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Compulsive Hoarding in the OCD Population

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### Abstract

Hoarding behaviors and compulsive hoarding are found in many individuals with obsessive-compulsive disorder (OCD). Despite the prevalence, the DSM-IV does not list hoarding as a classification but rather a symptom of both OCD as well as obsessive-compulsive personality disorder (OCPD). Previous research has shown that OCD hoarders display more severe symptoms than their non-hoarding OCD counterparts. Additionally, the presence of hoarding behaviors in OCD individuals correlate with poor response rates with typical treatments including several forms of medication and cognitive behavioral therapy (CBT). This thesis presents a discussion of the distinguishing factors between hoarding tendencies and compulsive hoarding, differences in OCD individuals with and without hoarding tendencies, a review of past treatment procedures as well as the results of one successful case study. Since research in this area has not been extensively explored, future studies should focus on both compulsive hoarding and the relationship between hoarding and OCD.

### Compulsive Hoarding and Obsessive Compulsive Hoarding

Obsessive-compulsive disorder (OCD) is a mental disorder in which obsessive thoughts and compulsive behaviors replace functional behaviors. (Wilhelm, Tolin & Steketee, 2004) Engaging in these compulsive behaviors allow the OCD individuals to use avoidance mechanisms against unpleasant thoughts or situations. Four principal OCD symptom factors exist. These features consist of (1) checking compulsions related to sexual, religious, or aggressive beliefs; (2) obsessions with symmetry/order causing ordering and organizing compulsions; (3) obsessions with contamination leading to compulsions of washing and cleaning; and lastly (4) saving or hoarding behaviors (Saxena & Maidment, 2004).

#### *Obsessive Compulsive Disorder*

Individuals with OCD often feel a sense of “incompleteness” which initiates the practice of many compulsive behaviors, especially those related to exactness. Anxiety is one essential component of OCD and frequently occurs with depression in as much as 30% of individuals within the OCD population (Wu & Watson, 2004). The OCD population, which consists of only 3% of the general population, is approximately equal in its distribution between genders. The onset of OCD can occur as early as childhood, although symptoms typically develop during the adolescent years. Many compulsive behaviors are displayed across the OCD population with hand washing and compulsive checking as the most common. OCD patients frequently exhibit co-morbidity with several other disorders including many types of depressive disorders, eating disorders, anxiety disorders as well as neuropsychiatry disorders including schizophrenia, dementia, and mental retardation (Saxena & Maidment, 2004).

### *Hoarding*

The practice of hoarding is frequently seen in individuals with OCD. Hoarding is the repetitive collection of excessive quantities of poorly usable items of little or no value with failure to discard these items over time (Seedat & Stein, 2001). Although it is possible to solely be affected by hoarding, compulsive hoarding is listed in *The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (American Psychiatric Association, 1994) as a symptom of many other psychological disorders including both obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder (OCPD). Hoarding is thought to be linked to the perfectionism criterion level used in diagnosing OCPD (Seedat & Stein, 2001). Hoarding has been viewed as a possible link connecting it to psychotic, emotional, and obsessive-compulsive disorders (Greenberg, Witztum, and Levy, 1990). It is important to note that the *DSM-IV* does not list hoarding behavior in the diagnostic criterion for OCD despite the frequent occurrence of hoarding in OCD. For this reason, many researchers have difficulty in describing hoarding in relation to OCD.

### *History of Hoarding*

The term “hoarding” was originally coined in order to discuss animal behaviors regarding the storage of food. Historically, hoarding has been discussed in the works of many psychoanalysts. Hoarding has been linked to Sigmund Freud’s anal stage of development (Freud, 1908). The concept of hoarding was first used to describe this collective behavior in humans in a 1966 study conducted by Bolman and Katz (Maier, 2004). In this study, Bolman and Katz used the term compulsive hoarding to discuss their findings in an anecdotic case report. Due to this long standing development of the notion

of hoarding, it is surprising that so little research on hoarding behaviors has actually been conducted. Empirical research on hoarding was not completed until the early 1990s.

Hoarding has been seen in a variety of other disorders including schizophrenia, primary degenerative dementia, and eating disorders (Greenberg et al., 1990).

