K-STATE Research and Extension

Hoarding: The Impact of Compulsive Keepers

Fact Sheet

Hoarding Disorder affects about 19 million people in the United States. Hoarding Disorder is defined by the Mayo Clinic as "a persistent difficulty discarding or parting with possessions because of a perceived need to save them." A person with hoarding disorder experiences behavioral distress, which interferes with their emotional, physical, social, financial, or legal well-being.

Hoarding Spectrum

At times, many people move up and down this spectrum as the stress they are dealing with intensifies and decreases.

- A collector is proud to show off their collection and keeps it neat and organized. Collectors are often strategic in what they purchase and acquire.
- Clutter is defined as a large group of unrelated items piled in a disorganized fashion. Most clutter is out of sight in storage areas and basements instead of in piles in the living room.
- Hoarders seldom display their possessions, which are usually kept in plain sight but in a state of disarray.
- Squalor is unsanitary conditions in the home, such as rotting food, animal feces, etc.

Hoarding creates cramped living conditions and homes full of stuff. Many homes only have narrow pathways that wind through the stacks of clutter. Every surface in the home is covered and piled high with items. The clutter may spread beyond the house to the garage, a vehicle, or other storage facilities.

People who have hoarding disorder do not see it as a problem, which makes treating the person challenging. Hoarders do not see themselves as mentally ill and do not understand how their behaviors contribute to an unhealthy home environment. Hoarding creates unsanitary living conditions that pose health risks. Hoarding can interfere with performing daily tasks such as bathing and cooking. Above all, the squalor is a safety and fire hazard.

Some of the common characteristics of individuals who hoard are:

- Excessive accumulation of large quantities of objects for which there is no space.
- Difficulty parting with and letting go of possessions, regardless of their value.



- Avoidance and procrastination in dealing with the clutter, making rooms uninhabitable.
- Indecisiveness and anxiety at the thought of discarding any item.
- Weak time-management and organizational skills.
- Unable to find important papers and money in the clutter.
- Takes free items without thought, such as sugar packets, flyers, trinkets, etc.
- Buys things because they see them as a bargain and want to stock up.
- Do not invite family and friends to their home because of shame or embarrassment.
- Refuse to let people into their homes to do needed repairs.

For the compulsive hoarder, clutter provides a feeling of safety and comfort, say researchers at the Mayo Clinic. People who hoard usually have few meaningful relationships. The relationships they do have, they have had for a long time. One new discovery is that trauma does not lead to hoarding but rather that hoarding can develop from trauma OR a host of other things such as perfectionism, other mental health illnesses, attachment disorders, physical limitations, or executive functioning issues. But, according to the IOCDF, if a person has not adequately dealt with this trauma, it can lead to or trigger a worsening of the hoarding behavior.

The impact of hoarding can even be felt in business. Compulsive keepers have a poor sense of time, often misplacing files, and are tardy or absent frequently. They struggle with instructions, have a hard time making decisions, and miss important deadlines. These problems create havoc in the workplace and reduce their productivity.

Risk Factors

Hoarding can affect anyone, regardless of age, sex, or economic status.

Age — Hoarding often starts in adolescence and gets progressively worse with age. The longer the hoarding goes on, the more difficult it becomes to treat these individuals. Hoarding is a personal and private behavior, thus making it difficult for others to know how serious the situation is.

Family history — People are more likely to hoard if they have a family member who does.

Social isolation — Often people who hoard are withdrawn from society because they are isolated or lonely.

Perfectionism — People who compulsively hoard struggle with obsessiveness. They worry about making the right decision about what should be done with each possession. The process of trying to decide what to do with possessions creates distress, so they avoid making any decision and keep everything instead.

Solutions

Neighbors and family members can be part of the solution. According to the Mayo Clinic, compulsive hoarding can lead to isolation and loneliness, which in turn can lead to more hoarding. Hoarding problems will only continue to get worse unless there is an appropriate intervention. The worst thing to do is to go into the hoarder's home and clean it up. Oftentimes the compulsive hoarder will just revert to old habits or even worse. The person must be motivated to want to make a change in their lifestyle. This motivation cannot be forced on the compulsive hoarder. Mental health and other social supports need to be in place to help them deal with their problem.

