2000; Worth & Beck, 1981). Some retrospective accounts have described childhood home environments as chaotic and unpredictable in nature (HARC, 2000). Some hoarders have described inconsistent parenting through childhood including neglectful and emotionally unavailable parental figures. These anecdotal reports of difficulties with early childhood emotional bonding, coupled with reports in the literature animal hoarders “having a strong desire for unconditional love” (Worth & Beck, 1981),
provide some support for the appropriateness of an attachment model of hoarding, especially with respect to animal hoarding.

Interestingly, this trend of maladaptive attachment is also consistent with the literature on the hoarding of inanimate possessions (HARC, 2000). In examining the meaning of possessions, Furby (1978) suggested that objects may be collected to fulfill some desire or purpose (instrumental saving), or out of a feeling that the possession is an extension of the self (sentimental saving).

Frost and his colleagues (1995) provided evidence that sentimentality is one of the primary reasons for hoarding behavior. They found two types of emotional attachment to possessions that are associated with hoarding, the first being pure sentimentality. Possessions are seen as a part of the self, and disposing of them may be akin to “losing a close friend” (Frost et al., 1995). As one might expect, many animal hoarders experience a significant grief/loss reaction when faced with the prospect of giving up or witnessing the death of an animal. Worth & Beck (1981) noted significant difficulties of animal hoarders when parting with animals from new litters, or when giving up strays that had been adopted “temporarily” while a new home was being sought. In a related vein, researchers have noted that hoarders exhibit excessive anxiety and over-responsibility associated with their possessions, much like the excessive responsibility observed in patients with OCD (Frost, Steketee, & Williams, 2000). Animal hoarders may experience this over-responsibility as the messianic urge to save all animals in need of care (Arluke et al., 2002). Lockwood & Cassidy (1988), and various other researchers (HARC, 2000; Patronek, 1999), have suggested that animal hoarders have considerable difficulty
accepting the death of animals, noting that dead animals were found on the properties of most of their hoarding sample. Furthermore, occasional reports (Campbell & Robinson, 2001) suggest that hoarders have gone to great lengths to preserve the bodies of deceased animals through various methods (taxidermy, freezing, chemicals, etc.)

The second type of emotional attachment associated with hoarding is the high value placed on possessions as “safety signals” (Frost et al., 1995). Hoarders appear to consider their possessions as a source of comfort and security. This effect is most dramatically evident in hoarders when faced with the task of throwing away a possession. The thought of discarding a possession appears to violate a hoarder’s feeling of safety. Frost & Hartl (1996) suggest that the maintenance of hoarding behavior stems from the avoidance of the emotional upset associated with discarding a cherished possession. This emotional arousal related to attempts to discard possessions is extremely distressful with cases involving animals.

Further evidence supporting the relevance of an attachment model in understanding animal hoarding emerges from a study of relationship difficulties experienced by hoarders. Hoarders may have developed extreme dependence on their objects for emotional comfort in lieu of their relationships with people. Much of the existing research suggests that hoarders are isolated and distant from others. Hoarding has been associated with high levels of avoidant personality disorder, and in one study, up to 75% of hoarders reported high levels of social phobia (Frost et al., 2000; Steketee et al., 2000). Frost and Gross (1993) found a significantly smaller percentage of OCD hoarders to be married (45%), compared to 80% of people with
OCD without hoarding symptoms. Frost, and Stcketee, Kim (1999) report that in one sample of hoarders over the age of 65, 60% had never married. This finding is striking when compared to the 2000 National Census which reports that only 4 – 5.4% of men and women over the age of 65 have never married. Most studies conducted thus far have been retrospective in nature. Consequently, it is unclear whether embarrassment about clutter and the condition of the hoarder’s home has led to social isolation, or if the reverse is true, namely that social isolation has contributed to an increasing reliance on animals and possessions for safety, unconditional love, and comfort.

Exploratory Questions and Hypotheses

To date there has been little research addressing the behavior of animal hoarding. Most studies thus far have focused attention on the issue from a community health perspective, and few studies have explored animal hoarding as an individual mental health issue. Until models of this behavior are established and tested, a full understanding of this problem will be limited. As with many psychological conditions there are certainly many contributing factors to animal hoarding; therefore, assessment of this condition must be multifaceted and take into account emotions, thoughts, behaviors, and previous experiences. Formulating a preliminary model to understand this condition may in turn lead to the development of effective interventions.

The purpose of the present study was to provide information about the experiences and attitudes of animal hoarders. The study was designed to uncover common themes about the personal experiences of individuals who engage in this
behavior. Furthermore, the goal of this study was to promote a rich preliminary understanding of this phenomenon by examining some possible antecedents of this behavior.

The project involved the qualitative analysis of 12 in-depth interviews which had been conducted by experienced researchers with individuals who exhibit animal hoarding behavior. Initially, members of HARC designed the interview questions to explore a wide range of descriptive information including demographics, history of pet ownership, early family experiences, social life (present and past), role and meaning of animals, views regarding animal care, and physical or mental health problems. The interviews were semi-structured and consisted of questions targeting a variety of traits and possible causal features (see Appendix A).

For this project I took a more focused approach by exploring the extent to which animal hoarding behavior is associated with disruptions in early attachment processes or traumatic early life experiences. Furthermore, I assessed the extent to which animal hoarders rely on their animals for a feeling of safety or emotional support.

The following research questions were proposed:

(1) **How do animal hoarders characterize their early life relationships with caregivers and family members?** Recent evidence suggests that people who hoard have difficulty forming and/or maintaining relationships with people (Steketee, Frost, & Kyrios, 2003; Frost, Steketee, Williams, & Warren, 2000). Some researchers have found support for the notion that many people with OCD have family histories in
which they experienced significant attachment problems such as parental rejection, overprotection, or extreme lack of warmth (Hoekstra, Visser & Emmelkamp, 1989). The question, therefore, emerges about the relevance of this notion to animal hoarding. While some preliminary evidence in the animal hoarding literature suggests that animals replace inadequate bonding to family members (HARC, 2000, 2002), to date there have been no studies focusing attention on early life relationships with parental figures.

(2) **To what extent do animal hoarders report having experienced family disruption or chaotic home environments during childhood and adolescence?**  
Anecdotal reports and previous interviews conducted with hoarders have led some researchers to postulate that hoarding behavior may be associated with chaotic households or by family disruption characterized by experiences such as inconsistent parenting, parental conflict, alcoholism, death of a parental figure, etc. (HARC, 2000). Despite the fact that there have been several anecdotal reports documenting a history of family disruption in the histories of animal hoarders, no empirical research has clearly documented this relationship.

(3) **To what extent are episodes of significant trauma evident in the childhood history of animal hoarders?**  
Trauma is characterized by experiences such as physical or emotional abuse, witnessing the tragic death of someone close, forced sexual activity, vehicular accident, neglect, etc. Participants in previous research studies concerning the hoarding of inanimate possessions have reported significant
traumatic experiences (Frost & Hartl, 1996; Hartl, Duffany, Allen, Steketee, Frost, 2001). A preliminary study conducted by Duffany and her colleagues (2001) found a possible link between traumatic experiences and the compulsive hoarding of inanimate objects; PTSD diagnoses were reported significantly more frequently in this group of hoarders when compared to non-hoarding controls. Hoarders in this sample also reported a significantly greater number and frequency of different types of trauma. Other than this preliminary study, little research has been conducted to confirm the connection between the experience of trauma and the development of animal hoarding behavior.

(4) To what extent do animals provide a sense of security or safety for animal hoarders? Previous studies on the etiology of hoarding have reported that animal hoarders display strong emotional attachments to possessions (Frost & Hartl, 1996; Frost & Steketee, 1998; Steketee et al., 2003). In some reports, possessions represent a sense of security, such that discarding the possession provokes anxiety about potential harm (Duffany, Allen, Steketee, & Frost, 2003). In effect, possessions become signals of safety in a world that is seen as dangerous (Sartory, Master, & Rachman, 1989). Such an emphasis on safety, and its salience in the minds of hoarders, suggests the possibility that hoarders may have experienced more events as traumatic in their past. Consequently, hoarders may rely on their possessions as a source of comfort. In other words, possessions may provide feelings of protection for individuals who feel that their safety is, or has been compromised (Duffany et al., 2003). Other than this preliminary evidence of possessions serving as "safety
signals” for hoarders of material items, there have been no investigations of the extent to which animals might serve a similar role for animal hoarders.
CHAPTER 2

METHOD

Participants

The 12 individuals who participated in the interviews were identified as meeting the criteria for animal hoarding as defined by “the accumulation of a large number of animals; failure to provide minimal standards of nutrition, sanitation, and veterinary care; failure to resolve the deteriorating condition of the animals or the environment; and failure to act on or recognize the negative impact of the collection on their own health and well being” (Patronek, 1999, pg. 82). Participants were referred by legal authorities or animal control agencies involved in investigations of complaints against them. This sample was not intended to be representative of all animal hoarders, but to provide a range of responses to assist in generating testable hypotheses about the etiology of this behavior. Criteria for inclusion in the study were that subjects be at least 18 years of age, display animal hoarding/collecting behavior as described above, and be willing to participate. Recruitment of participants was conducted via telephone, whereby an investigator asked subjects if they would like to be included in a study that focused on “animal lovers and human-animal bonding.”

The sample consisted of 11 women and 1 man with a mean age of 47.3 years (range 36 to 55), and average education of 15.3 years (some college, range 12 to 18 years). Six participants were single, 2 married, 2 divorced, and 2 widowed. Five participants were employed part-time at the time of the interviews, 5 were employed full-time, and 2 were unemployed. Household incomes indicated a middle to lower-middle class sample (maximum income was $67,000, and 2 single women earned less
than $15,000 annually). Respondents reported having a total range of 24 to 200 animals (mainly dogs and cats) at one time, with most having in the range of 50 to 60 animals at some point in their life. At the time of the interview, 3 participants reported having no animals left due to a recent removal by authorities.

Interviews

Interviews were conducted by members of the Hoarding of Animals Research Consortium (HARC), including a psychologist, two social workers, and a sociologist, all of whom have had experience with interviewing this population. Informed consent was obtained at the beginning of the appointment and participants received a payment of $50 upon completion of the interview. All but 2 of the interviews were conducted in the home of the participant. Of the 2 interviews conducted outside of the participant’s home, one woman was interviewed at a relative’s home due to the fact that her mobile home had been condemned and subsequently demolished by authorities; and the another participant was interviewed in her car outside of her home due to her reluctance to let the interviewer inside her home. All interviews were recorded on audiotape and transcribed.

The semi-structured interview included approximately 120 questions and required 1.5 to 2 hours of time to administer (See Appendix A). Investigators developed the questions for the interview from a list of themes expected to emerge based on prior hoarding research and anecdotal reports from individuals who had worked closely with this population. The questions were designed specifically to elicit information pertinent to the development of a model for the etiology of animal hoarding. Questions focused on demographic information; childhood and adult histories of pets
and animal contact; family and social history; current relationships; current behaviors; emotions and beliefs pertinent to animals and their care; and current health and mental health concerns.

**Data Analysis**

Interviews were thematically analyzed by three undergraduate research assistants. This qualitative analysis involved an iterative process of reflection, scrutiny of the interview transcripts, and discussion among the research team. More specifically, the qualitative analysis of the interview data included this weekly process:

1) Each individual interview was sent out to the undergraduate research assistants via e-mail attachment on a weekly basis. In addition to the interview, undergraduate research assistants were sent an interview summary sheet (Appendix B) to be completed that assisted in indexing and highlighting the main emergent themes of each interview.

2) Each research team member was instructed to examine the interview data separately for information or quotations that were pertinent to the abovementioned research questions. Team members were also encouraged to find alternative information or emergent themes that were not limited to the proposed research questions.

3) The team members then engaged in weekly meetings to discuss the emergent themes for each individual interview. After hearing individual
viewpoints, team members then jointly discussed the emergent themes. Alternative viewpoints were encouraged, and researchers were also encouraged to challenge any constructions that did not appear to fit the data. The goal of this process was to select emergent themes that represented “strong consensus.” Strong consensus was defined by all three team members having selected the same data (quotations from the interview) and expressing agreement as to what theme this data represented.

This study presents the consensus of the reviewers regarding the relevance of hypothesized themes to the animal hoarders’ reported experiences. This qualitative approach was designed to increase the validity of the study by using several team members in analyzing the data. In essence, the goal of this analytic approach was to combine the necessary flexibility of qualitative methods to understand this complex phenomenon, with some of the rigor and replicability of more quantitative methods.
CHAPTER 3

BIOGRAPHIES OF PARTICIPANTS

In this chapter I will present a brief biography of each participant. As mentioned previously, relevant information was obtained through the use of a semi-structured clinical interview. In order to protect each participant’s identity, a pseudonym is assigned to each individual, and any identifying information has been disguised. Throughout the presentation of the data, minor editing was conducted on quotations to increase clarity, but never at the expense of altering the inherent meaning of the quotations. For example, repetitive phrases or words such as “like,” “umm,” “uh,” or “you know” were sometimes removed from quotations. The symbol [...] is used to note these ellipses. Where quotations involving an interchange between the interviewer and the participant are utilized, “I” is used to mark the interviewer’s words, and the participant’s first initial is used to mark the participant’s response.
Arlene

Arlene is a 54-year-old Caucasian woman living with her husband in a 3-bedroom home in a rural area of Connecticut. Their family income is approximately $30,000 annually. Arlene is a high school graduate who has held various blue collar jobs in her past (stock clerk, cashier, etc...). Arlene is employed as a part-time assistant in a home for the elderly.

Social History - Arlene, the eldest of six children, describes herself as a person who assumed a “caretaker role” of her five younger brothers and sisters while growing up. Arlene described her parents as “very social people who liked to party often when they were younger.” Her parents would “go out by themselves and party...and drink a lot...and then meet back later.” They had what she considers an “open marriage” in which “[her] father would sometimes talk about his girlfriend, and [her] mother would talk about her boyfriend.” This partying behavior would often lead to what she considers “inappropriate behavior” in which her mother was involved in numerous car accidents due to intoxication. There was a considerable amount of arguing between her parents when she was younger, and she attributes many of these disputes to alcohol intoxication. Arlene remains very close to her mother and reports that she has talked with her “almost every night for the past 35 years.” She describes a more strained relationship with her father who she feels is “very cold and indifferent.” Arlene reports that she was a social child and had a considerable number of friends in her neighborhood while growing up.
Current Social Life - Arlene has three daughters and a granddaughter. Arlene reports that she and her husband rarely have other people visit their home, including members of her own family. Her daughters and granddaughter will occasionally visit during the holidays; however, “it has been six years since they have celebrated Christmas together at [her] house.” When she does visit with her daughters it is usually at their homes. Arlene’s social contact with others consists mainly of attending Overeater’s Anonymous and Alcoholics Anonymous groups. She describes herself as a “meeting person.” Arlene does not consider herself an alcoholic; however, she enjoys the social support provided by these groups. She often eats out with her husband; however, this appears to be primarily due to the condition of her home, and rarely do they socialize with other people.

History of Pet Ownership - Arlene reports having had only one pet before the age of 18, a labrador retriever, described as “the family dog.” Arlene did not start collecting multiple pets until the age of 26, nine years after her marriage. At this time, Arlene and her husband lived in a housing project where pets were not allowed. Despite this prohibition, Arlene purchased an Irish Setter for their three daughters. Arlene stated that “rather than part with the dog...we decided it was time to get our own home.” Initially, Arlene’s animal collecting started with pictures of animals; she then transitioned to collecting animal figurines, and then finally animals themselves. Arlene and her husband began collecting animals through her husband’s job as a dog warden. She described the initial accumulation of animals in these terms:

We had a lot of access to the dogs in the pound...we would bring them to the humane society, and if one or two had to be put down, we would
bring like three home, so it seemed like we would go up there, he would bring the dogs home, I would bring the cats home...and I would be thinking, ‘well this neighbor will take one, and that neighbor will take one...and that neighbor will take one, so I’ll bring home three or four cats’.

Current Animals – Arlene’s husband is employed as a wildlife officer whose duties include the relocation of animals that have become a nuisance in suburban neighborhoods. Many of the animals dwelling on their property have been accumulated through his access to these wild animals. Early on Arlene and her husband collected multiple domestic animals, primarily dogs and cats; however, over the course of the past decade they have shifted their collection to more exotic wildlife animals. At one point, 5 years ago, she housed over 150 animals. When asked by the interviewer how many animals she has had at any one time Arlene stated:

Oh gosh, I don’t know...um...I’d say 150 if you want to count the 75 raccoons...150-200...when we first moved in [to our current residence], we had 87 cats when the girls were little...They all had their own...and that was mothers with kittens, so it didn’t take long to get 80...80 or so of them.

Arlene reports that recently she and her husband have been working on “cutting back on [their] animal collection.” Her husband has started to collect various taxidermy animals, some of which have come from their own collection. To date they have collected a 350-pound stuffed bear, coyotes, a timber wolf, several beavers, and a number of other large stuffed animals.

On Arlene’s property she houses a menagerie of living animals including: 12 beavers, 2 raccoons, 1 woodchuck, 2 deer (injured), 2 skunks, 3 dogs, 2 Canadian geese, 4 roosters, and 1 wild turkey. These animals are kept both indoors and
outdoors in make-shift cages of various sizes. On the grounds of the home are various pens holding beavers, deer, and various birds (turkeys, hawks, and geese). The remaining animals reside inside her home. The animals inside her home consist of dogs, 6 beavers, 2 skunks, a woodchuck, and occasionally a raccoon. The beavers are housed in make-shift cages in the cellar while the woodchuck is caged in the upstairs living room. All other animals are permitted to roam freely throughout the home. Arlene states that they have “turned the house over to the animals.” She reports that she only uses her home for “sleeping and watching TV.” Sometimes she will go and sit in her car during the day “to take care of important things” such as paying her bills or doing her taxes. She also spends time in her car talking on the phone or reading. Arlene explains that she feels more comfortable with doing some tasks in the car to ensure that “important things won’t get lost in [her] house.”

Psychiatric History - Arlene reports no history of hospitalization for psychiatric difficulties, but describes a significant family history of alcoholism (parents and siblings). Although Arlene reports that she has no personal problem with alcohol, she frequently attends AA meetings because she enjoys the support. Arlene has been diagnosed with “depression or bipolar,” and is currently taking Prozac. Arlene has never taken lithium and is uncertain about her psychiatric diagnosis. She reports a brief bout with panic symptoms at age 40 related to driving a car, symptoms which she believes were somehow related to her youth when her mother frequently crashed her car while intoxicated. Arlene endorses some symptoms commonly associated with OCD (obsessions about hurting others, strong need to know or remember things,
strong fear of losing items, and a past counting compulsion). She also endorses the compulsive hoarding of items as a major symptom. She hoards various items related to animals (pictures, figurines, etc.) and has considerable difficulty with discarding these items. Arlene states that her refrigerator, oven, washer/dryer and shower are currently in disrepair. Consequently, they shower, clean up and do their laundry at their daughter’s home. She reports that this has led to some conflict with her daughter’s husband over his difficulty with “their lack of boundaries.” The disrepair of their appliances also results in frequent eating out. Regarding the disrepair of their home, Arlene states, “It’s almost like…it’s not a priority…We’d rather spend the money on the animals.”

