Conscripting Dante: History, anachronism and the uses of literary precedents in the ‘new’ diagnosis of hoarding disorder

The sociology of diagnosis has shown how new diagnostic categories in psychiatry do not spring into being fully formed, but are the result of extensive social, cultural and political work by multiple parties to stabilise their claims and maximise their persuasive power so that they gain official acceptance. Historical accounts of the proposed condition in earlier times play a role in establishing legitimacy for it. The diagnostic classification of ‘Hoarding Disorder’ was officially recognised by the American Psychiatric Association only in 2013, but Dante’s *Divine Comedy* is commonly adduced as evidence for the significance of hoarding as far back as the 14th century. This chapter contextualises Dante’s discussion to question the equivalence drawn between hoarders in Dante and in the DSM, considers the uses to which the claim of connection across the centuries is put in legitimising new diagnostic developments, and draws out some of the implications.
Introduction

While other chapters in this section focus on ‘literary instrumentality’ with the purpose of direct clinical application, this chapter considers the uses made of a literary work to stabilise and give authority to a ‘new’ diagnostic category. Here, literature is used to contribute to the nosological framework through which psychiatry – and by extension, much clinical care and mental health law – operates. The chapter therefore considers a sociological and historico-literary question with very practical implications: what does it mean to co-opt historical literary works to make the case that a recently formulated disorder has roots that go back centuries? How should we evaluate such a claim, and what effects might it have on the people diagnosed and the people doing the diagnosing?

Diagnoses are ‘the classification tools of medicine’ (Jutel, 2009, p. 278) and, like all classifications, each one has a history. Hoarding Disorder (HD) is a diagnosis that officially came into existence in 2013, the year in which it was adopted in the 5th Edition of the American Psychiatric Association (APA)’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM). The move followed many years of amassing arguments and evidence which ultimately led the APA to take this step. As a disorder ‘in formation,’ HD presents opportunities to study the different dimensions along which a diagnostic category coalesces. Here I consider one of these: the historical record, and the widespread claim that evidence for HD appears in Alighieri Dante’s *Divine Comedy*, suggesting that hoarding dates back at least to early fourteenth-century Florence. I first set out the ontological and theoretical approach informing the analysis. I then outline the history of clinical hoarding, before exploring the literary prehistory that has been claimed for it. Through a contextualised reading of the relevant passages in the *Comedy*, I argue that this prehistory is somewhat distorted and suggest that HD has a rather shorter history than commonly believed. This leaves us finally to ask why HD’s ancestry should matter, and what modern-day sociological work Dante’s masterpiece is being enlisted to do.

Diagnosis and History

Sociologists, anthropologists, philosophers and historians have mapped the pathways, pressures and events through which several specific diagnoses have over time achieved official status, and shown the significant social, cultural and/or political ‘work’ that must be done in the process in order to stabilise them. To acknowledge this is not to reduce the conditions indexed by such diagnoses to nothing more than such ‘work’ by writing biological and material factors out of the picture; rather, it is to attempt to scrutinise the influences globally, without *a priori* affording superiority to any of them.

For psychiatric disorders, socio-cultural influences are explicitly recognised in no less a resource than the DSM-5 itself, which states in its introduction that:

> Mental disorders are defined in relation to cultural, social, and familial norms and values. Culture provides interpretive frameworks that *SHAPE THE EXPERIENCE* AND
expression of the symptoms, signs, and behaviors that are criteria for diagnosis. (APA 2013, p. 14, emphasis mine)

Despite this awareness that culture determines not just recognition and validation of ‘disorder’, but also the very ways in which it manifests and is lived, historical accounts of how a diagnostic category developed often become an arena for confrontation. Claims to reality based primarily on universal biology confront claims that the diagnosis’s reality is the product of a particular set of historical circumstances (Hacking 1998). In identifying and advocating for a novel diagnosis to be accepted, its proponents may put forward an account of how the problems it indexes appeared in the past and seek to explain why they have not already become part of the reigning nosology, usually attributing lack of understanding to earlier societies and their medical practitioners. Sometimes such accounts nominate particular historical figures as possible sufferers from the condition avant la lettre. They provide legitimacy to the diagnosis by highlighting evidence to suggest that the condition has afflicted humanity for some time, which is often taken to mean that it has a biological basis – all too often seen as the acid test for legitimacy in modern matters of illness (Easter, 2014). The fact that a condition may be biologically-based but nonetheless only emerge under certain social conditions is rarely enough to unsettle this assumption.

