

The perspective of children of hoarding parents (COHP)

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Opinion

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Author for correspondence:Cecilia A. Garrett, Email: ceci@cecigarrett.com**Abstract**

The perspective herein is based upon the lived experience of adult Children of Hoarding Parents (COHP). The weight of parental hoarding on COHP is not derived solely from the physical adversity of living within a hoarded home but also comes with the social and psychological challenges they carry into adulthood. The view of hoarding as a family disorder with lasting impact evokes research questions including the exploration of the relationship between childhood adversity and parental hoarding, and the application of attachment theory to hoarding behaviours and family relationships. These types of research studies may lead to policy adoption and programme development for early identification of and intervention within families where parental hoarding represents a threat to child welfare.

The Perspective of COHP

In many communities, children cannot sleep in their beds because their parents' possessions have spilled over from the main living areas of the family residence, swallowing their haven for rest. They cannot sit at the dining table to eat meals or do homework. Some of these children will eat only convenience foods because the family kitchen is unusable. For others, there is no ability to bathe in their family residence. Clutter, the physical manifestation of parental hoarding, has become a barrier to repairs. These children play among piles of their parent's possessions with the blinds drawn closed to keep outsiders from discovering the condition of the family domicile. Furthermore, the condition of the family domicile isolates these children; they cannot have friends over due to embarrassment, fear of discovery, parental disapproval and the limitations of the physical environment. In addition to the physical effects of hoarding on the family residence, typical family functioning may also be impaired by other parental mental health conditions.

An inability to conform to social norms of reciprocity may also cause some Children of Hoarding Parents (COHP) to avoid close relationships with peers or others in the community. They may be robbed of opportunities to build a social network that might facilitate resiliency, allowing them to move past the embarrassment, guilt and shame that their childhood adversity elicits in them. COHP use various means to escape life with hoarding parents, from turning to substances to dull the emotional pain to seeking solace in books, education and other achievements. Some COHP become adept at assimilating into social groups outside the family domicile as an escape from the chaos related to their parent's disordered behaviours. These children are shaped for better or worse by the weight of parental hoarding.

The experience of the child who has grown up under the weight of parental hoarding is significant, yet not explored and well-documented. Few have access to the unkempt reality within the family domicile when parental hoarding affects offspring. Those who have glimpsed it are challenged by it, though few conversations have followed these experiences. Based upon personal communications by email over the last 7 years with professionals regarding minor children living with hoarding, the focus appears to be the physical environment in the family residence and rarely considered are the emotional needs of the children or the family in response to parental hoarding and serious mental illness. Beyond observing the physical hoard, further exploration could reveal the emotional and developmental impact of parental hoarding and other serious mental illnesses on the children. Interventions that are focused on short-term results may fail to give attention to long-term change for the minor children or the hoarding parent.

Over the last decade, the author has gained clinical and practical understanding of hoarding while building resources in my community to meet the needs of individuals and families impacted by hoarding. In my professional work as a hoarding specialist, I have visited residences where minor children live under the weight of their parent's hoarding, worked with adult COHP who refuse to return to their childhood residence and advocated on behalf of family members and their hoarding parents for appropriate time frames to remedy hoarding issues that threaten their housing stability. At times, these COHP may appear resistant to help their hoarding parents. Many have reported emotional neglect, if not harm, as a result of their parent's complex

mental illness. In addition, some have shared stories of physical abuse and neglect, often as a result of their hoarding parent's lack of insight.

I have benefited from an uncommon advantage to augment my knowledge of the lives of COHP, gathered from online chatrooms, work experience, and empirical data with my lived experience as an only child raised by a single parent with Hoarding Disorder (HD). My childhood experiences of nowhere to play, no way to prepare or eat meals within the family domicile and no way to have friends over for playtime and bonding are corroborated by the sharing of other COHP, one child to another. Forced accommodation of our parents' mental health issues during our childhood equalled giving up our own emotional and physical well-being to protect our family from external consequences such as eviction, the involvement of child protective services and public criticism. Our internal consequences were often painful emotions and trauma resulting from these accommodations and any confrontation of our parents' hoarding or our life circumstance. At times, confrontation resulted in an exacerbation of our parents' mental health disorders. Shared experiences often included growing up in squalid conditions, substandard housing and holding our parents' hoarding as a closely guarded secret.

As adults, many of us have been overwhelmed as we sought resources to address our parents' HD and other mental health challenges. Even after leaving the childhood residence, the clutter and our parents behind, many of us have noted worrying about the future time to come when our parents can no longer hide in or navigate the conditions of their hoarded residences. Even among the few of us who have successfully stabilised our parents' housing and managed to reduce the clutter in their residence, most of our parents continue to battle with complex mental health issues that weigh on our families. As a group, we have learned through painful personal experience that even when the 'stuff' in the domicile has been dealt with, parental mental illness remains.