Barbara

Barbara is a 53-year-old single Caucasian woman living alone in a one-bedroom city apartment close to Boston. Barbara reports that she collects disability and works approximately two nights per week at a shelter for battered women. She reports her total income as approximately $14,000 per year, and notes that that she is enrolled in three classes and working toward her associate’s degree.

Social History – Barbara’s parents divorced shortly after her birth, and she spent most of her childhood living with her mother. Barbara reported that she “felt like an only child while growing up”; due to the fact that her siblings were considerably younger she often spent time alone. She reported having very few close relationships or friendships in her youth. She spent time with her cousins during her grade school years; however, they moved away shortly after she turned 9 years old. Barbara
reported that she did not feel close to her parents or her aunt who also lived in her home, but rather felt closest to her grandmother, whom she described as “very loving... but always drinking,” and her grandfather who died when she was 8 years old. Barbara explained that she considered her pets as having played a significant role in her social life while growing up; in fact, she described them as her “best friends.”

Current Social Life – Barbara reports that only recently have people been allowed to visit her home. In addition to a male friend of 20 years who visits regularly, occasionally a neighbor will stop over. Barbara reports that she spends most of her time at home during the day and often spends her evenings attending Al Anon and AA (Alcoholics Anonymous) meetings, which she views as her primary source of social contact.

History of Pet Ownership - Barbara reports that she has had pets from very early in her childhood. She reports having had a very close relationship with her first cat, Sandy, who died when Barbara was 9 years old. Barbara describes this event as a significant loss in her life and compared it to the death of her grandfather. Barbara’s next cat, Trixie, also appeared to play a significant role in her life. Barbara explained in great detail an incident when Trixie was taken away from her when she was 12 years old, shortly after her mother remarried. Barbara reported that she became “hysterical” when her family took Trixie away. Barbara explained that at the time
she was told that the cat had “mange”; however, in retrospect she believes that she
was lied to and that the cat was not permitted at her grandmother’s apartment.

Current Animals – At the time of the interview Barbara reported that she had 29 cats.
She had recently taken 16 cats to the veterinarian to transfer them to a no-kill shelter. Barbara reports that she began collecting multiple pets at approximately 22 years of age. She reports no trouble caring for her pets, and they have the full run of the kitchen, bedroom, and living room. She reports that she has some rules for her cats such as “no scratching the furniture”; however she reported that for the most part they are “the boss.” Barbara reports that her cats breed in the apartment and she gives the kittens to the MSPCA. Barbara reports that two years ago her neighbors had complained about the smell emanating from her home. She explains that at that time they had “threatened to call the Board of Health”. Barbara reports that she believed this complaint to be “somewhat valid”; therefore, she cleaned her home to reduce the smell.

Psychiatric History – Barbara reports no history of hospitalization for psychiatric difficulties. However, she was prescribed Prozac by her primary care physician for symptoms associated with depression and had been taking this medication for the past 5 years. Barbara also reports some symptoms commonly associated with OCD. She reports having some symmetry rituals focused on preciseness and following routines. She also reported that “songs and words will often get stuck in [her] mind”. Barbara reports some history of compulsive hoarding of items. Her home was moderately
cluttered, and she briefly described some difficulty with compulsively buying behavior, primarily “old clothes at flea markets, and the Home Shopping Network”.

Catherine

Catherine is a 45-year-old single Caucasian woman who resides in a two-bedroom home in western Massachusetts. Catherine has her Bachelor’s degree in biology from a large university in Boston. She works part-time as a cashier at large retail store, where her approximate yearly income is $20,000.

Social History – Catherine is an only child. Her father died when she was eighteen months old. Catherine describes her mother as “a bit shy,” but generally friendly with everyone and well-liked. Catherine states that she was very close to her mother while growing up. She reports having had an active social life when she was younger and explains that her pets played a significant role in her social life. At the age of 12 she had two spider monkeys which made her “the most popular kid on the block.” Although she socialized frequently with children in her neighborhood while growing up, she has become less social with others as she has grown older.

Current Social Life – Catherine socializes outside of her home with a few close friends whom she visits periodically, but for the most part no one visits her home. She has “very little patience whatsoever when it comes to people, but for some reason, when it comes to animals [she has] the utmost patience.” Catherine has one close friend who visits visit her periodically.
History of Pet Ownership - Catherine received her first pet, a small dog, at age 7 as a First Communion gift. Catherine took care of this dog until she was 21, at which time the dog died. Catherine has had numerous animals. At any given time during her youth she could have approximately 9-10 animals varying from exotic pets such as monkeys to more domesticated animals such as dogs, cats, gerbils, and hamsters.

Catherine describes her first dog’s death as a “devastating experience.” After her first dog’s death Catherine had her dog’s body cremated, and she continues to keep this dog’s remains in a jar. Catherine has engaged in this cremation ritual with all of her animals since, and consequently has a large collection of urns in her home. She explains that she has experienced strong emotional reactions to the loss of her animals throughout her life.

Current Animals - Catherine keeps 29 cats, 3 dogs and 1 rabbit inside her home. Catherine describes her animals as “having the entire run of the house.” Catherine jokingly states that “they are not my pets...I am their pet.” For the most part Catherine’s day-to-day life revolves around caring for her animals. She spends much of her time at home caring for her animals in a variety of different ways (e.g., changing litter boxes, feeding, cleaning, and so on). She explains that she does not have any set rules for the animals. The animals are allowed to sit on all of the furniture in her home, and are allowed full access to the home, with some of them sleeping on the stove, in the sink, and on top of the microwave. When questioned why she prefers for her animals to have free reign of her home, Catherine explains that she wanted them “to be free and natural...and do what they want.” Many of
Catherine’s animals have wreaked havoc on much of her belongings; however, Catherine states that she feels that these animals “get very little in life besides food and water, and therefore deserve to have a good time.” Catherine has acquired most of her current animals through taking in strays from the street. She has a name for each animal, and she believes that each has a specific personality. She states that each of her cats is “equally special; it’s just they’ve all got different problems, and they all came from crappy homes.” Catherine has never given an animal away and does not intend to do so.

Psychiatric History – Catherine reports no history of psychiatric difficulties or hospitalizations. She states that she feels that she “is kind of lazy…and has a hard time getting up in the morning; other than this [she does] not have any problems.” Catherine speaks of no other symptoms or behaviors suggestive of obsessive-compulsive disorder and does not collect items other than animals. She “hates clutter” and does not save or collect any items.

**Deborah**
Deborah is a 47-year-old Caucasian woman who resides with her mother in a single-family home in a Boston suburb. Deborah is employed full-time as a veterinary technician and also works part-time as a tutor to supplement her income. Previously, Deborah was employed as a full-time emergency room nurse for 12 years. Her current yearly salary is approximately $32,000. Deborah has a Master’s degree in education.
Social History – Deborah is the youngest of three children and grew up in a single parent household. Deborah’s father left her household when she was nine years of age. She describes herself as a “loner” while growing up. Deborah moved frequently (seven times before college) and she feels that this made it increasingly difficult to establish a solid group of friends. Deborah stated: “By the fourth move...I felt like I was lucky to have one friend.” Deborah describes high school as having been a particularly difficult time when she had few close friends. She states that she had moved so frequently during her youth that “by high school [she] had given up.” Her mother worked as a stay-at-home mother, while her father managed a local business. Deborah describes her mother as somewhat social despite spending her time at home taking care of the household. She describes her father as “very social”; however, she qualifies by emphasizing that he was much more social with people “outside of the family.” Deborah describes a close relationship with her mother growing up, but “not feeling close to [her] father.” When discussing her relationship with her siblings, Deborah states that they were “much older”; therefore she felt as though they “just lived in the same house.” During her youth, Deborah’s animals played a significant role in her social life. She considered these animals to be “her friends” and she felt comforted with the fact that they were able to “move” with her.

Current Social Life – Deborah occasionally invites other people to her home. Her sister and a close friend visit once every few months, and periodically she has a student to her home for a tutoring session. Deborah feels that she has had less motivation to “go out on weekends...over the past few years,” and reports that she
would “just as soon spend quiet time at home with somebody she wants to be with,” such as her animals. Her recreational activities usually consist of taking her dogs for a walk on the beach. In a typical month, Deborah sees about two people outside of work socially.

History of Pet Ownership - Deborah states that her family had pets throughout much of her youth and that “there was a pet in the house from the time [she] was born.” Her parents cared for two orange cats when she was a toddler. However, Deborah’s first experience as the primary caretaker of an animal was at the age of twelve when her mother bought her a black Labrador retriever. Later, at age seventeen, Deborah brought home a kitten from a nursing home where she was employed, for which she cared for six years until he “disappeared.” Throughout the past twenty years Deborah has always had numerous pets; however, her pets have never numbered more than 15 animals at a time, and she reports that she has always been able to adequately care for her animals.

Current Animals - Currently, Deborah has eight cats, three rabbits, a dog, a guinea pig, and a cockatoo, most of which she acquired through her job as veterinary technician. Four of the cats for which she now cares were originally brought to the animal hospital due to handicaps or illness. These cats were not able to be cared for by their owners and Deborah offered to take them into her home. Deborah’s other four cats were originally strays that lived in the vicinity of the animal hospital. Deborah explains that people often “dump their cats behind the hospital...and that
these cats breed generations of ferals.” Over the course of the past few years, Deborah has trapped some of these cats and brought them into her home. Deborah’s cats, rabbits, and dog are all neutered. Her animals live inside her home and are allowed to roam in most areas. Her rabbits, guinea pig, and cockatoo are restricted to certain rooms of her home, but her cats are allowed full access to all rooms.

Psychiatric History - Deborah reports no history of hospitalization for psychiatric difficulties. She explains that she had a brief period in her life when she sought psychotherapy to deal with a “devastating breakup with a person [she] thought [she] was going to marry.” She asserts that she is “over it now” and has not sought counseling since this time. Deborah’s home is cluttered with some items, primarily books and boxes; however, she is not evidently impaired due to hoarding behavior. Deborah does not endorse any other longstanding symptoms associated with obsessive-compulsive disorder.

Elizabeth

Elizabeth is a 40-year-old single Caucasian woman living in a two-bedroom home in rural Western Massachusetts. Elizabeth works part-time as van driver for disabled individuals and earns approximately $10,000 per year. She has a college degree from a small liberal arts college in Massachusetts. The interview with Elizabeth was conducted at a local library due to the condition of her home. The local health department has condemned her house and served her with an eviction notice.
Social History - Elizabeth is the youngest of three children. She has two considerably older brothers (11 and 15 years older). She describes herself as a social child who enjoyed playing with children in the neighborhood. Elizabeth’s childhood was characterized by a significant amount of fighting between her parents. Her father left their household for long periods of time frequently during her youth. These long absences often led to frequent fights between her parents. She reports that this constant fighting was “very scary” for her at times to the point that she didn’t want her brothers to leave the home “because [she] didn’t want to be alone with the fighting while it was going on.” Consequently, Elizabeth feels that she was never close to her parents. Elizabeth’s father died when she was 13 and her mother died when she was 33 years of age.

She reports having had a close relationship with one of her brothers while growing up; however, at some point in her mid-twenties she had a falling out with this brother and has not spoken to him for “many years.” Elizabeth states that she “depended on him for a lot of support…financial, emotional, etc…but that is all gone.” She believes that when these family relationships started to breakdown her “cats took over.”

Current Social Life – Elizabeth rarely socializes with other individuals. Her house is in a state of severe disrepair and she reports that she has not had anyone to visit in the past six months. She describes her life as “hectic” with little time for socializing due to her responsibilities with her animals and job. She describes herself as “not much of a socializer” and states that “even if [she] wasn’t so busy [she] would prefer
spending time with her cats.” She states that her cats are “a very important part of companionship; in fact, they have taken the place of people.” Elizabeth describes a series of conflictual relationships with veterinarians and animal shelters that have recently resulted in her being banned from their offices. She also reports conflictual relationships with her neighbors about the state of disrepair of her home and the numerous cats she has kept in the past. She has one male friend with whom she occasionally enjoys spending time; however, she has resisted his attempts at beginning a romantic relationship.

History of Pet Ownership – Elizabeth had cats in her house from a very young age. However, these cats never numbered more than one or two at a time. Elizabeth did not start collecting multiple animals until she was 27 years of age. She did not have any pets between the ages of 15 and 26 years of age; however, after experiencing difficulties with her family relationships, primarily her brother, she began collecting multiple cats. Approximately eight years ago Elizabeth’s cat census was at its highest, numbering 54 cats. She reports that her population of cats increased dramatically over three years due to her inability to get them neutered in a timely fashion. Elizabeth states that many of her cats had medical problems which took financial precedence over having them neutered. The MSPCA recently raided her home and removed some of her animals. Elizabeth describes this incident as a “home invasion” and a “kidnapping of [her] animals” that left her feeling “traumatized” to the point that it is “always in the back of [her] mind…and [she] thinks about it every day.” She expresses great hostility toward the animal control officers. She
recognizes that her cats were not being well cared for; however, she insists that her treatment of the cats is much better than they receive at the MSPCA. Elizabeth has been adamantly opposed to the euthanasia of animals throughout her life, and believes that the MSPCA is “murdering animals.” Since this incident Elizabeth has continued to acquire cats; however, she has limited her intake considerably and reports that she is making a concerted effort to keep the cats she has neutered. Elizabeth often worries that stray cats she encounters might be mistreated by other people, thus leading her to feel compelled to take them in.

Current Animals – Elizabeth currently houses three cats in her home. She also reports that she is caring for numerous stray cats that she often visits in the woods behind her home. Elizabeth also feeds cats in the neighborhood from her back steps on a regular basis. She does not consider these cats to be her own; however, she does derive pleasure in providing them with food and care. Elizabeth allows her current cats to have free reign of her home. She states that there are not any specific rules for her animals (“any rule can be broken”), although she does encourage them to use their litter boxes.

Psychiatric History - Elizabeth reports that she has been diagnosed with Depression and Obsessive Compulsive Disorder. She was diagnosed approximately six years ago and was briefly in therapy to address these symptoms. She is not currently taking any psychotropic medication or receiving counseling. Elizabeth has severe difficulties with clutter to such an extent that it causes significant impairment in her daily
activities. She currently collects newspapers, clothes, memorabilia, and other items. According to Elizabeth’s account, many of her items are saved because they “represent a happy time” or “remind [her] of when [she] had a particular cat or kitten.” She explains that these items give her a considerable amount of emotional comfort and that she fears losing memories if she were to discard items. Many of her items are kept out in the open and in her line of sight to assist her in “sparking a memory.” She reports having a difficult time with decision making and often fears that she has made “the wrong decision.” Most of the rooms in Elizabeth’s home are severely cluttered to the extent that she has small paths that she is able to walk through. Her stove and refrigerator are currently in disrepair and she has not used these appliances for over a year. Consequently, Elizabeth does her cooking on a boiler plate and makes frequent trips to the store to purchase refrigerated food items. As a result of this hoarding behavior, the local health department has condemned her home and served her an eviction notice.

**Fran**

Fran is a 55-year-old single Caucasian woman who resides in a three-bedroom home in a suburban community south of Boston, Massachusetts. Fran is unemployed and pays for her monthly expenses from the sale of a previous property that she owned with her deceased husband. She has a 12th grade education and has also taken some college level courses in art in the past.

Social History – Fran, the youngest of three children, describes a relatively normal upbringing. Fran feels that she was close to her parents when she was younger,
although she feels that she often had difficulty expressing her affection toward them. Fran describes her parents as social people who often went out and visited with others. As for her own social life, Fran states that she struggled significantly in her social interactions with others. “As a child [she] was very introverted and withdrawn,” characteristics that continued throughout adolescence. Fran explains that she felt “very different from other people” and spent considerable time questioning why this was the case. She describes her experience as “always feeling on the outside... always watching.” Fran attributes this feeling of alienation to the possibility that she may “just have been more sensitive than others.” She refers to this personal quality as her “sensitivity.”

Current Social Life – Fran lives with her boyfriend and her 23-year-old son. She reports that it is rare that friends visit her home. Although her sister lives in the same neighborhood, her sister is reluctant to visit for any long period of time. Her sister does not like the smell and the condition of Fran’s home. She describes her sister as more of a “one animal person,” and someone “who doesn’t have the extra love for animals” that Fran has. She cites this as the source of some tension in their relationship. Fran rarely visits friends despite frequent invitations. She attributes this reluctance to her devotion to caring for her animals. She states: “I always feel that I have to get back and take care of the cats...but I realize that there are priorities in life... a lot of social things don’t interest me anymore... because I just feel like [caring for cats] is so much more worthwhile.”
History of Pet Ownership – Fran reports having had very few animals while growing up. Her first pet was a rabbit at the age of six which she received as a gift on Easter. Fran describes at length a vivid memory in which she arrived home from playing one afternoon and discovered that her rabbit was gone. She does not remember her parents explaining its disappearance, and states that this incident “bothers [her] to this day.” Fran obtained her first cat in her twenties, a time during which Fran began “sheltering” a few cats in her vehicle; following her husband’s death, when Fran was 32, she started to collect many more at a more rapid pace. Fran states “I was trying to shelter them in my car; it was very difficult; and then my husband died a couple years later…other than that, I don’t think he would have allowed me to have more than one or two.” After her husband’s death, she began acquiring feral cats that she encountered in her daily travels. Fran also began to acquire cats from the local animal shelters and through neighbors. Fran explains that part of her motivation for acquiring these cats was her fear that these animals would be mistreated by other people if they were left to roam the streets or if they remained in the pound. Fran speaks of an intense anxiety and anger regarding the “unethical” practice of euthanasia by the MSPCA. She exclaims, “Do you know how many are put to sleep every year?! …Millions needlessly, beautiful animals. That is a sin… Someday we’re going to look back…that day will come…Someday!” Fran does not know the maximum number of cats she has kept at a given time during her life.

Current Animals – Fran currently houses 30 cats and a dog in her home. She reports no trouble in caring for the pets and believes that most of them are in decent health.
She has four rooms in her home that are designated as spaces that are used solely by the cats. Fran states that in the past she had a “very beautiful room where [she] kept all of the cats”; however, she reports that she has had to allow her cats more space because this room became “totally laden with feces.” Fran believes in letting her animals have full reign of her house and does not require her cats to adhere to rules. She states, “I don’t believe in training or structuring animals...I think they should be in their natural state...I don’t believe they should be taught anything other than what their natural purpose was.” Fran spends most of her day caring for her animals. She reports that she would “stay up 24 hours a day” if this was required to care for her animals. Fran does not express any intention to curb her acquisition of cats; to the contrary, she believes that it would be “too difficult to turn away animals that may need [her] help.”