If you identify someone who you feel is a compulsive hoarder, be patient. This situation did not happen overnight. Compulsive hoarding can be treated. It takes time to learn new skills and strategies to cope with a hoarding disorder. Effective treatment of hoarding can take up to a year or more, not to mention the long-term continuous support needed to keep a hoarder from falling back into old habits. Some things that you can do to support a family member or friend are to:

- Ask. Always ask before you dispose or throw anything away. This helps develop trust with the compulsive hoarder.
- Respect the person by acknowledging their right to make their own decisions at their own pace. Treat people as you would like to be treated.
- Be sympathetic, listen, and seek to understand that everyone attaches emotion and meaning to the items they own.
- Be encouraging. Work together to come up with ideas to make doorways and hallways safe and clear. Celebrate the small steps.
- Be a team member. Don't argue over an item, but seek to understand why they have placed such importance on the item and then find a workable solution. You are there to provide support and help them shape the best decision they can make, not make it for them.
- Reflect on how compulsive hoarding has impacted their lives. Has it interfered with their goals or values to live a better life?

Living with or working with someone who is chronically disorganized is challenging. First and foremost, keep lines of communication open. If you get angry with a hoarder, be direct and emphasize they are more important to you than the clutter. Everyone who hoards wants to feel accepted by family and others in the community. There is an increasing stigma on people who hoard. Communities and family members need to work together to create support systems for these individuals.

Research and Treatment

Compulsive hoarding is a relatively new area of research and study. According to the Mayo Clinic, you should seek help from a doctor if clutter and difficulty in discarding things is a problem. This condition usually surfaces in the teenage years. As an affected person grows older, he or she typically starts to acquire things for which there is no need or space. By middle-age, when the condition is usually diagnosed, symptoms are often severe and difficult to treat.

If you or a loved one has symptoms of hoarding, talk with a doctor or mental health provider. Some agencies may be able to offer help and support to deal with this problem. As a last resort, contacting local authorities — such as police, fire, public health, or animal welfare agencies — may be the best choice, especially when health or safety is at risk.

Resources

For more information:

- Mayo Clinic, <u>mayoclinic.org/diseases-conditions/hoarding-disorder/symptoms-causes/syc-20356056</u>
- International OCD Foundation, *hoarding.iocdf.org/about-hoarding/*
- Hoarding Coalition, Wichita/Sedgwick County, <u>sedgwickcounty.org/hoarding-coalition/</u>



Author

Denise Dias, Extension Agent, Family and Consumer Sciences, K-State Research and Extension, Johnson County 11811 S Sunset Drive, Suite 1500, Olathe, KS 66061 913-715-7000, ddias@k-state.edu

Reviewers

Elizabeth Kiss, Ph.D, Associate Professor and Extension Specialist, Kansas State University, 343L Justin Hall, Manhattan, KS 66506-1403 785-532-1480, dekiss@k-state.edu

Megan McCoy, Kansas State University Professor of Practice Director of PFP M.S. Programs Licensed Marriage and Family Therapist 343M Justin Hall, Manhattan, KS 66506–1403 785–532–5510, meganmccoy@k-state.edu

Rachael Clews, MA, MS, CFLE, Extension Specialist, Family and Consumer Sciences, K-State Research and Extension Southwest Research-Extension Center 4500 E Mary Street, Garden City, KS 67846 620-275-9164 extension 226, rclews@k-state.edu

> Cindy Williams, Meadowlark Extension District, FCS Agent K-State Research and Extension, Meadowlark Extension District Oskaloosa Office, PO Box 326, 100 E. Washington Oskaloosa, KS 66066-0326 785-863-2212, csw@k-state.edu

Brand names appearing in this publication are for product identification purposes only. No endorsement is intended, nor is criticism implied of similar products not mentioned.

Publications from Kansas State University are available at www.bookstore.ksre.ksu.edu.

Date shown is that of publication or last revision. Contents of this publication may be freely reproduced for educational purposes. All other rights reserved. In each case, credit Denise Dias, *Hoarding: The Impact of Compulsive Keepers, Fact Sheet*, Kansas State University, August 2021.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

K-State Research and Extension is an equal opportunity provider and employer. Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Director of K-State Research and Extension, Kansas State University, County Extension Councils, Extension Districts.