These experiences are not unique. Empirical data collected through numerous personal and professional interactions in online affinity groups, personal email exchanges and in-person meetings with other adult children with hoarding parents have indicated there is a near universal experience among these families. Most COHP never experience parental acknowledgement of the lasting impacts their mental illness has had on their offspring. Since community resources remain limited and some parents rebuff offered interventions, many of us adult COHPs bear the weight of remediating parental hoarding on our own while protecting our parents. Many COHP struggle to meet societal expectations of responsibility to our parents and experience a lack of similar consideration of our personal experiences of childhood adversity due to our parent's mental health issues.

Many adult COHP share attempts over years and decades to secure mental health treatment and other community services for their hoarding parents to no avail. Although some resources exist within the USA, Australia and other nations, most adult COHP have affirmed personal resignation that they will be left to deal with their parents' hoarding on their own, which appears to occur at a great personal cost, both financially and emotionally. Recurrent conversations among COHP show that outreach to community professionals often leaves them feeling culpable for their parent's hoarding and mental illness even though such symptoms date back to COHP's early childhood. Some have shared feelings of distrust of outside agencies that they perceive as having failed them or having minimised their experiences of childhood adversity.

For adult COHP, compassionate resources for minor children with hoarding parents did not exist during our childhood and

adolescent years. We hope that this changes for those minor COHP still living under the weight of parental hoarding. Research is needed to understand and examine the effects of parental hoarding on COHP across the lifespan. COHPs' experiences and perspectives on the effects of their parents' hoarding should guide additional research on the impact to children and families, to policy adoption and programme development to address hoarding within the family system.

Research

In the years since Frost and Hartl (1996) first studied compulsive hoarding, many studies have investigated the aetiology, symptomatology and prevalence of hoarding behaviours. These studies are too numerous to list. Few studies have looked at family or caregiver burden as a result of hoarding (Buscher et al., 2014; Sampson, 2013; Tolin et al., 2008; Wilbram et al., 2008). Fewer still have focused on the impacts of parental hoarding on their offspring (Park et al., 2014; Rees et al., 2018). To date, no published study has attempted to estimate the number of minor children living in the restrictive physical environment and under the psychological burden that accompanies parental hoarding. Without these estimates, there has been a lack of initiative to create either policy or programme development. Furthermore, when these children and their families come to our attention, we lack the knowledge to guide evidence-based interventions.

At this juncture, there are numerous research questions about this population to be considered. Some questions that may guide future intervention include exploration of the development of psychopathology among both minor and adult COHP, the role of resilience in positive outcomes for families impacted upon by parental hoarding and the relationship between parental mental illness severity and experiences of childhood adversity for COHP. Future research may explore the development of attachment issues in COHP, strategies to address attachment issues between the child and hoarding parent, as well as between the parent and their possessions. Another topic that may be of interest to child welfare policy development is the effect of forced clean outs on the mental health of parents with HD and COHP. This research topic may be a priority, given the financial burdens of large-scale forced clean outs and concerns that this strategy rarely eradicates hoarding behaviour over the long term. Additionally, no study has attempted to describe the experience of forced clean outs on minor children living in the residence or those removed by child welfare.

Policy and programme development

Related research findings could precipitate conversations across our communities. Results from research could prompt society to examine the systemic effects of parental hoarding and protect children in a manner that truly advances their health and well-being and reduces the risk of long-term harm. Such research may inform policies aimed at protecting minor COHP from potential environmental and emotional harm. Research could illuminate the need for early identification and intervention for families at risk based upon parental hoarding. Research may also indicate a need to expand training about HD to paediatricians, schoolteachers and other community workers who could assist with early identification of these families and children at risk. Programmes focusing on shame reduction and resilience in COHP could also be developed.

Research on minor COHP may inform programme development efforts including the expansion of provider training that

focuses on clinical and other practical components of hoarding treatment as well as issues of attachment and accommodation within the family. It is hypothesised that few clinicians, case managers and other helping professionals tasked with child welfare and mental health services for families have received any formal training in HD. Research is needed to assess the scope and need for family-based hoarding services that focus on the welfare of the child and family as a whole.

Lessening the weight of parental hoarding

Research on hoarding has increased our understanding of the disorder immensely. From the inclusion of HD as a separate disorder in the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5) and recognition by the World Health Organization in 2017 (Hymas, 2018), studies have sought to inform practitioners, clients and families, as well as the public about the symptoms, aetiology, and evidence-based interventions for HD. A crucial research gap includes the application of attachment theory and childhood adversity to the experience of minor COHP. Future research may test hypotheses about the positive and negative effects of parental hoarding on families. Furthermore, research will inform policies that aim to protect minor children from unsafe living conditions that arise from parental hoarding. Development of early identification and intervention with families impacted upon by parental hoarding is not an ideal for a future time, but our responsibility to protect children now.

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