Psychiatric History – Fran reports no history of hospitalization for psychiatric difficulties. She has never received therapy in the past and does not believe that she suffers from any form of mental illness.

Geraldine

Geraldine is a 40-year-old married Caucasian woman who is living with her husband, son, and daughter. She resides in a two-bedroom home in a suburban community in western Massachusetts. Geraldine is employed full-time as a custodian at a large corporate building where she works the dayshift from 8:30 am – 5:00 pm weekdays. Her combined family income is approximately $45,000 yearly. Geraldine has a twelfth grade education.
Social History – Geraldine, the oldest of seven children, describes a very harsh upbringing during her youth in which she experienced a significant amount of violence and abuse. She reports that her father was frequently abusive toward her and her siblings both verbally and physically. She refers to her father as a “rage-aholic” and states that “anything would set him off.” Geraldine recalls incidents in her past in which she and her siblings were beaten severely with leather belts and at times forced to remove their clothes to receive beatings. Geraldine is not sure if this abuse was sexual in nature; however, she remembers feeling increasingly uncomfortable with this practice as she became older and started to mature physically as a young woman. She states, “Sometimes he would hit us with the belt a lot...and sometimes he would say to us ‘Pull your pants down!’...and we would think, ‘you know Dad, we’re becoming young women, young ladies’...but you know I don’t even know if you would call that sexual...maybe it’s just borderline or a little perverted or something.” Most of Geraldine’s siblings were abused physically by her father with the exception of her sister Sarah who she refers to as “Mommy and Daddy’s little girl.” Geraldine states, “Oddly enough...Sarah is the only one of seven siblings that my father didn’t lay a hand on...and for some reason my mother told him ‘Don’t ever touch Sarah,’ and for whatever reason...he never did.”

Geraldine describes her mother as “oblivious to much of what was going on” during her youth. She reports always wondering why her mother had chosen to stay with her father. Her parents engaged in frequent verbal altercations in which her father would become increasingly agitated and occasionally physically violent;
however, Geraldine states that “he was mostly violent towards the kids.” She describes her parents as “social people” and “people that were known by others in town.” She feels that they would frequently “put on a front” in public situations, and often remembers feeling that her mother was “a phony.” Geraldine does not feel close to her parents and cited her past as a significant contributor to this feeling.

Geraldine describes herself as having been somewhat of “a loner” and “withdrawn” as a child. She feels that this may be directly related to her family environment. She had a few close friends; however, she describes one instance at length when she was forbidden by her mother to play with a close friend due to her religious affiliation (Jehovah’s Witness). She reports some residual anger toward her mother concerning this issue. Geraldine had considerable difficulty with making new friends in grade school and high school. She states, “My sister and I...because we were from an abusive family...um...we had very low self-esteem...because we were told you’re no good, you’re useless...so we just thought people don’t like us because we’re worthless, we’re stupid...but we had our animals so we didn’t care.” She explains that this pattern of low self-esteem during social interactions with others has been pervasive throughout her life, and just recently has this become somewhat easier. She states, “Up until 3 or 4 or 5 years ago I used to make excuses to people [when they wanted to talk with me]; instead of saying something like ‘Oh I would love to talk to you about my animals,’ I would probably say ‘well I’m a really weird person and you probably think I’m very strange’...I would feel like I would have to explain myself so you would feel okay with me.” Geraldine reports that the few close relationships that she did have with other children when she was growing up revolved
around their mutual love for animals. She remembers thinking as a child “nobody wants to be my friend” and consequently would often look for “outcasts like [her]self to make friends with.”

Current Social Life - Geraldine lives with her husband, her 12-year-old son, and her 13-year-old daughter. Approximately once a month she has guests over to her home. Also, Geraldine sometimes takes her family out to dinner at a local Chinese restaurant or for pizza, but for the most part she prefers to “sit at home and relax after work.” She enjoys antique shopping with her husband and enjoys collecting antique glass items associated with old farms (glass milk bottles, carnival glass, etc.). She describes having a good relationship with her husband and her children.

History of Pet Ownership - Geraldine has had pets in her environment from very early in her childhood. Her grandfather owned a farm close to her home, where he kept various domesticated animals (roosters, cows, goats, etc.) which she would often play with as pets. She reports having a total of over 50 animals as pets while growing up, including a pet skunk, goats, and sheep. Her father was an avid horse fan and at one point had eight horses. This would often cause a bit of a strain on her family financially, and she remembers hearing her parents argue about this issue.

Geraldine’s first pet was a small cocker spaniel that she had when she was 3 years old. Geraldine describes a dramatic incident when this pet was taken from her after a long fight between her parents. She states that she “has a few pictures of him [first dog]...but [she] never looks at them...because it brings up a lot of bad issues.”
Geraldine also describes another traumatic incident regarding her previous animals. She had three dogs that often took trips with her in the car. On one winter morning in 1995, she was warming up her car with the dogs inside, and had gone inside to grab her coffee. Moments later her husband approached her frantically stating that the car was on fire with the dogs inside. Her car had caught fire due to an electrical malfunction, and her dogs perished inside the vehicle due to lethal smoke inhalation. Geraldine felt a tremendous amount of remorse following this incident to the degree that she “wanted to die.” She has missed them so intensely at times that she has wanted to “walk into a nearby lake and drown.” She states, “It’s funny that you would want to be with your pets more than your husband or kids (crying)...but that’s how I felt.” Geraldine has had many dreams associated with this incident for years and continues to experience these dreams occasionally. Geraldine purposely thinks about these dogs every day because of a fear that “if [she does] not think about them every day, they would know it...and think that [she] does not love them anymore.”

Geraldine started collecting multiple pets when she bought her first house with her husband at age 29. Since that time, her census of pets has fluctuated; however, she has never had less than ten pets at any one time. Generally, Geraldine acquires her pets through local animal shelters. Often she goes to an animal shelter and sees a dog that she feels “she must have.” Sometimes this emotion becomes so intense that “[she] will have to get this dog at all costs...so it was like nothing else matters but this dog.” Geraldine also acquires animals from neighbors who are giving their animals up for adoption. Geraldine states that her animals are “everything” to
her and they are the “main priority” in her life. She feels that she is able to communicate with her pets in ways that other people cannot. Geraldine has had a number of pets that have died while in her care. Many of their corpses are buried in her backyard. At one point, she had planned to move her family to upstate New York; however, she was deeply concerned that she would be leaving behind the remains of her animals. Geraldine explains, “I said to my husband at one point last year…’if we do move to New York I’m gonna dig up the bones and bring them to New York with us’…so that’s how extreme I am you know.” Geraldine often picks up the newspaper to search for dogs that are being given away at local shelters. She feels that it takes a considerable amount of discipline to resist acquiring the dogs that she sees in the newspaper.

Current Animals – At the present time Geraldine has 5 dogs, 5 cats, 2 sheep, and 2 roosters. The dogs and the cats reside in the house and the sheep and roosters are kept in a small barn in the back of her home. Recently, one of her dogs gave birth to two puppies and she feels that it will be very difficult to give these animals away. She reports that during the day she stores these animals in crates; when she is home they have full run of the house. For the most part her animals are house trained; however, occasionally they defecate inside her home. Geraldine has received some complaints from her neighbors regarding the behavior of her pets.

Psychiatric History - Geraldine reports no history of hospitalization for psychiatric difficulties. She has sought individual psychotherapy in the past for issues related to
managing her anger. Geraldine reports that there was a time in her life when she came to the realization that she was becoming increasingly verbally abusive to her children and repeating some of the same patterns that she experienced as a child. She states, “There were borderline incidents where I felt like I was really gonna lose control…I realized that if I didn’t do it [see a therapist] that it was going to get really bad.” She describes therapy as a positive experience that helped her gain insight into her own life and change her behavior toward her children. Geraldine also speaks of some obsessive-compulsive symptoms. She often catches herself engaging in counting rituals. She is able to resist this counting at times despite feeling compelled to engage in the behavior. She does not feel that this behavior interferes with her life. Geraldine also engages in a considerable amount of hoarding behavior. She saves magazines, newspapers, paper bags, and shoeboxes filled with notes to herself. She has difficulty discarding items that are broken or in disrepair. She also engages in compulsive buying behavior when she is shopping for food or clothes. She has not received any therapy in the past to address this behavior.

Hannah

Hannah is a 55-year-old single Caucasian woman who was recently living in a suburban town near the coast of New Hampshire in a mobile home which she was forced to vacate by the housing court system. According to Hannah, her home was declared a bio-hazard and condemned by the Board of Health two years prior to this interview. Hannah has her Bachelor of Arts in education and a Master’s Degree in Arts of Teaching. For the past 19 years, Hannah has been employed as a secretary at
a law firm where she earned approximately $50,000 per year. However, recently she was fired due to circumstances related to her animal collecting. Hannah was married at the age of 21 but divorced shortly thereafter at the age of 23. Currently she is single and lives alone.

Social History - Hannah describes herself as having been a “shy child.” She “was the kind of person to have a few very dear friends as opposed to hundreds of people that [she] calls friends.” She reports having had a small circle of friends through most of high school until she reached college. Hannah describes her parents as quite “different” in their social tendencies. Hannah describes her father as an outgoing man who “would often tell stories...play musical instruments, sing, and organize games,” while her mother was “much more shy and reserved.” Hannah believes that she takes after her mother’s personality in this respect and reports that she was closer to her mother in many ways. Hannah has one half-sister. She reports having been close to her half-sister while growing up, and she continues to carry on a close relationship with this sibling. Both of Hannah’s parents are deceased. She speaks fondly of both parents and states that “she misses them every day.”

Current Social Life - Hannah has not engaged in many social activities over the past few years. She states that she “never had any time...because [she] was commuting to Boston and working seven days a week.” Lately she has spent much of her time at work and taking care of her animals, and feels that her life has become somewhat repetitive; she likens the experience to “a hamster wheel...where all [she] did was
run.” Hannah visits with a friend about every two or three weeks; however, this is difficult to arrange at times due to the long distance. Hannah also visits flea markets which she considers to be social outings. Hannah’s current social life revolves around her dogs. She is the secretary of her dog club and sometimes attends shows on weekends.

History of Pet Ownership - Hannah did not have any pets before the age of 16. She states that her mother had lived in a household with many pets as a child and therefore “she was done with it.” Hannah had her first cat at the age of 16 when she began college. Through her late teens and early twenties she cared for “no more than a couple of cats at a time.” Hannah did not start accumulating a large number of animals until her early thirties when she started to collect Shar-pei dogs. The most dogs that she has ever housed at a given time has been 34. Hannah has been breeding Shar-pei dogs for approximately 15 years. When she first started breeding animals a woman from whom she bought her first dog said something that has “stayed stuck with [her] for years.” She states, “She said to me, ‘If you breed a dog, you are responsible for that dog for the rest of your life’.” Hannah believes that she took this statement “to heart” and it may have also led to her “downfall,” due to the fact that she is rarely able to give her dogs up and often feels responsible to take the dogs back when difficult circumstances arise for the new owners. Hannah cites “trouble finding good placements” as another cause for accumulating such large numbers of dogs.

Hannah has had considerable difficulty caring for her dogs over the course of her life. She estimates that she has spent approximately $150,000 on them over the
past 20 years, noting that she has “never had enough money...and didn’t take a vacation for 11 years, ever.” She also has had a tremendous amount of conflict with neighbors. Hannah now believes that she has two neighbors who have “conspired” against her and have been successful in evicting her from her home. These neighbors frequently complained about her dogs barking and the smell emanating from her yard. Hannah believes that “about 10% of their complaints are legitimate;” however, for the most part she is under the impression that these people are out to “get rid of” her dogs. During this time, animal control officers made frequent visits to her home which often resulted in monetary fines for violations.

Hannah also has a considerable amount of difficulty discarding pets after their death. Hannah has had a number of her Shar-pei’s (eight) die of kidney complications. However, Hannah neglected to bury these dogs after their death and instead placed them in garbage bags and stored them in her home. Retrospectively, Hannah believes that this may have been “one of those things that [she] lost her judgment about;” however, at the time she “did not want to put them out in the trash... couldn’t afford to have them cremated...and sort of felt like they were still with [her].” She states that “it wasn’t so much having them around that felt important; it felt important not to throw them away like garbage.” Hannah states that it is “hard to rationalize it now, because [she] realizes how crazy it made [her] look to other people.”

Current Animals - Hannah does not have any animals at the present time. She has been evicted from her home, and her animals have been removed from her care by the authorities. Hannah has bitter feelings regarding this incident and feels that the
humane society “madly exaggerated the condition [her] animals were in.” Hannah believes that some of her animals have been “killed” (i.e., euthanized) since they were confiscated from her home, and this causes her to feel considerable resentment toward the Boston Animal Rescue League which she refers to as the “Animal Death League.”

Hannah had 24 Shar-pei dogs at the time of the eviction. She kept many of them in crates in her mobile home or outside in pens with doghouses. Her dogs were allowed to have free reign of her home.

Psychiatric History - Hannah reports no history of hospitalization for psychiatric difficulties. She has received individual psychotherapy in the past and states that she did see a therapist “for transactional analysis in the 1970’s.” She is unable to remember exactly what symptoms led to this treatment. She reports a significant family history of psychiatric illness, with her mother suffering from “manic depression” and “suicide and bipolar disorder on both sides of [her] family.” She states that her “uncle ended up insane, and one of [her] grandfathers committed suicide.” Hannah has also taken Prozac in the past but states that she was “violently allergic to it” and had to stop. Currently, Hannah believes that she struggles with depression and some “losses in judgment.” She has not been diagnosed with any manic episodes; however, she reports that she “has occasionally lost [her] ability to make good decisions…and would sometimes spend too much money.” Hannah is not currently taking any medication, and instead she has been treating her depression with various herbal remedies (i.e., St. John’s Wort, various vitamins, etc.). She
describes some history of “panic attacks” and states that these were often brought on by a feeling of anxiety and intrusive worry regarding her home. She would often engage in checking behavior (e.g., unplug the coffee pot and iron repeatedly, check plugs, locks on the door, etc.) to ensure that her home and dogs were safe. Hannah does not believe that these behaviors interfere significantly with her life. She has never been diagnosed with Obsessive Compulsive Disorder.

Hannah also describes a considerable amount of clutter in her home. She collects various books, papers, and clothes. She states that she “used to accumulate books like crazy but this was before I got involved in spending all my money on my dogs.” At the time of Hannah’s eviction, many of the appliances in her home were in disrepair including her refrigerator, stove, washer and dryer.

Iris

Iris is a 38-year-old single Caucasian woman who lives in a 4-bedroom home in western Massachusetts. She currently works full-time and her approximate yearly income is $67,000. She works 8-9 hour days and commutes for an hour each day to and from work. She has a Bachelor’s degree from a small liberal arts college.

Social History – Iris’ parents separated when she was eleven years old. She has a brother who is three years older. Iris describes having had positive relationships with her father and mother, although she was closer to her mother after her parents separated. Iris describes her parents as social people. On weekends her parents would occasionally go out together, and after they separated, her mother would insist
on bringing the family over to the homes of neighbors or friends for dinner on a weekly basis. When describing her relationship with her sister, Iris states, “I mean, we don’t talk and confide all the time, but it’s a pleasant relationship.”

Iris states that she “always had one or two best friends while growing up.” She considers herself as having been a social child in her youth; however, she states that she became “very antisocial...and very withdrawn” during her college years. When questioned about this time period, Iris was not able to pinpoint any specific events leading to this change. She dropped out of college half way through and went to live with her father in Queens, New York. She describes this as a difficult experience that was “even more difficult than college.” She states, “It was very different...you know...I always grew up in a small town or rural area...Suddenly, I’m living in Queens and riding the subway at rush hour...and it was very crowded...I hated it.” Shortly after moving in with her father she again enrolled in college where she finished her Bachelor’s degree. She reports that during this time she lived off-campus, which enabled her to “just kinda hunker down.”

Current Social Life – Iris rarely has anyone visit her home. She recently hired a housekeeper to clean the numerous litter pans in her home, but it is rare that anyone else visits. Iris states, “Because the house is in such bad shape I’m embarrassed to have people over.” Iris has a couple of friends with whom she socializes outside of work. These are individuals whom she has met through a cat rescue agency; most of their activities revolve around their mutual interest in cats. Iris reports that she does not go out socially at nighttime and tends to keep to herself during the evenings.
Currently, Iris has an interest in having other people visit home; however, her main motivation seems to be to "expose [her] cats to other people."

History of Pet Ownership - Iris grew up with pets in her household. She always "had one or two cats and one or two dogs." Iris also kept various small animals and rodents throughout her childhood including hamsters, gerbils, mice, and rabbits. She did not start collecting multiple animals on her own until college when she started to collect gerbils, guinea pigs, and rabbits. Iris kept various small animals in her dorm room and later in her off-campus apartment during college; however, she did not start collecting large numbers of animals (over 10) until she was approximately 28 years old, at which time she began collecting cats. Iris acquired her first two cats from a friend who had been working at a no-kill shelter. Iris's first two cats were feral and she refers to them as "unadoptable at the time." These two cats were the beginning of a pattern in which Iris would adopt feral cats that were disabled or sickly (i.e., cats with AIDS, blind cats, etc.). Iris describes this experience by saying, "So I did that... and I just kept taking in more and more cats, because I figured I've got this big house, and one more won't matter... but then the ones that would not get adopted for one reason or another would end up staying... and some of them, the kittens that I would bottle feed and stuff I couldn't bare to let go...". Over the past 10 years, Iris has been able to give up some of her cats to families for fostering; however, she has never stopped acquiring new cats that are in need of homes.

Iris describes some strained relationships with neighbors. One neighbor in particular has made numerous complaints to Iris and the housing authorities regarding
the state of her yard and home. Iris does not believe that this individual’s complaints are legitimate and states, “I do not manicure my yard like he does... but this is nothing dangerous or unusual.”

Current Animals - Recently Iris has reduced her acquisition of cats. Her current census of cats is 24. Approximately two years ago Iris decided to reduce her cat census after an outbreak of illness in some of the cats for which she had been caring. She reports that her cats had a “bout of distemper” which was very “emotionally draining” for Iris. She feels relieved that she has been quarantined “and can no longer bring any cats in.” However, since this “quarantine” Iris has taken in three feral cats from what she considers to be “shelters with poor conditions.” All of these cats live in her house. At one point her cats had full reign over all areas of her home, but recently Iris has sealed off the bedroom and bathrooms, and her cats are only allowed in the common areas. She explains that for a long time she let them use these rooms, but this caused problems. Iris states, “I’m not a good housekeeper at all... the pans would get full, and they would start peeing and pooping on the floor.” Consequently, she recently hired a housekeeper who cleans their litter boxes four days each week.

