Severe Domestic Squalor

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Foreword

Some memories are stronger than others. For example, ask a colleague to remember a patient with dementia or depression. They will think for a moment and describe someone. But ask a colleague to remember visiting a patient who lived in squalor and notice their facial expression and how vividly they recall the experience. They remember not only the person but the sights and smells. These are the most memorable people we see.

Snowdon, Halliday and Banerjee have given us an exceptionally thoughtful and well researched book on domestic squalor. They have reasoned through every element starting with the term squalor itself, and explain how hoarding and self-neglect, while related to squalor, are different. Their extensive experience is evident as they discuss intervention techniques and the difficulties in not only getting the individual to accept assistance, but coordinating efforts among the multiple agencies that typically become involved. The chapters on animal hoarding, legal aspects of squalor (with the wonderful title ‘Law and mess’), and the ethics of intervening are the most useful I have seen on these infrequently addressed topics.

The authors have admirably achieved their stated goal of bringing together all of the major elements in this conundrum. They are persuasive in their arguments about why this is an important topic and where research needs to go. But after reading the book I found that my thoughts turned to a different question. Why do geriatric psychiatrists choose to make this a serious focus of attention?

It is easy to understand why newspapers and television are interested in squalor – the stories are sensational and grab one’s attention. But why do we geriatric psychiatrists choose to involve ourselves with these deplorable situations where success is such a relative term? Surely we have all we can handle with improving the recognition and treatment of dementia, and improving outcomes in late life depression. In thinking about the question, I came up with two reasons.

First, I think geriatric psychiatrists tend to find people more interesting than diseases. We are less likely to dwell on the deplorable conditions than to wonder who would live this way and why. Our curiosity leads us to try and determine if there are characteristics they share or diagnoses that predispose. We wonder about their stories and our interest about them as individuals trumps the discomfort we experience in seeing how they live.
Second, I think we are more energised by cognitive than technological problem solving. We have the human response of revulsion to severe domestic squalor but this is quickly set aside in favour of wanting to relieve the miserable conditions in front of our eyes. We are not satisfied just to understand, we want to make things better. And we particularly love to find solutions that rely more on our own cognitive processes than the results of a scan. Digested lots of information, then finding precisely the one or two places where our efforts can best be directed to get a good result, gives us a feeling of satisfaction.

To reflect just a bit, these two reasons – qualities in fact – are what I liked and admired about geriatric psychiatrists as I was considering what path to take after finishing my training. Reading this book not only taught me about domestic squalor, it reminded me why I went into this field.

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Preface

Why in the world would one wish to publish a book on squalor? Who could possibly be interested and why would they be moved to read about such a subject? As our reader you may be better able to answer these questions than we are as authors. As authors this is an area that fascinates us. Squalor transcends definition and categorisation. As doctors, we came to squalor through those living in domestic squalor where risks were high and the question of whether the squalor was a function of treatable mental disorder was paramount. But the minute you start looking, you start realising that the world is full of squalor. Media of all types – print, radio, television and the internet – are full of the stories of those that live in severe domestic squalor. It seems that we are fascinated by squalor. Yet we know so little about it. This book seeks to change that, bringing together the evidence base on severe domestic squalor and making it available to the lay reader, the researcher and the health or social care practitioner presented with a human conundrum based on squalor.

To do this we will draw on scientific papers in medical and other journals to provide some of the relevant information, and reports and guidelines give some ideas on how best to intervene. We know of three books that describe psychological approaches to dealing with hoarding and clutter, but these give little guidance about intervention strategies other than on techniques for ‘de-cluttering’ and by recommending cognitive re-structuring. We hope that this book will be of positive help in dealing with the issues raised as a whole.

Considerable attention is currently being given to the concept of ‘hoarding disorder’ and how to deal with it, and there are proposals to make it into a formal psychiatric disorder by including this term in the newest version of the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM), DSM-5. The DSM is a comprehensive list of all mental disorders and the criteria that need to be met to make a particular diagnosis. It forms the basis for what is and what is not reimbursed by US health maintenance organisations.

We have written this book for people who care about or care for individuals who, for whatever reason, have been unable to properly look after their dwellings. These living environments may appear very disorganised. We have attempted to examine some of the reasons why some people live in conditions so unclean that most fellow citizens would consider them unacceptable. Why do they live like this?
Our belief is that how best to intervene depends to a large part on the answer to this fundamental question.

