Hoarding: Clutter Out of Control

The term “hoarder” may bring to mind images of someone literally drowning in his or her own possessions and trash: closets spilling over with heaps of worn and unworn clothing, shelves stacked perilously high with knick knacks, and old newspapers piled to the ceiling.

While compulsive hoarding in the extreme may look like a scene out of one of the popular reality television shows such as Hoarders or Hoarding: Buried Alive, a hoarding problem can vary tremendously in intensity and style from person to person.

But really, any level of clutter, if it gets in the way of your ability to complete the tasks of daily living, is troublesome. Hoarding can also pose a health risk, especially for older adults, by increasing the chances of falling in the home; extreme clutter can be a fire hazard.

Whether it’s squalid or just unsightly, hoarding may be more prevalent than previously thought. According to a 2008 study conducted by researchers at Johns Hopkins, as many as one in 20 people may have a hoarding problem.

But who are the people who hoard, and why do they do it? More importantly can they be helped? New research on hoarding behavior is now leading us to a better understanding of the disorder.

FROM CLUTTERED TO CLINICAL
It’s human nature to collect and save possessions we care about and use—studies report children as young as 25 to 27 months beginning to do this. And certainly, some of us are more prone to clutter than others.

But the mark of a person with a true hoarding disorder is the unchecked collection of possessions. This is accompanied by great difficulty discarding or letting go of these items, even articles of little or no apparent value, such as old papers or magazines, worn-out clothes, old notes, and even expired foodstuffs.

Many people who hoard have an extreme sentimental attachment to such items or hold the notion that they might need these things at a later date. Some report difficulty in parting with possessions because of memories they associate with the objects. These might include toiletries that once belonged to a deceased wife or parent or items from the childhoods of now-grown children: old shoes, toys, or coloring books, for instance. Some hoarders even collect large numbers of live animals, living with literally dozens of cats, for example.

Eventually, many people who hoard find that their behavior causes living spaces in the home to become exceptionally disordered; the mess often disrupts normal activities, such as using...
the stove for cooking or the kitchen table for eating, sitting on the sofa, or getting into bed.

People who hoard—as well as people living with them—often find the level of clutter in the home distressing, according to Jack Samuels, Ph.D., a psychologist specializing in personality disorders and an assistant professor at the Johns Hopkins Bloomberg School of Public Health.

Hoarders often feel overwhelmed by the burden of their possessions and are unable to make decisions about how to organize or cull them. At the same time, people who hoard tend to lack awareness of the severity of their behavior. In one study, published in the journal *Health and Social Work*, elder service caseworkers reported that 85 percent of their hoarding clients didn’t acknowledge the irrationality of their behavior, even though the majority of clients had no underlying cognitive deficits, such as dementia. And many who hoard become angry and defensive when their overzealous collecting is criticized.

Knowing when a friend or relative crosses the line from pack rat to compulsive hoarder isn’t always clear. “Characterizing hoarding is more complicated than diagnosing a disease such as hypertension, where the diagnosis is based on a simple number. Severity and symptoms of hoarding are different for everyone,” says Dr. Samuels, who notes that if areas of the home, such as the bedroom or kitchen, are no longer usable for their original purpose, it’s probably time to seek help.

**WHAT’S BEHIND THE HOARDING?**

Hoarders are likely to display symptoms of anxiety, depression, and/or social phobia. But are these conditions what drive them to hoard? Traditionally, hoarding has been classified as a symptom of obsessive-compulsive disorder (OCD). This anxiety disorder is marked by frequent, intrusive thoughts and repetitive behaviors—such as endlessly checking that the stove is off. OCD sufferers feel compelled to perform these repetitive behaviors, even though, unlike most hoarders, they may recognize the thoughts (“I left the stove on”) and acts are unreasonable and try to resist them.

As many as 30 percent of those with OCD show signs of hoarding behavior. But, increasingly, studies show that collecting various items is the only symptom hoarders share with OCD sufferers. For instance, hoarders don’t engage in compulsive rituals involving counting or checking. Preliminary brain imaging studies also show that different parts of the brain are at work in OCD than in hoarding, suggesting that it is a distinct disorder, separate from OCD.

And there may be a genetic component, at least for some people who hoard. Hoarding, like OCD, tends to run in families. The OCD Collaborative Genetics Study, conducted at Johns Hopkins University and other research centers in the United States, reported that hoarding is the most strongly familial of all OCD symptoms. A paper from that study, written by Dr. Samuels and colleagues and published in the *American Journal of Psychiatry* in 2007, found that a region of chromosome 14 might be linked to hoarding behavior in families with OCD.

On a certain level, “hoarding is a deficit in the ability to organize,” says Dr. Samuels. And that problem can carry through to other parts of life. In addition to difficulty categorizing and carrying out tasks to completion when it comes to organizing their possessions, hoarders often have trouble making all kinds of decisions.

One neuropsychological study, conducted at Kansas University Medical Center and published in the journal *Depression and Anxiety*, found that compulsive hoarders had
poorer visual and verbal recall and used less effective organizational strategies for visual recall when compared with nonhoarders. These individuals also reported less confidence in their memory and were more worried about forgetting important information.

While “the majority of hoarders have a tendency to clutter and overcollect from a young age,” says Dr. Samuels, symptoms often worsen with age.

Isolation, he says, is a risk factor for out-of-control hoarding later in life. An older person whose spouse has passed away and who doesn’t get a lot of house visitors, “may not have someone to help or at least nag them about it—without social cues, the clutter can get out of control,” says Dr. Samuels. In a small number of cases, a brain-altering health event such as a stroke or the onset of dementia can cause someone who has never cluttered to start hoarding.

**TREATMENT**

Because hoarding has long been considered a symptom of OCD, hoarders have often been assigned an OCD treatment, says Dr. Samuels. However, he notes, hoarders tend not to improve when given drugs used to treat OCD, typically serotonin reuptake inhibitors (SRIs). They also respond poorly to exposure therapy for OCD, in which patients are placed in situations that cause them anxiety and are trained to resist the resulting ritual behaviors.

But intensive behavioral therapy specifically targeting hoarding symptoms shows promise. This treatment generally includes office and home visits with a therapist who focuses on organizing, decision making, and problem solving. In one recent trial, published in *Behaviour Research and Therapy*, 14 moderate-to-severe hoarding patients received comprehensive sessions over seven to 12 months. Those who completed treatment were much improved or very much improved on a standardized measure of hoarding behavior.

Though therapy for hoarding is becoming more targeted, hoarders often have difficulty accepting treatment. In fact, they often deny the problem or rationalize the collecting and saving, saying, for example, “I might need these someday,” when a spouse requests the hoarder toss away armloads of old shopping bags or boxes of clothes that no longer fit.

And don’t expect a person who hoards to quit cold turkey. Dr. Samuels cautions that simply going into a hoarder’s house and cleaning or throwing things away, as seen on reality TV shows, can be counterproductive, even traumatic for someone who hoards. Such actions may cause the hoarder to lose trust in friends or relatives and further withdraw from society. And without important organizational and life strategies in place, hoarders will likely continue to fill their houses with clutter, even after a cleaning intervention.

Other options for treatment include support groups. Some people who hoard find groups such as Clutterers Anonymous (sites.google.com/site/clutterersanonymous), which focuses on strategies for decluttering, and the International OCD Foundation—Hoarding Center (www.ocfoundation.org/hoarding) to be beneficial, says Dr. Samuels.