Psychiatric History – Iris reports no history of hospitalization for psychiatric difficulties. She describes some symptoms associated with depression, a discussion that evokes tears. She notes that she met with a social worker for a brief period during her college years to discuss a relationship breakup; however, she has not seen a mental health professional since that time. Iris reports some trouble with clutter in
her home. She sometimes has difficulty discarding things for sentimental reasons and occasionally buys items impulsively. She describes a few instances in her past when she recognized her behavior as being “odd to other people.” In one of these instances Iris experienced a period of time when she could not resist buying Fisher Price toy dogs on eBay. Iris explains, “I bought one, and it was very appealing, and any time there was a little Snoopy on there that wasn’t getting bid on, I would bid on it... And I just kept bidding on these dogs... and my postman would come to the door with these boxes of little dogs, and I realized this was a little nuts.” She also describes an incident in which she found herself buying broken Christmas ornaments because she “felt so bad for them.” Iris has been able to limit her spending lately. She feels that she has some emotional attachment to many of the items in her home.

Janice

Janice is a 48-year-old Caucasian woman who recently moved from Massachusetts to California. Currently, she is divorcing her husband of 25 years, and she lives with her 9-year-old son in a two-bedroom home. Janice is unemployed as a result of the recent move and is in searching for a new job. She has her Master’s degree in educational administration and averaged approximately $36,000 in total income last year.

Social History - Janice is the younger of two children from a relatively intact family, with a brother who is two and a half years older. She grew up in a suburban town in the greater Boston area, where she had a relatively close relationship with her parents.
during her youth. Janice explains, “I knew they loved me...I mean I guess it’s not what I would consider close in terms of the way my son and I relate, but I knew they were devoted to me. I knew my mother had me and the kids and we were the most important thing in her life.” She describes her father as “having more of a temper...but generally a soft-hearted man,” and her mother as “quiet” and “serving as a steady person in the family.” She reports no history of violence or family chaos when she was younger. When questioned about any traumatic incidents that Janice may have experienced in her youth, she mentioned only the loss of some of her animals that “affected [her] a lot at times.” She often fought with her brother during her youth “about typical kid things,” but during her college years she became increasingly close to him.

Janice reports that she was a relatively “shy child;” however, this did not inhibit her from forming close relationships with “best friends” while growing up. She states, that she “would usually have at least 1-2 close friends.” In her youth Janice liked to take on a number of responsibilities in her family. She started working outside of her home at the age of 15 and would often do much of the housework. Janice initiated much of this housework on her own. She states, “It seemed like I was different than the family, that I wanted things to go well...and ...be more taking care of things.”

Current Social Life – Four months prior to the interview Janice moved to California from Massachusetts, thus making it more difficult to visit with her Massachusetts friends. Nevertheless, when she lived in Massachusetts she had many friends and
socialized with them on a daily basis. She states that she visited with friends even more frequently before the events of her recent divorce started interfering with her life. Janice states that her recent divorce has taken up a considerable amount of her time and energy and has detracted from the time that she would normally spend doing other things. Janice reports that she “loves people,” and when questioned whether she is the type of person who can manage without friends, she replied, “I admit I need friends.” Janice lives with her 9 year old son and spends most of her day searching for employment.

History of Pet Ownership - Janice has had pets from early in her life. Her first pet was a parakeet that she received as a gift at the age of seven. Her parents always cared for animals and she remembers having a “family dog and a couple of cats” through most of her youth. In college, Janice cared for as many as four cats at one time and “occasionally a rabbit and a guinea pig.” During her senior year, Janice traveled to Europe, and was able to give these animals to friends and relatives. After her trip to Europe, Janice was without pets due to frequent work-related traveling. Janice did not start collecting multiple pets (over 10) until her early 30’s. At this time, she started to breed Afghan hounds and became increasingly interested in showing these dogs. She states that “it quickly became a little family.” Janice proceeded to breed more litters of these dogs and inevitably kept at least one dog from each new litter. She states that it was “fulfilling to have these animals and also to give them away to suitable homes,” Before long Janice was caring for 10 Afghan hounds. Shortly thereafter, in her mid-30’s, Janice’s mother became paralyzed with a
cyst on her spine and her father was diagnosed with cancer. After her father’s surgery, Janice moved to Maine to care for her parents. She reports that her parents were fond of the dogs and she lived with them for approximately a year. After this she moved back to central Massachusetts where she purchased a larger home with her husband to house her dogs. At this time, Janice started to take dogs in through “rescue work” in which she would take dogs into her home that had been mistreated or were “unadoptable.” Her husband had also become interested in acquiring sheep and goats, and they began to accumulate approximately 20 sheep and goats over a three-year period. Janice states that her highest census of animals during this time was more than about 40 dogs and about 20 goats and sheep. She explains that she had intended to work on placing more of her dogs in homes; however, as she became increasingly more busy with her divorce proceedings this fell to the wayside. Consequently, Janice found herself caring for many more animals than she had originally intended. Janice also feels that these animals may have served some sort of emotional purpose, “a way of distracting [herself] from [her] own bad marriage.” Her dogs were allowed to roam in most areas of her home, while the sheep and goats were kept in a fenced in area in her backyard. Janice has had one neighbor complain about her pets; however, she considers this complaint to be primarily an attempt by someone to obtain her home and property.

Current Animals – At the time of the interview, Janice is caring for only two cats and a bird in California. Her recent move has forced her to reduce her census of dogs and animals.
Psychiatric History - Janice reports no history of hospitalization for psychiatric difficulties. She has never seen a therapist and does not report difficulties with any mental health issues.

Ken

Ken is a 37-year-old single South Asian man who lives with two roommates in an apartment in western Massachusetts. Ken, who has a Bachelor’s degree from a large university, works full time and has a yearly income of approximately $27,000.

Social History - Ken, the oldest of three children has a sister who is two years younger and a brother who is three years younger. Ken spent much of his youth growing up in Canada.

Ken describes a very traumatic upbringing in which he experienced a considerable amount of abuse and family disruption. He describes his father as a very “violent and aggressive man,” and he states that while growing up he learned to “fear him...along with all men.” Ken reports a long history of physical and sexual abuse in which his father and brother “would take advantage of him.” He reports that this abuse was “almost daily...throughout most of [his] life.” Ken has some recollection of the abusive events; however, some of his memory of the events has been “blocked out.” He states, “I blacked out...and I remember bits and pieces, or smells, or experiences, or sounds trigger my memories...but I was very sensitive and very gentle, and a very pretty boy when I was little...and I attracted a lot of aggression on
both my father’s behalf and my brother’s behalf...I was always trying to please them, and part of the need to please them I would let them do whatever they wanted to, because it would also protect me from getting beaten up.” Ken reports that the physical and sexual abuse from his father continued through elementary school. After grade school the pattern of physical and sexual abuse was continued by his brother until Ken was the age of 21.

Ken experienced frequent verbal and physical altercations between his parents. Often Ken would find himself “sticking up” for his mother in these altercations, which resulted in further physical abuse at the hands of his father.

Ken describes his household as having very strict rules that were enforced by threats of extreme punishment. Ken states, “You had to be up early in the morning and you had to be dressed and bathed before presenting yourself to your parents...you could never be seen in your pajamas...you had to make sure you had a dressing gown on before you walked past anybody.” Ken’s parents did not permit friends to visit their household. He believes that this was due to a number of reasons. Ken’s parents did not believe that many people “were worth their time” and they kept a “very nice house” where nothing was allowed to be “broken or dirtied in any way.” On the rare occasion that Ken’s brother would have a friend visit, they were only allowed in one room of their home. Ken also believes that many of these rules about visitors were due to his parents “not wanting people to see what our family is really like.”

According to Ken’s report, he also suffered sexual abuse later in his life. At one point during high school a teacher noticed various bruises on Ken’s body. He was then directed to speak to the school guidance counselor about these issues.
Unfortunately, this progression of events led to another abusive relationship. Ken states, “I had a guidance counselor who passed me on to a pedophile priest, who would then take me out on dates and touch me and tell me how much he loved me. The guidance counselor gave me to him just like that, told him everything about me, and he was more than attentive... and it was... like I totally could not understand.... So for me, it seems to be normal to be raped and abused.”

Ken believes that this long history of abuse and the strict nature of his household contributed to his inability to interact socially with others. While growing up he was “very withdrawn... and really wouldn’t talk to any people at all.” He started to eat an excessive amount of food during his youth “to make himself look less attractive.” He spent much of the time in his bedroom feeling “very, very, depressed” throughout much of his youth. This depression led to various self-destructive behaviors such as frequent overdosing on pills, arm cutting, and other self-injurious behaviors. Ken also ran away from his home frequently during his teenage years and spent some time living on the streets, where he met other children who had been “going through the same thing” and had been physically and emotionally abused. At this point in his life he began “getting involved with the wrong group of people” who were taking large amounts of drugs and engaging in many risky behaviors. During this time Ken’s parents decided he would be “shipped away” to boarding school.

Current Social Life - Ken lives with his male partner in a rural area of New Hampshire. He reports that he has had minimal contact with his family members and
does not desire to speak with his siblings or father. He states that in many ways he has even created his own “pseudo-family” in which he lies to friends and tells them that he has “a wonderful family that is fully functional.” Ken has a few close friends with whom he speaks almost daily. Despite his initial difficulty trusting other people and developing friendships, these friends have become his “family in many ways.” Ken feels that he has some close relationships; however, he is plagued by the feeling that he is always being “judged or evaluated in a negative manner,” and he often has difficulty trusting others due to his feeling that he will eventually be “let down.”

Ken reports some difficulty in his romantic relationship with his partner. Recently, his partner has asked Ken to reduce his census of animals and this has resulted in some increased tension in their relationship.

History of Pet Ownership – Ken reports that he was significantly attached to his pets while growing up to the extent that he “spent all of [his] free time” with them. Ken started to collect animals in elementary school when he accumulated various insects, fish, pigeons, and other assorted animals in his basement. Ken would also bring home stray dogs, cats, and birds from the neighborhood in which he lived. Ken reports that he was very withdrawn and spent the majority of time with his animals, so much so, that often children would refer to him as “Dr. Doolittle” or “the weird boy with all of the animals.” Ken has kept animals throughout most of his life except for periods when he went away to boarding school and during his late twenties when he briefly moved from a state in the Midwest to New York. Ken explains that these periods of time were very difficult for him emotionally.
Since college Ken has considered himself a breeder of Siamese cats. During Ken’s first year in college he participated in volunteer work at a local humane society, where he became “addicted to Siamese cats.” Ken had cared for a Siamese cat since very early on in his youth, but did not start collecting and breeding these cats until his college years. As Siamese cats would come into the shelter where he was volunteering Ken would quickly find himself adopting them before there was any chance of them being euthanized or adopted by someone else. Eventually, he began adopting numerous other types of animals from the humane society that were in danger of being euthanized including a flock of chickens and some ducks. Since this time, Ken has continued to collect various animals and to breed Siamese cats.

In his early 30s, Ken and his partner were living in a two-bedroom condominium with three dogs, five cats and seven birds; they then decided to move to a farm to accommodate more animals because of their limited amount of space. After purchasing a farm, Ken continued to acquire more animals. His total census after a few years on the farm was over 100 animals including approximately 15 Siamese cats, 5 dogs, 5 goats, 2 sheep, 45 doves, 30 exotic chickens, 1 pot-bellied pig, and a donkey. Recently, Ken’s partner has convinced him to lower his census of animals considerably. Ken reports that this has been difficult due to the fact that his animals “help [him] to feel safe”, and “getting more animals makes [him] feel more comforted.”

Current Animals – At the time of the interview, Ken has reduced his number of animals significantly at the request of his partner. Ken explains, “He convinced me to
give some of them away against my will, stating that if I reduced the number of animals he would stay with me, but that was not true.” Currently, Ken cares for four cats and one dog. These animals are allowed to run free in most areas of his home. He continues to consider his Siamese cats to be “show cats” and often takes them to pet shows. Ken continues to feel a strong bond with his animals. He describes an instance approximately a year ago when he lost one of his cats and became physically ill, stating, “My hair was falling out and I had all these big fever blisters all over my face…and I was a basket case. I was shaking constantly…because they are my children and I would be horrified if something horrible happened to one of them.”

Psychiatric History - Ken has been hospitalized four times due to psychiatric difficulties. He reports that these hospitalizations were the direct result of periods of severe depression or mania. Currently, Ken is not receiving any mental health services; however, he continues to struggle with depression, anxiety, and “occasional voices” in his head. Ken also appears to suffer from some OCD-like symptoms including excessive hand washing, ordering, symmetry rituals, and the checking of locks. Ken states that these thoughts and rituals can be distracting and bothersome at times.

**Lorraine**

Lorraine is a 55-year-old single Caucasian woman who lives in a single family home with her aging mother in a rural area of central Massachusetts. Lorraine has a Bachelor’s degree in botany and has taken some graduate courses. She worked in a library in the information services department while living in Florida; however, she
has been unemployed for the past five years since moving back to her childhood
to care for her mother. Their family income consists of approximately $25,000
which is derived from her mother’s social security and pension, and from a small
amount of disability money that Lorraine receives. Currently, Lorraine is taking
classes at a large university in western Massachusetts.

Social History - Lorraine was an only child who grew up very isolated and “lonely.”
Lorraine states that her father was an “alcoholic” and “drank all of the time” and she
often witnessed him intoxicated during her youth. Lorraine describes her mother as a
“very public person” with whom it was difficult to form an “intimate relationship.”
In her youth Lorraine reports that she “never thought [her] mother understood” her
and this felt troubling at times. She denies any physical or emotional abuse by her
parents, but states that she had her “heart broken by both of [her] parents.” When
queried about this, Lorraine reports that she “would sort of get pushed away a little
bit.” There is evidence of significant difficulties in her parents’ marriage and they
spent a considerable amount of time in verbal conflicts, though Lorraine reports no
physical violence between them. When asked about any traumatic experiences
growing up, Lorraine recalls this vivid memory, “Yeah I did…my parents would fight
quite a bit and it would get pretty bad…I would sit in that chair [points to chair] in
our kitchen…and they would be at each other’s throats.” Lorraine reports spending
little time with her parents while she was growing up. When queried about this she
states that she believes that this was partly due to the fact that they wanted her to
“learn how to be alone…because they saw this as a good characteristic.”
Lorraine describes a considerable amount of ambivalence toward her parents. She reports loving them both and feeling as though they loved her, but at the same time feeling as though they were very distant from her during her youth. As she has grown older, she has become increasingly closer to her mother and feels that they have established more of a “connection.” She reports that since her youth she has learned that her mother “just has a hard time showing her love.”

When asked about physical abuse, Lorraine reports that she received frequent unnecessary enemas from her aunt when she was very young (2 to 6 years old). Lorraine is unclear as to whether she perceives this to have been abuse of a sexual nature; however she does believe that it was a traumatic experience that has affected her in some ways. She reports that she has received therapy to address this and other issues.

Lorraine describes her childhood as “very lonely” and reports that she “never knew how to socialize… and still doesn’t.” She spent most of her time alone, mostly studying. Lorraine recalls only one significant friendship as a child. In 6th grade Lorraine developed a friendship with another classmate; however, during the beginning of 7th grade this friend developed another circle of friends and they drifted apart. Lorraine found considerable comfort and companionship in her stuffed animals and her first dog, Susie. Many of Lorraine’s emotional connections as a child were to animals, stuffed toy animals and actual pets, with which she spent a considerable amount of time.
Current Social Life - Currently, Lorraine does not have anyone who comes to visit her home, and she reports having very few friends or social contacts. She states that she has an improved relationship with her mother, but for the most part she does not socialize with individuals other than her mother and her animals.

History of Pet Ownership - Lorraine’s family has a long history of caring for pets, primarily dogs and cats. At one point the family had approximately 15 pets. She recalls vivid memories of her first pet, a dog named Susie, and also recalls several instances during her childhood when her father “rescued” litters of cats and dogs. Both her parents were “animal people” and enjoyed having animals around the house.

Lorraine’s collecting behavior did not start until she was approximately 30 years old and living Florida, when she took in several cats from a local animal shelter. While there she heard a story from a shelter worker that had a lasting impact. This worker told her that “approximately 80 cats a day went unadopted” and that “these cats were given to an alcoholic man who euthanized them.” She describes herself as “enraged at the thought of this” and from this point forward she made the decision to “handle whatever comes [her] way” (i.e., taking on cats that she was offered). From this point forward she was not afraid to take in sick animals or any animals that could benefit from her care. Lorraine acquired many cats while living in Florida most of which were feral cats that she had found on the streets. Her highest census of cats was more than 70 according to her report.

Five years ago, shortly after moving back to Massachusetts from Florida to care for her mother, a policeman entered Lorraine’s home in response to her mother’s
Lifeline distress signal. Upon entering, the policeman encountered over 60 cats and an extremely unsanitary home. He contacted city authorities who intervened.

Initially, these authorities intended to condemn Lorraine’s home; however, she agreed to make a strong effort to clean up her home resulting in a more lenient judgment. Lorraine reports that while no animals were taken away from her, she was forced to spend considerable time and energy cleaning her home. In retrospect, Lorraine believes that one of her cats may have set off the Lifeline signal accidentally. This incident resulted in a town meeting at which her situation was discussed publicly and she had to defend her situation to town officials. Along with this incident, Lorraine has also experienced considerable criticism from neighbors. She believes that some of the criticism for the condition of her home may be warranted; however, she does not believe that she deserves any criticism for the number of cats that she houses.

Current Animals – Currently, Lorraine has a total of 30 cats. Twenty-one of these cats live in a building adjacent to her home. This building is heated and reasonably clean; however, there is a very strong odor emanating from inside. The other nine other cats are kept inside her home. Lorraine rotates the cats through her home so that each one of the cats has “a turn” at living inside her house. Lorraine’s cats have full run of most of the house; however, there are certain rooms such as “the China Room” that are kept off-limits to her cats. Lorraine has no intention of letting go of any of her current cats, but does voice some desire to reduce her acquisition of new animals. She believes that her current census is being closely scrutinized “by the authorities,” and she is afraid that if she acquires any more cats that they will all be
confiscated from her. Presently, her cats are not trained to use litter boxes, which presents a health problem and contributes to unsanitary conditions in her home.

When asked about why she has kept all of her cats, she replies, “They keep my love alive. I don’t get that from people;” and “They keep my heart from breaking.” She also indicates that she is hoping that her “love” stays alive long enough for her to find someone to share it with.