#### *Hoarding in relation to Obsessive Compulsive Disorder*

Hoarding has been described in many different ways in relation to OCD. Through previous literature published on this topic, hoarding has been referred to by a variety of titles including a symptom of OCD, a variant of OCD, and a manifestation of OCD (Wu & Watson, 2004). Individuals diagnosed with OCD who experience hoarding behaviors as their predominant symptom dimension of OCD are said to be affected by “compulsive hoarding syndrome” (Saxena et al., 2002; Steeke & Frost, 2003). OCD compulsive hoarders exhibit more severe displays of symptoms as well as higher occurrences of functional impairment as opposed to their non-hoarding OCD counterparts (Saxena & Maidment, 2004). Individual cases of hoarding can range from a mild display of hoarding behaviors to life-threatening severity (Frost & Gross, 2003). Hoarding compulsions and obsessions develop independently from each other (Baer, 1994; Leckman et al., 1997). Previous research in determining the prevalence of hoarding behaviors in the OCD population has indicated that between 18-42% of adults diagnosed with OCD exhibit hoarding practices (Saxena & Maidment, 2004) and between 11-42% of children and adolescents suffering from OCD display hoarding tendencies (Seedat & Stein, 2001). Evidence that gender does seem to play a role in hoarding practices has also surfaced through research studies (Samuels, et al., 2001). Hoarding was seen twice as frequently in males than in females.

### *Clinical Compulsive Hoarding*

Clinical compulsive hoarding has slightly different classifications than hoarding as was previously discussed. Like hoarding in the normal population, clinical compulsive hoarding is based around the excessive retention of many worthless items. However, one distinguishing factor which sets clinical compulsive hoarding apart is that normal activity is stunted due to the extreme amount of clutter surrounding the home. One common problematic issue experienced by compulsive hoarders is the inability to sleep in one's own bed due to the surplus of clutter. However, this does not mean that the items collected by hoarders are limited to what has been collected and stored in their household. The clutter accumulated by hoarders may be in variety of other locations including their garages, vehicles, rentable storage locations and even the homes and spaces of friends and loved ones.

Additionally, individuals with clinical compulsive hoarding experience a heightened level of distress and often have impaired functioning as a result. Lastly, compulsive hoarders are believed to be influenced by both neurobiological as well as psychosocial factors (Seedat & Stein, 2001). Individuals in this category experience unrealistic fears relating to their decision on whether or not to discard their useless possessions. These illusory beliefs cause compulsive hoarders to experience a range of emotions including relief and satisfaction, anxiety, guilt, and embarrassment (Seedat & Stein, 2001).

Based on the results of several new studies, evidence supporting a link between the diagnosis of OCD and genetic and neurobiological factors has surfaced. In the research conducted by Saxena and Maidment (2004), individuals affected with

compulsive hoarding were compared with those who did not have hoarding tendencies. These researchers conducted a positron emission tomography (PET) brain imaging study in order to measure cerebral glucose metabolism. Not only did compulsive hoarders display lower metabolism in both the posterior cingulated gyrus and the occipital cortex areas, these individuals also were seen to have a difference brain activity pattern. This study proved to be significant due to the fact that lower levels of activity in the dorsal anterior cingulated gyrus has been correlated with the severity of symptoms displayed by OCD patients with and without hoarding tendencies.

#### *Treatment of Compulsive Hoarding*

Compulsive hoarding syndrome and weak response rates to standard treatment methods for OCD may be due to diminished activity in the cingulate cortex. Given that the anterior and posterior cingulated cortex control a range of functions, reduced activity in these locations of the brain would have major ramifications for the individual. Motivation, attention, and emotional self-control are the primary functions of the anterior cingulated cortex whereas the posterior cingulated cortex control aspects including spatial orientation and episodic memory (Saxena and Maidment, 2004). Since the anterior and posterior cingulated cortices control these characteristics, inactivity in these areas could account for of many problems displayed by compulsive hoarders including attention problems as well as decision making difficulties.

#### *Distinctions within Compulsive Hoarding*

Within compulsive hoarding behaviors, two distinct hoarding tendencies, instrumental saving and sentimental saving, have been classified as separate issues (Frost & Gross, 1993). Instrumental saving occurs when individuals save items in order to

fulfill a projected specific need sometime in the future. Compulsive hoarders often feel they are being resourceful and thrifty by saving items that they perceive themselves using at some point in the future. Sentimental saving, on the other hand, has little to do with the functioning purpose of a specific item. Rather the accumulation of these items surround the emotional attachment that the compulsive hoarders associate with all of their inanimate possessions. To date, no empirical research supporting this dichotomy has been completed.

Based on the research done by Frost and Hartl (1996), there is evidence supporting the concept that compulsive hoarders use the clutter they collect as a form of comfort and security. Frost and Hartl (1996) went on to coin the term “hypersentimentality” to discuss the deep emotional investment compulsive hoarders place on their clutter. In a study performed by Coles, Frost, Heimberg & Steketee (2001), a strong relationship was displayed between anxiety sensitivity and hoarding behaviors. Since compulsive hoarders experience heightened levels of anxiety when discarding their belongings, these individuals fear the grief-like emotions that would come with the disposal of clutter. Because of this, anxiety sensitivity may increase the likelihood of developing hoarding tendencies.