Our book is intended to provide ideas and understanding to the general public and to service providers around the world, working in agencies that have to work out how to intervene in cases of squalor. These include community health staff, mental health professionals, doctors, environmental health staff in municipal council offices, community service providers (for example, home care agencies), government housing inspectors, drug and alcohol counsellors, non-governmental agencies that aim to counter homelessness and neglect, animal welfare agencies, guardianship and protective offices, police, fire officers, legal services, heavy cleaning services – and others. Regulations, laws and job titles may differ between countries but the work that needs to be done is likely to be similar. The book is also designed to promote discussion, debate and further enquiry. This is one of those areas where what we don’t know outweighs what we do know.

We would not have been able to even start to address these issues without the help of those who contributed special chapters to this book. We are profoundly in debt to Charles Chan, David Mataix-Cols, Christopher Ryan and Michele Slatter. The detailed consideration of the complex specialist themes of animals, hoarding, ethics and law are responsible for much of the value of this book. We are very grateful for the creative and constructive approaches they all took in contributing to this book.

Some may criticise us for perpetuating the use of ‘squalor’ as a term to describe the living conditions under discussion here. We accept that the word is strong, confronting and value laden, and we have considered alternatives. However, there is no other word available that would convey our messages adequately to the practitioners, politicians and policy makers who could help ensure action to deal with the problems. At the heart of all severe domestic squalor is the human story that has led to the situation evolving. The fundamental aim must be to assess and meet these human needs where at all possible. What is needed is understanding, resources, coordination and a determination to help people unable sufficiently to help themselves.

We include a colour plate section between pages 150 and 151. The plates show photographs of various squalor situations to illustrate some of the problems that are discussed throughout the book.

John Snowdon
Graeme Halliday
Sube Banerjee
Definition and description of severe domestic squalor

The way we live

Some people live in very messy dwellings. But a relatively small percentage of the world’s population lives in conditions that nearly everyone in their local community, and in their cultural group, would consider unacceptable. One of the first questions we are posed with is ‘whose squalor is it anyway?’ These are people and circumstances that the community can start to feel concern about. The worry may be for the health and safety of the neighbour who lives in exceedingly unclean, odorous and physically precarious domestic circumstances. Other observers might find such conditions to be repulsive, offensive and intolerable, but might be thinking primarily about the effects on themselves and the majority of the community, rather than of the people residing in those conditions.

The way individuals live, and the habits and cultural expectations they acquire, vary between population groups and over time. They differ between people of different backgrounds, upbringing, education, culture and beliefs. Factors differentiating countries and regions, be they rich or poor, hot or cold, urban or rural, mountainous or flat, all may affect living habits. How people live their lives is determined partly by personality and perceptions, but also by other characteristics and factors. The views of men and women, old and young, hunters and gatherers, may diverge. What is acceptable to one person may not be acceptable to another. What is acceptable to a university student may not be acceptable to their parents. On such subjects there will be a range of opinions, even among people of similar background. The ‘average’ view may well differ between communities.

Accumulation of dirt, refuse, degraded material and vermin can result in living conditions within a dwelling being unhealthy, unsafe and potentially harmful. If the

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filth and degradation are so foul that they are likely to have unacceptably deleterious effects on the people living there or nearby, we believe ‘severe domestic squalor’ is an appropriate descriptive term. The term does not describe the people; it refers to the living conditions.

Before we attempt to justify our use of the word ‘squalor’, we might consider a news item in the British Medical Journal: ‘Half of the world lives in “medieval” squalor’ (Hope, 1997). The headline was prompted by a 1997 report from the United Nations Children’s Fund, which stated that half the world’s population has no access to hygienic sanitation and would not progress beyond ‘medieval’ living conditions until this basic need is met. It stated that almost three billion people could not (in 1997) safely dispose of their bodily waste, thus resulting in spread of disease that was paralysing whole communities. The report blamed a lack of political will in countries facing this debilitation, plus a need to repay foreign debt, with a resultant decrease in investment in improving sanitation. There was reference to one country where annual spending per capita on water and sewerage had fallen from £27.78 to £2.47 in a six-year period.

