

Information Hoarding: The Ne

By Renae M. Reinardy, Psy.D., LP
Lakeside Center for Behavioral Change
Minnetonka, MN

Compulsive hoarding is a condition that comes in a variety of forms. I refer to them as the “flavors of hoarding.” In general, hoarding is a condition that affects millions of Americans and their families. A number of my clients who hoard have been self-referred for treatment, but many others had another person or organization demand that they seek treatment. In either case, I have found that many hoarding clients are able to make progress. Many hoarders have felt much shame about their condition and have said things like, “I must be so sick to be doing this behavior.” I will agree if by “sick” they mean: S-sensitive; I-intelligent; C-creative; and K-kind, since these are the characteristics I so often find in my clients who hoard.



As I mentioned, hoarding comes in different flavors. This includes different ways that people come into possession of the types of items acquired, and the reasons why people have difficulties processing their possessions.

Items can be acquired in a number of ways. This is the “How.” Some examples include compulsive shopping, picking up free items, inheritance, gifts, the Internet, and gradual accumulation over many years. There is also variation in the types of items that are acquired and saved. These are the “What.” Examples include, clothing, animals, tools, machines, crafts, containers, food, recyclables, sentimental possessions, and varieties of media containing information. There are many reasons why individuals hoard (the “Why”), but often cognition processing deficits and emotional attachment to possessions are contributing to the behavior. Other common factors may include depression, attention deficit disorder, a family history of hoarding, control issues, or perfectionism.

The focus of this article is on the information hoarding subtype. Within this

“flavor” of hoarding, it is important to look at the types of information that people feel compelled to acquire and save, and the thoughts and behaviors that often fuel this need to know. The categories include memory items, research items, and general knowledge items.

Memory items can be pieces of information that remind us of important events or people in our life. Many information hoarders will save calendars that have been used or have intended uses in the future. People often get a backlog of information entered on their calendars and feel compelled to remember the information, even if it occurred several years ago. Greeting cards and gift lists are also frequently saved items, with the intention to track these items. Lists in general are also often kept detailing things to do and things that have already been done. Several of my clients have kept time records, video recordings, and audio recordings of events that they perceived to be important, but many others would not. Sticky notes and computer pop-up reminders are also memory tools that can be used excessively with individuals with this hoarding subtype. Also common to memory items are previously read materials that are believed to be important enough to keep in case the information is needed in the future.

Research items include information that is sought out for a specific purpose. Common sources for this information include researching on the Internet, books, magazines, newspapers, “Consumer Reports,” and asking questions of friends and family. Research items are often acquired either with the intention to help the individual make some type of decision or for general interest. People with this type of hoarding will often research items for days or weeks with the intention of assisting them in making the “right decision,” regarding home appliances, doctors, home repairs, where to travel, employment opportunities, and volunteer positions. They are often trying to reach the experience of “fully knowing.” Many people will do research when making an important decision, but with hoarding this process is much more laborious than is often necessary. Information hoarders may enjoy this process or feel

tortured by their feeling of “needing to know.” This process can lead to hyper-focus – that’s when individuals will research for continuous hours without realizing the time or taking care of basic needs (e.g. sleep, eating, family time, etc.).

The last category I will discuss here is general knowledge hoarding. This is information that is not actively sought, but seems important to know or remember. Common items that fall under this category include public safety flyers (e.g., winter driving tips, home ownership tips, how to recognize a stroke, etc.), current events, community events, and information that is specific to that individual or others close to him/her. What is important to keep in mind is that much of this information is interesting or is potentially useful; the problem is with the quantity of information, which makes accessing it extremely difficult, and the distress or impairment caused by this behavior. In addition, people who hoard often have too broad a scope of interests. This results in the desire to learn more about multiple things, often never being able to satiate their curious minds.

Many information hoarders are resistant to changing their behavior because they are afraid that treatment will “dumb them down,” or they will lose their creative edge,” or they will lose their creative edge,” I have yet to see this occur in therapy. Clients typically report the opposite, where they find they are better able to focus and that they are more likely to complete projects. Instead of taking a “do it all at once” approach, we work on breaking down interests and information based on importance, priority, and reasonable limits.

What is fueling the need to know and remember? The answer to this question often includes three parts. Assessment of the behavior typically involves looking at thoughts, behavioral patterns, and reinforcers that are maintaining or exacerbating the hoarding problem.

There are several thought patterns identified in individuals who hoard. These patterns have been discussed in more detail in the research done by Frost and Steketee (1998), who have been the pioneers in hoarding literature. Hoarding thoughts can be related to perfectionism (e.g., a perfect person

ed to Know and Remember

would remember this information), over-commitment (e.g., I will research that for you), beliefs about memory (e.g., everyone else can remember what was written in the "Washington Post;" I need to save it because I cannot remember it all), opportunities (e.g., this information can change my life), and the importance of information (e.g., any moral person should know this).

