

## HOARDING DISORDER: DO YOU HAVE IT?

A close friend of ours desperately needs to relocate but is stymied because her spouse cannot bring himself to discard of his countless possessions. Another acquaintance cannot pass by his spouse in their home because her possessions only allow for very narrow paths through her overwhelming clutter. They live in a “one-way street” world!

We knew very little about Hoarding Disorder until 1993 when Randy Frost, a psychology professor at Smith College authored the first systematic study. In 2013, with the publication of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, hoarding became an official separate diagnostic category for the first time.

How prevalent is it? While no multinational studies exist, surveys in our country and Europe estimate that between 2 percent to 6 percent of people are hoarders.. At the high end this translates to 15 to 18 million people in the U.S. Older adults, ages 55-94, have hoarding symptoms at almost three times the rate of younger adults ages 34-44. Hoarding disorder occurs regardless of age, sex or economic level.

Many of us suffer from some degree of disorganization and a desire to retain possessions because we believe we will need or use them someday or they have sentimental value. But we keep them stored away in our attic or basement where they don’t interfere with our daily lives. Plus, we generally subscribe to the notion that we need to throw out a lot of “our stuff”!

On the other hand, people diagnosed with Hoarding Disorder must meet these criteria:

- Persistent, enduring difficulty in discarding possessions regardless of their value. Most commonly saved items are reading materials, clothing and mail, but virtually any item can be saved. Fear of losing important information or sentimental attachments are frequent.
- Purposeful accumulation with acute, emotional distress when faced with any pressure to discard the items. They say, “This is much too precious or important to throw out!”
- The accumulated items are so voluminous that they fill up living areas so that their intended use is not possible. Kitchen countertops, bathtubs, tables, chairs, beds, etc. are unusable because they are filled with clutter.
- The extreme difficulty in the thought of discarding the accumulated possessions impairs relations with others and creates an unsafe environment -- risk of fire, disease, etc. Basically, nothing changes unless outside authorities such as social services, sanitation, or fire authorities become involved.

Psychiatric conditions can be evaluated as having four levels of severity, non-clinical or normal, mild, moderate or severe. In other words, most of us frail, fragile

human beings will at some time in our lives have varying levels of psychiatric disturbance.

With Hoarding Disorder, three important distinctions are made:

1. With Good or Fair Insight, the person recognizes and is able to admit that the hoarding-related beliefs and behaviors are problematic.
2. With Poor Insight, the person is mostly convinced that the hoarding is not problematic despite incontrovertible evidence to the contrary.
3. Absent insight and with delusional beliefs. The person is absolutely convinced that the hoarding is not a problem despite visual evidence. This level of hoarding was recently illustrated in The Flashbacks feature by Patrick M. Reynolds in the Comics section of the *Washington Post Newspaper*. It reported the incredible saga of Homer and Langley Collyer who literally hoarded themselves to death in their mansion in Queens, New York.

Another major specification with Hoarding Disorder is excessive acquisition. Approximately 80 to 90 percent of those with the disorder also suffer from excessive buying combined with accumulating free items such as printed materials and items discarded by others. I compulsively acquire business cards, travel literature and health literature. I do eventually discard these things, at least some of it! (My wife might not agree!)

Approximately 75% of individuals with Hoarding Disorder will also have a mood or anxiety disorder such as Major Depressive Disorder, Social Anxiety or Generalized Anxiety Disorder. They suffer from indecisiveness, avoidance, procrastination and difficulty in organizing tasks. Those who hoard inanimate objects may also engage in animal hoarding involving such large numbers of animals as to preclude providing minimum standards of nutrition, sanitation and veterinary care. The assistance of public health authorities is generally needed to intervene in correcting maltreatment of the animals. Without adequate psychological treatment, animal hoarders will quickly replace the animals taken away from them.

Treatment occurs infrequently because many hoarders do not view their hoarding as a problem and few mental health providers have training in this arena. When treatment does occur, it is generally due to insistence from a friend, family member or health officials.

Cognitive-Behavior Therapy (CBT) is commonly used in combination with psychotropic medication. Meditation or mindfulness training has also become increasingly popular in assisting to identify the root causes. For more information visit Hoarding Disorder at the Mayo Clinic website. Also, if you simply wish to de-clutter your home, visit [www.organizedhome.com](http://www.organizedhome.com). They will get you started.

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