Critical historians, by contrast, tend to emphasise discontinuities and transitions in experiences, symptoms or interpretations, challenging whether a direct lineage can be traced from apparent ‘past sufferers’ to the present-day phenomenon. They rarely fail to offer disclaimers that they do ‘not deny the pain that is suffered by people diagnosed or diagnosable’ (Young, 1995, p. 10) or that, for instance, ‘hoarding can hurt’ (Herring, 2014, p. x). Yet their interventions may be received with hostility by advocates of the legitimising genealogy if they are seen to be destabilising the credibility of the suffering involved. Such historical controversies have been seen with post-traumatic stress disorder, claimed by some to be a transhistorical experience found in the seventeenth-century writings of Londoner Samuel Pepys or even in the Epic of Gilgamesh, and by others as a condition that only coalesced into its present form in the twentieth century (Young, 1995, p. 3; McNally, 2016). Similarly, anorexia nervosa has seen debate over whether historical extreme fasting practices, found among young women in holy orders such as Catherine of Siena, correspond meaningfully to present-day self-starvation (Brumberg, 1988).

Why do these questions provoke controversy? What is at stake in the recognition of a new diagnosis? While studies addressing this question have a long history, they were given renewed coherence and impetus by a handful of key works that laid out an agenda for the ‘sociology of diagnosis’ (Jutel, 2009, 2011; McGann and Hutson, 2011). Among the contributions of this school was to explore systematically the range of social functions performed by establishment and maintenance of a diagnostic framework (Jutel, 2009). These include, most obviously, that a diagnostic framework facilitates prediction and maps out a course for appropriate therapeutic management of a condition. It affords the person diagnosed a social role entitling him/her to particular consideration such as sick leave or disability/insurance payments, or, conversely, incurring restrictions such as quarantine, compulsory admission for treatment, or suspension of the recognition of decision-making
competence in certain areas. It defines and circumscribes fields of professional involvement, dictating which practitioners can justifiably intervene, and how. As a corollary and extension of this point, it can act as a site for political struggles, as there may be differences in opinion over whether and how a diagnosis should be applied and what the implications may be. More broadly, recognition of a diagnosis ‘provides a cultural expression of what society is prepared to accept as normal and what it feels should be treated’ (Jutel, 2009, p. 279). These are among the important consequences of the decision to give HD official status.

Ian Hacking’s (1998) work offers a useful framework for understanding how mental health conditions may move in and out of history. Hacking posited that many of the widespread forms that mental disorder takes are brought into being by the particular conditions obtaining in a given historical moment (the disorder’s ‘ecological niche’), and – if those conditions should change – may disappear or shift form again. He suggested four ‘vectors’ that may be at work in creating such a disorder’s ecological niche: (1) medical taxonomy, a wider framework within which a putatively ‘psychiatric’ phenomenon can be classified; (2) cultural polarity, that the phenomenon should mediate two contradictory elements of the wider culture, one valued and one stigmatised or feared; (3) observability, that there must be a way for the phenomenon to be noticed as a contravention of norms; and (4) release, that the phenomenon should offer some form of release to the ‘sufferer’ even if it simultaneously causes difficulty or pain. As I will go on to show, attention to hoarding’s modern history shows all four vectors plainly in action. Exploring the historical context that produced the *Divine Comedy*, however, casts considerably more doubt on whether they could be found so clearly at that time.

**Historical Developments in the Creation of a Hoarding Diagnosis**

Penzel credits psychologist William James as the first person to make an explicit link between hoarding behaviour and mental derangement. James wrote in 1893 that excessive hoarding was the consequence of ‘insane […] instincts’ (James, cited in Penzel, 2014, p. 12). Hoarding was discussed further, though briefly, by the psychoanalysts Sigmund Freud and Erich Fromm. What Freud and Fromm were describing does not fully correspond to the presentation of what we understand by hoarding today; for example, they emphasised the excessive orderliness of the hoarding type, in stark contrast to the disorder that typifies hoarding today (Lepselter, 2011, p. 944; Herring, 2014, p. 22). Yet it provided a conceptual framework that clinicians and others would use to make sense of such behaviours in psychopathological terms.