In early studies on hoarding, Furby suggests that the value an individual places on a possession is directly related to their personal beliefs regarding power. For example, Furby states that one major reason that hoarders decide to hold onto these items is their concept that each of these objects will provide them with some sense of control over their environment in the future. As seen in the work of Frost and Gross (1993), compulsive hoarders do exhibit a need for control over their lives just as Furby had predicted years

earlier.

*Distinctions between Compulsive Hoarding and hoarding tendencies*

Unlike those who simply have hoarding tendencies, people within the clinical compulsive hoarding population are most likely driven to their behaviors because of both neurobiological and psychosocial factors (Seedat & Stein, 2001). According to the empirical studies of Frost and Hartl (1999), compulsive hoarders are also more likely to exhibit behavioral avoidance consisting of resistance to the completion of simple everyday tasks, severe attachment problems, and false beliefs regarding their possessions and the ramifications of parting with them. Issues within behavioral avoidance reflect the high level of anxiousness compulsive hoarders feel in the process of decision making.

Additionally, this behavioral avoidance can be seen through the feelings of personal loss compulsive hoarders experience when actually removing the excessive amount of possessions they have collected over their years of hoarding (Cermele, Melendez-Pallitto, & Pandina, 2001). In a study conducted by Seedat and Stein (2001), issues including stress, loneliness, and depression were seen to increase hoarding behavior whereas being preoccupied, happy, or in the company of others tend to prevent hoarding behaviors.

Furthermore, these participants indicated childhood and material deprivation as precursors to their desire to hoard. Many of these individuals grew up in households in which hoarding behaviors were not tolerated or where hoarding was a problem faced by a close family member.

Due to the tendency of compulsive hoarders to deny or rationalize the severity of their problem, many individuals have been seen to go to extremes in order to avoid the removal of their possessions. For example, Issac, a 36 year-old compulsive hoarder, was

interviewed for Greenberg's 1987 study on compulsive hoarding. In an interview, Issac explained that removing his possessions is like "taking part of my body...It's important to me emotionally." (Greenberg, 1987, p.411)

Another compulsive hoarder named Mordecai was interviewed for Greenberg's study. As a child, Mordecai grew up in extreme poverty. He developed a love of coin collecting which eventually developed into compulsive hoarding behaviors. When explaining his personal struggle with compulsive hoarding, Mordecai recounted this story. One day when he was out at work, Mordecai's concerned mother sent the police into his home to remove all of the items he had hoarded over the past few years. When he returned home to see his house completely rid of his hoarded possessions, Mordecai threatened his mother with a knife. Although Mordecai regretted his actions, he expressed a deep sense of violation by his mother. The interviews provided by these two men reinforce the idea that although these individuals are aware of the problematic aspects of their saving tendencies, compulsive hoarders have tremendous difficulty detaching emotionally from their possessions.

To date, there has been very little research investigating the differences between the compulsive hoarders and non-hoarders in the OCD population. However, through the few studies that have been completed by Steketee & Frost (2003), many distinctions have been made between OCD individuals who hoard and those who do not. OCD hoarders displayed more severe cases of depression, anxiety, co-morbidity of personality disorders, as well as more frequent family and social disabilities as opposed to non-hoarders. Research done by Saxena (2002) also provided evidence that individuals affected by hoarding behaviors display much lower functioning levels with completing

tasks of those than those who are not affected by hoarding. Additionally, these studies have provided evidence regarding other variations between these two distinct OCD groups. OCD patients who do not display compulsive hoarding tendencies are significantly more likely to be married than their hoarding counterparts. This finding is an indication of social functioning problems often experienced by compulsive hoarders. In addition, a study investigating compulsive hoarders in their senior years provided evidence of many physical health threats unintentionally created through their hoarding tendencies. Of the elderly hoarding population sampled, 81% were living with some sort of physical threat due to their hoarding behaviors. Such threats including blockage of exits and unsanitary living conditions.

