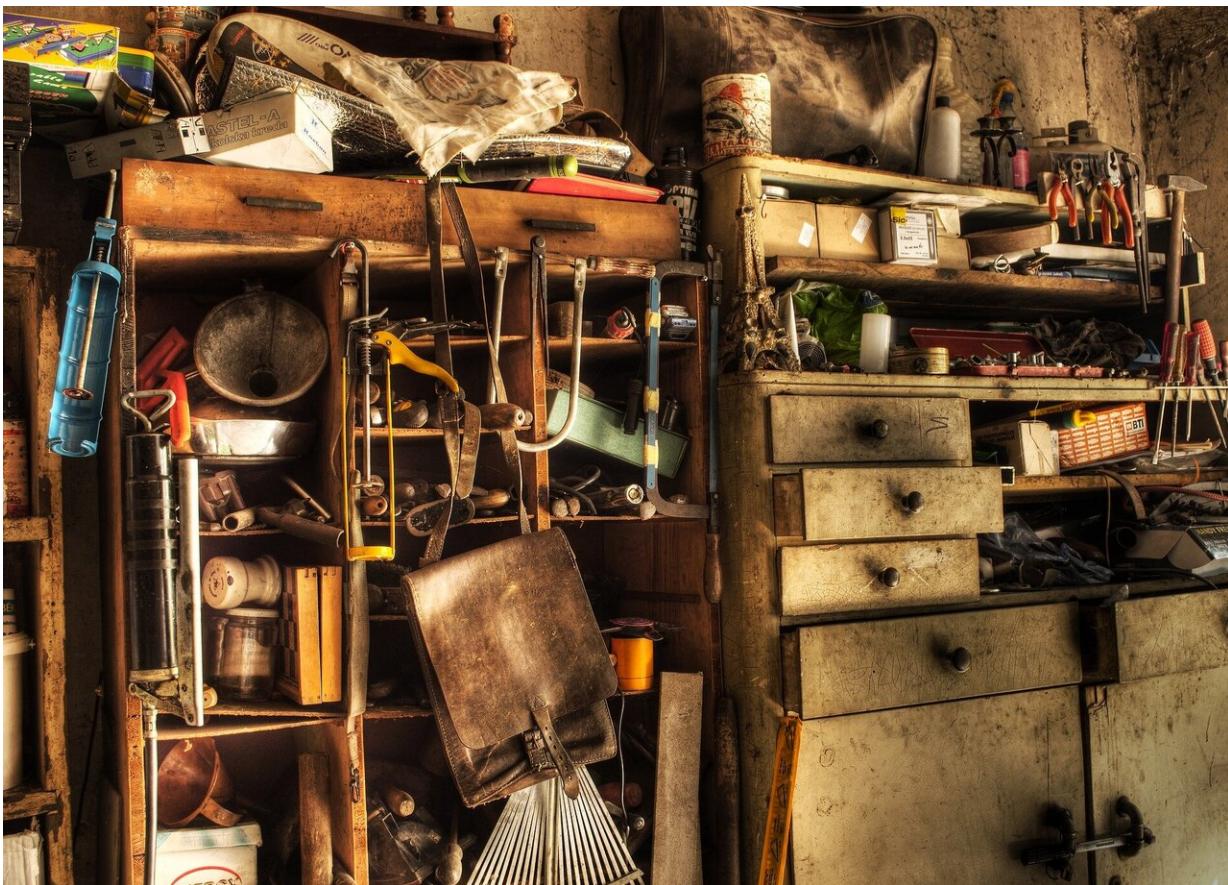


# Memories form 'barrier' to letting go of objects for people who hoard

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New research conducted at the University of Bath has demonstrated important differences in how people with and without hoarding

problems discard objects and the role their memories play.

It was already known that hoarding behaviour is driven by a strong emotional connection with objects. But the new experimental findings, published online in the journal *Behavior Therapy*, show that for people who hoard this connection may be in part attributable to the vivid, positive memories associated with those objects.