Despite sporadic case examples in the mental health literature and occasional flurries of media attention, most notably in the case of the Collyer Brothers of Harlem (Moran, 2016), hoarding generally remained of only minor interest to researchers into mental illness until the 1990s (Maier, 2004, pp. 328-330). Then, psychologist Randy Frost and his collaborators sparked a new focus on hoarding. They defined it for research purposes as ‘the acquisition of, and failure to discard, possessions which appear to be useless or of limited value’ (Frost and
Gross, 1993, p. 367), developed and refined a cognitive-behavioural model to account for hoarding behaviours (Frost and Hartl, 1996; Steketee and Frost, 2003), and conducted a number of trials assessing the effectiveness of interventions with hoarding (see Steketee, 2014, for a summary).

Frost and colleagues’ pioneering efforts in the field were key to the eventual constitution of HD as a diagnosis in its own right with DSM-5. In fact, hoarding had already had a presence in the manual prior to this edition, but only as an aspect of both Obsessive-Compulsive Personality Disorder (OCPD) and Obsessive-Compulsive Disorder (OCD). The first of these, OCPD, appeared as ‘Obsessive-Compulsive Personality’ or ‘anankastic personality’ in DSM-II, and derived directly from the anal character type described by Freud. It was only in DSM-III-R that the criteria describing lack of generosity and inability to discard worthless items were added to the descriptors for OCPD (Fineberg et al., 2014). Through DSM-IV, DSM-IV-TR and DSM-5, the diagnostic criteria have included ‘unable to discard worn-out or worthless objects even when they have no sentimental value’ and ‘adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes’ (APA, 2000, p. 726, 729); these two form part of a list of eight, four of which must be present in order for OCPD to be diagnosed. The true diagnostic utility of hoarding and miserliness within this set of criteria has been questioned, and it is significant that the International Classification of Diseases 10th Edition (ICD-10, the World Health Organisation’s international set of diagnostic codes) departs from the DSM approach: hoarding and miserliness do not appear among the criteria used in ICD-10 to diagnose anankastic personality disorder.

As several researchers pointed out, neither diagnostic option – OCPD or OCD – adequately described many cases presenting in clinical practice (Mataix-Cols et al., 2010). The need to meet at least four of the criteria for OCPD presented challenges in applying the diagnosis to all hoarding profiles, while the differences hoarding showed with other forms of OCD complicated its inclusion under that category also. Treatment guidelines for the overarching diagnosis were found to be less effective for those who hoarded. Because of these discrepancies, a distinct diagnosis of HD was proposed, assessed in field trials, and finally accepted for use in DSM-5 as an ‘Obsessive-Compulsive Related Disorder’ (OCRD) separate from the other two. Consequently, in the DSM-5, compulsive hoarding is simultaneously defined as an OCPD trait, an OCD symptom, and a stand-alone OCRD. (Fineberg et al., 2014, p. S44)

This is far from the only instance in psychiatry where such overlaps, co-morbid presentations, and potential confounding occur, and for the most part clinicians are well used to picking their way through this confusing territory with the aid of diagnostic guidelines. Equally, there is evidence to suggest that hoarding can come about for differing reasons and in different ways, so a single, unitary classification may not be desirable (Pertusa et al., 2010, p. 375). Perhaps more significant is what it means for the research literature into hoarding, which has long been bedevilled by inconsistent measures and sampling criteria (Steketee and Frost, 2014). Certainly few studies on hoarding carried out before 2013 adopted the precise criteria
now used to define HD, but they nevertheless constitute the bulk of the evidence-base cited in relation to the condition. Following DSM-5, this situation is slowly changing. Of note is that miserliness did not feature in HD, an observation which will become significant as this chapter unfolds.