Even now, in spite of advances in sanitation, there are places where horrifying squalor (defined by the Oxford Dictionary as ‘a state of being extremely dirty and unpleasant, especially as a result of poverty or neglect’) can be observed. Naming them might help provoke political action to improve living conditions, but might also be considered as insulting to those who live there. Even if aware of squalor in their midst, some inhabitants of those countries might ask why we single them out for disparaging comment. However, the squalor inherent in the megacities even of one of the rapidly developing BRIC economies was communicated around the world in the film Slumdog Millionaire. The film showed rich people living in pleasant and healthy surroundings, and destitute fellow-countrymen living in unhygienic, unhealthy, dispiriting conditions. The film asked what is being done about it.

We have observed squalor around the world, in developed as well as developing nations, the extent varying within and between countries. One of us, while travelling to a city along a major highway, saw filth in open drains, and truck-high banks of garbage (discarded clothing, water bottles, packaging and disposable material of all kinds) along the sides of the road for many kilometres. A home visit in the city with an old age psychiatry team to see a client with mild dementia necessitated a walk along rubbish-strewn roads, across streams and rivers that were blocked by garbage. There was a smell, of course. The floors of the client’s house were clean but there were flies everywhere: they had flown in from the garbage heaps.

How can it be? What had those responsible for the administration of that city and care of that highway done about the squalor? Ten years previously, a government report relating to waste management in that province read ‘The uncontrolled disposal of liquid waste into open gutters, open spaces, along roads, etc., poses serious health hazards. Bodies of stagnant water produce bad odours.’ Successive governments since then had not been able to gain control of relevant systems. Those with power, money and influence had failed to effect a
change. Was it an issue of priority of resource? Was it corruption or incompetence? Were the garbage workers being paid enough? More garbage was being thrown on the streets than was being collected by them. Why had the cycle not been reversed?

The squalor observed in this present century is not new. Indeed, it was because of neglectful attitudes of nineteenth century politicians and administrators that Charles Dickens, Balzac and others drew sharp and disturbing word pictures to provoke the consciences of their readers. Dickens, in *Oliver Twist* wrote of:

rooms so small, so filthy, so confined, that the air would seem too tainted even for the dirt and squalor which they shelter . . . and dirt-besmeared walls and decaying foundations, every repulsive lineament of poverty, every loathsome indication of filth, rot and garbage: all these ornament the banks of Folly Ditch.

At a similar time, in 88-year-old Sydney, a Sewage and Health Board report described visits to crowded and unwholesome localities:

Peering down narrow passageways opening off the busy thoroughfares of the City’s business centre, committeemen found tenement blocks squeezed among crazily patterned canyons formed by the blank walls and paling fences of surrounding buildings, where the trapped air was fouled by the stench from uncollected house rubbish and accumulations of slops, and the sewage from defective closets and drains. Inside such dwellings the heat seemed intolerable, the rooms small and wretchedly furnished, the windows insufficient in number and so inadequately designed as to open only partially, if at all. In many a backyard, an out-of-repair and evilly smelling closet stood only feet away from living quarters. (Mayne, 1982)

Something was done about the slums of London. On the whole, English streets are now clean. Slums have been cleared away in Sydney, too. In both cities, there are people who discard litter carelessly – and one can wonder if they would do the same in their own homes and gardens; they may do and so may be at risk of living in squalor – but city care has improved since the 1870s. Governments enacted laws and gazetted regulations to improve hygiene and living conditions. They have ordered appropriate protection for those unable to look after themselves. Major advances in health care and technology have reduced much of the unpleasantness that was described in those nineteenth century novels and reports. But standards of care and provision vary, and that is part of the reason why squalor is much more pervasive in some jurisdictions than others. Another reason is that governments and administrators vary in their ability and determination to provide help, support and care for those who do not have the physical resources or capability to look after themselves properly.

Much of the above discussion relates to squalor outside dwellings, in public places and on streets. We believe there will be almost universal agreement that the word ‘squalor’ is meaningful and appropriate in describing conditions such as those portrayed in *Slumdog Millionaire*. Those in a position to act and get rid of the squalor should be strongly and persistently criticised if they fail to do so. Using the word ‘mess’ does not have the same impact. Getting messy can be fun. Living in
squalor is not enjoyed, even if the occupants commonly seem not to recognise the unpleasantness.

