



# An exploratory study on the lived experiences of hoarding in Singapore

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## Abstract

Research studies have revealed that people with hoarding typically collect and keep items due to their aesthetic appeal, utility and strong emotional attachment to the items resulting in clutter and limiting living spaces. This study aims to explore the experiences of individuals with hoarding disorder to understand and describe—the patterns and reasons for hoarding, experiences with decluttering and the impact of hoarding disorder on significant others and society in the context of a multi-ethnic urban Asian country. A total of 12 participants with hoarding disorder were recruited and interviewed using a simple semi-structured interview guide designed for the study. The resulting transcribed interviews were analysed using thematic analysis. The mean age of the participants was 56.7 years ( $SD = 14.5$ ). Nine super-ordinate and discrete but interconnecting themes emerged from the qualitative interviews: types of hoarded items, sources of hoarded items, ways of storing/arranging hoarded items, help-seeking/treatment contact, reasons for hoarding, experiences with decluttering, impact upon family, community and self, restricting hoarding behaviours and insight. Key themes identified in the study are consistent with the literature on studies on hoarding which have been done in other populations. Hoarding in the community has serious consequences for individuals with hoarding disorder and others living in the community, which is compounded by the lack of insight among these individuals. There is a pressing need to increase public awareness and recognition of hoarding behaviours to aid efforts in bringing timely and appropriate services to the affected individuals.

## KEYWORDS

Asian, clutter, decluttering, hoarding disorder, insight, qualitative research, traumatic life events

Mythily Subramaniam and Anitha Jeyagurunathan are joint first authors.

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## 1 | INTRODUCTION

One of the earliest references to hoarding dates back to Dante Alighieri's *The Inferno*, where 'hoarders' and wasters were condemned to the fourth circle of hell and were doomed to roll heavy weights against each other. Over the years this behavior has been referred to as Collyer Brother's syndrome, syllogomania, compulsive or pathological hoarding. It is only in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) that hoarding disorder was considered as a separate diagnostic entity (Mataix-Cols et al., 2010). Hoarding disorder is defined as an excessive acquisition of objects and persistent difficulty in discarding or parting with possessions regardless of their actual value, resulting in significant clutter and associated with distress or functional impairment (American Psychiatric Association (APA), 2013). The excessive accumulation and haphazard stacking of possessions not only restricts access to the homes of persons with hoarding but also increases the risk of falls, fire hazards, food contamination, social isolation and health risks (Ayers, Saxena, & Golshan, 2010; Pertusa et al., 2010) thus creating an unsafe environment for the person, their families and the community.

A recent meta-analysis estimated the prevalence of hoarding disorder to be 2.5% (Postlethwaite, Kellett, & Mataix-Cols, 2019). While not a highly prevalent disorder, there is considerable public awareness and focus on the problem, driven partly by the immense amount of media interest in the phenomenon (Everyday Health, 2014). Much of the research on hoarding has focused on the epidemiology, genetics, neurobiology and treatment of the disorder. Researchers have also studied the phenomenon from the perspective of the person with hoarding (Andersen, Raffin-Bouchal, & Marcy-Edwards, 2008; Cherrier & Ponnor, 2010; Kellett, Greenhalgh, Beail, & Ridgway, 2010; Taylor, Theiler, Nedeljkovic, & Moulding, 2019). These studies have identified emotional attachment to the possessions as a significant theme that cuts across ages and populations. Using an ethnographic approach, Andersen et al. (2008) concluded that older adults with hoarding found the act of acquisition to be reassuring and that their possessions helped them feel connected to others as well as their own personal history. The act of acquiring items made them feel productive and keeping possessions in their sight or arranging them the way they wanted gave them a sense of control. Using a combination of phenomenological interviews and documentaries, Cherrier and Ponnor (2010) identified three main motivational themes associated with the desire to accumulate things. These comprised an emotional connection to the past (memories, craftsmanship), an orientation towards the future (uncertain future, responsibility towards environment) and a day-to-day adventure (joy of finding and keeping objects). Kellett et al. (2010) using interpretative phenomenological analysis found that those with hoarding expressed a 'sense of fusion in the relationship with hoarded items'. Roster (2015) examined case reports of people with hoarding provided by professional organisers using interpretive analysis and noted a pattern of hyper-attachment to possessions as they evoked good

### What is known about this topic

- Acquiring items and the inability to discard them—contribute to clutter in hoarding disorder.
- Hoarding disorder increases the risk of harm to the individual and affects family members and the community.
- Those with hoarding disorder have poor insight into the problem and its impact on self and others.