Many commentators welcomed HD’s entry into DSM-5 as a move heralding increased public and professional awareness of the difficulties that hoarding caused those who practised it. They reasoned that the existence of the new category would lead to more awareness and availability of treatments, and increase the likelihood of relevant authorities, such as housing officers, social services or environmental health, taking an understanding rather than punitive approach (Mataix-Cols and Pertusa, 2012; Weiss and Khan, 2015). A minority of concerned social care practitioners and scholars within the critical humanities and social sciences questioned these assumptions, and some explicitly doubted whether introducing the label of a new mental disorder was the best path to take. Their critiques centred on: the potential stigma that the classification might evoke around those labelled; that it sweepingly disqualified as ‘irrational’ ways of relating to objects that might in some cases be creative or constructive aspects of individuals’ worldview or well-being; and the risks that well-meaning human services practitioners might be encouraged by the new profile of hoarding to over-react to signs of clutter and disorder, resulting in unwarranted paternalistic interventions (Eddy, 2015; Herring, 2014; Lepselter, 2011; Orr, Preston-Shoot and Braye, 2017). The influence of this group over formal diagnostic developments has been limited, but their reservations stand as potentially valuable cautions informing the work of professionals working with these issues and the reflections of academics researching the field.

**Dante, Hoarding and History**

Though the implications of according hoarding independent status as a diagnosis may be contested, the historical account of clinical developments is broadly accepted. However, the attempts to push accounts of hoarding back beyond the twentieth century, the era in which it became an object for clinical discussions, are more contested. These chart a distant prehistory, where some claim to detect the disorder’s murky traces in literary sources that purportedly stand in for its absence in more empirical aspects of the historical record. Not only of interest to the small coterie of academics writing about and debating the history of hoarding, this view has achieved much wider currency, as this vignette from my own experience illustrates:

‘Dante was writing about hoarding way back in his time!’ This triumphant declaration came from Kim, a personal organiser in her early 30s, in the course of a friendly but animated discussion between us. We had found ourselves deep in conversation on the fringes of a national conference in the autumn of 2016, having made separate presentations on different aspects of hoarding. The immediate topic of debate was whether hoarding should be considered problematic behaviour that can be found transculturally and transhistorically (her position), or whether it is in many respects...
particularly characteristic of industrial and capitalist society, and becomes either more or less problematic according to different social, cultural and material conditions of life (my position). For Kim, this statement clearly trumped my position: how could hoarding be culturally contingent if it could be detected as a constant throughout the vagaries of history, down from fourteenth-century Florence to the contemporary world?

Kim is not the only individual to have pressed this point to me in such conversations. A number of others, their ranks drawn from among people who hoard, their relatives, clinical practitioners and personal organisers, have conscripted Dante into the service of hoarding’s claims to transtemporality. They frequently cite Gail Steketee, the significance of whose research on hoarding with Randy Frost was noted above. She has often made the genealogical link between hoarding disorder and Dante, most prominently in the publicly available web resource hosted by the International OCD Foundation, *From Dante to DSM-V* [sic]: *A Short History of Hoarding*. There she refers to Canto VII of the *Divine Comedy* as ‘the earliest reference to hoarding’ (Steketee, 2013), before tracing a direct line to contemporary hoarding. Similar claims are made by other authors, such as depth-psychologist Karen Winters (2015) and clinical psychologist Fred Penzel (2014). Penzel is unusual in this company in qualifying the statement with acknowledgement that ‘although the historical record has some limited references to hoarding, not all types of hoarding are the same, nor has hoarding meant the same thing across different cultures and epochs’ (2014, p. 6).

The observation that the hoarding of which Dante writes is not the same as the hoarding described in DSM-5 has been made in passing before (Herring, 2014, p. 21), but it is worth analysing more closely this passage of the *Divine Comedy* to clarify just how wide the gap is. As Virgil guides the narrating author on their tour through Hell, they reach the fourth circle. Here ‘hoarders’ and ‘wasters’ are punished together in two groups. ‘To the sound of their own screams,/ straining their chests, they rolled enormous weights’ (Dante, 1996[1320?], Canto VII, ll. 26-7), perpetually crashing into each other before retreating and in turn being crashed into; Dante compares the ceaseless movement first one way, then another, around the circle, to the waves of the sea pounding the shore. The poem describes how:

> when they met and clashed against each other
> they turned to push the other way, one side
> screaming, ‘Why hoard?’ the other side, ‘Why waste?’ (ll. 28-30)

It is explained that many of the tormented crowd were priests, popes and cardinals, ‘in whom/ avarice is most likely to prevail’ (II. 47-8), and here is the first clue that what Dante is discussing not only does not correspond to modern psychiatric and psychological conceptions of hoarding, but is diametrically opposed to them.