Similarly, we contend that ‘squalor’ is the most appropriate word to use if we want to describe the sort of unclean living conditions that, across countries and cultures, are regarded as unacceptable (Box 1.1). If the dirt and filth and (in many cases) clutter are not absolutely unacceptable, maybe we might call it ‘mess’ or ‘mild squalor’ or even ‘disorganised living’. Thresholds for what is acceptable vary, but if the condition of a particular dwelling is putting people at significant risk, then there is a need for action to deal with it. This state of uncleanliness is what we propose to call ‘severe domestic squalor’.

In cases of severe squalor, caring and responsible members of a community will generally feel impelled to make sure that something is done. In milder cases, we, as good neighbours or even as people who just happen to come across someone who seems to need some help or support, may, as responsible individuals, want to take some action. The least we would do is ensure that appropriate persons are aware of the need for monitoring.

A central focus of this book will be a consideration of how and when to intervene in cases of severe domestic squalor – squalor in the home as opposed to squalor in the streets and open places. To do this we need to try to understand what factors result in a person living in squalor. We will describe varying situations of squalor. We will start with descriptions to illustrate what we recognise as severe domestic squalor.

**Box 1.1 Observations on squalor.**

1. Horrific squalor can be seen in open areas of cities across the world.
2. This squalor has been recognised and has been deemed unacceptable by responsible people within those populations and by outsiders, but it is still there. Attempts at action have failed.
3. Equivalent squalor can be seen in dwellings across the world.
4. This squalor has been drawn to the attention of authorities and services, and action has been taken in many cases.
5. Attempts to deal with this squalor have commonly proved unsuccessful and ineffective.
6. There is good reason for the community and administrators to seek improved ways of intervening in such cases, as part of their duty of care to individuals and their communities.
7. Use of the word ‘squalor’ is confronting, and some critics regard it as a pejorative and degrading term. We believe that it is the right word to use in describing living conditions, not people, and that the strength of the word is consonant with the strength of response needed.
Descriptions of severe domestic squalor

The following examples will illustrate what is meant by ‘severe domestic squalor’:

1. Cooney and Hamid (1995) referred to ‘a dilapidated, filthy house. The home is cluttered with rubbish and infested with vermin. Excrement and decomposing food are strewn around the floors, and the stench emanating is unbearable to all but the occupant, who is blissfully unconcerned by the situation.’

2. An Australian local newspaper (name and date withheld in order to preserve anonymity – though the paper itself published the name of the woman concerned) wrote: ‘It could take up to 6 months for [named] Council to rid a [suburb name] apartment of rats, mice and cockroaches while it awaits a court order… The council subsequently called in cleaners but suspended work at the unit, citing escalating costs (almost $17,000) and saying work had reached the stage where baiting, fumigation, replacement, renovation and painting, rather than cleaning, was needed… A council official said Mrs [name] had repeatedly refused to leave… and said it was up to [named] aged care assessment team to persuade [her] to leave temporarily… The council issued a plea to the [named] aged care assessment team to act, after cleaners threatened to walk off the job because Mrs [name]’s health had reached “crisis” stage.’

The problems posed by this case, and the frustrations of neighbours in the block of units, were shown in a national television programme. The appalling [our word] state of the unit, with a mish-mash of rubbish, discarded plastic bottles, rotting food and attendant vermin in all rooms (but especially the kitchen) must surely have aroused feelings of nausea in many of the watching millions, even without being able to smell it. The television segment showed forensic cleaners, wearing face-masks, and the lady herself. The journalist asked her how long it had been like this and she said ‘Three days’. Yet the aged care assessment team reportedly declared that action could not be taken under the Mental Health Act to have her conveyed to hospital to assess whether treatment and intervention were thought to be needed. The team did not consider that she had a mental disorder as defined by the Act.

This account not only demonstrates that failure to keep domestic environments reasonably clean and clear of rubbish leads to hazards and unpleasantness for the community, and risks to occupants, but also makes clear the failure, in this case, of community and caring services to take appropriate and coordinated action within a reasonable time. Such ineffective intervention is common across continents. We know of numerous situations where there has been a lack of coordinated response to referral of such cases, varying in severity but all meriting support, help or intervention.

