

Running head: SEPARATING HOARDING FROM OBSESSIVE COMPULSIVE DISORDER.

Separating hoarding from OCD

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Abstract

There is confusion about the status of excessive hoarding. In particular there is an unresolved question about whether or not it is a manifestation of obsessive-compulsive disorder (OCD). There are some definite similarities between 'compulsive' hoarding and OCD, but they are outweighed by the differences between them. It is proposed that the matter can be clarified by separating hoarding from OCD, and that this would advance clinical work and research.

Keywords: compulsive hoarding; hoarding; obsessions; OCD

Separating hoarding from OCD

As a start it would greatly increase the size of the population of interest; there are more than five times as many hoarders as people who suffer from OCD (Kessler et al., 2005; Samuels et al., 2008; Tolin, Frost, & Steketee, 2008; See Figure 1). Moreover, only a minority of patients with OCD have significant symptoms of hoarding. The estimates range from 11% (see Steketee & Frost, 2003, p. 908) to 33% of OCD patients. In addition, hoarding is not specific to obsessive compulsive disorder (Abramowitz and colleagues, 2008). Given that a great deal of research on the problem has been carried out on hoarding in OCD, it appears that most of our current knowledge is based on less than 1/15th of the total population of hoarders.

Insert Figure 1 about here

The diagnostic status of hoarding

There are many examples of the prevailing confusion about the nature and status of hoarding, starting with the descriptions and diagnostic criteria in the DSM. Although it is widely assumed that compulsive hoarding is indeed a manifestation of obsessive compulsive disorders, neither 'compulsive hoarding' nor 'hoarding' appear in the Index of the DSM IV-TR (2000). It is not listed in the diagnostic criteria for obsessive compulsive disorder, and not even mentioned in the description of this disorder. 'Hoarding' is mentioned briefly in the description of Obsessive Compulsive Personality Disorder (OCPD; difficulty in discarding worthless objects, p.726) and is one of the eight diagnostic criteria for OCPD (DSM 301.4). However, there is a curious and confusing commentary in the criteria for OCPD-"A diagnosis of obsessive compulsive disorder

should be considered especially when hoarding is extreme," (DSM IV-TR, p.278). This is confusing because the diagnostic criteria for OCD contain no mention of compulsive hoarding nor hoarding. This cross-reference from OC Personality Disorder to obsessive compulsive disorders leads to a void.

Another confusion is contained in the Yale-Brown Obsessive Compulsive Scale (YBOCS; Goodman et al., 1989), the widely used interview measure of OCD. The scale has 2 questions about the occurrence of 'hoarding', one in the section on compulsions and the other in the section on obsessions. Presumably this means that hoarding can be an obsession and/or a compulsion, but that is an academic question because the replies to the two questions are not included in determining the total score, or even sub-scale scores of the YBOCS. This appears to be a case of "do ask, but don't tell".

Existing measures of OCD do not capture the nature of hoarding and has led to the development of new, specific scales to capture the phenomenon (e.g., Frost, Steketee, Tolin, & Renaud, 2008). This is a necessary and constructive step in the process of detaching hoarding from the construal of obsessive compulsive disorder and studying it as a separate phenomenon.

The nature of excessive hoarding

Excessive (compulsive) hoarding has five prominent features: excessive acquisition of large numbers of unnecessary and often worthless objects or items; apparently irrational, emotional attachments to the objects; vigilant protection of the collection; cluttered living conditions; emotional and behavioural resistance to discarding the objects/items. The hoarding is excessive if it seriously interferes with normal daily activities, creates hazards, causes annoyance and complaints from other people or agencies. The social pressure to cease hoarding can be distressing for the sufferers. People engaging in this behaviour tend to concede that it is perhaps excessive, but nevertheless regard it as worthwhile and justifiable. In principle they are not averse

to receiving help in managing the excesses but are not willing to forego their collections.

Consequently they do not see the need for psychiatric medication. They are open to advice and support but rarely seek psychological treatment.

Is excessive hoarding a compulsion?

Strictly, the term compulsion means repetitive, purposeful behaviour that the person feels compelled to carry out. It is emotionally negative, and typically, distressing and frustrating. It is preceded by strong urges to carry out the behaviour, and commonly takes on ritualistic qualities--precisely repeated, unchanging actions that resemble religious rituals in form but not content. The person has insight into the problem, that is, recognizes that the compulsive behaviour (usually repetitive checking or washing) is basically irrational, and tries to resist it at least in the early stages. Compulsive behaviour is distressing and can be disabling (Rachman and de Silva, 2009; Rachman & Hodgson, 1980). The similarities between excessive hoarding and compulsive behavior are feeling compelled to carry out the actions, strong urges that are hard to resist, and repetitiveness.

However, people who engage in hoarding do not have 'insight', do not regard their hoarding as irrational, and justify their actions. The acquisition and storing of new items is emotionally positive or neutral. The acquisition and protection of their collections is not distressing, but the unmanageable clutter can be frustrating. The distress that hoarders experience is secondary, mainly in the form of intrusive complaints that are made by other people, and by agencies. The great difficulty in discarding unnecessary/worthless items is a major obstacle to desirable changes. Attempts to encourage the person to dispose of such items are tenaciously resisted. This component has no resemblance to compulsions. As set out above, there are some similarities between the acquisition component of hoarding and compulsive actions. Both are driven by strong urges that are difficult to resist, and both involve repetitive actions. However,

the repetitive actions that typify OCD, compulsive checking and/or washing, are repetitions of essentially the identical actions day after day, and they tend to become stereotyped. The repetitiveness involved in acquiring new objects is generic, not a repeat of specific actions, and not stereotyped. Attempts to discard the acquisitions can cause distress, and there is a similarity here with the distress associated with compulsive behaviour. It is possible to regard the resistance to discarding items as a type of safety behaviour, and in clear instances it has this appearance, but safety behaviours are not distinctive of obsessive compulsive disorder and occur across a wide spectrum of abnormal and normal behaviour.