### What this paper adds

- Reasons for hoarding are complex and hoarded items have deep meaning for those with hoarding disorder.
- People with hoarding disorder feel isolated and stigmatised.
- Decluttering is associated with significant distress and anxiety.

memories and also because they felt a sense of responsibility to the possessions. This strong emotional attachment leads to their inability to discard these items and the resultant clutter of living spaces. However, few studies have examined the impact of hoarding on families and communities or the efficacy of treatment and decluttering from the perspective of those with hoarding disorders (Gibson, 2015; Lucini, Monk, & Szlatenyi, 2009).

Singapore is a multi-ethnic island state situated in Southeast Asia, with a total population of approximately 5.5 million (Singapore Statistics, 2016). The Singapore Mental Health Study conducted in 2010 found that one in 50 community-dwelling residents displayed hoarding behaviour in Singapore (Subramaniam, Abidin, Vaingankar, Picco, & Chong, 2014), whereas a local study conducted among psychiatric outpatients established that 13.8% had met DSM-5 symptom criteria for hoarding disorder (Ong et al., 2016). The majority of Singapore's resident population, approximately 80%, live in dense public housing, which makes hoarding both a highly visible and poorly tolerated phenomenon. Families and neighbours of people with hoarding disorder face several adversities related to the behaviour such as encroachment of common areas, infestation by pests and fire hazard (Choo, Lee, & How, 2015).

Locally, there is a gap in the literature in terms of the personal narratives of individuals with hoarding disorder—the objects acquired, their relationship with the possession, the way they make sense of their behaviour, the impact of the disorder on themselves and others, experiences with decluttering and help-seeking. It is also acknowledged that while clinical features of hoarding disorder are similar, it is possible that ethnocultural differences may lead to differences in the phenomenology of the disorder (Shaeffer, 2012) indicating the need to study the disorder in diverse populations.

The aims of this study were to (a) examine the reasons for hoarding and reluctance to discard objects, (b) understand experiences and impact of decluttering and (c) discern the consequences of hoarding on self and others, from the perspective of individuals with lived experience of hoarding disorder.

## 2 | METHODS

### 2.1 | Design

The study utilised an interpretive approach wherein the researchers focused not just on the psychological model of the disorder but acknowledged that social reality is shaped by lived experiences and social contexts and therefore best understood through the interpretation of the participants (Elliott & Timulak, 2005). The interpretive paradigm emphasises 'embodied knowing as a determinant of social reality, (with recognition of) multiple constructed realities' (Higgs, 1998, p. 146). The questions in the interview schedule were thus centered on exploring, describing and understanding the lived experiences of the participants. Participants were asked to describe in detail how the behaviour first started and a time-line established for the progress of the disorder, and the impairment or consequences associated with it.

### 2.2 | Participants

A total of 12 participants (five males and seven females) with hoarding disorder were recruited through purposive sampling for this study. The mean age of participants was 56.7 years ( $SD = 14.5$ ). The majority of participants were of Chinese ethnicity (91.7%), unemployed (58.3%), single or married (41.7% each) and with secondary level education (41.7%). The mean age of onset of hoarding disorder was 43.9 years ( $SD = 22.3$ ) ranging from 12 to 75 years.

Participants were recruited through clinicians at the Institute of Mental Health (IMH)—a tertiary psychiatric hospital in Singapore and through stakeholder referrals (Agency for Integrated Care (AIC) and Housing and Development Board (HDB)) from January 2017 to June 2018. Participants were either diagnosed with hoarding disorder by their clinician or identified by community workers using the clutter-image rating scale (Frost, Steketee, Tolin, & Renaud, 2008; Sagayadevan et al., 2016), associated with reports of hoarding related distress or functional impairment. The participants included in the study were older than 21 years of age, were able to converse in English or one of the local languages (Chinese, Malay or Tamil) and assessed to be clinically stable and capable of doing the interview by the clinical team. Recruitment was stopped when the team concluded that data saturation had been reached. Since the referrals were made by service providers, no quantitative screening measures of hoarding or structured clinical interviews were employed by the research team to confirm the diagnosis of hoarding disorder. The socio-demographic details of the participants are presented in Table 1.

The study was approved by the National Healthcare Group Domain Specific Review Board and written informed consent was obtained from all participants.