As human beings we often fall into daily routines, and we develop behavioral patterns. For people who hoard, these routines may include hours of research each day, or going to the local coffee shops to pick up newspapers that others have left behind. It is important to observe these patterns and not get caught in "autopilot." Autopilot is when we do not really observe or challenge any of our daily routines, but just go about doing the behavior whether it is adaptive or not. By increasing awareness of behaviors we are able to shift out of autopilot and make more conscious decisions on what is best for ourselves and our families.

Changing thinking and behavioral patterns are often essential in producing change, but another important component is not losing enjoyment during the change process. This is why it is important to understand reinforcement and replacement as they relate to a person who hoards. Many hoarders do enjoy aspects of their hoarding behavior. When it is taken away they may feel a void and eventually fall back into familiar acquisition and saving behaviors to cope with that empty feeling. An important component in successfully treating hoarding is asking the question, "What do you get out of this behavior?" People will answer this question in different ways, but often they engage in the behavior because it feels good to help others, they like to look/feel intelligent, they want to achieve a sense of security by decreasing uncertainty, and/or they want to avoid anxiety by not making a final decision.

As with other types of hoarding, there are many consequences that can result from this behavior. The more obvious consequences of information hoarding can be cluttered living space, loss of time, procrastination in decision-making, work stress, and stress in the

family. Less obvious consequences include cyber-clutter and not being able to move on in life. Cyber-clutter can occur in individuals who do not have visible clutter in their home or workplace but have thousands of pieces of information saved on the computer or on CDs. Many information hoarders also get stuck in life because they are still gathering information on what they want to do, but never achieve the sense of knowing needed to actually make the decision to do what they desire.

"Okay, sounds like me. Now how do I change?" Just as information hoarding is a complex behavior, therapy needs to be multifaceted and meet individual goals and needs. Typically treatment will include exposure and response prevention (ERP) and cognitive restructuring. With ERP, individuals learn the skills to make decisions in a "just wrong" way, or at least it may feel that way in the beginning. This can include limiting research and making decisions at less than perfect times. Ultimately, this is exposure to the unknown and the "what if." It is helpful to work on developing a hierarchy with your therapist to start with easier exercises and working up to more difficult ERP activities. Response prevention is not engaging in "fix-it" behaviors to decrease anxiety by feeding the need to know. An example of this is not reordering a book that you donated, or substituting hours of looking at the newspaper on your sofa with hours of looking at the newspaper on-line.

Cognitive restructuring often includes shifting out of autopilot to identify, challenge, and replace hoarding beliefs. This begins with self-monitoring to look at the thoughts that automatically come to mind when dealing with acquiring or attempting to make decisions on information items. Once those thoughts are identified, clients are encouraged to challenge the thoughts by asking, "Is that really true," or "How likely am I to really need that information?" Finally, after identifying and challenging a hoarding belief, clients learn replacement thoughts such as, "I have kept information like this for years, but I really do not use it, despite my good intentions." This process typically helps individuals improve decision-making skills and decreases the amount of pro-

crastination, stress, and clutter in their lives.

Treatment is also more likely to be successful when reinforcers and replacements are considered and individuals are provided with experiences in therapy to practice their newly acquired skills. In order to decrease the feeling of loss during the change process, therapy should look at the reinforcers of the behavior and provide more adaptive ways to get the hoarder's needs met. One client I worked with had much difficulty with information hoarding related to reading and saving books. We discovered that it served the function of adventure and excitement for her. The key to successful treatment included learning outdoor activities such as kayaking. She was able to get this adventure need met in other ways, which made it easier for her to put limits to the time she spent reading and the number of books she acquired and saved.

Allowing clients to practice their skills in the session is also extremely helpful. This can be done in the therapist's office, during a therapy home visit, or in homework assignments during the week. It is important to emphasize that this is a skills-based approach. As with any skill that we learn, we will lack ability in the beginning; but if we break down goals into reasonable steps and keep practicing, skills improve and the process becomes easier.

The aim of this article is to help people better understand this subtype of hoarding and the components typically found in treatment. There are many similarities across the different flavors of hoarding, but there are also several important differences that need to be considered in the treatment of this condition. Due to much effort by a number of researchers and clinicians, hoarding behavior is now beginning to be better understood by the scientific community, which has led to several major advancements in the assessment and treatment of this behavior.

Dr. Reinardy is the President of the Lakeside Center for Behavioral Change, P.C., and specializes in treating children, adolescents and adults with OCD, trichotillomania and related conditions.