

1-11-13 Holding on and Letting Go

I recently met an assistant health agent, fairly new to the job, at a conference luncheon. While describing her job and her feelings about it, she exclaimed with great enthusiasm, "I love the hoarders!" I want to back to school and learn more about them! Her boss rolled her eyes and the eyes said, "Go back to school; that's fine, but concentrate on your job!"

I smiled and said, "I think I know what you mean. I love them, too."

"These people" who collect more than they can handle, to the point that their living space is no longer useable, are, indeed, very interesting people. They are known to be creative and intelligent. Their thinking process may be more complicated, making it difficult to make choices. So, they might think, "Let's put it here for now and decide later." Later gets put off until later and later again and then it becomes overwhelming. It becomes too difficult to even look at. Denial sets in.

They do suffer from anxiety due to the situation, even if they won't admit it, in addition to usually having health problems as a result of poor air quality, poor diet, and environmental pollutants such as insect and rodent infestations.

I usually meet this person as a result of a medical call to the home. When the Fire Department sees the condition of the home, the board of health is called. The Fire Department can order partial clean-ups to open up blocked egresses. The Board of Health can apply the housing code to order repairs, clean-ups and even condemnation. However, more than that is needed to truly help these people and to prevent a return to the point of uninhabitable conditions.

If they want to be helped they can be. In terms of therapy, hoarding is at least now accepted as a separate disorder. The fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has recently been revised, and "hoarding disorder" becomes a separate diagnosis, characterized by a "persistent difficulty discarding or parting with possessions, regardless of their actual value."

This revision means more than therapists' ability to bill insurance companies for this diagnosis; it means more training on the part of therapists and more research. Those are all good things. And it certainly is needed. You'll understand right away the scope of the problem if you look at local websites such as our Massachusetts Department of Public Health's (DPH) Health and Human Services section and at MassHousing's website. There, you will see long lists of resources including legal help, self-help groups, who needs to be involved, fact sheets, animal hoarding, Boston University School of Social Work, professional cleaners and organizers and many more!

If you need this help or someone you know does, please approach the issue with compassion. Compassionate responses and caring, realistic plans and goals with an incremental

approach will be more productive than emotional, harsh, judgmental ones with short time frames. The big purge always takes much, much longer than at first anticipated.

How naïve I was with my first case! I actually said, site unseen, “How much stuff could there be? It’s a mobile home, not a three story Victorian!” Two twenty-yard dumpsters, months of sorting and sifting and the help of fifteen volunteers later, the areas of rotted floors were discovered. Low interest loans were acquired for repairs to the floors and plumbing and a weekly cleaning service put in place. In the end, that person had a house warming party with friends back to his home for the first time in ten years.

The successes I have known happened because the individual was motivated, he or she was surrounded by a framework of support and they were willing to stay involved in the follow-up. It is important to have visitors and a social life inside the home as well as out. It is very helpful if cleaning help can be purchased or bartered for. Also, consider a contract with the local Board of Health and a social worker, allowing them to visit X times a year to update assessment & goals. With the teamwork approach and cooperation, it is possible to reign in problems while small, avoiding recidivism. Remember, the real goal is to determine if the home is safe enough; not pretty enough or orderly enough, according to your standards.

A true hoarding case is different from a home that becomes uninhabitable due to other circumstances such as disabilities, alcoholism, or long term care of another. Any of these circumstances, without a support system, can lead to isolation and hopelessness. That end result is the area of overlap; isolation and hopelessness are overwhelming circumstances for anybody.

Hoarding as a worldwide problem. We, as a worldwide community, are having difficulty dealing with its complicated ramifications. There is a growing trend of thought among psychiatrists that hoarding has as much as a fifty percent genetic basis, now that some studies of twins have been conducted (*Am J Psychiatry*. Published online August 17, 2009). It is also thought that “environmental” factors play a role, with trauma, loss and abandonment high on the list. That makes sense, doesn’t it? Perhaps without unawareness of it at the time, the person holds onto something when something has been taken away. Then the person holds on to more and more to relieve the anxiety of the sense of loss or abandonment. When that is the case and if it has been going on for years, letting go is not easy.

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