#### *Hoarding Behaviors and Obsessive Compulsive Disorder*

The display of hoarding behaviors in the OCD population has deep and multifaceted complications in understanding the differences between hoarding groups. Individuals who are effected by hoarding tendencies or compulsive hoarding tend to retain the same type of materials. Most commonly, newspapers, old clothing, books, and other paper scraps are hoarded items (Frost & Gross, 1993). However, excluding this similarity, there are an array of differences that exist between individuals with hoarding tendencies and those who are compulsive hoarders. It has been determined that OCD individuals who hoard have both an earlier onset of their OCD symptoms as well as the future development of a much more intense case of OCD. The intensity of OCD is measured in terms of the severity of their symptoms as well as the number of diagnosable symptoms displayed. (Samuels, et al., 2001). Furthermore, OCD hoarders exhibited a much higher occurrence of social phobia, personality disorders as well as pathological

grooming behaviors; including skin picking, trichotillomania and especially nail biting. Additionally, hoarders scored higher than non-hoarders on the Yale-Brown Obsessive Compulsive Scale (YBOCS; Goodman et al., 1989) which measures the severity of obsessive-compulsive symptoms. This is in view of the fact that hoarders have been shown to display a higher average of OCD symptoms than non-hoarding OCD individuals. OCD hoarders also yielded significantly higher scores on self report tests measuring anxiety, depression, family and social disabilities, as well as schizotypal and dependent personality disorder dimensions (Frost, Stektee, Williams, & Warren, 2000).

Another distinction that exists between OCD hoarding and non-hoarding individuals can be seen when investigating the family backgrounds of these individuals (Samuels et al., 2001). OCD hoarders were significantly more likely than OCD non-hoarders to have first degree relatives effected by an Axis I disorder, personality disorder or hoarding behaviors. Also, further research indicates that social phobia, personality disorders, tics and pathological grooming behaviors are more prevalent in the first-degree relatives of hoarders than in the family members of non-hoarders. This study suggests that both hoarding behaviors and tics may be reflective of the underlying phenotypic makeup existing in families who display these behaviors or disorders.

Through recent genetic and family studies, evidence has been shown to support a different pattern of genetic inheritance and co-morbidity for compulsive hoarding as opposed to other OCD symptom factors. An autonomic recessive inheritance pattern exists and has been linked to genetic markers on chromosomes 4, 5, 17 for the hoarding and saving OCD symptom factor (Zhang et al., 2002). Furthermore, through a study conducted by Winsberg et al. (1999) it was found that 84% of the individuals with

compulsive hoarding tendencies reported at least one first degree relative who experienced compulsive hoarding themselves. Despite this high occurrence of hoarding behaviors in first degree relatives of OCD hoarders, only 37% of the same population sampled reported the presence of OCD in their family history.

#### *Treatment Methods for Obsessive Compulsive Disorder*

There are several OCD treatment methods that have been proven effective for many individuals in the OCD population who are not affected by hoarding tendencies. Such treatments include selective serotonin reuptake inhibitors (SSRIs) as well as exposure-based therapy. When treated with an SRI, as much as 60% of the OCD population responds to treatment with a 20-40% mean improvement. However, after the termination of medication, relapse rates become extremely high; reaching as much as 90%. As opposed to SRIs, exposure and response prevention (ERP) requires the OCD individual to be exposed to the anxiety provoking situations that causes their compulsions. ERP can be used one of two ways. Patients can either remain in a safe environment with their therapist and imagine facing the anxiety provoking situations or they can physically expose themselves to a low risk presentation of the situation itself. Hierarchies are formed by the therapist on a case by case basis and with every completed step, the situation the individual is presented with increases in anxiety. ERP has been shown to have consistently higher response rates than SRIs; ranging from 63-90% with an mean improvement of as much as 48% according to studies done by Abramowitz, Franklin, and Foa (2002).

In order to increase the chances of effective treatment, ERP is used in combination with other cognitive strategies. This cognitive therapy (CT) for OCD is used

to change the false beliefs OCD patients attach to their behaviors. These concepts include believing that these meaningless possessions will provide them with some advantage over others in the future or that they will be able to somehow transform these useless materials into items of great value. The response rates for OCD individuals receiving CT are very similar to those of individuals treated with ERP (McLean et al., 2001). Despite these variations with treatment methods, a multidimensional treatment plan is recognized as the most effective approach to treating OCD. Although negative side effects often do occur, several neurosurgical treatments, such as deep brain stimulation and cingulotomy, are used when other methods of treatment are seen to be ineffective (Wilhelm, Tolin, & Steketee, 2004).

Many possible treatment procedures that have been at least somewhat effective for non-hoarding OCD individuals have been ineffective for hoarding OCD individuals. For example, serotonin reuptake inhibitor treatment (SRI) has been used for both OCD hoarders and non-hoarders. Although this procedure has been shown to be effectual for OCD non-hoarders, OCD hoarders demonstrated little to no responsiveness to SRI treatment. This may be reflective of the typical lack of insight, perfectionist behaviors and magical thinking related to discarding objects that is experienced by most hoarders (Saxena & Maidment, 2004). Strong associations have been made between hoarding and saving compulsions and poor response rates to SRIs (Black et al., 1998; Mataix-Cols et al., 1999; Winsberg et al., 1999). In a study conducted by Mataix-Cols (1999), the higher an OCD patient scored on a scale of hoarding symptoms, the less likely they would respond to SRI treatment methods.