### 2.3 | Data collection

An interview guide was developed from the research literature, as well as with inputs from stakeholders who were managing the persons

with hoarding disorder in the community to facilitate the interview. Interviews were audio-taped; all interviews lasted between one and one and a half hours and were transcribed verbatim. Questions served as prompts and covered the following areas: when hoarding behaviours began; objects that participants collected; whether there were any triggers; reasons on why they hoarded; and their experiences with decluttering. As far as possible, the interviews followed the interests, concerns and experiences of the participants and encouraged participants to provide in-depth descriptions and details of the process of compulsive hoarding and to express their thoughts and feelings concerning their hoarding behaviours. Participants were probed to clarify answers and to generate rich information. Interviews were conducted in mutually agreed places; three out of the 12 participants subsequently agreed to be interviewed in their own homes, which provided evidence of the chronicity and severity of hoarding behaviours. Socio-demographic characteristics were collected using a structured questionnaire. The interview guide is available online as Supplementary Material (Supp Info).

### 2.4 | Analyses

A thematic approach was adopted for the analysis. While the guiding questions were based on current knowledge of hoarding disorder, an inductive qualitative approach was used to code the content of the interviews (Braun & Clarke, 2006). This process allowed the

**TABLE 1** Socio-demographic characteristics of participants

Age, Mean (SD)	56.67 (14.47)	
	<i>n</i>	%
Gender		
Male	5	41.7
Female	7	58.3
Ethnicity		
Chinese	11	91.7
Malay	1	8.3
Marital Status		
Single/never married	5	41.7
Married	5	41.7
Divorced/separated	2	16.6
Education		
Primary and below	3	25.0
Secondary	5	41.7
University and above	4	33.3
Employment status		
Employed	5	41.7
Unemployed	7	58.3
Age of onset hoarding behaviour Mean (SD)	43.86 (22.28)	
Number of years of hoarding behaviour Mean (SD)	13.7 (8.3)	

important themes to emerge from the data; primacy, intensity and frequency were used to assign importance to content (Green & Thorogood, 2013). Rigour was ensured by following established guidelines (Cope, 2014; Ryan-Nicholls & Will, 2009; Tong, Sainsbury, & Craig, 2007). The first three interviews were analysed by three of the authors who subsequently coded all the transcripts (MS, AJ and FD). Each transcript was read through repeatedly, and notes were made of utterances of particular significance. These initial notes included preliminary summaries and interpretations of the material. The transcripts were then re-read, and an initial list of preliminary themes were identified which were subsequently translated into emergent themes. During the analysis process, the research team held regular meetings to discuss the emergent themes. After coding all the transcripts, the various themes were combined based on their interrelation and co-occurrence in the interviews to produce higher order themes of relevance to people with lived experiences of hoarding behaviours. Disagreements and ambiguity in terms of identifying emergent themes and higher order themes were resolved through discussions and when the team was unable to reconcile the differences internally the views of an experienced qualitative researcher (JAV) were sought. The senior author (CSA) who is a psychiatrist supervised the researchers and trained them on rapport building with participants, probing inconsistencies in their narratives in a tactful manner and managing their distress that may occur while narrating painful past experiences.

### 3 | RESULTS

The final analysis of the interview data produced nine superordinate discrete but interconnecting themes related to hoarding. The nine super ordinate themes consisted of: (1) Types of hoarded items, (2) Sources of hoarded items, (3) Ways of storing/arranging hoarded items, (4) Help-seeking/treatment contact, (5) Reason for hoarding, (6) Experience with decluttering, (7) Impact upon family, community and self, (8) Restricting hoarding behaviour and (9) Insight. These superordinate themes and the comprising main themes are described in further detail below as well as in Table 2. The verbatims presented are minimally cleaned verbatims. Breaks, pauses and colloquialisms have been excluded and brackets have been used to provide context or indicate emotions. Names of people or agencies used by participants in their narratives have been anonymised. The number of participants who endorsed a specific superordinate theme is shown in Table 3.

1. Types of hoarded items: Seven participants collected clothes, two participants hoarded animals and four participants collected newspapers. Other commonly collected items among participants were receipts, toys, cartons, drink cans, plastic bags, etc.
2. Sources of hoarded items: The majority of hoarded items were taken from rubbish bins, void decks and received from neighbours, friends and strangers, whereas three participants had bought items using their own money.