3. A national tabloid newspaper commented on four children watching television in a ‘government-owned house amid the rancid smell of dog faeces and rotting food… Urine and faeces lay on the shower floor… and a pot roast in the oven was full of mould and decay’.
A team of forensic cleaning professionals (Clean Queens) talked of a place they had been asked to clean: ‘The smell on entering the flat is over-powering. There’s cat mess in trays on the floor and stains on the mattress, which looks like it hasn’t seen a sheet in months. The living room is crammed with random objects... and mouldy coffee cups. Clothes cover the bedroom floor and spill from the disused washing machine.’ But the Clean Queens noted that it was ‘actually not too bad. With a lot of squalors, you’ve got cockroaches, fleas, mites and worse.’

Fry (2000) mentioned two occupants of an unremarkable house in suburbia. Whenever they ‘had no further use for what they were holding in their hands, they dropped it on the floor. There was no space in any room in the house where one could put a foot on the floor without encountering some flotsam – discarded clothing, food scraps, cartons, bottles, magazines, newspapers.’

Cole et al. (1992) visited an upstairs flat that was uncarpeted and dirty, with sparse, shoddy furnishings. Clothes and manuscripts were strewn about, together with empty sherry bottles. The kitchen contained little food, but a pile of empty tins and dirty pans in the sink. There was human and feline excrement throughout the flat. In the bedroom were found several trays of cat litter and three very well-kempt cats.

Fry (2000) also described a house where the approach to two arm-chairs was ‘via a narrow corridor between compacted rubbish which was greater than knee-high at the sides of the corridor and consisted mainly of paper, food scraps, cartons and empty bottles. The corridor forked before the final approach to the arm-chairs... The electricity was disconnected. The other rooms in the house were similarly full of rubbish.’

French clinicians (Esposito et al., 2003) described the home of two siblings: ‘At the entrance, the flat was grossly dirty and untidy, with an unbearable stench. Rubbish had been hoarded to the extent that most of their living space was taken up with full cardboard boxes, bins and heaps of magazines. Miss and Mr M denied the precariousness and the insanitariness of their living conditions and vehemently refused any assistance.’

A report from a Canadian ‘Task Force on Senile Squalor’ (Pelletier and Pollett, 2000) described an apartment where ‘the living area had a pathway from the hallway to the single bed between boxes and clothes piled to the ceiling... The kitchen counter and floor were covered with appliances, food cans, used coffee filters, dirty dishes and pipe smoking paraphernalia. The refrigerator was stuffed with small white plastic bags. There was a pile of crushed food cans behind the stove piled from the floor to the top of the stove. The bathroom had an assortment of gallon bottles of chemicals. The fixtures and floor were coated with filth. The apartment had that distinctive odour of filth that was noticeable in the apartment building hallway.’

Another newspaper described ‘an overgrown backyard full of cardboard boxes, old tyres and discarded furniture. Cats perch on every surface; kittens roll about among the rusted drums and long grass. Inside, behind closed curtains,
the rooms are piled high with papers, cups, plates and bottles. Broken toys, old clothes and shopping bags spill across kitchen benches and floor, smothering the stove and filling the sink, neither of which has been used in years. The stench of cat faeces, urine and food scraps fills the house.

Fish (2008), writing in the *New York Law Journal*, referred to the opinion of Judge Anthony J. Cutrona in the matter of a couple who lived in Brooklyn: ‘Evidence was presented to this court that [named] suffers from Collier (sic) Brothers Syndrome, in other words, he is a hoarder. Their apartment at [address given], Brooklyn, was stacked floor to ceiling with magazines, newspapers, garbage, old mail (from the Post Office) etc. There was severe insect infestation. Moreover, there were two dogs in the apartment who were allowed to defecate and urinate in the house. In sum, the apartment was an unsanitary, unhealthy, disgusting mess. The description of the apartment was confirmed by several photographs taken by the court evaluator.’ A witness had observed mice all over the apartment as they skittered over the heaps of old newspaper and other assorted trash – ‘there were mounds of mouse feces everywhere and every square inch of the apartment was infested with cockroaches’.

