

Hoarding Disorder: What is it, who is affected, and what can be done to help from a social work perspective?

Savannah Lynn Grignon

Southern Adventist University

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According to the DSM-5 (2013), Hoarding Disorder is characterized by the “Persistent difficulty discarding or parting with possessions, regardless of their actual value” (p. 247). This trouble with discarding belongings results in a buildup of belongings that overwhelm living areas and subsequently impede their intended purpose because of the clutter (American Psychiatric Association [APA], 2013). This paper will review the nature of Hoarding Disorder who it affects, and its implications from a social work perspective.

Statement of Problem

Hoarding Disorder is estimated to affect 2-6% of the population, but no nationwide studies have been done to confirm an accurate prevalence of the disorder. Factors such as embarrassment may prevent individuals and family members from reporting the disorder or seeking help, thus making it difficult to estimate its true prevalence (Kress, Stargell, Zoldan, & Paylo, 2016). Recent studies show that onset of Hoarding Disorder may occur in childhood and adolescence, but the older adult population has the highest prevalence of Hoarding Disorder according to the DSM-5, because symptoms become more substantial with age if left untreated (APA, 2013). Studies have shown that Hoarding Disorder poses a physical and social threat to those involved, therefore it is an area that needs the focus and attention of social service members (Bratotiis, 2013; Frost, 2010).

Problem Exploration

The Social Context

Shaeffer (2017) asserts that there are a variety of intersecting social forces that have created a society where hoarding behaviors have been historically developed and are actively

encouraged in society today. These intersecting social forces include acquisition, clutter, and discarding and are linked to three primary hoarding behaviors: the attainment of items, clutter within the living environment, and the failure to discard things. Shaeffer (2017) suggests that, based on these socially developed attitudes towards objects, hoarding behaviors should not be viewed as abnormal activities within the social context and are not only portrayed by those with Hoarding Disorder.

Acquisition. Shaeffer connects the Hoarding Disorder behavior of acquisition to its socially constructed origins during the industrialization of the United States when materialism was greatly emphasized and people of all social classes were affected (2017). Shopping shifted from a practical endeavor towards a leisure activity in the late 19th century, demonstrating how shopping is a good example of how the attitudes toward material items have developed over time. Department stores became popular and, although they carried a wide variety of items, their main emphasis was on home goods. This transformed shopping even further by shifting it from a wife's duty to an opportunity for women to cultivate their personal houseware preferences and develop their ideals of what a "good life" is supposed to look like (Blaszczyk, 2009). Fashion and advertising also play a role in society's increasing desire for objects among all of the social classes, because people continue to acquire more than they need to fulfill their basic needs and branding has become a standard aspect of consumerism as companies compete for buyers' attention (Shaeffer, 2017; Blaszczyk, 2009). Advertisements were, and continue to be, used to show consumers how objects could offer a better life (Shaeffer, 2017). Through these things, it is clear how evolving consumerism in the United States has developed a social context of acquiring items.

Clutter. As the most notorious hoarding behavior, clutter is now even more identifiable through its recent attention in television and other media outlets. Shaeffer suggests that clutter should be seen as the intersection of person, objects, and home space, because the person acquires objects and arranges them within their home space, either consciously or unconsciously, and by doing so, they assert control over their environment as well as over the meaning of both the home space and the objects within it (2017). Through the many options for the acquisition of objects provided by stores and promoted by advertising, the intersection of the attitude towards the home and the objects within it is seen, because the home is viewed as an extension as self by “speaking” to the individual on a personal level (Shaeffer, 2017). Shaeffer (2017) goes on to say that the way that individuals control the space of their homes is a way of constructing identity. This home and identity concept, combined with collecting and other hobbies that have gained popularity over time as a means of maintaining a healthy outlook on life, begins to shed light on the phenomenon of clutter (Shaeffer, 2017).

Discarding. If an individual can regularly and sufficiently whittle down their belongings, then other hoarding behaviors are more manageable, however, the failure to discard objects is what makes other hoarding behaviors such as acquiring and clutter so detrimental to the individual and those around them (Shaeffer, 2017). Shaeffer asserts that the failure to discard is not just the absence of action, but is both action and inaction, because it is both the avoidance of discarding as well as the act of saving and storing (2017). Reasons that an individual might have for failing to discard objects include that they think the object still has value or that it can be reused, among others (Fisher & Shipton, 2010). While this is a normal thought process for everyone, it can become problematic when combined with other hoarding behaviors such as acquiring and clutter.

The Individual

Hoarding Disorder is a danger to the individuals who have it in a variety of ways. Poor overall physical and mental health is associated with Hoarding Disorder in individual.

Individuals with Hoarding Disorder are also more likely to have comorbid conditions (Kress, Stargell, Zoldan, & Paylo, 2016). In the older adult population, messy home spaces create a greater risk of falling and medication misplacement which make an already vulnerable population more at risk (Ayers et al., 2010; Frost, 2010). While primarily considered an adult disorder, Hoarding Disorder is also prevalent in children and adolescents. Burton, Arnold, and Soreni, (2015) assert that this is an important area of study, because symptoms of Hoarding Disorder often begin in childhood, symptoms often persist into adulthood, and Hoarding Disorder is associated with several negative health outcomes.