The DSM-5 definition of HD specifies that difficulty discarding items should be ‘regardless of their actual value’ (APA, 2013, p. 247). ‘Avarice,’ by contrast, focuses explicitly on things of worldly value. Throughout his works, Dante constantly condemned avarice, particularly among men of the church. In this he was heavily influenced by theological discussions in
preceding decades over whether avarice, rather than pride, might be the greatest of the capital sins; though Dante followed tradition in leaving pride in first place, he, like others whose concern arose partly from the growth of the merchant economy, was greatly exercised by the significance of avarice (Little, 1971). In the Convivio, he distinguished between the primo bene (the first good, that is, God) and the secondi beni (secondary goods, that is, worldly things which – though as part of God’s creation not objectionable in themselves – become vile when they lead humans away from God). In his later work on politics, the De Monarchia, Dante expanded on the reasons for his particular hatred of avarice among the capital sins: he saw how it had corrupted the Church of his time, leading the clergy and pope into the sin of simony (the selling of positions within the Church) and the misuse of church wealth and power, and thereby leaving the people without a reliable source of moral guidance from the very institution that was divinely charged with providing it. The jealously guarded wealth of the Church could have provided justice if put to better use in providing for the needs of others; avarice therefore is opposed to the virtue of justice. What else, he wondered, drawing connections between moral and political theory, could cause so much destruction as riches, usually obtained illicitly, not conferring happiness, and leading to conflict when possessed? Dante agreed with Thomas Aquinas that among the fruits of avarice were inhumanity, violence, fraud and treachery (Boyde, 2000, pp.159-168).

If more proof were needed that Dante is targeting the avari (‘avaricious’) in this canto, rather than hoarders who fail to recognise agreed-upon value, it is that they are opposed to the other group who ‘had such myopic minds they could not judge / with moderation when it came to spending’ (‘fuor guerci / si de la mente in la vita primaia, / che con misura nullo spendi ferci’). The present-day hoarders who best fit this description are those with the DSM-5 ‘excessive acquisition’ specifier, whose ‘spending’ might be considered ‘grandiose’; ironically, Dante saw this group as ‘wasters’ – the opposite to what the translation calls those who ‘hoard’. Those who ‘hoard,’ meanwhile, might more closely suit the ‘miserly’ disposition described in the OCPD diagnostic criteria, but show limited resemblance to the HD profile.

The description is followed by Virgil’s excursus into criticism of both groups for trying to bring worldly Fortune under their control. This passage subtly evokes the medieval conception of the Wheel of Fortune, which in its turns was said to bring the noble into poverty and the poor man into wealth according to its own designs. Virgil states that neither building up wealth nor spending freely can enable humans to change what the divine plan has in store for them. Characteristically, the punishment Dante gives these sinners reflects their crime: for seeking to hold the wheel back from turning, they are themselves condemned to rush willy-nilly forwards and backwards around a circle, neither resting nor completing a full turn (Berk, 1999, p. 145). Again, the emphasis is on the power or security, or else the opportunities for self-indulgence, conferred by riches, not on any disproportionate distress experienced when contemplating discarding seemingly worthless possessions.

The question is not only what Dante meant by ‘hoard,’ but indeed whether he meant ‘hoard.’ The medieval Italian verb used was ‘tenere’, which has multiple translations including ‘to have, hold, keep, possess, occupy a space’ (Niccoli, 1976, pp. 555-559). It appears twice in
this translation as ‘hoard’: the first time as ‘perche tieni?’ (l. 30), glossed as ‘Why do you hoard?’, and the second time as ‘mal tener’ (l. 58), glossed as ‘hoarding’. The need to add the qualifier ‘mal,’ meaning ‘bad,’ to the second instance suggests that ‘tener’ is not fully commensurable with ‘hoarding,’ a word which has inherently negative semantic connotations in itself and would therefore render the adjective ‘mal’ superfluous. Some English versions of the Comedy use alternative translations: “‘Miser!’ they shout’ (Dante, 1994, l. 30), “‘Why do you hold?’” (Dante, 1996, l. 30) and “‘You miser! Why?’ (Dante, 2006, l. 30) have been used to render ‘perche tieni?’ and ‘ill keeping’ (Dante, 1939, l. 30; Dante 1980, l. 30) is a common translation for ‘mal tener’. As a poetic rendering, ‘hoard’ is a perfectly permissible gloss; however, it is doubtful whether it matches Dante’s meaning as precisely as Steketee seems to have assumed. This forces us to consider whether this supposed historical evidence for hoarding might not be in part an illusion introduced in translation.