Psychiatric History - Lorraine has been hospitalized three times for what she refers to as “nervous breakdowns.” She states that most of these hospitalizations were “stress-related” and that most of the time she “had a hard time with people she was working with.” She is currently in therapy, but is not aware of her diagnosis and provides little information concerning her symptoms other than to say that one of them is depression. At the present time she is taking Celexa and Buspar. She reports no obsessions or compulsions. She describes herself as having some problems with hoarding; however, currently her house is not overly cluttered with items.
Considerable variability can be found in the lives, behaviors, and experiences of individuals who collect large quantities of animals. All the participants in this study have their own set of experiences and unique life stories which they claim as their own. Although each individual is strikingly different from the others, there are many similarities among them. The interview data provide salient themes relevant to several of the interviewees. In this chapter I discuss the themes most relevant to the four research questions proposed for this study.

Relationships with Caregivers

Although most of the participants grew up in families comprised of two parents and siblings, three participants grew up in single-parent households and one participant was an only child. These twelve participants described markedly different experiences during their childhood years, yet each told a powerful story about his or her relationships with primary caregivers. Several individuals spoke about experiences of a special kind of bonding with one or both parents. Six participants reported feeling close to one of their parents or caregivers while growing up; however, of these six participants five reported that they were “not close to” or in some cases “disliked” the other parent in the household. Furthermore, five of the interviewees reported not feeling close to either parent during youth. Some participants went on to describe their parents with adjectives such as “aloof,” “distant,” or “mean.” Participants frequently spoke of a “lack of intimacy” in their
relationships with their parents. Lorraine described feeling close to her parents "in some ways" but "never feeling as though they understood" her.

I: Were you close to your parents?

L: In some ways I was. I mean I...[long pause]. I guess I was close to my father in an indirect way.

I: Mmhm.

L: I mean...I felt like I was more like him then my mother. So I...[long pause] reached out to him when I was a very little girl and I think it scared him...

I: Mmhm...

L: So I was afraid to get too close, but I think internally I...I can understand him better than some other people I...I loved him.

I: Uh huh. And your mom?

L: Umm...It's hard to [long pause] she...I don't understand... I don't quite understand the effect she had on me...but um...she was a public person and it was hard for her to have intimate...you know...relationships.

I: Yeah...uh huh...I know what you mean

L: That part was real hard for her. It was very hard to get close to her, and I think that my heart got broken, you know, a little bit by both of my parents. But they were good people. They weren't...they didn't abuse me at all. There was no abuse.

I: How do you mean your heart got broken?

L: Well I would reach out and I would sort of get pushed away a little bit.

Some participants described situations in which they felt very little closeness to immediate family members during their youth. These participants described drastic situations in which parents appeared neglectful, causing them to feel a sense of emotional abandonment. Often these neglectful environments coincided with the
presence of mental illness, addiction, violence, or other disruptive factors in the home. In the following excerpt, Barbara describes the tenuous relationships with potential caregivers in her household:

I: OK, and were you close to your Mom?

B: No.

I: Eventually your aunt is the one who joined with you and wanted cats, were you any closer to your aunt than your Mom?

B: Not really um... she was um... mentally ill... Something happened to her in a coffee and tea station... possibly got raped, but we never talk about it. But she ended up going to a mental institution a couple of times.

I: You’re grandmother as well? Were you close to her?

B: I thought so... um... she was a real homebody, but what I realize now is that when she was drinking is when she was very loving... I have learned a lot through hindsight, cause I don’t remember most of my childhood. But my grandfather was the main person in my life.

I: Your grandfather?

B: Definitely

I: Tell me more about him then.

B: I remember him always being nice. Being very tall and very nice. I can smell his beard, the stubble...

I: Now did he live in the house with you too?

B: He did, he lived there too, but he died when I was 8.

This passage illustrates experiences that disrupted the development of secure emotional attachments to potential caregivers. Barbara does not endorse any sort of parental bond with her mother. She appears to have established a tenuous relationship with her grandmother; however, her ability to have her emotional needs
met in this relationship is contingent upon her grandmother being in an inebriated state. Furthermore, Barbara speaks of only one emotionally fulfilling relationship (with her grandfather), but reports that this relationship was short-lived because he died when she was eight years old. Elizabeth, another participant who endorsed difficulty with parental relationships, described a similar scenario involving family disruption:

I: Were you close with your parents?

E: No. I was closer to my godparents and I consider them my real parents. There was a lot of fighting in my house, it was very scary...especially to a kid. And I had two brothers, and one of them worked at night, and the other one I didn’t want him to go anywhere, because I didn’t want to be alone with the fighting while it was going on. I was afraid of that.

Not all participants reported negative or unfulfilling relationships with their caregivers. Six reported a close relationship with one of their parents; however, only one participant reported feeling close to both parents. Furthermore, only six individuals reported experiencing a sense of closeness with either parent. The stories of these individuals suggest an animal hoarding behavior is, in some way, related to the deficient quality of early relationships.

Family Environments

The participants in this study came from a wide variety of backgrounds and described a range of family experiences, both positive and negative. Some participants grew up in single-parent households (Barbara, Catherine, and Deborah), while others came from more traditional homes consisting of two parents and siblings. Several participants lived with extended family members in their
households, such as aunt, grandmother, grandfather, or cousins who also played significant roles in their upbringing. Although the home experiences of these participants differed in many ways, some common themes emerged that seem pertinent to the development of hoarding behavior.

Many participants described households in which they witnessed considerable marital discord which resulted in stressful and chaotic home environments. Arlene, the eldest of six children, and self-described “caretaker of the family,” often witnessed her parents in verbal altercations while intoxicated. Her parents frequently went out to bars and nightclubs leaving their children at home, and returning intoxicated late in the night. Coinciding with this behavior, both of her parents had what she described as an “open relationship” in which her father “would talk about his girlfriend” and her mother “would talk about her boyfriend.” She experienced some nights when one or neither parent would return home from the bars and nightclubs. Arlene believes that this “partying lifestyle” led to much tension in their household, so much so that fights would frequently erupt between her parents. This environment caused her considerable distress while growing up. Arlene speaks of her mother’s “inappropriate behavior” defined as “like my mother totaling 3 cars coming home from the bars because she’s had too much to drink...and um me being 14 or 15...and her coming in and saying, ‘I did it again...I totaled the car’.” Arlene believes that these types of experiences severely affected her and are related to her current emotions and difficulties with anxiety. She describes these lasting effects, “…and about ten years ago, I went through a period where I couldn’t drive... I had bad panic attacks, and I think it could have been tied in with that...It happened
shortly after my children left home, and I started to remember my mother’s accidents, and I think it may have all been tied in...eventually it got to the point where I couldn’t back out of the driveway.”

Arlene was not the only participant in this study to experience high levels of family disruption in their household due to marital discord. Other participants also experienced considerable fighting between parents that resulted in violence. Elizabeth reports witnessing “constant fighting” during her youth. This violence became so intense at times that Elizabeth was often fearful to be left at home and would often plead with her older brother to remain home to comfort her.

Geraldine speaks of a chaotic home environment characterized by violence and conflict. Geraldine, like Arlene, was the oldest of a relatively large family with seven younger siblings. Her parents engaged in frequent verbal altercations in which her father would become increasingly agitated and occasionally physically violent; however, Geraldine states that most of this violence was directed “towards the kids.” She reports that her father was frequently verbally and physically abusive to her and her siblings. She refers to him several times during the interview as a “rage-aholic” and states that “anything could set him off.” Geraldine recalls many incidents in which she and her siblings were beaten severely and excessively with leather belts. On several occasions her father forced her and her siblings to remove their clothes before he beat them. This disciplinary practice became increasingly uncomfortable as she grew older and matured physically into a young woman. She describes this discomfort during the interview stating, “Sometimes he would hit us with the belt a lot...and sometimes he would say to us ‘Pull your pants down!’...and we would

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think, ‘you know Dad, we’re becoming young women, young ladies’… but you know
I don’t even know if you would call that sexual… maybe it’s just borderline or a little
perverted or something.” Geraldine believes that her chaotic family environment has
had repercussions in other domains of her life, particularly regarding difficulties
establishing social relationships. She states, “My sister and I… because we were
from an abusive family… um… we had very low self-esteem… because we were told
you’re no good, you’re useless… so we just thought people don’t like us because
we’re worthless, we’re stupid… but we had our animals so we didn’t care.” Later in
the interview, Geraldine confides that she still has considerable difficulty with
residual issues concerning low self-esteem in the context of relationships with others.

Ken, the only man in the study, also describes a family environment that was
characterized by excessive discipline, violence, abuse, and marital discord. Ken
describes his household as having very strict rules that were enforced by threats of
extreme punishment. Ken states, “You had to be up early in the morning and you had
to be dressed and bathed before presenting yourself to your parents… you could never
be seen in your pajamas… you had to make sure you had a dressing gown on before
you walked past anybody.” Ken’s parents did not permit friends to visit their
household. He believes that this was due to several reasons. Ken’s parents did not
believe that many people “were worth their time” and they kept a “very nice house”
where nothing was allowed to be “broken or dirtied in any way.” On the rare
occasion that Ken’s brother would have a friend visit, he was only allowed in one
room of their home. Ken also believes that many of these rules about visitors were
due to his parents “not wanting people to see what our family is really like.” Ken
describes his father as a very “violent and aggressive man,” and he states that while growing up he learned to “fear him...along with all men.” He witnessed frequent verbal and physical altercations between his parents. Often Ken would find himself “sticking up” for his mother in these altercations, which resulted in further physical abuse at the hands of his father.

Lorraine also describes considerable conflict in her family environment during her youth. Although Lorraine did not witness any instances of physical violence, she experienced frequent heated verbal altercations between her parents that caused her great distress at the time. When Lorraine recalls, “My parents would fight quite a bit and it would get pretty bad...I would sit in that chair [points to chair] in our kitchen...and they would be at each other’s throats.”

The stories of these six participants are filled with childhood experiences of chaos and unpredictability in their home environments. Family chaos was associated with a number of concomitant factors. Often family violence and marital discord was accompanied by the presence of an alcoholic parent or frequent intoxication of a family member. Also, some participants, such as Geraldine and Ken, describe family environments in which excessive disciplinary practices and strict rule enforcement were common including frequent belt beatings or stringent dress codes. Several of these animal hoarders speak of childhood home environments that were unpredictable and “devoid of love.” Although not all the participants describe chaotic home environments, a significant proportion endorse this type of home situation. It is also important to note that these participants divulged this personal information to an interviewer that they had just met. It is possible that the other participants in this
study also may have had similar experiences but were understandably reluctant to disclose this information to an interviewer whom they had only just met.

**Traumatic Experiences**

In addition to experiencing significant family chaos and difficulties with parental relationships, many of the participants spoke of various traumatic experiences. Although these traumatic experiences took on a variety of different forms, all the participants who endorsed these traumatic experiences reported that these events caused them considerable distress at the time of their occurrence, and furthermore, thoughts of these events continue to cause them distress. The participants displayed a range of emotions while describing these personal events, with some participants becoming tearful or angry during their descriptions and others exhibiting nervous laughter.

During her youth Lorraine witnessed a great deal of marital conflict between her parents consisting of heated arguments and threats of abuse. She also reports having experienced instances of sexual abuse before the age of seven. Lorraine reports that she has received a significant amount of therapy regarding this particular issue. She describes these traumatic experiences during the interview, “I’ve been in therapy quite a bit…I did have something happen to me that wouldn’t be…It wasn’t incest…I don’t think you could call it that, but my aunt, who is a nurse, was afraid that I was keeping my stool in…so she gave me a lot of enemas…so you know that was traumatic…and I was 5 or 6…I think I was 6, and I fought back. I literally fought. I just said ‘No!’…” Lorraine believes that she has worked through many of
these issues through therapy, but she feels that these experiences have had lasting impact on her life.

Ken also describes a history involving traumatic experiences which continue to cause him distress. Ken recalls that beginning as early as the age of six he was physically and emotionally abused by his father and his brother. He has little recollection of specific incidents involving trauma; however, some memories have flooded back into his mind as he has grown older. He describes his trauma in the following excerpt:

When I was a little boy...I blacked out and I remember bits and pieces or smells, or experiences, or sounds trigger my memories...but I was very sensitive and very gentle, and a very pretty boy when I was little...and I attracted a lot of aggression on both my father’s behalf and my brother’s behalf...I was always trying to please them, and part of the need to please them I would let them do whatever they wanted to, because it would also protect me from getting beaten up.

Ken reports that this physical and sexual abuse lasted throughout his youth. The abuse he suffered at the hands of his father became less prevalent during his high school years when “his brother decided to take over.” During Ken’s high school years, a guidance counselor took notice of the abuse that he was experiencing by discovering the significant bruising on Ken’s body and the effects of Ken’s self-injurious behaviors of cutting and burning. Ken states that despite the attention of this guidance counselor his situation did not “turn out much better” as this counselor directed him to seek the help of a clergyman who also engaged in inappropriate sexual conduct with Ken.

In discussing experiences of abandonment Ken states, “My parents left for a full year. I don’t really know how I felt because the only person I cared about was
my mother. And I know that I missed her.” In speaking about neglect, Ken remarks
“I didn’t understand why I was treated the way I was and why my father couldn’t be
nice to me...and why nobody in my family would ever say the words ‘I love you’, or
want to touch you in a normal, friendly, affectionate way.”

Ken believes that these traumatic experiences greatly influenced his behavior,
personality, and sense of self. Ken feels that as a result of the physical, emotional,
and sexual abuse he became withdrawn and less willing to interact with other people.
He describes this experience in this passage:

And as far as affecting me...I was very withdrawn...I wouldn’t talk to many
people at all. I was not an outgoing person...I started to eat a lot of food so
that I could make myself less attractive. I would always stay in my
bedroom...I was actually very, very, depressed for many, many, years, and
I’m very self-destructive as well, hurting myself with pills, or jumping off
roofs or something trying to say ‘I’ll kill myself’.

Along with Ken and Lorraine, Geraldine also reports having experienced
severe trauma during her youth. As mentioned previously, Geraldine and her siblings
would often receive excessive beatings from her father which sometimes involved
acts of humiliation in which she would be forced to disrobe.

The abovementioned instances of abuse are just some of the more severe
traumatic events described in the interviews. Other traumatic events that did not
involve direct abuse were also prevalent in the stories of participants. Three of the
interviewees reported having experienced deaths in their families (one father,
grandparents, and godparents) which had lasting impact on them emotionally. Other
participants spoke of particular incidents in which they witnessed severe conflict
between their parents and recalled feeling tremendously frightened by the
precariousness of the situation. Often these instances involved alcohol intoxication or some other substance use.

Interestingly, many of the participants cite the death of their animals as having been significant traumatic experiences which evoked strong grief reactions. They use a variety of phrases to characterize these extreme grief reactions such as: “I was completely devastated,” “ended up raging against God,” “completely heartbroken,” and “I think about it daily.” Many participants compare the loss of their animals to the loss of close family members. Some participants go so far as to state that losing animals was often more traumatizing than the death of immediate family members (e.g., “I didn’t feel half as bad when my mother died.”). Arlene states, “…any pets I got I became attached to…and when they died I was absolutely devastated…In fact, I remember asking my therapist whether this pain I was experiencing, would it be the same as when my husband goes, because it felt so strong...like how could there be pain any stronger than this that I’m feeling?” Deborah tearfully describes the loss experience as feeling “totally knocked out” and states that she still feels “horrible” about the loss of her last pet that occurred two years ago. Fran had a similar reaction to the death of one of her cats following a long bout with a terminal illness in which Fran did not seek veterinary care in a timely fashion. She states, “Well I did take him…and I didn’t realize what was wrong, and I lost him...I was 29, that was the first, he was the first kitten I ever lost, and I live with that pain every day, ever since I lost him...” Fran, like several other participants, describes having experienced a range of negative emotions including guilt, anger, and depression.
Many of the participants speak of very strong reactions to the loss of pets in terms that might be used to describe the death of one’s child. Some of these reactions are recalled in vivid detail as if they occurred quite recently. By contrast, other participants such as Geraldine, have trouble recalling the death of their first pet “because it was too painful, and they “need to block it out.” When asked to describe the death of her first pet Geraldine states, “Hmm. I think I was 9 or 10...Gosh, it’s hard to put into words because it was so difficult. Of course it was very sad...so much that I tried to block it out...But I block a lot of things like that out, you know, like with my parents, but you probably hear a lot of that from people.” Geraldine also describes a traumatic incident in which her three dogs were killed in her car as a result of a lethal electrical fire. Geraldine continues to experience flashbacks and nightmares of this event.

The stories of most of the participants included memories of traumatic events, most of which occurred at a relatively young age, and are viewed as having had a lasting influence in their lives. Many of the traumatic events took place in households where there was already considerable family chaos including inconsistent parenting, marital conflict, alcoholism, and other psychologically disturbing phenomena. It is difficult to determine the extent to which the problem of hoarding developed in reaction to specific traumatic events or in response to the generally disturbed family environments in which these individuals spent their youth. It is plausible to assume some combination of trauma and familial chaos set the stage for the development of the bizarre behaviors associated with the compulsive hoarding of animals. These individuals may have begun to see the world as a precarious place
where threats of danger lurk in interactions with other people. Ken’s case illustrates this theory well. After Ken spoke with his guidance counselor about his abusive situation, he felt a “reason to hope that his situation would change,” only to later discover that he would be “taken advantage of again by a man.” Several participants speak of having felt “unsafe” and “uncared” for at times in their lives. When experiencing these troubling emotions, some participants find that animals are helpful in relieving or softening pain. As one participant states, “They’re innocent, they’re beautiful…and you can always trust that they will be there for you when you get home…no matter what kind of day you’ve had.”

**Role of Animals in Emotion Regulation**

By far the most prevalent theme in all twelve interviews is the powerful role that animals play in the lives of these participants, each of whom emphasizes the high priority that they give to their animals. Without exception, each participant describes strong emotional bonds with her or his animal. Despite having collections as large as 30 animals, several participants are not only able to recall the names for their animals, but are also able to give detailed descriptions of their animals’ individual personalities. Many interviewees likened their relationships to their animals to that of familial relationships, often referring to their animals as their “children,” “babies,” or “brothers and sisters.” Deborah refers to her animals as her “babies” and says, “They are the closest thing that I am ever going to have to a child, because I never married and had children, and I’m too old for that now…so they’re definitely my babies.”

Hannah, who at one point was caring for 34 dogs, states, “They were my
family...They were my companions...They needed me... I loved them, they loved me... They were companionship, protection, affection... and they made me laugh.”

Elizabeth explains her rationale for collecting cats by stating, “For love, companionship... They’re my world they’re everything... They are as important as they can be. I consider them people; they’re my happiness... They’re my reason for going to work, literally... They’re my children; they’re my family.” Elizabeth says that in many ways her cats have “taken the place of people.” Her relationship with her cats has evolved to the extent that her cats mean more to her than her family at this stage in her life, which became clear to her after a falling out with her brother who she considers the only remaining tie to her family. Elizabeth describes this transition in the following excerpt:

I think in my case I may care even more [about my cats than other people]... Like I said before, it is definitely true that after the relationships with my family ties were severed, [my cats] were elevated up to people... I mean I’ve always really loved cats, but they’re even more important at this point... Like people in a family have a good relationship, a close relationship with someone in their life; cats don’t have that high place... Sure, they may have a cat that’s important to them in their family... but I think compared to other people my cats are a lot more important to me.