Similar results were found when observing the effectiveness of cognitive-

behavioral therapy for hoarding and non-hoarding OCD patients. Non-hoarders were much more likely to be receptive to treatment than those with compulsive hoarding tendencies (Black et al., 1998). Researchers have developed a new CBT treatment plan based on four main issues faced by compulsive hoarders (Hartl & Frost, 1999; Steketee & Frost, 2000). These four areas are (1) deficits in information processing, (2) emotional attachment issues, (3) avoidance behaviors, and (4) false beliefs regarding their possessions. The goals of CBT for compulsive hoarders are threefold. This treatment plan involves trying to remove of a large percent of the clutter from the home to the point of returned functioning within the space, helping the individual strengthen their decision-making ability as well as their organizational skills, and teaching each compulsive hoarder how to successfully resist their future urges to accumulate new clutter.

The chances of treatment being effective for someone with compulsive hoarding becomes even more slim if the individual suffers from schizophrenia or displays schizophrenic traits (Chong et al., 1996). Clinical observations indicate that OCD hoarders have been found to be far less responsive to many treatment procedures that have been previously effective for typical non-hoarding OCD patients (Winberg, Cassic & Koran, 1999). Additional research indicates that OCD patients who were unaffected by paroxetine or cognitive-behavioral therapy were found to have displayed significantly higher scores in both hoarding obsessions and hoarding compulsions (Black et al., 1998). Although much research still needs to be done in developing a reliable treatment method for OCD hoarders, cognitive-behavioral interventions involving decision-making training, cognitive restructuring, and exposure and response prevention have had positive results in several case studies of compulsive hoarding (Hartl & Frost, 1999).

Since OCD hoarders do not seem to benefit from the more typical treatment procedures of OCD, research has been done in attempt to isolate hoarding as a 'subtype' of OCD with different path physiology or microanatomy instead of merely a diagnostic tool for OCD. Further research pertaining to imaging studies, which would focus on the differences in the functioning and structure of the brain of compulsive hoarders as opposed to non-hoarders, would provide beneficial information regarding this topic. In other research, compulsive hoarding has been described as a common factor that is able to tie together various disorders including OCD (Greenberg, Witztum, and Levy, 1990).

Future research needs to be done in order to develop effective treatments for compulsive hoarders. These studies should spend a considerable amount of concentration on pharmacotherapeutic treatments that deal with brain dysfunction in the anterior and posterior cingulate cortices (Saxena and Maidment, 2004). Additionally, new approaches in cognitive-behavioral therapy addressing issues including problems with information processing and organizational issues should be explored (Frost & Hartl, 1996).

#### *Effective Treatment Procedures for Compulsive Hoarders*

Before beginning treatment for an individual with compulsive hoarding, it is crucial that a researcher look into several aspects of the individual. Such features include: (1) the amount of clutter accumulated; (2) beliefs regarding their possessions; (3) deficits in information processing; (4) avoidance behaviors; (5) daily functioning; (6) medication compliance; (7) levels and reality of insight; and (8) social and occupational functioning (Saxema & Maidment, 2004).

In addition to the tremendous amount of items gathered, understanding the thoughts that OCD hoarders experience regarding their possessions is a necessity for

effective treatment. Compulsive hoarders have great difficulty parting with their collection of useless items due to many erroneous beliefs they have regarding the future usefulness of their clutter. This is partially due to the compulsive hoarder's commonly experienced desire to conserve and waste as little as possible. Ironically, hoarders often are perfectionists holding on to these useless objects in order to be better prepared if they need such an item in the future. Compulsive hoarders are unable to grasp the fact that they are hindering the functioning of their own life by refusing to part with such a large quantity of possessions.

Compulsive hoarders tend to believe that they have weaker memories than non-hoarders. (Saxena & Maidment, 2004) In a study conducted by Hartl et al. (2003), hoarders have reported significantly less confidence in their memory than non-hoarders. Interestingly, the results of this same empirical test show that compulsive hoarders do in fact seem to recall less than their non-hoarding counterparts on both visual and verbal assignments. Though the results of this study are limited, this research provides evidence that compulsive hoarders do in fact have weaker memories than non-hoarders. Furthermore, OCD has been associated with memory problems independently of the research regarding memory strength and hoarding (MacDonald, Antony, Macleod, & Richter, 1997). Due to these memory deficits, compulsive hoarders reinforce their need to have so many possessions; they fear that they may forget where they have put specific items so they deem it a necessity to keep all of their clutter out in plain view in order to avoid losing the items.