The Family

According to Steketee, et al. (2015), hoarding symptoms appear to be common among first-degree relatives of people with Hoarding Disorder. Other clinical studies also support the idea that Hoarding Disorder runs in families (Moore, Shevlin, & O'Neill, 2010). This gives cause for the idea that hoarding could be considered a learned or hereditary disorder. Furthermore, discord and risk are generated in family environments where hoarding is present, especially for family members who are living in the hoarded environment. Tolin, Frost, Steketee, and Fitch (2008) conducted a study, the first of its kind, that examined the harmful effects that hoarding has on family members. They sampled a large number of reported family members and friends of individuals with Hoarding Disorder and predicted that those sampled would report high levels of

distress and damage within the family. In order to obtain a large sample, individuals were surveyed via an internet survey. The results of the survey indicated that living in a severely messy household during early childhood is connected with a higher prevalence of childhood distress. This distress includes decreased happiness, greater difficulty in establishing friendships, less social connection within the home, greater strain among the family relationships, as well as embarrassment about the state of the home (Tolin, Frost, Steketee, & Fitch, 2008). Another study published in 2013 investigated the lived experiences of twelve family members of persons who hoard in order to understand the effects of Hoarding Disorder on the family members of those who hoard. Negative feelings toward the family member who hoards, lack of understanding of behavior associated with Hoarding Disorder, experiences of loss, internal barriers to seeking support, and internal conflicts are five major themes that arose from the data gathered from the family members (Sampson, 2013).

The Community

Hoarding Disorder not only endangers individuals and families, but the community as well. This is because cases of Hoarding Disorder are expensive to clean up, difficult to resolve, and involve multiple community agencies (McGuire, Kaercher, Park, & Storch, 2013). This could cause a strain on an already overloaded social services system. Prior to an in-service training, over 200 social service staff members completed a survey about their experiences with cases involving hoarding. Respondents reported having received no prior training on dealing with hoarding, despite encountering two to three cases of Hoarding Disorder per year (McGuire, Kaercher, Park, & Storch, 2013). Hoarding Disorder also involves community safety risks such as pest infestations, toxic odors, fire hazards, mold growth, food contamination, and unsanitary living conditions (Bratiliotis, 2013; Frost, 2010).

Theoretical Perspectives

The person in environment theory is the most applicable to Hoarding Disorder and should be referenced frequently when trying to understand individuals with Hoarding Disorder. While treating clients with Hoarding Disorder, clinicians should employ the person in environment perspective by attempting to understand clients' behaviors in context (Tolin et al., 2008). Treatment for Hoarding Disorder also employs the strengths perspective by including components such as skills training to enhance problem solving, decision making, and organization (Kress, Stargell, Zoldan, & Paylo, 2016).

Conclusion

Gaps in Literature

There are several areas of literature that could use further research. No national epidemiological studies have been done to confirm an accurate pervasiveness of this disorder (Kress, Stargell, Zoldan, & Paylo, 2016). There few, if not zero, randomized control trials that have tested the success of pharmacological treatments for Hoarding Disorder (Kress et al., 2015). This is an area of treatment that could use more research. Another area of needed research is the question of whether the vulnerability associated with living in a messy environment during early childhood is a factor for developing later psychopathy (Tolin, Frost, Steketee, & Fitch, 2008). There are also several areas for future research that look into the social aspects of Hoarding Disorder including the ways in which individuals organize objects in their homes; media consumption of individuals with Hoarding Disorder; the attitudes of individuals with Hoarding Disorder toward the concepts of recycling, disposal, reuse, and environmentalism; and finally, research on the ways that individuals with Hoarding Disorder understand cultural cues, as compared to the rest of society (Shaeffer, 2017).

Implications to Social Work

Hoarding Disorder contributes to several implication to social work. As a part of the core competencies of social work, social workers are inclined to conduct research based on their clients' need. There is currently much needed research in Hoarding Disorder that social workers could contribute to. Additionally, social workers are to apply knowledge of human behavior and the social environment when working with clients. The person in environment theory is important to keep in mind when working with individuals with Hoarding Disorder. In addition to addressing mental health problems, when working with clients with Hoarding Disorder, counselors and other social workers need to help individuals establish healthy routines due to the vulnerability that Hoarding Disorder creates within the homes of the individuals who have it (Kress, Stargell, Zoldan, & Paylo, 2016).

Summary

Hoarding Disorder is a recent addition to the DSM (2013) and there is still much to learn about its diagnosis, treatment, and effects on individuals and others. Hoarding Disorder poses a physical and social threat to the individuals who have it as well as to their families and the broader communities. Further research is needed to understand Hoarding Disorder. Social workers and other social service members should be particularly interested in the research of Hoarding Disorder due to the frequency of which they encounter it.

Recommendations

Hoarding Disorder appears to be a problem regularly encountered by social service workers, yet those surveyed have received no prior training on how to deal with such cases (McGuire, Kaercher, Park, & Storch, 2013). It is recommended that increased training, as well as future research on the development and assessment of interdisciplinary procedures for

dealing with cases of Hoarding Disorder. This may help social service staff members to be able to refer individuals with Hoarding Disorder within the community to mental health and other professionals in a timelier manner and, as a result, could promote better client outcomes.

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