**TABLE 2** Characteristics of hoarders

(1) Types of hoarded items	Information: Newspaper, magazines, receipts and documents  Household rubbish: Plastic items (plates, bags, container, bowls), drink cans, glass bottles and cartons  Household objects: Toys, cast iron, zodiac coins, ornamental seeds, stationery  Electronic items: Computers, audio recorder, laminating machine, typewriters, TV, laptops, watches, bread making machines  Apparel: Clothes and garments  Animals: Cats
(2) Sources of hoarded items	Rubbish bin, recycling bin or void deck; received from neighbours, friends and strangers; purchased using their own money
(3) Ways of storing/arranging hoarded items	Area(s) of storage: Cupboard, tables, floor of living room, kitchen, all over the house; common corridor  Ways of storing/arranging: Messy, piled up, disorganised, obstructing the path, untidily; rarely well organised (wrapped up neatly, wiped and clean)
(4) Help-seeking/treatment contact	Referral by others: Family members, Housing & Development Board volunteers, army, counsellors from Family Service Centre and Singapore Association of Mental Health  Self-referral: Initiate treatment or help-seeking by self

3. Ways of storing/arranging hoarded items: The majority of participants stored their collected items in cupboard, tables, kitchen tops or clustered them in a disorganised way, which obstructed movement in their homes. Only two participants arranged the collected items in an organised way.
4. Help-seeking/treatment contact: The majority of participants were referred by family members for treatment, whereas some participants were referred by multi-disciplinary service providers in the community such as AIC, family service centres, etc. for treatment. Two participants sought treatment by themselves.

These four above-mentioned main themes were labelled as characteristics of individuals with hoarding behaviours and shown in Table 2.

#### 5. Reason for hoarding

Six sub-themes emerged as reasons for hoarding including (i) relationship with hoarded items, (ii) strategy to deal with an uncertain future, (iii) avoiding wastage, (iv) difficulty discarding, (v) role of family and (vi) life events. Participants also elaborated on some of the reasons that made the process of discarding these items extremely challenging for them.

**TABLE 3** Endorsement of themes by individuals with hoarding behaviours

Themes	Number of individuals endorsing the superordinate themes
Types of hoarded items	12
Sources of hoarded items	12
Ways of storing/arranging hoarded items	11
Help-seeking/treatment contact	7
Reason for hoarding	12
Impact upon family, community and self	11
Restricting hoarding behaviour	10
Experiences with decluttering	10
Insight	10

- (i) Relationship with hoarded items: The majority of participants often described hoarded objects as providers of companionship. Three participants insisted that they could sell these objects to others. Two participants saw the hoarded items as mementos. Three participants saw the hoarded objects as part of a beautiful, cherished collection and finally three participants felt that they were responsible for maintaining some of the items for future generations to use.

Things that I collect... mainly at first I was collecting things to sell... (H03/F/45)

So collecting these things make me feel like I've got something beside me, like friend or something you know, to assure me, yeah. (H03/F/45)

The most important was that photograph of my friends and I driving a sports car to the beach when I was a teenager. That was just for a keepsake...It's a memento. (H07/M/51)

You look at this, so beautiful, look at it. (H08/F/61)

I do not discard I am still keeping it. My daughter wants it for heritage. (H01/F/65)

- (ii) Strategy to deal with an uncertain future: The majority of participants reported hoarding items as a way to overcome future uncertainties wherein they stored the same item in duplicate or triplicate as they felt that they would not be able to afford them in the future when they become expensive or unavailable. This behaviour resounded with the 'risk minimisation theory' (McKinnon, Smith, & Keith, 1985) where items were hoarded to minimise future risks.

You see because the things so expensive afterwards. (H01/F/65)

When you need it you have to go through all sorts of hardships to search for it and can you find it? You can't find it, can't buy even if you want to buy it. (H08/F/61)

- (iii) Avoiding wastage: The majority of participants talked about collecting items as a responsible act for a good cause wherein the hoarded items could be donated and that avoiding wastage is also good for the environment.

A lot of people collect it and give it for charity purposes. Back then 5000 of it can exchange for a wheelchair (referring to can tabs). (H08/F/61)

Like the clothes I wear is comfortable. Recycle, cause I'm a very eco-friendly person so I want to like reuse and like make it into something else. (H11/F/26)

- (iv) Difficulty discarding: Five participants expressed distress and anguish if they had to discard their things.

I can't bear to throw it. Even till now I still can't bear to throw them away. (H07/M/51)

Very scary, I don't know why I can't help myself. Can't bear to throw away. (H04/F/53)

- (v) Role of family: Six participants alluded to a familial vulnerability that may have led them to hoard, whereas few other participants talked about a fellow family member as an enabler of hoarding behaviour.