Due to their perception of junk as potentially useful, compulsive hoarders have tremendous difficulty in the organization of their possessions. This is in view of the fact

that compulsive hoarders tend to attach so much sentiment to their belongings that each item becomes irreplaceable and unique in their eyes (Saxena & Maidment, 2004). As opposed to non-hoarders, compulsive hoarders also tend to be more easily distracted and have difficulty concentrating for a long period of time. Not only are compulsive hoarders unable to sort their possessions, they tend to avoid daily tasks that would seem trivial to non-hoarders. For example, many compulsive hoarders have reported avoiding activities including regular correspondence activities such as returning call, going through mail, or even paying their bills on time.

When compulsive hoarders finally decide it is necessary to do their everyday jobs, it takes them a significantly longer period of time than non-hoarding individuals to complete tasks. Instead of immediately dealing with the issue at hand, compulsive hoarders are known to spend a great deal of time partaking in an activity known as “churning” (Saxena & Maidment, 2004). Churning involves constant movement of items from pile to pile with very few items actually being thrown away. Compulsive hoarders have a hard time agreeing to any form of schedule and therefore are often affected by disturbed eating and sleeping patterns. This irregularity in daily routines has a significant impact on many other aspects of their lives. For example, many OCD compulsive hoarders are prescribed medication to help them better deal with their symptoms. However, due to their unorganized lifestyle, compulsive hoarders often forget to take their medication because they have no sense of routine regarding their medication.

Interestingly, few OCD compulsive hoarders have a grasp on the severity of their disorder or just how much clutter they have accumulated over their years of hoarding (Greenberg, 1987). Compulsive hoarders tend to minimize both the frequency of their

hoarding behaviors as well as the excessive amount of items already in their possession. Compulsive hoarder rarely admit to being anything more than a bit messy or disorganized and feel that they could manage all of their belongings if they chose to do so. Furthermore, compulsive hoarders often resist treatment because they fail to see their hoarding behaviors as a psychiatric disorder that needs management. Many compulsive hoarders believe that the most effective way to help them deal with their hoarding tendencies would be to provide them with more monetary funding or the availability of more space to store their items (Greenberg, 1987). Due to this secretive and distorted mentality of compulsive hoarders, it is difficult to get an accurate understanding of how seriously individuals are affected by compulsive hoarding based on self-report. It is often only through the referrals of concerned family members that individuals are exposed as compulsive hoarders. Individuals suffering from compulsive hoarding rarely seek out help for themselves. This may be due to the fact that compulsive hoarders believe that their behaviors are greatly attributed to external situations.

The effectiveness of each of these therapy techniques is complicated further by each individuals manifestation of OCD as well as their co-morbidity with other disorders. For example, major depression is experienced by as much as half of the OCD population within their lifetime. Additionally, anxiety disorders are almost as prevalent; occurring in as much as 40% of individuals with OCD. Because of the co-morbidity of these disorders in many individuals with OCD, several forms of treatment have been proven to be ineffective. This is also the case for OCD individuals who actively partake in compulsive hoarding. Studies have shown that patients who are affected by both OCD and compulsive hoarding are significantly less likely to have a positive response to both

medication and treatment through behavioral techniques.

Since compulsive hoarders are so overwhelmingly secretive, a large percentage spend many years of their lives in complete isolation. People who hoard tend to have a very limited social network which contributes to their ability to allow their homes to maintain a state of total disarray. Embarrassed to let friends and family members in on their accumulation of items, compulsive hoarders avoid having visitors stop by their home. The extreme household abandonment compulsive hoarders have toward their homes often spills over to diminishing their efficacy at work.

As previously discussed, the most effective treatment for compulsive hoarders within the OCD population is a multidimensional treatment plan. Individual hoarders are closely assessed for many characteristics including the amount of material collected, feelings and beliefs regarding their possessions, avoidance behaviors, social functioning, previous compliance with medication regimes, and the level of emotional support provided by family and friends (Cermele, Melendeez-Pallitto, & Pandina, 2001). Early on in the process, several photographs are taken of the cluttered household in order to provide the patient with motivation over the course of the long and difficult process of removing the tremendous amount of items hoarded. At this point, the individual is asked what they would like their house to look like ideally as well as how much of the clutter they feel must be removed in order to achieve their goal. Hartl & Frost's (1999) clutter ratio is used to help configure just how much of the mess must be removed from the house. This ratio is completed by comparing the square footage of clutter in the house versus the square footage of usable living space. Over the course of the treatment plan, patients are reminded of their goal as well as being shown the picture of how their house looked at

the start of treatment. This is done in order to encourage productiveness in removing the worthless objects.

