Junk Clutter Obsession

When you can’t let go: Alumna helps compulsive hoarders

Christiana Bratiotis ’95 (psychology), ’99MSW stands in front of the packed and hushed auditorium at Renown Regional Medical Center in Reno, her hometown where she received a master’s in social work at the University before moving on to a fellowship at Yale and her current position working on her doctorate at Boston University.

She presses a button and a picture flashes on the screen: the inside of a woman’s home. The kitchen is littered with papers. Some are strewn across the stove—a serious fire hazard. Others inhabit cabinets while still more occupy chairs. One chair is conspicuously bare.

“This is the one chair she uses to eat,” Bratiotis says.

Another room, the dining room, holds mountains of clothes that reach up and encompass the chandelier, while vast towers of newspapers populate a spare bedroom, and 10 years worth of undelivered gifts, in lines like unkempt soldiers, spill into a hallway after completely congesting a bedroom.

This is compulsive hoarding, a disorder characterized by extreme hoarding—often of items that are apparently of little value—to such an extent that a person’s ability to function normally is impaired. Once thought to be a symptom of Obsessive Compulsive Disorder because the patients exhibit similar symptoms, new research suggests compulsive hoarding deviates significantly from OCD though it does not yet appear in the Diagnostic and Statistical Manual of Mental Disorders on its own.

The auditorium, bustling a few minutes prior, now remains silent. The light chatter that mixed with the clank and movement of seats has quieted.

Bratiotis walks to the podium in a black suit, smiling. She has straight red hair that meets her shoulders and frames her face. A sense of trustworthiness radiates from her, which undoubtedly aids her efforts as a social worker.

“Hello,” she says.

The pictures, she says, are merely one example of the life of someone with the disorder. It is impossible to determine if anyone in the audience suffers from this and is currently reading the blue flyers that were passed around before the lecture saying, “Stop hoarding your time! Give it to a child instead,” and “Stop hoarding your clothes! Donate them instead.”

The truth is this is a much more common ailment then previously thought, and it is nothing new. A recent study with a random sampling of the American public shows that about 3 to 5 percent of Americans have this disorder. This means that nearly 15 million Americans suffer from compulsive hoarding.

Bratiotis intends to help as many people with this disorder as she can and she goes to great lengths to do so. She is a therapist to many, working with some patients for years. She recalls meeting with a patient one morning before sunrise.

In an affluent Boston neighborhood, Bratiotis met with the man for what she calls, “a non-shopping, shopping trip.” The patient had already completed about four months of therapy and had stopped “acquiring” objects for the most part, but his “last hold out of acquiring”
was in this neighborhood on trash day, a neighborhood in which he did not live. She stepped into her patient’s car and they drove slowly in the cold, dark morning.

“He was after larger items like furniture, art and pieces of glass,” she says.

An object entered his peripheral vision and he stopped the car; without turning the engine off, he got out and inspected a would-be find. When he realized it was nothing, he got back in the car and they continued on.

Suddenly, excitement built within him. He murmured to himself, “Look, there’s a bookshelf.” This was where Bratiotis began therapy. She attempted to talk to him on a rational level.

“I try to slow down the urge to acquire,” she says. “That is my job as a therapist.”

She asked him questions such as, “Don’t you already have a bookshelf?” and other questions along these lines to make him realize that he does not need this particular item. But, his excitement over this acquisition had overtaken him and he stopped the car and walked over to examine the bookshelf. The bookshelf was damaged. It had merely two shelves—not a fantastic find and not the treasure he was expecting. His disappointment was obvious. Bratiotis listened as he continued talking about the bookshelf as they drove slowly down the street, the tires audible against the asphalt.

He expressed his excitement by muttering to himself. He saw a piece of art: a framed picture. But again, he was met with disappointment. The picture had a slash through it. He returned to the car, obsessing over what he might have had, as Bratiotis talked to him, trying to help him understand that his disorder was influencing his thinking.

A water hose came into sight. It was cracked and brittle, a withered snakeskin shed in wide loops on the sidewalk. A spigot attached itself to one end of the hose. He placed it in his pocket and returned to the car. He laughed.

Bratiotis recalls him saying, “See, this is so small it hardly counts as anything at all.”

Bratiotis returns to the picture she showed initially, but now with one drastic difference. The woman now has a tidy living space that Bratiotis helped her attain through behavioral therapy. The room filled with newspapers now has a visible couch with speakers on either side. On top of each speaker is a small, green plant and a table in front of the couch holds a plant, as well. The gifts are gone from the hall.

The dining room now has a soft-blue tablecloth covering the table instead of mountains of clothes. The chandelier is now exposed and shining above the table onto white and blue China plates that she can finally display.

“She has been entertaining guests for the first time in years,” Bratiotis says.

The last picture to appear on the screen is the kitchen. She showed this picture first when it was overflowing with papers. Now, the counters are clean. The stove is free of combustibles. She has more than one chair available for seating.

However, between the refrigerator and the kitchen counter is a small cache. Papers and other objects are packed into the tiny crevice. The objects rest without spilling onto the floor, but the space remains as a comfort zone for the woman, Bratiotis explains. She keeps this small part of the mess to know that she still possesses some of her past life.

This is typical of compulsive hoarders, but with Bratiotis’ help many more will attain this new standard of living. She truly cares about the people suffering from this disorder.

Susan Chandler, professor of social work and Bratiotis’ former mentor at Nevada, reinforces how much she cares about her patients. At the mention of Bratiotis, Chandler cannot help but smile.

“We are so proud of what Christiana is doing,” she says. “She has a heart that just doesn’t quit.”

Compulsive hoarders pack their homes so full of items that they become almost uninhabitable.