My grandfather likes to pile up things, also very messy. (H04/F/53)

Yes, my grandma collected a lot. (H08/F/61)

My mom is not in the house, that's one factor, so there's freedom. Freedom for me to collect and there's nobody going to nag at me. (H03/F/45)

- (vi) Life events: Some participants related their hoarding behaviour, specifically to a traumatic event in their life where the act of hoarding provided them with comfort.

Without any job, without anything I think collecting these things makes me feel comfort, it helps to soothe my inner, inner insecurities. (H03/F/45)

So maybe because of that loss, I started collecting another new kind of things. (H11/F/26)

I'm collecting all these items, yeah. A lot of things, a lot of factors that made me want to stop collecting things. (H03/F/45)

## 6. The impact upon family, community and self

The majority of the participants discussed the various impacts of hoarding behaviours in their lives and on the community. Three sub-themes that emerged included:

(i) Strained relationship with family and friends: Participants described experiences of anger, frustration, conflict and breakdown of family relationship as a consequence of their hoarding behaviours. Quarrels resulted when the family repeatedly asked them to declutter or not to collect more things. Family members often moved out, or participants were asked to move out. Family members felt ashamed of them and participants, in turn, felt disrespected. The impact was repeatedly described in a negative manner which included verbatims like:

Maybe I'm a bit overreacting or oversensitive but feel... I do feel something when he (brother) said please clean up this, all these things and he wanted to get out of the house. (H06/F/54)

I hate her (sister) more now that you talk about her (sister). I really hate her (sister) to the core now. Came without notice and threw away my thing... (H08/F/61)

I don't invite friends to my house. (H09/M/79)

(ii) Conflict with neighbours: Participants also spoke about adverse experiences with neighbours. A number of participants reported feeling stigmatised by neighbours due to the fact that they could not understand the participants' need to hoard and their overt expressions of such sentiments.

I was putting things in the hall and then they also noticed and then because my mom was sleeping outside so they started talking about it, why is she collecting things, is she crazy or what, you know that kind of things they will just say casually. (H03/F/45)

(iii) Impact on self: One of the participants cited the effect of hoarding on herself describing how the extent of the clutter around her created a sense of physical entrapment and psychological distress that was further compounded by the stigma and prejudice from the society.

Because I find that I was suffocating myself at home. (H03/F/45)

And then the neighbours also gossip about me, say I'm a bad person, start collecting, say I'm crazy because

## 7. Restricting hoarding behaviour

Participants mentioned strategies implemented to reduce and manage the clutter and hoarding behaviour that were either initiated by their family members or themselves. Two sub-themes emerged from the main theme:

(i) Family initiated effort: The majority of participants described interventions that were attempted by family members either through advice, nagging/pressuring, seeking external support or forcefully overriding participants' decision.

My wife is constantly nagging at me about it, talking about it the whole day, saying that in the past it wasn't...She even brought it to the MP (Member of Parliament)... (H07/M/51)

Now my kids make changes, don't let me go in and see. My daughter also, asked her to come and clear, closed the door, threw away everything that was at home. (H08/F/61)

(ii) Self-restriction: Very few participants understood the need to manage clutter or their hoarding behaviour for the benefit of themselves and others.

Now I tried to take it easy. Honestly if you don't take it easy and (the agency) said that they are not going to give you a place to stay, what can you do? Which will you choose? You choose to stay or you choose those things? Even if you choose those things you still need a flat to keep it. The flat is for you to stay and you use it to keep things. Then just don't want the things. Use the place to stay. Now it's better. (H06/M/54)

...I also understand that because of collecting all these things, it is not convenient for the people at home to move in and out. And also my children they are growing up, need a space like that. (H12/M/67)

## 8. Experiences with decluttering

Participants not only collected too many things, but they also felt uncomfortable throwing away the hoarded items. The majority of participants shared their experiences of decluttering by community agencies such as voluntary organisations (church group), television shows, the Town Council (an autonomous legal entity that maintains and manages public housing estates), the Residents' Committee (RC; a formal group of people who

deal with concerns that affect their local community) and other municipal bodies. Three sub-themes emerged from this main theme:

- (i) Agency or person involved in decluttering: The majority of participants mentioned that social workers who were working with their family members informed the agencies to discard the hoarded items in the house. Two participants mentioned their own or their family's involvement in discarding the stored items along with the agencies.