Elizabeth speaks extensively about how her cats have achieved an “elevated place” in her life in that they are her first and sometimes sole priority. She makes frequent references to the sacrifices she has made to give her cats the “best possible lives” to ensure that they exist in their “beautiful natural state.”

This theme of strong identification with animals and the significance of these relationships is present in other interviews as well. As with Elizabeth, several participants allude to the fact that their animals have been elevated to a status of highest priority in their lives. In speaking of the meaning of animals in their lives,
every respondent describes unusually strong attachments. These include statements such as: “I love them more than people;” “They are my life...they’re better than sex;” “My whole world...my happiness;” “It’s beyond love.” Geraldine, who suffered severe abuse at the hands of her father, speaks of the significant role that animals played during her youth in this passage:

My sister and I were from an abusive family, so we had very low self-esteem because we were told ‘you’re no good, you’re worthless, you’re stupid’...but it really didn’t bother us...we just thought, OK, people don’t like us because we’re worthless and we’re stupid...that doesn’t matter...we had our animals so we didn’t care and we bonded with the horses...we had our favorites, and we just got our friendship from the animals...we didn’t miss human friendship because we were always with the animals.

Geraldine’s animals continue to play a significant emotional role in her life.

Much like Elizabeth, Geraldine’s animal relationships have also been elevated to a level of great importance. She speaks candidly of the significance of one of these relationships in this excerpt:

I think they’re such a part of me, and I identify with them so much, when I punch the clock at night to go home I don’t think, ‘I’m going home to see my husband and kid’...I think, ‘I’m going home to see little Pavi...little Pavi is going to be there and we’re going to go for a nice walk...we go for a nice long walk every day...and we have a nice spot in the woods where we just sit and look around...She just understands me. She understands that I have a lot of work to do because it’s tough trying to work full time and keep the house up...And sometimes I tell her, ‘Pavi we can’t go out, I have to do the laundry.” And then she’ll just sit down right by me and she’s saying, ‘Well I know we can’t go for a walk but I understand you have to get this done...Wherever I am, she is...She’s my friend.

In Geraldine’s comments we also see that she feels that her animals “understand her.” She speaks of a strong identification with her animals to the extent that we see evidence of enmeshment in which she views the animals as “a part of” herself.

Several other participants report strong emotional connections to their animals and
feel that their pets “understand” them or have the ability to recognize their mood states.

Furthermore, many of the interviewees mention the ability of their animals to alter their mood states. Some participants recall specific instances when they were feeling sad or depressed and their animals would come to their aid by comforting them. Barbara describes her pets as a “refuge during hard times” and “very protective.” In this passage, she recollects a specific difficult time in her life where her animals were emotionally essential:

I remember when the Samaritans first started, they used to say, ‘If someone is suicidal, ask them if they have a pet. And I know [my pets] have helped me through hard times…When I was first living with the alcoholic…I lived with him for six years…He was a jerk and he insisted that the cats have their own room…and I didn’t like that idea, but because of his drunkenness, they were probably safer that way. He was abusive, particularly verbally abusive…and when I couldn’t stand him any longer, I would go in the cats’ room, because there was a bed in there, and I would spend the night with them…So they were refuge. They are the ones I would sit and cry to.

Animals served this purpose of emotion regulation for quite a few participants. Several recall stories in which they were experiencing emotional pain and animals came to their rescue, comforting them in their times of emotional need.

Elizabeth, who in her words “started becoming closely attached” after “breaking family ties,” tells this story about a neighborhood cat:

I think they can read my moods…I want to talk about a neighborhood cat that I’ve been friends with for over eight years. His name is Midnight. I love him…He’s very sweet. He loves everybody, and he wants to go in people’s houses to be with them…One day I was very upset about something…A friend…He didn’t do it to me deliberately…But I was very upset and I was sitting on my porch crying and he didn’t like to be in my lap either, but I was trying to turn him into a lap cat…he saw me crying there…sitting there…he comes over and taps me on the shoulder as if to say, ‘Let go of your pain and love me. Concentrate on me instead of being upset.’ For six years I had always patted him and loved him, but that day I especially bonded with him,
and I've never forgotten that...Now he's one of my best friends and I love him...A person couldn't have helped me like Midnight that day.

It is quite evident that animal hoarders depend greatly on their animals for emotional support. The participants view their animals as providing a critical emotional need during times of discomfort or when feeling unsafe. It is likely that these experiences are not unique to those who hoard. Animals may serve this emotional role to other pet owners who do not collect animals excessively. Nevertheless, the numerous reports of participants in this study appear to suggest a strong reliance on animals for emotional support that may go beyond the typical pet owner's. The importance of animals in the process of emotion regulation for these participants appeared to approach a level of psychological dependence. This theme may warrant further inquiry into the level of reliance on animals for emotion regulation in animal hoarders in comparison to regular pet owners.

**Other Factors Associated with Animal Hoarding Behavior**

In addition to the prominent issues pertaining to the original research questions, two other themes are evident in the stories shared by the twelve participants. These additional themes, which warrant discussion are (1) difficulties with loss, and (2) patterns of guilt and excessive responsibility.

Difficulties with Loss - As mentioned previously, many of the participants describe having experienced strong emotional reactions to the loss of pets during childhood, with some of their stories filled with details about the death of a specific pet when they were younger. Several participants speak tearfully and with strong emotional
affect when describing these events, referring to the death of these pets as “traumatic” or “heartbreaking.” They also explain that they continue to have strong grief reactions to the loss of their pets. Several participants state that they grieve more over the loss of their pets than over the loss of family members. Ken describes in great detail the death of his first cat, when against his wishes his parents “tricked him” and had his cat euthanized upon discovering that the cat had cancer. This decision was announced to him during what he believed was a routine visit to the veterinarian.

Ken describes these events in this passage:

I was at my veterinarian and I was taking him there to be treated...and you know what? He starts talking about ‘Do you want to be alone with him?’...and I was like ‘What are you talking about!? He’s here to have a cancer checkup.’...And he’s like, ‘No, your parents want him put to sleep.’...And I felt so pressured that I agreed to do it and then I went completely berserk.

Ken reports having felt a sense of betrayal by his parents and wishes that “they had done things differently.”

In a related vein, most of the participants held onto the remains of their pets long after their death, with several choosing to bury the remains of the animals in their backyard. Two interviewees had their animals cremated and kept urns and jars with the remains in their homes. Arlene chose taxidermy as a means of preserving some pets that she felt closely attached to. Ken reports having had tremendous difficulty with the loss of his pets, especially early in life. In the following passage, Ken describes the events surrounding the burial of his cat

I’ll never forget it...I actually slept with him when he was dead. I wouldn’t let them take him away from me. And I almost killed my sister actually, because she...I was making a coffin for him and I filled it with his favorite sweater and wrapped him up and filled it with flowers. And she came home and saw him in this coffin and started saying how disgusting it was and how I
was an animal...I went completely out of control and my mother had to pull me off of my sister, because to me this was everything...my little baby...He was my best friend. And animals affect me that way, always a great rip from my heart...And for people who don’t understand that I just don’t have patience.

Geraldine also speaks of a powerful attachment to the remains of her animals. When she and her husband made plans to move to another part of the country, Geraldine was reluctant to move without the remains of her dogs and suggested to her husband that they dig them up from the backyard to transport them to their new residence.

Hannah also speaks of difficulty discarding pets after their death. Hannah has had eight Shar-peis die of kidney complications. However, Hannah neglected to bury these dogs after their death and instead placed them in garbage bags and stored them in her home. Retrospectively, Hannah believes that this may have been “one of those things that [she] lost her judgment about;” however, at the time she “did not want to put them out in the trash... couldn’t afford to have them cremated...and sort of felt like they were still with” her. She states that “it wasn’t so much having them around that felt important; it felt important not to throw them away like garbage.” Hannah states that it is “hard to rationalize it now, because [she] realizes how crazy it made [her] look to other people.”

Patterns of Guilt and Feelings of Excessive Responsibility - Participants acquired new animals through a variety of sources. They purchased them, adopted them from shelters and rescue organizations, they acquired them as a result of unplanned breeding in the home, they picked up strays on the streets, or they accepted them from
acquaintances. Most participants speak about feelings of guilt and personal responsibility regarding the well-being of animals, and how such feelings contributed to the excessive acquisition of animals and difficulty letting go. Every participant expresses a feeling of duty to provide homes for animals, an attitude they have held for most of their lives. Ten participants describe feelings of intense concern about the general well-being and safety of animals they encounter, particularly stray and homeless animals. Furthermore, they often experience strong feelings of guilt about not taking stray or needy animals into their homes upon encountering them. Iris speaks of her difficulty resisting the compulsive urge to acquire cats that she feels are in need:

When I was doing the fostering, I knew I was in trouble. For awhile I said to myself I won’t take any in until it’s an emergency, but then there was always an emergency, right? And you know because of the sheer numbers that come in, and so many that aren’t considered adoptable, I’m sure it’s so easy for this to happen, because... You always think one more won’t matter, one more won’t matter.

Many participants discuss their resistance to the practice of euthanasia. Most hoarders agree that they would euthanize animals if they were suffering from a terminal illness; however, many of the interviewees are strongly opposed to animal agencies that engage in euthanasia to control homeless populations such as the Animal Rescue League and the SPCA. Several participants explain that they feel it is their “mission” or “duty” to save animals from this consequence. Hannah, who recently lost her home due to her animal hoarding behavior, describes her discouragement with animal shelters:

If you’re somebody like me who loves your animals and takes care of them, you will take an older animal or an animal that’s blind, or that’s injured, or
crippled, or whatever...and you’ll still take care of it...Whereas these shelters come in and they say, ‘Oh this dog is not adoptable,’ and they kill...They kill them, all right?

. Despite unhealthy living conditions that eventually resulted in her home being condemned, Hannah continues to feel that she is “rescuing the animals” from their inevitable untimely death at animal shelters. Hannah’s attitude about animal shelters and their practice of euthanasia is shared by other participants as well. Lorraine states that she became “enraged” when she heard from a friend that animals were euthanized on a daily basis at a local animal shelter, and she “decided that from then on she would handle whatever [animals] came her way.” Part of the participants’ attachment to animals includes strong feelings of responsibility and guilt, as well as feelings of being compelled to acquire additional animals that are in need of homes. In so many cases it seems as though the strength of these emotions and the intensity of these attitudes overwhelms the individual’s rational awareness of the limitations of caretaking ability for these animals.
A thematic analysis was conducted of twelve interviews with individuals who compulsively hoard animals. The aim of the project was to determine possible factors contributing to or associated with the development of hoarding behavior. Participants were asked a series of questions in a semi-structured interview format to elicit information about the causes of animal hoarding. The interview consisted of approximately 120 questions focusing on demographic information, family and social history, childhood and adult histories of pet and animal contact, current relationships, current behaviors, emotions or attitudes pertinent to animals and their care, and current health and mental health concerns. For the purpose of our study I focused on four research questions: (1) How do animal hoarders characterize their early life relationships with caregivers and family members? (2) To what extent do animal hoarders report having experienced family disruption or chaotic home environments during childhood and adolescence? (3) To what extent are episodes of significant trauma evident in the childhood history of animal hoarders? (4) To what extent do animals provide a sense of security and safety for animal hoarders. During the process of analysis some salient themes emerged from the data which address these questions. In this chapter I discuss these emergent themes and their relevance to past research on animal hoarding. Later in this chapter, I discuss the possible implications, limitations, and future directions based on the findings of this study.
Some researchers studying obsessive-compulsive disorder have suggested that early experiences of parenting may lead to the development of a dysfunctional self-structure and world-view that is relevant to the development of obsessive-compulsive disorder (Doron & Kyrios, 2005). Hoekstra, Visser & Emmelkamp (1989) found that many people with OCD have family histories in which they experienced significant attachment-related problems such as parental rejection, overprotection, or extreme lack of warmth. Hoarders, in particular, commonly have histories characterized by significant difficulty with forming or maintaining relationships with others (Frost, Steketee, Williams, & Warren, 2000; Steketee, Frost, & Kyrios, 2003). Hoarding has been associated with high levels of avoidant personality disorder, and in one study approximately 75% of hoarders reported high levels of social phobia (Frost et al., 2000; Steketee et al., 2000). This evidence of difficulty with relationships, coupled with some anecdotal reports of disruptive family histories (HARC, 2000) has led to speculation about the role of early life experiences in the development of animal hoarding behavior. However, to date no scholarly investigations have explored the relationship between early life experiences and the development of animal hoarding behavior. This study was designed to address the lack of scholarly knowledge about the quality of early life relationships for animal hoarders.

Although participants in the present study describe a wide range of characterizations of their early life experiences, a common theme that emerges is a lack of intimacy or emotional bonding with one or both parents. Several interviewees describe not “feeling close” to one or both of their parents during youth, using
adjectives such as “aloof,” “distant,” or “mean.” This information is consistent with past anecdotal reports regarding hoarders’ experiences of deficient bonding with parents (HARC, 2000).

Family Environments

Furthermore, some anecdotal reports and previous interviews with hoarders have led experts to postulate that hoarding behavior may be associated with chaotic households or by family disruption during youth (HARC, 2000). Although there have been several anecdotal reports, there has yet to be any empirical research to document this relationship. The findings of the present project point to a common theme of family disruption in the early life of animal hoarders. Many participants describe households in which they witnessed considerable marital discord which resulted in stressful and chaotic home environments, as in the cases of Arlene, Elizabeth, and Geraldine for whom parental altercations frequently erupted into violence, particularly when alcohol was involved.

Early Traumatic Experiences

Analysis of the present interviews reveals the experience of profound trauma in the histories of several participants such as Ken, Geraldine, & Lorraine, who experienced severe physical and sexual abuse during their youth, and others who spoke of traumatic events involving loss and tragic death of close ones. This theme is consistent with previous research studies of people who hoard inanimate objects who also reported the experience of significant trauma in early life (Duffany, Hartl, Allen,
Steketee, & Frost, 2001; Frost & Hartl, 1996). Duffany and her colleagues (2001) found that PTSD diagnoses were reported significantly more frequently in a group of hoarders when compared to non-hoarding controls. The findings of the present study add support to the conclusions of previous researchers about the etiological role of trauma in the development of hoarding behavior.

**Emotional Role of Animals**

This study also explored the extent to which animals provide a sense of safety for animal hoarders. Previous studies on the etiology of hoarding have reported that many individuals who hoard inanimate objects experience strong emotional attachments to possessions (Frost & Hartl, 1996; Frost & Steketee, 1998; Steketee et al., 2003). In effect, the hoarder’s possessions serve as signals of safety in a world that is viewed as dangerous (Sartory, Master, & Rachman, 1989). Possessions may provide feelings of protection, comfort, and safety for individuals who feel that their safety is, or has been compromised (Duffany et al., 2003). To date, relatively little research has been conducted on this etiological factor in the lives of individuals who hoard material items, and there have been no investigations about the extent to which animals serve a similar role in the lives of animal hoarders. The thematic analysis of these twelve participants supports the hypothesis that animals play a significant emotional role in the lives of animal hoarders. Animals provided the participants in this study with feelings of comfort, security, and safety. Without exception all the participants speak of lifelong strong emotional attachments to their animals. They often refer to their animals as “their children,” “their babies,” or “members of the
family.” Interestingly, Geraldine who suffered significant physical abuse during her childhood, reports that her animals “consoled” her when she was “feeling low self-esteem.” Barbara, describes her animals as a “refuge during hard times” with whom she spent lengthy periods of time alone in her room when her ex-boyfriend became “drunk and verbally abusive.” The descriptions provided by these twelve participants are consistent with previous findings that hoarded objects play a significant role in the process of emotion regulation. Animals serve as “safety signals” and are relied upon to provide comfort and emotional stability during difficult times.

Implications for the Development of an Animal Hoarding Model

The present project makes an important contribution to the development of an etiological model of animal hoarding for which there is currently no widely accepted psychological theory. Previously, researchers have postulated that animal hoarding may be the manifested symptom of an organically based mental health disorder such as dementia or schizophrenia (Hwang et. al., 1998; Patronek, 1999; Rosenthal et al., 1999). Interestingly, despite some evidence of a lack of insight regarding the welfare of their animals, the participants in the present study do not show evidence of cognitive impairment, as would be evidenced by impaired intellectual functioning or psychotic symptomatology. Rather, all the participants present in ways that reflect cognitive integrity as evidenced by thoughtful reflection, insight, and appropriate interpersonal behavior. Outside the context of their relationships with their animals, most of these participants function reasonably well, as reflected by employment in part-time or full-time jobs.
The findings of the present project point toward etiological factors that seem to play a role in the development of animal hoarding. This study lends support to the notion that the early life experiences of animal hoarders are characterized by deficient bonding with parents, chaos in the home, and trauma during childhood. These findings suggest a model in which past occurrences set the stage for vulnerability to the development of animal hoarding behavior later in life. Troubled experiences with caregivers and traumatic events may influence perceptions regarding one’s sense of security in the world, thus leading to a dysfunctional reliance on animals to provide a sense of security and belonging. This conclusion meshes well with the theories of other experts about the pivotal relationship between early attachment experiences and the development of a sense of security in the world (e.g., Ainsworth et al., 1978; Bowlby, 1973, 1988; Janoff-Bulman, 1989, 1991). The emergent themes evident in the present project point to the experience of intense disruption in early attachment experiences which may have contributed to a world view in which the world is perceived as a dangerous place.

**Implications for the Treatment of People Who Hoard Animals**

The present project also has implications for the development of effective psychological treatment for individuals who engage in animal hoarding behavior. There is currently no well-established treatment regimen for individuals who engage in animal hoarding. As mentioned previously, despite frequent media reports, animal hoarding has yet to be recognized as a psychologically-based phenomenon or mental health concern. Much of the research to date has been conducted in the realm of
veterinary medicine where animal hoarding has been viewed as a community and public health problem (Patronek, 1999). Research has typically focused on the welfare of the animals and has neglected the psychological well-being of the animal collector. Media reports have also disregarded the mental health issues, while portraying the animal hoarder as the perpetrator of a crime (Arluke et al., 2002).

Current public health methods aimed at addressing this issue often involve abrupt animal seizures by animal protection agencies. These practices follow the law enforcement model; cooperation between mental health services and law enforcement officials is uncommon.