The main components of this multimodal treatment plan for compulsive hoarding are exposure and response prevention (ERP) teamed with providing the individual with an education. ERP is crucial in this process since it is able to help compulsive hoarders come to recognize the uselessness of the possessions they have collected and, in essence, reduce the desire to hoard. Each individual is taught how to understand their hoarding behaviors as a manifestation of a larger issue such as their problems with anxiety. While compulsive hoarders undergo stressful situations including the discarding process, they are asked to report their levels of discomfort on the Subjective Units of Distress Scale (SUDS). These individuals are then instructed not to hoard or avoid during this emotionally heightened point.

Patients are forced to analyze their hoarding compulsions as well as beginning the discarding process. The individual's therapist is there with the patient helping and encouraging them to throw away or recycle many of their possessions. The process of discarding items puts each patient in a situation in which decision making cannot be avoided. Forcing compulsive hoarders into making choices helps them decrease their anxiety. Additionally, the disposal process teaches compulsive hoarders how to successfully organize the useful items that they have decided to keep.

Compulsive hoarders are initially asked to pick the one room they would like to clean out first. Since these individuals have a tendency of avoiding anxiety provoking situations, it is important to limit the purging experience they are about to be exposed to in some way. This prevents the process from being completely overwhelming for the

hoarders themselves. The individual is not permitted to start working on another room of the house until the initial room is completely emptied out (Saxena & Maidment, 2004).

Several rules of discarding were created in order to support the compulsive hoarder in this difficult and lengthy process. Once the decision is made concerning what room to begin with, hoarders are not allowed to sift through the items in the room in search of some specific object that he or she is ready to part with. Rather, they must handle to first item they come into contact with and make a decision as to whether it will be saved, recycled, or thrown away. A decision must be made regarding this initial object before the individual is allowed to move onto another possession. If the individual decides to keep the first item, he or she must come up with an organized storage area for this particular thing in order to reinforce positive organizational skills for the future. This is complicated since many hoarders have almost as difficult a time storing and keeping their belongings organized as they do getting rid of them.

Patients receive support through cognitive restructuring regarding their erroneous beliefs about the importance of their clutter and the consequences of discarding it. Questions such as “What’s the worst thing that could happen if you didn’t have this item?” and “If you threw this information away now, how could you access it if you found that you needed it in the future?” are frequently asked of compulsive hoarders when they begin to experience their obsessional fears concerning their possessions (Saxena and Maidment, 2004).

It is important that compulsive hoarders do not begin to refurbish their house with clutter after successfully discarding enough of their materials to create a functional living space (Saxena & Maidment, 2004). Very often, therapists suggest that these individuals

should take action to immediately reduce the amount of items that they are exposed to daily. For example, it is frequently asked of a compulsive hoarder to cancel their subscriptions to newspapers, journals, and magazines so that they are not tempted to hoard them. Compulsive hoarders are asked to become much more aware of their hoarding tendencies and keep a written log of what feelings or situations provoke their desire to hoard. Additionally, individuals are asked to keep track and write down all items purchased and brought into the house on a daily basis. This is to ensure that hoarders are only retaining items that are of necessity and not possessions that were bought merely because they were on sale or during a period of loneliness (Cermele, Melendez-Pallitto, & Pandina, 2001).

Since compulsive hoarders tend to spend the majority of their time taking part in hoarding related behaviors, these individuals are taught competing activities to perform when they experience the temptation to hoard additional items (Saxena & Maidment, 2004). First of all, it is important to restrict the availability of hoarders and create a daily schedule for them to follow. Even though hoarders have the tendency to want to lead spontaneous lifestyles, this change to a scheduled routine has previously been associated with improvements in mood and functioning level. Despite their daily availability, it is a frequent complaint of compulsive hoarders that they never have the opportunity to enjoy themselves. Because of this, it is important that a portion of each day's schedule is dedicated to personal time for recreational activities. This structured system allows compulsive hoarders to gain a more realistic sense of how to decrease their hoarding tendencies and increase their personal happiness and functioning.

As a reminder of all the progress that they have made, the pictures taken before

treatment began are once again shown to the compulsive hoarder at the end of the treatment process. This helps to reinforce the non-hoarding behavioral patterns that the individual patients have developed and prevent regression to their previous hoarding behaviors. In addition to this visual remind of all of their progress, compulsive hoarders are asked to continue the treatment with follow up CBT at least once a week in order to maintain their progress against hoarding tendencies.