Then my eldest son and their father, seizing the opportunity that I was not there, threw it away. It was so heart-breaking for me, I felt like dying when I went home. So painful. I scolded and scolded them. I said that the glass can be sold. (Laughter)... I thought that glass can be sold. (H04/F/53)

I also tried to cooperate with them (church group), but... but there are just a lot of things that I need, so eventually they (church group) couldn't help out much. Cleared a portion (of her home). (H12/M/67)

- (ii) Process of decluttering: For the majority of participants under treatment, decluttering was often a planned process involving agencies such as Town Council, RC and volunteers. After receiving complaints from hospitals, families, neighbours or friends, agencies sent a notice to the participant asking them to clear the clutter within a stipulated period. If the request was not acceded to, the agencies themselves decluttered the premises.

Because they (agency) said that I have already been told many times, so there is like no room for discussion. Then okay, let them clear it. Let them clear the outside. Then (the agency) gave me time to clear the inside. (H06/M/54)

...(the agency) come, in just one shot about five six person come... all chuck away. So how do I go and encounter my things? I have to see what is... what they take what they throw you see. I just can't, I can't blindly just let them throw. (H05/M/61)

They will just throw everything away, regardless of whether is it in a good or bad condition. (H09/M/79)

- (iii) Emotions associated with decluttering: The majority of participants described negative emotions associated with decluttering such as distress, feeling wretched, worried, anger and helplessness.

So I am very upset with the (agency) people doing this. (H07/M/51)

As for now, everything's been discarded, what can I say? (H07/M/51)

How could I not be enraged with this? Even after I climbed into the bin to pick it up, it was still thrown away... So I am really angry. (H07/M/51)

#### 9. Insight

The majority of participants appeared to lack insight into the problems and consequences of their hoarding behaviour.

Yah they (neighbour) jealous (H02/F/74)

...Actually it didn't block their (neighbours) way, just that they find it an eyesore. (H04/F/53)

Not much because I kept it in the house. It's not like it is smelly or rats are coming that kind of thing. No such issue. (H11/F/26)

## 4 | DISCUSSION

To the best of our knowledge, the current qualitative study is the first to explore the lived experiences of individuals with hoarding disorder in Singapore. The mean age of onset of hoarding behaviour in this study was 43.9 years, ranging from 12 years to 75 years. Our findings are similar to studies by Grisham, Frost, Steketee, Kim, and Hood (2006) and Fontenelle, Mendlowicz, Soares, and Viersiani (2004) who found an early age of onset (12 years and 13 years respectively) in clinical samples (Fontenelle et al., 2004; Grisham et al., 2006). The current exploratory study also found that the approximate onset of hoarding behaviour began earliest at the age of 12 years, but the associated problems and progression of hoarding symptoms occurred at a slightly later age. These findings are similar to a study conducted by Ayers et al. (2010) where the majority of individuals recalled that their hoarding behaviour started at an early age (around 10 years), and severity of hoarding symptoms increased steadily across the lifespan.

The variety of things collected by the participants in this study seemed to have little actual value such as old newspapers, magazines, receipts, clothes, discarded toys, cans and old electronic items. These commonly hoarded items were similar to those reported in studies from other countries (Chiu, Chong, & Lau, 2003; Grisham, Norbert, Williams, Certoma, & Kadib, 2010; Kellett et al., 2010). Some participants in our study also reported hoarding pets, and this created an unsafe and unsanitary environment for themselves as well as for the animals. However, most of them had difficulty discarding or parting

with their possessions. The relationship that the person had with the saved items such as sentimental attachment, memories and the belief that the item is a work of craftsmanship, or had significant utility value made it extremely difficult for them to discard these possessions. These beliefs and emotions are similar to those reported in other studies. In the study by Cherrier and Ponnor (2010) those with hoarding behaviour described the saved items as an emotional link to the past, they were described as connections or memories to events, places or persons. They also saved items that were made with some craftsmanship and hence found it difficult to discard these items. Kellett et al. (2010) similarly describe complex relationships with the saved item like emotional attachment, memory and appraised utility value leading to avoidance of discard among people with hoarding. It has been suggested that the nature of beliefs which drive hoarding behaviour may have more to do with saving the things rather than difficulties discarding them. Participants in our study mentioned saving items as a heritage for the future generation and even as a means to avoid waste which is good for the environment. Interestingly, in the study by Cherrier and Ponnor (2010) informants similarly expressed a duty to keep things to avoid wastage.

