Hoarding
The subject of reality television now has a place in the DSM-5.

By Sarah T. Williams

Charles E. Nightingale's loved ones and neighbors want him to be remembered as an artist and gardener and not as a hoarder. But that is why the St. Paul man ended up in the headlines on July 10, 2013. During a fire in his densely packed home, Nightingale was unable to get out, and firefighters were unable to get in. Tragically, the former Marine first-responder was just a few feet from his front door, trapped by a mountain of stuff, when the smoke and flames overtook him.

Reality TV, aggressive media coverage and even an E.L. Doctorow novel about the fabled Collyer brothers have brought the issue of hoarding to light, such that most people now at least have a name for the behavior. But beyond fueling a type of voyeurism, what has the attention done?

"I appreciate that reality TV shows gave us a language for hoarding," says Janet Yeats, a family therapist and co-founder (with therapist Jennifer Sampson) of the Hoarding Project in Minnesota. "What I don't appreciate is that they show only extreme situations of hoarding. And they set people up so that they can't do anything but scream, yell, cry and freak out."

There is a kinder, gentler, more effective way of working with people who hoard, she says—one that does not involve threats, ultimatums, forced cleanings and broken relationships.

A redefinition of hoarding

Many assume that hoarding is a consequence of the modern material age or a result of extreme deprivation, such as living through the Great Depression. But it has been with us for a long time in some form or another, wrote Gail Steketee and Randy Frost in their 2011 book Stuff: Compulsive Hoarding and the Meaning of Things. Dante's fourth circle of hell is reserved for hoarders, they point out. And Dickens, Balzac, Conan Doyle and Gogol all created characters who hoarded. "Garbage houses" have been identified in Japan, Australia, Russia and Canada.

It's estimated that between 2 percent and 5 percent of Americans (6 million to 15 million people) hoard. "That's just the tip of the iceberg," says Yeats, who argues that a real calculation of the size of the problem would include every single family member of a person who hoards.

For a long time, the American Psychiatric Association considered hoarding a subset of obsessive-compulsive personality disorder and defined it as a preoccupation with orderliness and an inability "to discard worn-out or worthless objects even when they have no sentimental value." As Steketee and Frost point out: "Objects in a hoard may appear to be without value to an observer, but someone with a hoarding problem would hardly describe them as worthless."

Their pioneering work (and the work of many psychiatrists, neuroscientists and therapists like Yeats) has led to a new definition of hoarding. In the recently issued DSM-5, hoarding is now its own distinct disorder characterized by "persistent difficulty discarding or parting with possessions, regardless of their actual value."

Eventually, hoarding causes significant distress, posing health and safety risks and casting those who hoard and all who love them into a particular ring of hell.

Challenging assumptions

From the outside, a person who hoards might appear to be merely eccentric, slovenly or recalcitrant. Yeats and others have a more nuanced understanding of those individuals. They have observed, for example, that some have unusually detailing, intelligent minds, which can perceive the exquisite beauty and importance of everything from the contents of the daily newspaper to the warp and weave of an imported tweed. Some worry about wasting and can't bear to casually toss out a flawed garment, a nonfunctioning toaster, a yogurt container or a used paper plate. And some view objects not merely as keepsakes or mementoes but as gateways to significant emotional experiences. A great many people with hoarding problems have also experienced trauma of some kind (child abuse, parental abandonment, loss of a spouse, sexual violence). To these individuals, objects are safer, more reliable alternatives to people, even their own children and spouses.

Yeats says unresolved grief or trauma affects the majority of people who seek her help. "Hoarding fills a hole," she says. "Perhaps someone died, perhaps there's a divorce—in some way the person was left, and they're going to fill that hole with things that won't leave."

What not to do

No one can blame estranged and wounded family members for declaring war on the squalor and hiring a biohazard team. But the least-effective strategy is to force a cleanout, Yeats and other mental health professionals say. Without the consent of the person, the condition will only worsen. "If you fill up your hole with things that won't leave, and then someone comes along and just rips those things away, you risk being re-traumatized," she says. Yeats notes that it might initially take 10 years for someone to fill up a house but only three to six months to get it back to worse than what it was.