There are significant repercussions associated with the current practice of large scale animal seizures. Often such seizures by humane society law enforcement officials result in high recidivism rates, with animal hoarders resuming the behavior soon after the seizure (HARC, 2002). Furthermore, these animal seizures can be traumatic to the animal hoarder. Participants Hannah and Elizabeth in the present study speak of these animal seizures as having been “traumatic incidents.” Elizabeth reports that a past seizure of her animals “continues to bother her every day and is always in the back of [her] mind.” Consequently, Elizabeth and Hannah report disdain for animal control agencies and speak of their reluctance to associate with these agencies in the future. Given the evidence of high recidivism rates, the seizure method seems to be ineffective, and may also prove to be detrimental to the establishment of rapport with the individual engaging in this behavior, thus closing the door to future cooperation.
The findings of the present study suggest that addressing animal hoarding as a mental health issue is more appropriate and effective in the long term. The present study underscores the importance of examining the psychological mechanisms underlying animal hoarding behavior. In the future, interventions should include individual psychotherapy and access to other mental health resources in conjunction with animal control enforcement. The emergent themes uncovered in this project speak to the importance of gathering information regarding childhood and early life attachment-related experiences of animal hoarders. A deeper understanding of early life experiences will shed light on the factors that contribute to a vulnerability to engage in this dysfunctional behavior, and in turn lead to more effective interventions.

In terms of therapeutic recommendations, an integrative approach to treatment should prove most effective in which the therapist: (1) strives to establish rapport and a strong working alliance; (2) utilizes the therapeutic alliance as a vehicle for emotional deepening (3) facilitates the development of insight so that the client can develop a deeper personal understanding of the antecedents of the hoarding behavior; and (4) incorporates aspects of behavioral analysis to help the client gain an understanding of the antecedents and consequences of problem behaviors. These four components are explained in further detail in the sections below. The case of Ken serves as an example for elucidating the implementation of an integrative therapeutic approach.
Establishment of a Strong Therapeutic Alliance

The first goal of the integrative treatment approach would be to establish the groundwork for good rapport and a strong working relationship, the foundation blocks of an effective intervention with all clients, particularly those with attachment-related disturbances, as is the case with animal hoarders. Given the evidence that has emerged from this study, it appears that the therapeutic relationship should be of paramount and primary importance to the treatment of individuals who are struggling with compulsive animal hoarding. Several individuals in the present study describe difficulty trusting others and maintaining relationships. It is likely that these interpersonal patterns and difficulties with trust have played a significant role in the animal hoarder’s increased reliance on animals to fulfill their interpersonal emotional needs. Therapists treating clients with animal hoarding issues should pay careful attention to the development and maintenance of a positive therapeutic alliance. There is of course good reason for this. The quality of the therapeutic alliance currently stands as one of the most robust predictors of change in psychotherapy (Constantino, Castonguay, & Schut, 2001). Thus during the course of treatment, therapists treating animal hoarding clients should make all possible efforts to be empathic, warm, and supportive toward their clients and foster mutual agreement on the goals and tasks of therapy. Therapists, in other words, work towards adopting a supportive attitude mainly to build the client’s trust in the treatment rationale and procedures, as well as to foster the client’s willingness to do what he or she needs to do to develop better coping skills. This is particularly important for clients who voice their distrust of outside forces who they fear are casting judgment or plotting to
confiscate their animals. This theme of distrust emerged consistently throughout the interviews with many of the participants reporting that they were skeptical of people who were offering help to them or their animals. For a client with these types of issues, an ongoing evaluation of the strength of the therapeutic alliance would be an essential component to effective treatment.

This inability to establish trust and maintain healthy relationships discussed above is evident in the case of Ken, who speaks of past experiences in which he relied on someone for help, but ended up in another difficult and traumatic relationship. During his high school years when Ken spoke with his guidance counselor regarding his physical and sexual abuse, this guidance counselor referred him to a clergy member who repeated this pattern of abuse. Ken speaks of how this experience influenced his life by stating, “I have always felt that I’m a piece of garbage to do whatever they want to...And that’s how I’ve always been treated by people and adults, which is why I don’t have very good relationships with men.” Ken states that he “lost faith in people”; his animals have in many ways “taken the place of people” in his life.

Because Ken has difficulty trusting others, the initial goal of treatment would be to establish trust through rapport building, empathic listening, and frequent validation. Previous research has shown that therapeutic techniques which place an emphasis on validation (Linehan, 1997) and the working alliance are effective in establishing rapport and achieving positive treatment outcomes for individuals struggling with relationship issues (Martin, Garske, & Davis, 2001). In the initial stages of treatment the therapist should communicate to Ken that his feelings make
sense and are understandable within his current life situation. The therapist treating Ken would work to understand the context of the animal hoarding behavior and how it fits into his life and fulfills an emotional need. The therapist accepts the client and communicates this acceptance to the client.

Facilitating Emotional Deepening

In addition to an increased emphasis on the therapeutic alliance, therapists should also utilize the therapeutic relationship as a vehicle to promote emotional deepening and as a direct mechanism of change. Recently, researchers have strongly endorsed incorporating techniques that involve the exploration of emotion as a necessary component to effective treatment strategies. A number of studies have found that Cognitive-Behavioral therapies (CBT) which incorporate techniques related to emotional exploration are often found to be linked to positive outcome (Ablon & Jones, 1998; Castonguay, Pincus, Agras, & Hines, 1998) and as a whole research suggests that adding techniques that facilitate the experience and expression of emotions improves overall treatment effectiveness (Coombs, Colema, & Jones, 2002). This research becomes particularly relevant when we apply it to the treatment of animal hoarding behavior. Evidence from this study on animal hoarding suggests that animal hoarders may have difficulty with identifying emotional needs that have been left unfulfilled. Consequently, animal hoarders have an increased and maladaptive reliance on their animals for feelings of acceptance and unconditional love. In many ways, it is useful to think of animal hoarders as collecting excessive amounts of animals to avoid experiencing negative affect. The animal hoarder has
temporarily avoided the painful emotions of feeling “unloved” and “uncared for” by acquiring another animal. As such, animal hoarding behavior is maintained, at least in part, by its negative reinforcement quality (e.g., the animal hoarder experiences a negative affective state and then proceeds to self-soothe with the acquisition of another animal). Treatment will only be effective if it attempts to address these avoided emotions and taps into this maladaptive system. Therefore, therapists should work towards helping the client to experience and express these negative feelings to facilitate a process of emotional deepening. By exposing the client to his her emotional experience, he or she learns that although some emotions can be painful, they are not dangerous and can be tolerated. As such, the safety of the therapeutic relationship provides clients with an opportunity for a corrective emotional experience. The animal hoarding client learns that their emotional experiences are not intolerable and that purchasing another animal is not a necessary or effective solution to dealing with painful emotion. Consequently, acquiring more animals loses its reinforcing impact for the animal hoarder as they learn to explore their emotions with their therapist and start to trust their ability to connect intimately with others.

Development of Insight by Exploration of Antecedents

The third component of this integrative treatment approach works in conjunction with the establishment of a working alliance. After a strong working alliance has been established, the therapist would explore how Ken’s early life experiences within his family and with others have influenced his views of current
relationships. The therapist would want to consider how his early traumatic abuse at the hands of his father and brother influenced his emotions and world-view during adolescence and adulthood. The therapist and Ken would focus on developing a deeper understanding of how Ken’s past experiences have contributed to the development of hoarding behavior. Ken would work closely with his therapist in developing an individual “learning history,” or a detailed history of how, why, and when he acquired animals at different stages of his life. Researchers have reported considerable success with the therapeutic technique of developing a learning history when treating individuals who struggle with attachment-related and interpersonal difficulties (Beck, 1990; Linehan, 1997; Perry, Banon, & Ianni, 1999). The goal of developing this learning history would be to explore how previous events in Ken’s life may continue to affect his current thoughts, feelings, and behaviors. For Ken this would mean exploring the connection between his traumatic past and his current dysfunctional behavior of collecting animals. This learning history would be a useful tool in the development of a behavioral analysis of Ken’s hoarding behavior, with the goal of understanding the causal factors.

Behavioral Analysis

As the therapist and client develop a deeper understanding of the antecedents of the animal hoarding behavior it may be useful to develop a behavioral analysis. Researchers have demonstrated that therapy utilizing behavioral and functional analysis techniques are effective in helping clients gain a better understanding of the antecedents of their behavior (Linehan, Cochran, & Kehrer, 2001). The first step in
the behavioral analysis would be to help the client identify the problem to be analyzed. In Ken’s case the therapist would focus on a recent specific incident in which Ken acquired another animal. After the problem is defined, a “chain analysis” would be developed by both the therapist and Ken. The chain analysis would be a step-by-step description of the chain of events leading up to and following Ken’s behavior (e.g., acquisition of another dog). The therapist and Ken would construct a “general road map” of how he arrived at this behavior. It is important that the chain analysis begin with an exploration of possible environmental triggers for the behavior. Pinpointing a specific event may be difficult for the client; nevertheless, it would be important to obtain a description of the events that co-occurred with the recent acquisition of an animal. The therapist would then attempt to identify both environmental and behavioral events for each subsequent link in the chain. As mentioned previously, Ken reports that his acquisition of more animals often coincided with the break-up of a relationship. The therapist would want to explore the relationship between these events on a fundamental level. Here the therapist must play the part of a keen observer and help the client think in terms of very small chunks of behavior. The therapist can ask questions such as, “What happened next?” or “How did you get from there to there?” By developing a deeper understanding of the antecedents of animal collecting, Ken could develop healthier methods for dealing with troubling emotions in ways other than the acquisition of another animal. This understanding would enable Ken to examine the instances in the chain of behavior at which an alternative, more skillful behavior could occur. During this process the therapist would highlight immediate and long-term effects of behaviors that are
chosen. For Ken, an alternative behavior might be to contact a good friend and make plans for dinner when he is feeling the compulsive urge to acquire a new animal.

The hope is that such an integrative therapeutic approach would assist the client in gaining significant insight into the unique factors contributing to animal hoarding behavior. Through this deeper understanding clients will be better armed to resist future compulsive urges to acquire more animals, and instead engage in more functional responses to emotional distress.

**Limitations**

While the present project contributes to an understanding of animal hoarding behavior, there are several limitations that warrant discussion. Due to the paucity of research in this area, my goal was to conduct a qualitative exploration of hoarding in an attempt to generate questions for future research. A qualitative approach such as this has inevitable limitations including the lack of generalizability due to recruiting procedures, the use of a semi-structured interviews for data collection, the use of four interviewers, the use of retrospective accounts of personal experiences, and the small sample size.

Because recruitment did not involve a random sampling procedure, these twelve participants cannot be considered representative of the entire population of animal hoarders, nor are the findings generalizable. At the same time, it is important to recognize the many challenges involved in the recruitment of participants for a study such as this. This project relied on the referral of animal hoarders by legal authorities or animal control agencies involved in investigations of complaints. Recruitment of participants was then conducted via telephone contact in which an
investigator asked each participant if he or she would be willing to participate in a study focusing on “animal lovers and human-animal bonding.” It is quite possible that individuals who agreed to participate are characteristically different from the general population of animal hoarders in their willingness to disclose so many aspects of their personal lives. Furthermore, the fact that these individuals were pre-selected from referrals by animal control agencies and legal authorities further biases the sample.

In addition to recruitment concerns, there are limitations associated with the use of a semi-structured interview as the primary tool to collect information. While this method provided a relatively consistent format across interviews, and also provided a flexible structure within which participants could tell their stories, it was not designed to target the specific research questions of the present study. Our analysis was conducted on interview transcripts that originally targeted a wide range of domains in the animal hoarders’ life. The present investigation would have benefited from the addition of focused and specific questions about early family and life experiences, thereby providing deeper understanding about the impact of these formative experiences.

Another limitation of concern is the fact that the interviews were conducted by four interviewers. Although the four interviewers used the same semi-structured interview, it is possible that interviewers may have engaged in unique interviewing styles that could elicit qualitatively different information. One member of the research team involved in analyzing the data commented that some of the
interviewers took a more “clinical approach” to conducting the interview while others engaged in a more “casual light-hearted” style.

Also limiting the study is the fact that all information gathered concerning past experiences of participants was obtained via self-report. No collateral information was obtained to verify the stories told by these participants. Although this is the standard method of information gathering in clinical practice, it is impossible to verify the accuracy of accounts about early childhood experiences. One could argue that it is the experience of the individual that is relevant; however, corroborating information from agencies involved with these participants or close family members would have been valuable.

**Future Directions**

The present study has only begun to explore the underlying psychological mechanisms associated with animal hoarding behavior. Much more research is needed in this area before a comprehensive model explaining this complex behavior can be formulated. To address the limitations of this study, future research should include a larger, more diverse sample of participants. Future studies could employ similar methods while adding more specific questions regarding early life experiences and early attachment experiences of animal hoarders. In addition, it may be useful to explore quantitatively as well as qualitatively the current adult attachment styles of animal hoarders. Research has revealed that attachment classifications are relatively stable over time (Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000), and studies have also supported a model in which early internal
representations manifest themselves in adult patterns of interpersonal behavior (Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998) and in some cases psychopathology (Manicavasagar, Silove, Curtis, & Wagner, 2000). Further scholarly inquiry into attachment-related issues and their relationship to the manifestation of animal hoarding behavior may lead to further developments of a comprehensive model.

It would also be helpful to examine collateral sources of information regarding the behavior and early life experiences of animal hoarders. Alternative sources of information including family members, animal control officers, and mental health professionals involved in these cases should all be tapped as valuable sources of descriptive information.

Finally, it would be useful to examine the extent to which the themes which emerged in this project contribute to the development of a treatment model for animal hoarders. This study lends support to the concept of addressing early life experiences and attachment-related difficulties in the context of therapeutic interventions. Future studies should focus on the efficacy, when treating animal hoarders, of adapting therapeutic techniques addressing deficient bonding with parents and disruptions in attachment. This study opens the door to further investigation that should lead to a deeper understanding of individuals suffering from animal hoarding, thereby better informing future etiological and treatment models.
APPENDIX A

ANIMAL HOARDING INTERVIEW

Demographics

1. How old are you? Age____

2. Are you married? [Circle one]
   Married/live w partner     Separated     Divorced     Widowed     Never
   married

3. Who lives in your household now? [Below list occupants’ relationship to the respondent—e.g., mother, son, boarder, etc.]
   a.                                    d.
   b.                                    e.
   c.                                    f.

4. What is your current approximate family income? $________________

5. How far did you go in school? _______ years of education

6. Are you employed? No Yes: Full time Part time
   [If yes:] What type of work do you do?
   ____________________________________________________________________

7. How many hours each day are you at home? _______ hours per day

History of pets

8. How old were you when you had your first pet(s)? _______ years

9. What kind of pet(s) did you have? dogs cats birds reptiles
   Other __________________________________________________________________

10. Where did your pet(s) live? indoors outdoors both
    Other __________________________________________________________________

11. Did your pet ever run away or disappear? No Yes
    a. If yes, describe: __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________
    b. If yes, did anyone try to hide this from you? No Yes
       [If yes, probe for circumstances and respondent’s emotions and attitudes]
12. How did you react the first time a pet died? [Probe for type and strength of emotions, attitudes and behaviors]  

1. very mild reaction  
2. mild/some reaction  
3. moderate reaction  
4. marked reaction  
5. extreme/severe reaction

13. In general, how attached were you to your pet(s) when you were growing up (age 6-18)?  
1. not at all attached  
2. somewhat attached  
3. moderately attached  
4. very much attached  
5. extremely attached  
Describe the strongest attachment to a pet.

14. How did your family members relate to the pet(s) in your home? [Probe for emotions, attitudes and behaviors of: parents/guardians:  

others (indicate relationship)  

15. When you were young (age 6 to 18), did you carry any major responsibilities for taking care of pets? No Yes  
a. If yes, which pets?  

b. What were your responsibilities? [Probe for walking, feeding, cleaning up, etc.]  

1. no major responsibilities  
2. limited/some major caretaker  
3. moderate major caretaker  
4. many major caretaker

16. What was the total number of pets you had before you were 18? Total #:
17. What was the maximum number of pets you or your family had at one time before you were

18. Maximum #: ________

19. When did you start keeping multiple pets?  Age: __________

Describe circumstances:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

20. Did your family ever have difficulty caring for their pets?  No   Yes

20a. If yes, what sort of difficulty? [Probe for health problems, behavior problems, complaints from others]

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1   2   3   4   5
no difficulty  rare  moderate  serious  extreme
pets well cared for  problems difficulty  problems  difficulty

21. What rules did your family have for pet behavior? [Probe for rules about using furniture, eating, elimination; note any rigidity]

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1   2   3   4   5
no rules  occasional rules  moderate  many rules  rigid rules

Family and Social History

22. Who lived in your household when you were growing up (age 6-18)?

  a. Mother/female guardian  No   Yes

________________________________________________________________________

  b. Father/male guardian  No   Yes

________________________________________________________________________

  c. Siblings  No   Yes

[Probe for birth order and ages]:

________________________________________________________________________
23. Were you very close to your parents? [Probe for affection, attachment vs. isolation] 
Mother/primary female guardian?

<table>
<thead>
<tr>
<th>1</th>
<th>extremely close</th>
<th>2</th>
<th>quite</th>
<th>3</th>
<th>moderately</th>
<th>4</th>
<th>a little</th>
<th>5</th>
<th>not at all close</th>
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</table>

Father/primary male guardian?

<table>
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<tr>
<th>1</th>
<th>extremely close</th>
<th>2</th>
<th>quite</th>
<th>3</th>
<th>moderately</th>
<th>4</th>
<th>a little</th>
<th>5</th>
<th>not at all close</th>
</tr>
</thead>
</table>

24. How well did you get along with your parents? [Probe for harmony vs. tension/arguments]

a. Mother/ primary female guardian?

| 1 | very good relationship | 2 | moderately good | 3 | middling | 4 | moderately poor | 5 | very poor relationship |

b. Father/primary male guardian?

| 1 | very good relationship | 2 | moderately good | 3 | middling | 4 | moderately poor | 5 | very poor relationship |
25. How did you get along with other family members? [Probe for harmony vs. tension/disagreements]
   a. Brothers and sisters?

   
   
   

   1 very good relationship
   2 moderately good
   3 middling
   4 moderately poor
   5 very poor relationship

   b. Others [specify who]:

   
   
   

   1 very good
   2 moderately good
   3 middling
   4 moderately poor
   5 very poor relationship

26. Did you have any traumatic experiences as a child?

   a. Death of immediate family member?
   b. Witness any physical abuse/violence?
   c. Experience physical abuse/violence?
   d. Experience emotional abuse?
   e. Experience sexual abuse?
   f. Other?

   Age 6-11
   No Yes No Yes
   Age 12-18
   No Yes No Yes

27. [If yes to any trauma/loss/abuse] Describe what happened and how it affected you? [Probe for emotional responses, attitudes and behaviors]

28. Which event caused the most emotional and behavioral upset?

   a. How severe was your reaction?