Hoarding 'obsessions'?

Similarly, the use of the term 'obsessional' to describe hoarding is misleading. Obsessions are recurrent, intrusive, unwanted and often repugnant thoughts/images/impulses. They cause considerable distress and are resisted. The term 'preoccupied' is a more accurate description of the hoarder's intense and pervasive interest in adding to their collections and protecting them. The preoccupying thoughts are neither intrusive, nor unwanted and certainly are not repugnant (Rachman, 1973).

Opinions will vary but we consider the differences between hoarding and OCD to be critical; applying the term "compulsive" to certain aspects of hoarding is misleading (although a recent proposal has been made regarding the consideration of a "compulsive hoarding syndrome" distinct from OCD (see Saxena, 2007)). Perhaps the simplest course is to replace the term "compulsive hoarding" with excessive hoarding. (For present purposes only, the term compulsive hoarding is retained when referring to earlier literature that uses this term.)

Other differences between excessive hoarding and OCD

Additional differences between excessive hoarding and OCD are summarised in Table 1.

Some Theoretical Consequences

The primary theoretical advantage of separating hoarding from OCD is that it would encourage a fresh construal of excessive hoarding in its own right, undistracted by attempts to fit the phenomenon into OCD. Freed from attempts to squeeze hoarding into OCD, it would encourage thinking about the totality of excessive hoarders and hoarding. It would very likely uncover a broad variety of motivations for hoarding and stimulate fresh attempts to gain an understanding of the tenacious resistance to discarding hoarded items, and why and when attempts to dispose of apparently unimportant trivial items can provoke such intense emotional reactions. Recent work in this area has examined hoarding as a syndrome found in individuals both with and without OCD (see Pertusa et al., 2008). It has been suggested that at times hoarding behaviour may also be a specific symptom of OCD when it is thought to be related to “obsessional themes” (e.g., a person who hoards because they believe that doing so will keep a loved one safe from harm). Though these occurrences appear to be rare, they suggest the possibility that removing hoarding from OCD would encourage research into hoarding behaviour in the context of other disorders, such as schizophrenia and obsessive compulsive personality disorder.

Practical advantages of considering excessive hoarding as a problem independent of OCD

Separating hoarding from OCD would eliminate the prevailing confusion and promote a constructive re-construal of hoarding. Firstly, it would greatly expand the size of the affected population, and bring the study of hoarding into line with the demographic data that highlight the very high incidence of hoarding that is not associated with OCD. Detaching excessive (compulsive) hoarding would ensure that RCT's of treatment for OCD routinely exclude cases in which hoarding is a significant problem. It would ultimately discourage the use of psychometric tools that were designed to assess obsessive compulsive disorder, when addressing hoarding. Closely associated, it would reduce the confusion about the significance that should or should not

be attached to hoarding when making a diagnosis of obsessive compulsive disorder. Separating hoarding from obsessive compulsive disorder would discourage the use of 'anti-obsessive drugs' for people who are excessive hoarders. It would also discourage attempts to apply the cognitive behaviour therapy methods that are used to treat obsessive compulsive disorder when considering how to assist excessive hoarders. Most importantly of all, the separation of hoarding from OCD would encourage attempts to develop new methods of assessing and treating excessive hoarding, following the admirable example of Frost, Steketee, Tolin and Renaud (2008).

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Table 1. Differentiating excessive hoarding from OCD

Treatment response	Excessive hoarding unresponsive to traditional CBT or medication for obsessive compulsive disorder.
Demographic distribution	Excessive hoarding far more common than OCD (Tolin et al., 2008; Samuels et al., 2008; Kessler et al., 2005).
Insight/complaints	Excessive hoarders seldom complain about their 'problem', rarely seek treatment and have limited 'insight.'
Age at which seek treatment	People with OCD appear earlier for treatment.
Distress	OCD causes primary distress; the distress associated with excessive hoarding is secondary and arises from complaints made by others.
Purpose	The purpose of OCD compulsions is to reduce threat and/or anxiety; Multiple reasons for excessive hoarding including taking advantage of opportunities to add to one's collection.
Emotions	OCD compulsions are emotionally negative; Excessive hoarding is emotionally positive or neutral.
Stability of problem	Hoarding is extraordinarily stable; OCD problems show variability over time.
Cognitive analyses	Cognitive analysis of OCD centres on appraisals of intrusive thoughts. No similar conceptualization for excessive hoarding.
Over-inclusiveness	Verbal reports of people with excessive hoarding tend to be over-inclusive.
Attachment/sentimentality	People with excessive hoarding often have overgeneral and overdeveloped ideas regarding attachment to their possessions.

Figure Caption

Figure 1. Twelve month prevalence rates of psychiatric disorders, reproduced with permission from Tolin et al. (2008).