Steketee’s Short History passes seamlessly from fourteenth-century Florence to the nineteenth-century novelists, Dickens, Balzac, Conan Doyle and Gogol. Something comparable to modern-day hoarding is certainly more recognisable in the descriptions in these writers’ works than in Dante’s. Of Krook, from Dickens’s 1852 work Bleak House, it is said that

his whole stock from beginning to end, may easily be the waste paper he bought it as, for anything I can say. It’s a monomania with him, to think he is possessed of documents. He has been going to learn to read them this last quarter of a century (Dickens, 1996, p. 14).

Key characteristics of HD are in evidence in these three lines: obsession with possessions without apparent value; the constant deferral of putting these items to use; even the association with mental derangement (‘monomania’). Of Gogol’s character Plyushkin, in the 1842 novel Dead Souls, the narrator comments:

What need, one might ask, did Plyushkin have for such a mass of these artifacts? Never in all his life could they have been used even on two such estates as his – but to him it still seemed too little. […] whatever he came across – an old shoe sole, a woman’s rag, a iron nail, a potsherd – he carried off and added to the pile that Chichikov had noticed in the corner of the room. (Gogol, 1996, p. 132)

The full descriptions of Plyushkin’s estate, with its disordered profusion, decay and dust, again resonate with modern-day accounts of HD; even today, hoarding in Russia is commonly referred to as Plyushkin syndrome.

The gap of half a millennium between ‘hoarding’ in Dante and hoarding in these authors’ books is left unremarked by Steketee, with the apparent implication that there was continuity even if it is either not attested to in the historical written record or she has not identified those instances where it is. Yet even a brief perusal of histories of material culture makes plain how unlikely it was that hoarding of objects regardless of their value had been seen as a problem, or even noticed at all, in the intervening period. By way of example, illustrations drawn from Cockayne’s (2007) vivid depictions of the sensory environment in seventeenth and
eighteenth-century England drive home the point. Who would have registered the fire and hygiene risks of hoarding in an era when discharges from tanners, tallow chandlers, animal keeping and slaughtering were largely unregulated; when blocking up of windows to avoid the Window Tax prevented light and air from penetrating dwellings; when building materials were highly combustible and candles were used for light; when houses themselves were hard to keep clean, rarely structurally sound, and their surrounding areas steeped in human, animal and domestic waste (2007, pp. 134-155)? The tenement overcrowding that was the reality of urban living for many could see dozens of people to a house: hoarding of people was thus much more common than hoarding of things, leaving little room for the accumulation of items few could anyway afford (2007, p. 149). Until waste collection became widespread in the twentieth century, it was standard in North America and Europe to simply throw waste out of the door (Strasser, 1999, p. 8); such piles were a ubiquitous aspect of human habitation, rather than an anomaly. Essential practices of re-use, in pre-industrial societies like the one Dante lived in and that persisted for centuries after him, made the notion of hoarding items ‘regardless of their value’ largely meaningless; Strasser (1999, p. 14) comments that it was only in the twentieth century that the circulation of objects in most households in the United States transitioned from a closed to an open system. This is echoed in Britain, where Isobel Beeton’s runaway Victorian bestseller Book of Household Management, though it extensively discussed both cleanliness and practices of re-use, did not so much as mention rubbish (Lucas, 2002, p. 6). It is estimated that as late as the end of the nineteenth century, some 80% of household waste consisted simply of ashes from the fire (ibid., p. 13); there seems little scope amidst such material for hoarders to appropriate quantities of items that should rightly have been disposed of. Hoarding as a practice only comes to make sense against a cultural background where disposability is valued, and such a context only came into existence, in fits and starts and spread unevenly through society, relatively recently.