The three homes visited by the researchers were cluttered and physical movement within the homes was not easy. When asked to describe the way they organised their saved items, most participants said that they stored their collected items on tables, kitchens tops, piled them up on the floor, or clustered them in a disorganised way, which obstructed their movement in their homes. Only two participants arranged the collected items in an organised way. Kellett et al. (2010) described clutter similarly, wherein the homes visited by the interviewers were extremely cluttered to the extent that they prevented the original use of the property. They observed that all surface spaces were over-utilised for storage purposes and moving within and between rooms was difficult due to the disorganised stacking of items.

The majority of participants reported a negative impact of hoarding behaviour on their lives, including impact on self, family/friends and community. Individuals with hoarding described quarrels with family members and even family members moving out of the house due to the inhabitable state of the homes. They felt disrespected and therefore often isolated themselves from by their family members. They also isolate themselves from friends and family because they are perceived as critical of their hoarding and pushing them to clean and discard, which results in their feeling disrespected (Holmes, Wolter, & Harris, 2014). A study by Garza and Landrum (2015) reported that hoarding might cause strained relationships as family members may perceive the phenomenon as 'off-putting, repellant or disgusting' and their desire to get rid of the hoarded items may be perceived as a rejection of self by the person with hoarding. Another possible reason for the disagreements could be the impact on family members outside of the house; family members may be embarrassed to invite friends to come over to their home for fear of judgement. Children of people with hoarding behaviors also suffer from bullying if others at school find out about their living environment (e.g. messy,

unsafe and filled with things); thus it may be an embarrassment to let others visit their home (Tolin, Frost, Steketee, & Fitch, 2008). Furthermore, when family members of individuals with hoarding behaviour try to take charge of the hoarding situation such as to reduce the amount of clutter in the house, this leads to further strife and loss of relationships (Wilbram, Kellett, & Beail, 2008).

Additionally, hoarding can create an unsafe environment for habitation due to various reasons. For example the clutter can lead to increased risks of accidents especially for children who are trying to navigate their home, or when they can easily access dangerous items (e.g. chemicals) that should have been kept out of reach (Tolin, Meunier, Frost, & Steketee, 2010). Hoarding of items can be a fire hazard; research suggests that the clutter and the combustible nature of the hoarded items act as an enabling hazard promoting the growth of fire. The clutter may further block the exit routes and passageways thus impeding those trying to escape from a burning household resulting in fatalities (Lucini et al., 2009). Infestation and animal hoarding, on the other hand, render the house unfit for human habitation and impose significant health concerns for family members (Hoarding of Animals Research Consortium, 2002).

Consistent with previous research findings, this study showed that individuals with hoarding disorder tend to lack insight into the problems and consequences of their hoarding. Few of the participants had sought help on their own for their hoarding problems. Most of them were referred by family members of community-based agencies to seek treatment. Saxena, Brody, Maidment, and Baxter (2007) similarly found that those individuals with hoarding behaviour deny their illness, are indifferent to the consequences of their hoarding behaviours, have inflexible beliefs in relations to their possessions and show defensive reactions against change (Saxena et al., 2007). Bodryzlova and O'Connor (2018) also identified the lack of insight as a significant barrier to help-seeking and engagement in treatment. This study also found that participants experienced significant distress associated with decluttering, even when initiated by themselves. Distress and negative emotions like anger, worry, feeling wretched were expressed by all participants who had experienced decluttering by either family members or community-based agencies. Moreover, Frost, Hristova, Steketee, and Tolin (2013) found that due to considerable emotional attachment towards the hoarded items—these individuals were deeply affected by the community agencies, clinical team and family members involvement in the process of discarding the hoarded items (Frost et al., 2013). It is also possible that the focus on decluttering results in the dismissal of the emotional needs and concerns of the person, causing them significant psychological distress (Gibson, 2015).