*A case study of Compulsive Hoarding and OCD*

In a case study conducted by Sexena and Maidment (2004), a 50-year-old woman named “Sally” underwent this multimodal treatment method for compulsive hoarding. Sally had been suffering from OCD since childhood but had not experienced any hoarding tendencies since her mid-20s. At this same point in her life, Sally’s OCD symptoms increased in severity. Additionally, Sally reported a mild level of depression but in fact met the DSM-IV criteria for major depression. Many of Sally’s relatives had suffered from compulsive hoarding including her mother, sister, and husband. Sally first inquired about treatment for her compulsive hoarding when she was 49 years old. At this initial point of admittance, Sally had no idea how to go about cleaning out the useless belongings from her house. Every room in her home was filled with old items that had been hoarded over the past few decades. Her clutter included papers, tools, and many items that she had saved from her children’s youth including books, toys and art projects. Sally reported feeling overwhelmingly busy but never accomplished in her activities.

Sally’s treatment program consisted of the multidimensional plan previously described. The program consisted of a 20 hour a week commitment over the course of six weeks. Sally met with her mediator in order to discuss what she would eventually like her

house to look like. Sally's goal was to have her house clean enough for repair workers to be able to fix the major repair necessary. Sally and her mediator mutually decided that in order to achieve her ideal house only 20% of her current possessions could remain.

Sally's daily regimen consisted of 2 to 3 hours of sorting through her items and deciding which objects she was able to discard. After a short period of time, Sally was able to remove almost 80% of her possessions with the help of her mediator. She experienced a bit more difficulty when asked to sort her materials on her own; Sally was only able to throw away approximately 60% of the clutter. Sally experienced an increased amount of anxiety when trying to discard her children's items that were accumulated in their youth. Despite the fact that her children themselves repeatedly informed her of their approval in disposing of these items, Sally was insistent that her children would eventually regret their decision to part with their childhood belongings. This issue was resolved by providing Sally with a small trunk for each of her children so she would be able to save the most essential items for her children and discard the rest.

After the six week treatment program, Sally's living room and dining room had been completely cleared of the clutter. Sally was able to maintain her progress through weekly sessions of outpatient therapy. If she felt she needed the additional support, Sally was able to call her therapist on the phone and get advice. Additionally, Sally would meet with her therapist for weekly visits in order to sort through remaining boxes of hoarded objects. Due to her commitment to the treatment plan, Sally was able to resist her urge to hoard and was able to clean out two additional rooms.

Sally was able to successfully complete the treatment process for several reasons. First of all, Sally took part in a treatment program that allowed her to become empowered

by making the decisions as to what items were actually being discarded. Additionally, Sally was treated with respect and able to see her personal progress towards the goal she had set for herself while simultaneously dealing with her avoidance issues. Sally is a perfect example of the benefits of the multidimensional treatment plan for compulsive hoarders.

Despite the effectiveness of this multimodal treatment plan, improvements in treatment procedures for compulsive hoarders are stunted by many limitations. First of all, the primary assessment tool used for compulsive hoarders is a self-report questionnaire. Due to the secretive tendencies of compulsive hoarders, it is likely that many of the answers provided on these questionnaires are not completely accurate (Wu & Watson, 2004). Secondly, due to their feelings of embarrassment, compulsive hoarders are not likely to volunteer themselves for treatment (Greenberg, 1987). Instead, they are only exposed through the referrals of people close to them. Since many compulsive hoarders allow few people into their restrictive world, many of the worst cases of compulsive hoarders are never exposed.

Lastly, it is important that future research regarding compulsive hoarding distinguishes between the actual components of hoarding and other aspects that may be correlated with hoarding. For example, household neglect is often seen in individuals who suffer from compulsive hoarding, but household dilapidation is not a classification of compulsive hoarding. Despite the fact hoarding often leads to household abandonment, this is not the only cause of neglect. Situations including debilitating illnesses as well as addictions often lead to this kind of disrepair without the presence of hoarding behaviors. Because of this, it is crucial that future studies are more careful with the term compulsive

hoarding so that only those who truly are effected by this disorder provide information for which future treatment plans will be based.

One new development in the treatment of hoarding is the self-help movement of hoarders themselves. Classic terms such as “pack rats” along with new expressions like “messies” have emerged to describe compulsive hoarders. Many web sites and self-help book have been published by compulsive hoarders. This emergence of books and websites proves to be beneficial since it increases the information available about compulsive hoarding and lessens the stigma associated with their behavior. Hopefully, this new found availability will encourage future research in the area of compulsive hoarding.

Hoarding behaviors are demonstrated by a significant portion of the OCD population. Due to the secretive nature of hoarders, it is difficult to obtain information from these individuals. However, if successful treatment is going to be established, future research must focus on deepening the understanding of the correlation between OCD and hoarding tendencies. Additionally, studies must explore other possible differences between OCD compulsive hoarders and OCD patients who simply practice hoarding. Furthermore, hoarding as an isolated disorder must be researched in order to create more effective treatment methods as well as extending awareness of the issue of hoarding to the general population.

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