Reviewing this history in the light of Hacking’s vectors illustrates the point. His first, ‘medical taxonomy,’ was not readily available to Dante, yet hoarding could have been recognised within a moral-theological taxonomy of fault, had it been in evidence. The second, ‘cultural polarity,’ was present in the form of frugality vs spendthriftiness, two opposing qualities which confronted each other in the fourth circle, but there is limited evidence to support the existence of a meaningful polarity between keeping and disposing. The third, ‘observability,’ was likely absent in Dante’s time and subsequent centuries; the forms of use, re-use and waste simply would not have allowed the problems posed by current forms of hoarding to become noticeable. As for the fourth, ‘release,’ I can only speculate whether the opportunity to accumulate a massive ‘hoard’ of items in which only the owner can see worth might have afforded release to that individual in the fourteenth and subsequent centuries. In the industrial age brought on by the nineteenth century and continuing to the present-day, the opportunities and social pressures brought by mass production to amass and retain possessions do seem to have afforded a form of ‘release’ for the person who hoards. It seems likely, therefore, that the five-century gap in the history of hoarding is more than coincidence, and that hoarding disorder has a rather shorter history than has been claimed.
Discussion

So does any of this matter? Amidst the mobilisation of narratives of suffering, brain scans, research papers and trials, severity rating scales, estimates of the disorder’s economic cost to society, and all the other paraphernalia that modern mental health science calls on to consolidate a disorder’s facticity and acceptability, are historical genealogies of the disorder any more than scholastic trivia? The *Divine Comedy* was undergirded by a comprehensive philosophical system working out right and wrong, ‘correct’ and ‘pathological’ behaviour, at least as encompassing as the DSM in its scope and internal logics of classification. The fact that this system occupied a moral-religious frame rather than a medical one only reflects the mindset of the time which saw the two as intimately connected. But since few people today would turn to Dante for ethical, still less medical, guidance, does this historical inaccuracy merit any more than a footnote?

Perhaps. I might have thought little of the claim, had it not become apparent that it has become such common currency in the world of hoarding, among service users as well as researchers and clinicians. A proliferation of television shows and self-help books have solidified hoarding’s place in the mind of the general public (Lepselter, 2011; Eddy, 2015) and the link between clutter and pathology has become well-established. The more taken for granted the diagnosis becomes, the more likely hoarding is to be located as a pathology within the individual mind, and the less likely it is that questions are asked of the social arrangements that facilitate or encourage it (Smail, 2014) – after all, it has been unchanged for seven hundred years, hasn’t it? It is not only critical scholars who have reservations about the ease with which a diagnosis of hoarding can lead to drastic effects on an individual’s life; Rob Mitchell’s blogpost on the consequences lack of reflexivity over what was identified as a case of hoarding struck a chord with many, including the Chief Social Worker (England), Lyn Romeo (Mitchell, 2016).

Vikram Patel (2014, p. 781) lists ‘historical validity’ among four types of validity which can support the value of a diagnosis in the absence of ‘gold standard’ (bio)markers. In producing such validity, the messiness of hoarding’s heritage has been smoothed over and an unproblematised pathway plotted from the fourth circle of Dante’s Hell to the ‘Obsessive-Compulsive and Related Disorders’ section of the 2013 DSM-5. Certainly, when Hoarding Disorder was newly named in DSM-5 as an officially recognised diagnostic classification, it was the crowning clinical stamp of authenticity for a ‘problem’ that had been confronting landlords and housing agencies, social workers, environmental health agencies, and fire and rescue for some time already (though not as long as Steketee made out). It was not a foregone conclusion that psychiatry’s engagement with hoarding would further its medicalisation; while entry of a diagnosis into the DSM may often promote the expansion of the clinical gaze into areas of human behaviour it did not previously concern itself with, it can also sometimes place limits on medicalisation. This occurs when the new diagnostic category, by more tightly specifying the criteria for behaviours either to count as disorder or not, has the effect of restricting to defined limits a previously loosely-defined grey area of medical intervention.
(Bryant, 2011). Yet the growth in hoarding categories, between OCPD, OCD and now HD, suggests that this is not the direction of travel.