   1 very mild
   little discomfort
   for a few days
   years
   2 mild/some discomfort
   a few weeks
   3 moderate discomfort
   a few months
   4 marked discomfort
   5 extreme/severe discomfort
   a year or more
   several
29. [If yes to any trauma/loss/abuse] How was your relationship with your parent(s) affected by this experience? [Probe for feelings of safety or comfort from pets]

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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33. What standards did you family have about how neat and clean the house must be?

<table>
<thead>
<tr>
<th></th>
<th>1 very clean</th>
<th>2 generally clean</th>
<th>3 moderately</th>
<th>4 very dirty/messy</th>
<th>5 extremely dirty/messy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>dirty/neat</td>
<td>neat</td>
<td>dirty/messy</td>
<td>messy</td>
<td></td>
</tr>
</tbody>
</table>

34. When you were young (age 6 to 18) did you carry any major responsibilities for taking care of people in your household? No Yes
   a. If yes, who?

   b. What were your responsibilities? [Probe for extensive/unusual caretaking role at a young age etc.]

<table>
<thead>
<tr>
<th></th>
<th>1 none</th>
<th>2 limited/some</th>
<th>3 moderate</th>
<th>4 many</th>
<th>5 major caretaker</th>
</tr>
</thead>
</table>

35. Did your parents socialize with their friends when you were a child (age 6-18)? [Probe for frequency and types of activities]

<table>
<thead>
<tr>
<th></th>
<th>1 very often all</th>
<th>2 frequently</th>
<th>3 sometimes</th>
<th>4 rarely</th>
<th>5 not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>several/wk</td>
<td>once/wk</td>
<td>once/2 wk</td>
<td>once/3 mo</td>
<td></td>
</tr>
</tbody>
</table>

36. From ages 10 to 18 did you socialize much with other kids? [Probe for number of acquaintances and close friends and amount of shared activities/confidences]

<table>
<thead>
<tr>
<th></th>
<th>1 not at all often</th>
<th>2 rarely</th>
<th>3 sometimes</th>
<th>4 frequently</th>
<th>5 very</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>less than weekly</td>
<td>once/wk</td>
<td>2-3/wk</td>
<td>daily</td>
<td></td>
</tr>
</tbody>
</table>
37. Did you have any behavior problems when you were a kid (ages 10-18)?
   a. If yes, please describe:

   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

Current Social Life
[Questions 38-43 adapted from the ISEL]

38. [If married or living with a partner] How do you get along with your spouse/partner?
   [Probe for time spent together, degree of closeness/distance, agree/disagree, arguments]

   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

39. These days, how often do other people come to visit your home and who comes to visit?

   _____________________________________________________________
   _____________________________________________________________

   1  2  3  4  5
   10+ visits 7-9 visitors/mo 4-6 visitors/mo 1-3 visitors/mo no one

40. These days, how many friends and/or family members do you have whom you feel close to?
   _________

41. How often do you typically see or talk to one or more of these friends/family members?

   1  2  3  4  5
   10+ visits 7-9 visitors/mo 4-6 visitors/mo 1-3 visitors/mo no one

42. How many different people do you see in a month? ________________________

43. People differ in their need for friendship. Are you the sort of person who can manage
   without friends or not?

   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
1. Need many friends
2. Need several friends
3. Need a few friends
4. Need 1 or 2 friends
5. Don’t need friends

[Questions 44-48 adapted from the ADIS]

44. Currently, in social situations where you might be observed or evaluated by others, or when you are meeting new people, do you feel uncomfortable, fearful, or nervous? No
Yes

45. Currently, are you overly concerned that you may do or say something that might embarrass or humiliate yourself in front of others, or that others may think badly of you? No
Yes

46. How uncomfortable do you feel around people? [Probe for social anxiety]
1 not at all
2 mildly
3 moderately
4 very
5 extreme uncomfortable

47. How many friends or family members can you turn to for emotional support or help?

48. Do you often find it more comfortable to interact with animals than with people?
No
Yes
[If yes, probe for emotions, attitudes and behaviors]

Current Animals

49. How many and what kind of animals do you have now?
   # of Cats: 
   # of Dogs: 
   # of Other: What kind?
50. Have any animals been removed recently from your home?  No  Yes  
a. If yes, how many and what kind of animals did you have before they were removed? 
  # of Cats: ________
  # of Dogs: ________
  # of Other: ________  What kind?

51. Tell me about the history of how and when you acquired your animals [use a time line to probe for details]

52. Where do/did you keep your animals [before they were removed or when the census was largest]?

Outdoors
Free roaming  No  Yes
In kennels or runs  No  Yes
Other

Indoors
d. Free roaming  No  Yes
e. In one/two rooms  No  Yes
f. In cages  No  Yes
g. Other  No  Yes

53. What are/were the rules for the animals that live in your home? [Probe for urination/defecation, eating, where animals can go, etc.]

1  very many rules  highly organized
2  many rules  little chaos
3  some rules
4  a few rules
5  no rules/very chaotic
54. Are there any rooms in your house that you can’t use because of the animals? [Probe for condition of these rooms, including furniture, cleanliness, condition of floors] No
   Yes
   a. If yes, which rooms?
   b. Number of rooms unusable due to animals [include bathrooms, kitchen, storage rooms]: _______

55. Why do you keep all these animals? [Probe for emotional attachment, mission/beliefs about animals]

56. Do you know all of your animals by name? No Yes

57. Do you believe you have a special ability to communicate with animals? No Yes
   a. If yes, please describe

58. Has caring for this many animals ever caused a problem for you or your family? No Yes
   a. If yes, what kind of problem and what did you do about it?

59. Has anything ever interfered with your ability to care for your animals? No Yes
   a. If yes, please describe events and timing? [Probe for losses, financial problems, etc. and map events onto timeline]

60. Has anyone ever complained about your animals? No Yes
   a. If yes, who and what did they complain about?
   b. If yes, do you think their complaints are/were legitimate? No Yes
c. If yes, what did you do or do you plan to do about the complaints?

61. Have law enforcement or animal control officials investigated you regarding your animals?  

No     Yes

Tell me about that [Probe for hostility]

1 2 3 4 5
no hostility mild moderate much extreme

62. Are you afraid people may try to take your animals away?  No     Yes

a. If yes, can you tell me about that? [Probe for irrational vs. rational concerns]

63. What rights do you think animals should have?

64. Have you made significant sacrifices or gone out of your way for your animals?  No     Yes

If yes, what kinds?

Money  No     Yes

Employment  No     Yes

Cleanliness  No     Yes

131
Social life

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<tr>
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<th>No</th>
<th>Yes</th>
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<tr>
<td>Condition of home</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Other</td>
<td>No</td>
<td>Yes</td>
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</table>

**Attitudes toward Animals**

65. Can you describe what your animals mean to you? *Probe for identity, emotional comfort.*

What words come to mind?

Please rate the interviewee's emotional reaction to this question.

1 very mild
2 mild/some
3 moderate
4 marked
5 extreme/severe reaction

66. Do your animals seem to know your moods? For example, do they cheer you up when you're blue?

67. Do you think some of your animals have special abilities? No Yes

a. If yes, what are these?

68. Do you care about animals in the same way you care about people?
69. Do/did your animals help you feel safe? No Yes
   a. If yes, how?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

70. Do/did your animals help you feel comforted? No Yes
   a. If yes, how?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   [Rate how much the respondent relies on animals to feel safe or comforted:]
   1 no safety/comfort from animals
   2 mild safety/comfort
   3 moderate safety/comfort
   4 much safety/comfort
   5 very much safety/comfort

71. What did/do your family and friends think about your keeping animals? [Probe for accommodation, collaboration, discord over animals especially with family living in the home]

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   [Rate the degree of discord with family or friends over animal keeping:]
   1 no discord approval
   2 some discord/ disapproval
   3 moderate discord/ disapproval
   4 much discord/ disapproval
   5 severe discord/ disapproval

72. What would you say is your philosophy about raising and caring for animals? [Prompt with questions about sense of purpose, need to save animals, animal quality of life, etc.]

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   Animal Health

73. Where and when do/did you feed your animals?
74. What kind of food do/did you feed them? [Note any inappropriate food]

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

75. Have you sometimes fed an animal too much or too little?  No  Yes
   a. How do you determine how much food to give? [Probe for insight]

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

[Rate appropriateness of animal feeding based on above 3 questions:]

1  no problem  2  slight problem  3  moderate  4  significant  5  serious problem
   normal feeding  mostly appropriate  inappropriate

76. Have you sometimes been unable to afford enough food for your animals?  No  Yes
   a. If yes, what did you do about this?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

77. Do you think you take care of your animals in the same way other people take care of theirs? [Probe for insight]

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

78. Have you ever had to have an animal put to sleep?  No  Yes
   a. If yes, how did you feel when you had to put an animal to sleep?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1  5
   not at all  mildly  moderately  very
   extremely upset  upset  upset  upset
79. Under what circumstances do you think an animal should be put to sleep (euthanized)?

[Rate the degree to which respondent believes euthanasia may be justified?]

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<td>very often justifiable</td>
<td>often justifiable</td>
<td>sometimes justifiable</td>
<td>rarely justifiable</td>
<td>never justifiable</td>
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</table>

80. Do you think that animals should be sterilized? No Yes

81. Are any of your animals sick right now? No Yes

82. What do you look for to determine whether an animal is sick? [Probe for awareness of physical symptoms, eating patterns, problems with urination or stool]

83. What do you do when they get sick? [Probe if consulting a veterinarian is not mentioned]

a. consult a veterinarian No Yes
b. consult an experienced animal breeder/caretaker No Yes
c. wait to see if the animal recovers No Yes
d. Other ____________________________

No Yes
84. Have you ever been criticized because you didn’t take an animal to the vet? Please describe.

____________________________________________________________________________________

85. Do you ever worry that the vet will put the animal to sleep or take it away?

1. No concern
2. Mild concern
3. Moderate concern
4. Much concern
5. Very much concern

86. Have you had an animal die in your care? No Yes
   a. If yes, how many have died? ____________________________
   b. What caused the death(s)?

____________________________________________________________________________________

87. What did you do with the dead animal(s)? [Probe for memorials, burial, ceremony, saving carcasses]

____________________________________________________________________________________

88. How did you feel when your animal(s) died? [Probe for guilt, grief]

____________________________________________________________________________________

1. No grief
2. Mild grief
3. Moderate grief
4. Much grief
5. Very much grief

____________________________________________________________________________________

1. No guilt
2. Mild guilt
3. Moderate guilt
4. Much guilt
5. Very much guilt
89. How would you compare that experience to the loss of a family member?

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<td></td>
<td>much less intense</td>
<td>less intense</td>
<td>somewhat similar</td>
<td>nearly as intense</td>
<td>just as/more intense</td>
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**Acquisition**

90. Do you experience special pleasure when you acquire a new animal? No   Yes

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<td></td>
<td>no pleasure</td>
<td>mild pleasure</td>
<td>moderate pleasure</td>
<td>much pleasure</td>
<td>strong pleasure</td>
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91. How do you acquire new animals?

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<tr>
<td></td>
<td>a. looks for and collects strays</td>
<td>No</td>
<td>Yes</td>
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<td></td>
<td>b. brought by others</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<td></td>
<td>c. existing animals produce offspring</td>
<td>No</td>
<td>Yes</td>
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<td></td>
<td>d. other</td>
<td>No</td>
<td>Yes</td>
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92. When you see or hear of an animal without a home, do you feel it is your duty to provide one?

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[Rate respondent’s sense of duty toward animals:]

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<tr>
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<td>no duty</td>
<td>mild duty</td>
<td>moderate duty</td>
<td>much duty</td>
<td>strong duty</td>
</tr>
</tbody>
</table>
93. Do you worry that something might happen to a stray animal if you don’t bring it home?  
No  Yes  
  a. If yes, what do you worry might happen?  

[Rate respondent’s strength of worries or imagined fears of harm to animals:]  

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<tbody>
<tr>
<td></td>
<td>no worry</td>
<td>mild worry</td>
<td>moderate worry</td>
<td>much worry</td>
<td>extreme worry</td>
</tr>
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</table>

94. Would you feel guilty if you didn’t take the animal home?  

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<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td></td>
<td>no guilt</td>
<td>mild guilt</td>
<td>moderate guilt</td>
<td>much guilt</td>
<td>strong guilt</td>
</tr>
</tbody>
</table>

95. Have you ever taken in an animal that you knew deep down you’d have trouble caring for?  
No  Yes  
  a. If yes, why do you think you did this?  

96. Have you ever given an animal away or released it?  No  Yes  
  a. Why did you decide to do that?  

Hoardings

[The next items are taken from the Clutter Screen]
97. Do you have a problem with excessive clutter in your home?   No   Yes
98. Have family, friends, or visitors ever suggested that you need to reduce the amount of clutter in your home?
   No   Yes

[If no to the above 2 questions, skip the next 3 questions.
If yes to either of the above 2 questions, proceed below:]

99. To what extent does the clutter interfere with using rooms in your home in a normal way?
   1 no interference   2 mild   3 moderate   4 severe   5 extreme interference
   ½ home cluttered   ¾ home cluttered   fully cluttered

100. When you try to clear out the clutter, how much distress or emotional upset do you experience?
   1 none   2 mild   3 moderate   4 severe   5 extreme

101. To what extent do you have a problem with collecting or buying more things than you need or can use?
   1 no problem   2 mild   3 moderate   4 severe   5 extreme
   a few items/mo   a few items/wk   several items/wk   daily purchases

102. Do you have any appliances that are not working?   No   Yes
   a. If yes, which ones?
   Oven/stove   Fridge/freezer   Washer/dryer
   Kitchen sink   Toilet   Bathroom sink/shower
   Other

   b. If yes, why haven’t you had them repaired?
   Not enough money   No   Yes
Too much trouble
Don’t really need it
Other ____________________________

No Yes
No Yes
No Yes

If yes, how do you [cook, eat, shower, stay warm, etc.]?

HOUSE/APARTMENT?

103. Are there any other problems with your house/apartment? [Probe for structural repair problems, roof leaking, wiring problems, rodent or insect infestation]

Health and Emotional Problems:
The following 5 questions are taken from the ADIS:

104. Have you ever been hospitalized for a physical problem? No Yes

a. If yes, please describe

b. If yes, please describe

105. Have you ever had surgery? No Yes

b. If yes, please describe

106. Have you ever had a serious head injury? No Yes

a. If yes, please describe

b. If yes, please describe
107. Have you ever been hospitalized for anxiety, depression, substance use, or any other emotional problem? 
   a. [If yes, ask for the following information:] 
      Date  
      Hospital/Doctor  
      Reason  
      Treatment/Medication

108. Have you ever or are you now receiving any outpatient treatment or evaluations for any emotional or personal difficulties? 
   a. [If yes, ask for the following information:] 
      Date  
      Clinic/Doctor  
      Reason  
      Treatment/Medication

109. Do you have any current mental health problems? 
   a. If yes, please describe?

OCD Screen:

110. Many people are bothered by thoughts, images, or impulses that keep recurring and seem inappropriate or nonsensical. Do you have intrusive experiences like this that you can't stop from coming into your mind? 
   a. If yes, what kind of thoughts?

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Aggressive</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Contamination</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Sexual</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Religious</td>
<td>No</td>
<td>Yes</td>
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</table>
Symmetry/ordering
Magical; to prevent a problem
Other

b. If yes, how much time do you spend thinking these intrusive thoughts in a typical day? ____ more than an hour/day

111. In reaction to intrusive experiences, many people feel driven to repeat some behavior or mental activity over and over again. Is this a problem for you? No Yes

a. If yes, what kind of behavior or mental actions do you do?
   Checking No Yes
   Washing No Yes
   Repeating to prevent harm No Yes
   Ordering No Yes
   Other mental ritual No Yes
   Other

b. If yes, how much time per day do you spend doing these activities? ____ more than an hour/day

112. How much are you bothered by obsessions and compulsions?

1 2 3 4 5
no interference mild interference moderate interference much interference strong interference

Alcohol Screen (from the ADIS):

113. Currently, how much alcohol do you typically drink? [specify number, type and amount of alcoholic beverage used and time period]

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Number of drinks per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer (12 oz.)</td>
<td></td>
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<tr>
<td>Wine (6 oz.)</td>
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<tr>
<td>Mixed drinks (1.5 oz. alcohol)</td>
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<tr>
<td>Other</td>
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</table>

114. Over the past year, how frequently has your drinking resulted in any of the following problems:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Number</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
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Never/ Rarely/ Occasionally/ Frequently/ Constantly/ Mild/ Moderate/ Severe/ Very severe
Poor work [school] attendance or performance?

Legal problems (e.g., DWIs, disorderly conduct)?

Arguments with family or friends about when or how much you drink?

Drank at times when it may have been physically hazardous to you (e.g., while driving, against medical advice)?

Drank to reduce or avoid a negative mood state such as anxiety or depression

115. Overall, how much does your drinking interfere with your life (daily routine, job, social activities, etc.)?
0---------1---------2---------3---------4---------5---------6---------7---------8
None    Mild       Moderate    Severe      Very severe

116. How much are you bothered by your drinking?
0---------1---------2---------3---------4---------5---------6---------7---------8
None    Mild       Moderate    Severe      Very severe

Psychotic Screen:
117. Have you ever experienced a loss or change in your physical functioning such as paralysis, seizures, or severe pain?
   No  Yes
   a. If yes, describe:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

118. Has there ever been a period of time when you had strange or unusual experiences such as:
   a. hearing or seeing things that other people didn’t notice?  No  Yes
   b. hear voices or conversations when no one was around?    No  Yes
   c. Visions that no one else saw?                           No  Yes
   d. Had the feeling that something odd was going on around you, that people were doing things to test you or antagonize or hurt you so that you felt you had to be on guard constantly?  No  Yes

119. Is there anything else you’d like to tell me that we haven’t covered?

____________________________________________________________
____________________________________________________________
1. Specify instances in which the participant spoke of his or her experiences with parents or caregivers while growing up.

<table>
<thead>
<tr>
<th>Quotes addressing early relationships with caregivers:</th>
<th>Pages/location</th>
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Notes:
2. Specify instances in which the participant spoke of his or her family environment while growing up?

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<thead>
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<th>Quotes addressing family environments</th>
<th>Pages/location</th>
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Notes:
3. Specify instances in which the participant spoke of experiences that could be considered traumatic.

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<th>Quotes addressing possible traumatic experiences:</th>
<th>Pages/location</th>
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Notes:
4. Specify instances in which the participant spoke of experiences while growing up in which animals provided a sense of safety or comfort.

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<th>Quotes addressing the feeling of safety or comfort:</th>
<th>Pages/location</th>
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Notes:
5. Specify any other possible prominent themes or issues evident in this interview that have not been covered thus far.

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<thead>
<tr>
<th>Main Theme or Issue</th>
<th>Pages/location</th>
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Notes:
REFERENCES