Another interesting finding was the experience of traumatic life events described by the participants both during childhood and adult life. These participants talked about unexpected death, parental abuse and neglect and other traumatic life events. While some participants linked the event to their hoarding behaviours, others did not directly connect the two. Similarly, Grisham and colleagues found a significant association between hoarding behaviour and traumatic events wherein 55% of their sample reported



experiencing a stressful life event at the onset of hoarding symptoms (Grisham et al., 2006). Hoarding behaviours may begin as a result of a stressful event that occurred in the past or an event in which they had trouble coping with, in which the symptoms first appear at the time of the event or shortly after the traumatic event (Tolin et al., 2010). Hence, the development of hoarding behaviour could be a result of a conditional emotional attachment to possessions and various thoughts and beliefs they have towards these possessions, for example they perceive that by protecting the possessions, they are protecting themselves (Grisham et al., 2006). Besides that, Neave, Tyson, McInnes, and Hamilton (2016) also found that collecting or accumulating things filled the emotional void caused by the trauma and allowed individuals to avoid dealing with the pain (Neave et al., 2016). Interestingly, prior studies exploring correlates of hoarding disorder had found the onset of hoarding disorder to be associated with chronic stress and important life events (Morgado, Sousa, & Cerqueira, 2015; Shaw, Witcraft, & Timpano, 2016). Our study results emphasize the need for a comprehensive assessment of traumatic life events in individuals with hoarding disorder and treating the trauma with evidence-based therapies.

This study has some limitations. The study sample was largely Chinese; it is important to include more Malays and Indians to understand ethnic and culture-specific experiences. Nevertheless, we believe that the findings that have emerged from this study are important in enhancing the knowledge of hoarding disorder and its management in the Singaporean community. Diagnosis of hoarding disorder was based on the clinical judgement of psychiatrists and community workers, but the research team did not have access to medical records. Hence it is possible that some of the participants referred by community workers had clinically significant hoarding that was secondary to another psychiatric disorder. However, the detailed narratives seemed to indicate the onset of hoarding to be primary in nature though several participants reported that relationship problems and decluttering led to low moods and anxiety. Individuals with hoarding disorder may have been prone to describing more negative experiences with decluttering given the observable strain on them to take immediate actions to resolve the issues stemming from their hoarding as they had been identified by a clinical or community team as having hoarding disorder. Although we reached data saturation for important themes, the research would benefit from interviewing more diverse residents such as those living in private housing or those with animal hoarding to get a more comprehensive understanding of the situation and experiences in the community. In general, as this is a qualitative study and given the non-representative nature of the sample, these findings cannot be generalised to all individuals who hoard in the community.

Despite these limitations, our qualitative study conducted among a community sample of individuals with hoarding disorder has considerable strengths. Interviews lasted for at least 1-hr, were conducted in local languages, conducted in venues chosen by the participant and confidentiality was assured. These strategies resulted in prolonged and meaningful engagement of the participants. The researchers who were trained in qualitative methodologies

and from different disciplines (including psychiatry, psychology and social work), analysed the data and discussed the themes ensuring investigator triangulation. The authors maintained careful audit trails for decisions made during data analysis and reporting of results. Key themes identified in the study are consistent with the literature on studies on hoarding which have been done mainly with Anglo-Saxon participants. Common themes such as relationship with the hoarded object, difficulty discarding, distress associated with decluttering and experiencing traumatic life events indicate that the experience of hoarding transcends cultural boundaries to a great extent. Additionally, the detailed description of the context of the study, sample (size, socio-demographic characteristics), interview procedures and interview guide ensure the transferability of the results.

The study has important implications for both future research and practice. Themes identified in this study mapped well to the DSM-5 criteria of hoarding and resonated with studies done in other populations. Participants endorsed difficulty in discarding, need to save items, cluttered living spaces and the impact of the behaviour on self and others. The only difference that the researchers could identify was that the acquisition of items was mainly through collecting free items either from rubbish bins or getting it from others. Few participants endorsed buying items as a form of acquisition.

Participants stated that they had been in contact with health or social services for problems related to their hoarding behaviours, but almost all of them were unable to describe what aspects of the treatment/interventions were helpful to them. This may be due to their lack of insight as most of them did not perceive their hoarding as a problem or insisted that they were capable of managing the problem on their own. Considering the salience of traumatic life events in participants' narratives and the existing evidence on the association between hoarding disorder and traumatic life events; inclusion of a comprehensive assessment of trauma and relevant therapy would be highly beneficial as part of the treatment plan for individuals with hoarding behaviour. Engagement of the person with hoarding by peers and delivery of therapy in the community setting to encourage decluttering also needs to be studied further (Mathews et al., 2018). Additionally, raising awareness about hoarding behaviour among other community services and teams working with vulnerable groups such as the elderly, low-income residents and the desolate is necessary to identify residents with possible hoarding tendencies that can enable early intervention. It is also necessary to plan public outreach and targeted anti-stigma messages to reach out to and encourage early help-seeking among those with hoarding.

## CONFLICT OF INTEREST

None.

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## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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