In essence, for those with hoarding problems, individual items become an extension of a given memory, becoming a barrier to decluttering and hence exacerbating an individual's problems. Drawing on the new findings, the team behind the study hope that cognitive-behavioural therapy (CBT) for hoarding might be enhanced by training individuals to respond differently to those memories.

Hoarding describes a problem where individuals have considerable difficulty letting go of possessions. Consequently, rooms can become so cluttered over time that living spaces becomes no longer usable for their intended purpose.

According to the Royal College of Psychiatrists, hoarding can be a mental health problem in its own right (known as 'hoarding disorder'). The clutter associated with hoarding can have profound negative effects on the lives of people living with the problem and those around them, particularly with respect to emotional and physical well-being, health and safety, and finances. The fire risks associated with clutter are also be of particular concern.

Lead researcher Dr. Nick Stewart, who now works as a Clinical Psychologist at Avon & Wiltshire Mental Health Partnership NHS Trust, explains: "People who hoard are often offered CBT to help them understand the thoughts and feelings associated with their saving and acquiring behaviours. This approach is very beneficial for some people,

but not all. Our aim is to understand better the psychological factors that drive hoarding behaviour, to give us clues for how therapy for hoarding might be improved."

The researchers conducted structured interviews with 27 people with clinically-significant hoarding problems, and 28 without such difficulties (the 'control' group).

Participants were asked to recall the memories that came to mind the last time they discarded, or tried to discard, items at home.

Both groups reported positive memories while discarding possessions that they valued (which may describe most possessions in the case of people who hoard). These memories included recollections of acquiring the object, or memories of an event or person associated with the object. Crucially, the control participants (those without a hoarding problem) reported attempts to avoid this positive imagery, while the hoarding participants did not.

Dr. Stewart explains: "We can all relate to the experience of being flooded with positive memories when we hold valued possessions in our hands. However, our findings suggest that it's the way in which we respond to these object-related memories that dictates whether we hold onto an object or let it go. The typical population appears to be able to set aside these memories, presumably to ease the task of discarding the objects, and so manage to avoid the accumulation of clutter. The hoarding participants enjoyed the positive memories but reported that they got in the way of their attempts to discard objects."

In the paper, the researchers have suggested ways in which this new insight could be used to enhance CBT for hoarding.

Dr. James Gregory, Clinical Research Tutor and Clinical Psychologist at

the University of Bath, who supervised the research, said: "Where positive memories, and the mental images associated with them, are getting in the way of discarding objects, therapists could work with people to develop an alternative image to 'compete' with the one that's causing difficulty. This competing image could capture the positive consequences of discarding items, for example, eating a meal with loved ones at a dinner table once it is clear of possessions."

The next step is a follow-on experimental study to see if helping people to 're-script' memories in this way is helpful for enabling people to let go of objects more easily.

Dr. Gregory added: "While memories associated with objects can afford a sense of comfort and security to people who hoard, the resulting clutter can rob people of their quality of life. This study is part of a wider effort at Bath to better understand the special relationship that people have with their possessions. Ultimately we hope to use this knowledge to improve psychological support available and to enhance the wellbeing of people who hoard."

## Notes on hoarding:

- Up to 1.3 million people in the UK may have a significant hoarding problem (or develop one in the future);
- People with hoarding problems may keep items for sentimental reasons or because they find objects beautiful or useful. Most people with hoarding problems have a very strong emotional attachment to objects;
- Hoarding can become problematic for several reasons. It can take over a person's life, making it very difficult for them to get around their house. It can also affect work performance, personal hygiene and cause relationships to suffer;
- Household clutter can also pose a health risk to the person and

anyone who lives in or visits their house. For example, it can become a fire risk and block exits in the event of a fire, or cause trips and falls;

- The main treatment is cognitive behavioural therapy (CBT). The therapist will help the person to understand what makes it difficult to throw things away and the reasons why the clutter has built up. This will be combined with practical tasks and a plan to work on.

**More information:** Nick A.J. Stewart et al, The Role of Intrusive Imagery in Hoarding Disorder, *Behavior Therapy* (2019). [DOI: 10.1016/j.beth.2019.04.005](https://doi.org/10.1016/j.beth.2019.04.005)

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