Desperate family members often resort to ultimatums: "Clean this up or I'm not coming back." They may register their disgust or dismay verbally or with body language, or clean up or touch things without permission. This is also ineffective, Yeats says, and the consequence is almost always a permanently shattered relationship.
In extreme cases and emergencies, when the hoarding poses personal and public safety hazards, the courts or public safety officials can order a cleanout. But, once again, the rebound effect can leave everyone worse off than before.

What to do
Yeats says she and her colleague almost always encourage family members to “go the route of relationship.” They need to stop policing their loved ones who are hoarding; resume their roles as daughters, sons, siblings or spouses; and find creative ways to protect the family ties. “If it’s no longer possible to go inside Grandma’s house, then bring her to your house to bake cookies with the grandkids,” she says.

“If there’s a relationship, then there can be trust,” she says. Only then is it possible to approach the loved one and suggest that they seek help. Yeats imagines the conversation might sound something like this: “I love you. I’m concerned that your home is not safe or healthy. I’m concerned that it’s getting in the way of the life you want to live. Can we work at making a change?”

If the person is willing, she says, the first priority would be to identify and treat the underlying causes of hoarding, particularly unresolved grief and trauma.

“When we’re able to help them process or grieve—deal with the trauma, get through the loss—then we can deal with the behaviors. And when there’s no more hole, there’s no more need to fill up the hole.” (The person who is hoarding isn’t the only one who needs help, she says. Family members do as well. “They’ve lost the relationships that they wanted to have. Those losses need to be recognized.”)

After therapy, it’s time to engage in a one-step-at-a-time exercise to help the person get organized. Yeats describes the process this way: “When the client is ready, we’ll have them bring a box of their things. The idea is to help get them used to the idea of sorting. So we will have three boxes or bags in the office: one for things to be kept, one for things to be donated and one for things to be recycled. Maybe we have a fourth—one that’s for garbage. And we ask the client to go through that box. Let’s say they pull out some baby food jars. We might ask, ‘What are you keeping those for?’ They might say, ‘Well this could be used and, you know, there’s a bunch of reasons.’ We might ask, ‘Could you get those at another time if you needed them?’ They might say, ‘I probably could do that. I’ll put that in recycle.’”

Eventually, the person who is hoarding comes to trust that the process of sorting, discarding and recycling might not cause the kind of pain they once anticipated or dreaded.

Yeats says family members might need to adjust their idea of success at the same time. “For some people, success may be a cleaned-out house. Success could also be measured by bringing the home to safety, so that the person living in the home may still have a hoarded home, but entrances and exits are cleared, there are working smoke alarms, three-foot pathways to let a gurney through and no flammable materials. If we can get a client’s home to safety, and that client commits to keeping the house that way, that’s success.”

The work can be slow and painstaking, “and there are no guarantees,” Yeats says. “But there are no guarantees anyway. At least this way, you still have the relationship.”

What can a physician do?
Primary care physicians can be on the lookout for signs of hoarding such as respiratory problems, the strong smell of ammonia from animal urine and a lack of attention to hygiene. Says expert Janet Yeats: “I’d love it if we could get every primary care physician, physician assistant and nurse to ask: ‘Are the rooms in your home able to be used for their intended purpose? Can you cook in your kitchen? Can you sleep in your bedroom? Can you use your bathroom? ’ Those simple, nonjudgmental questions would help get to a lot of hoarding situations.” If hoarding is suspected, then physicians can steer their patients to appropriate resources.—S.T.W.

For more information
To learn more about hoarding and how to help someone who may be hoarding, go to:
The Hoarding Project (http://thehoardingproject.org/home/)
The International OCD Foundation (www.ocfoundation.org/hoarding/)
Children of Hoarders (www.childrenofhoarders.com)

Sarah T. Williams is a longtime Twin Cities journalist.