**Implications and Conclusion**

In this chapter, I have attempted to demonstrate that use of the *Divine Comedy* to make ontological claims about the historical existence of something akin to HD is misplaced. When set alongside the philosophical insights of Hacking and the material histories of Cockayne and Lucas, we cannot help but ask the reason why the early modern historical record of hoarding is so scanty and Steketee is forced to fall back on literary illustrations. This unproblematised and ahistorical reading of Dante’s work perhaps tells us more about contemporary needs to establish a clear genealogy for disorders than it does about pathological behaviours in the fourteenth century.

This is not to argue that literary portrayals have no role to play in the understanding of historical forms of ‘madness’ or mental distress. They can indeed make a valuable contribution, but this must be treated critically, with awareness of the dangers of basing ontological claims on decontextualised readings of literary works considered in isolation from their socio-cultural and linguistic hinterland. Even in relation to modern literature straightforwardly deducing conclusions about diagnoses from literature can be a hazardous enterprise without knowledge of the background to the text; literature’s primary concern is with the content of experience rather than the form it takes, whereas psychiatric diagnosis generally prioritises form over content (Crawford et al., 2015, p. 50). Literature has many insights to offer into both subjective experience and the different ways in which unusual thoughts and behaviours may be perceived by others, which might indeed supply the details to allow readers to make inferences about hoarding and its reception in a particular time and place, Dickens and Gogol being cases in point. Yet the desire to find signs of a contemporary condition in past writings should not blind readers to the need for careful historicisation if such analysis is to be meaningful.

Seen in the light of literature’s contribution to understanding other worldviews, Dante’s work does indeed shed light on a longer, and perhaps more intriguing, story of how humanity assessed its relationship with material possessions at different times and in different places. Underpinning Dante’s representation of the fourth circle of Hell, and much else throughout the *Comedy* and his other works, is a framework offering a coherent account of what the ‘good life’ might be and the proper role of material possessions within it. This same thread runs through much subsequent literature, the above-mentioned Gogol’s *Dead Souls* being one outstanding example in its satirical treatment of how the ownership of human lives, deaths and material things become interchangeable within the worldview the novel sought to critique. Approaching the literature in this way prevents critics from taking psychological pathology within individual characters for granted – though equally it does not preclude exploring this possibility within the character studies of fictional protagonists – and invites
the reader to ask questions of how the social and historical circumstances within which the narrative is set might contribute to the experiences of individuals within the text.

The challenges of hoarding are not invented, and the DSM’s effects depend on how practitioners use it; it can be used to support good care, or it can lend itself to ‘hypornarrativity’ (Flanagan, 2013, p. 867), where the only story anyone needs to know is seen to lie in the criteria listed in DSM-5 entry ‘300.3. Hoarding Disorder.’ In this perhaps it is like Dante, who is poorly served by having his work reduced simply to a historical marker for evidence of the existence of Hoarding Disorder in medieval Florence. The richness of his narrative engagement with the ethical, political and social issues of his day is something that contemporary mental health scholarship can learn from, in ensuring that the deeper, more humanistic dimensions of hoarding experience do not become lost in the wake of its encapsulation in the DSM.

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1 See Muramoto (2014) for a discussion of the ontological, epistemic and ethical issues in this practice.

2 This revised version of the 3rd edition was published in 1987.

3 The entry went on to add the following details:

> Often these individuals will admit to being ‘pack rats’. They regard discarding objects as wasteful because ‘you never know when you might need something’ and will become upset if anyone tries to get rid of the things they have saved. Their spouses or roommates may complain about the amount of space taken up by old parts, magazines, broken appliances, and so on. (APA, 2000:726).

4 Some of the other criteria might fit relatively well with common hoarding presentations, e.g., ‘perfectionism that interferes with task completion’ (it is noted in the literature that perfectionist thinking prevents many people who hoard from making a start on clearing up if they cannot achieve it all within a short time [Frost and Steketee, 1997]). However, others seem less compatible: the criterion ‘is preoccupied with details, rules, lists, order, organisation, or schedules’ does not fit well with the disorder so characteristic of hoarding disorder and the observation that it often arises in part due to an inability to organise; ‘adopts a miserly spending style’ cannot be reconciled with the ‘excessive acquisition’ behaviour displayed by the majority of, albeit not all, people who hoard.