The *Washington Post* reported that ‘Last month, in San Jose, California, police entered the home of 70-year-old [name withheld] after neighbors complained her house gave off a disgusting odor. The house was brimming with more than 25 tons of rotting garbage, infested with maggots, mice and rats. Charged with violating state laws on storing refuse, [name withheld] argued that most of the heap was books and clothing she was saving.’

In a book describing ‘true stories of tackling extreme clutter’, Paxton (2011) described ‘a classic, stereotypical hoarder who had clearly given up years ago. Living in a three-bedroom, double-wide trailer home in rural Idaho with too many dogs to count, she had been without electricity or running water for years. The floors were damp with brown muck. Decomposing trash was piled up to five feet high, through which narrow walkways gave limited access to each room. In the kitchen, flies swarmed the windows. . . All of the appliances and cabinets were smeared with unidentifiable black and orange gunk. Dust and cobwebs covered the walls and hung from the ceiling. The bathrooms were just as bad. . . The smell was overwhelming – a mix of urine, rotting food, and dog feces.’

Randy Frost, in a book titled *Stuff* (Frost and Steketee, 2010, pp. 169–71), described a dwelling that was later compulsorily cleaned: ‘The apartment was dark. . . No floor was visible, only a layer of dirty papers, food wrappers, and urine-stained rags. . . From the edge of the door, the massive pile of junk rose precipitously to the ceiling, like a giant sea wave. It could have been landfill: papers, boxes, shopping carts, paper bags, dirty clothing, lamps – anything that could be easily collected from the street or fished out of a dumpster. It was one solid wall of trash twenty feet deep, all the way to the back of the apartment. There must have been windows on the far wall, but they were darkened by the broken fans, boxes, and clothing covering them. Inside the condo the sweet,
pungent odor of insects and rotting food enveloped us... I could feel the cockroaches surrounding me as I stepped in. The walls were coated with their brown dung, and occasionally one dropped from the ceiling onto the piles of debris below. I walked further in to get a better look at the kitchen, or what I thought was the kitchen. It was impossible to tell, since everything was covered with bags. Food, mostly old and rotting, empty but unwashed tuna cans, and colourful coupons adorned the room. There was a path into the kitchen, though it was atop six inches of trash on the floor... All four adults living in the five-room condo had become so habituated to the squalor that they barely noticed it anymore.’

- Frost and Steketee (2010) provided descriptions of a number of other people who ‘hoard’, resulting in varying degrees of difficulty in cleaning, but none as severe as Frost’s case described above.
- An American television series (called Hoarders) showed a person who had a compulsion to purchase items she did not need, and that she then felt unable to let go. Inability to clean, because of the piles of hoarded material, resulted in squalor. Her two children were removed by authorities because of the hazardous and insanitary conditions. To get the children back she was required to clean up her house and get psychological help.

We, ourselves, have visited literally hundreds of dwellings following referral of the occupants, the referrers having described them as living in very unclean conditions. A few are now presented in order to enhance awareness of the range of ‘types’ of squalor situation that clinicians may encounter.

- We called, with police, to see if anyone was residing at a house surrounded by an overgrown garden, where rats were seen often, and from which fleas came across to the adjoining property and bit the legs of children playing there. The occupant appeared only after police had forced a way into the house. The ceiling in the living room was falling in and all walls were filthy. The house was almost bare of furniture, and was very dusty. Piles and scatterings of newspapers were observed. A brown liquid filled the bath. (Plates 2.1, 2.2)

- We visited a professional man’s house, which was in a smart suburb. The furniture was basic and greasy looking. The bed-clothing was stained, and vomit, faeces and urine were seen on the floors of the bathroom, toilet, hallways and other rooms. There was a profusion of maggots in the refrigerator. Cigarette ends, ash, dirt and empty cardboard wine casks littered the living room floor. Neither floors, walls, windows nor ceilings had been cleaned for years.

- Access was given on one occasion (but never willingly again) to a house and garden that exemplified very severe squalor. The garden was several inches deep in dried-up dog faeces. Access to sinks was restricted, and all surfaces and floors were very dirty and covered with an assortment of disorganised unusable objects, some electrical. Articles were piled up to near the ceiling in one room. Wires hung loose. The house was dilapidated. The owner’s car (apart from the driving seat) was full of more items, and he drove off in it, daily, leaving large dogs to guard his home.