

THE PSYCHOANALYTIC ROOTS OF HOARDING BEHAVIOR: A REVIEW OF THE LITERATURE

İSTİFLEME DAVRANIŞININ PSİKANALİTİK KÖKENLERİ: BİR DERLEME ÇALIŞMASI

Instr. Dilem ÖKE

European University of Lefke

Faculty of Arts and Sciences

Department of Psychology

doke@eul.edu.tr

ORCID: 0000-0001-6947-8000

Received 2 October 2021 - Accepted 6 December 2021

Gönderim 2 Ekim 2021 - Kabul 6 Aralık 2021

Abstract: *Commonly hoarding behaviour occur with serious level of distress or a disorder. DSM-5 characterizes hoarding disorder as an adversity is to need to keep/save stuff by cause of distress identify with discarding stuff. Hoarding behaviour usually confused with collecting and/or obsessive-compulsive disorder. Until recent years hoarding disorder seems as a form of obsessive-compulsive disorder. Individuals with hoarding behaviour had a history of losses and object related experiences in early childhood. In this review it aimed to study a psychoanalytical perspective of hoarding behaviour. It specified with psychoanalytic perspective because it is expected that the underlying reason or causes of hoarding behaviour are made with the unconscious. The person may try to (solve) fill the gap between their problems and traumas with collecting and keeping lots of things. In what findings does the hoarding behaviour from past to present reach within the psychoanalytic framework?*

Keywords: *Hoarding, hoarding behavior, psychoanalytic, psychoanalytic perspective, hoarding disorder*

Öz: *Genellikle istifleme davranışı, ciddi düzeyde sıkıntı veya bir bozuklukla ortaya çıkar. DSM-5, istifleme bozukluğunu, nesnelere saklamanın gerekliliği algısından ve onları elden çıkartmanın yarattığı sıkıntı ile karakterize etmektedir. Kişinin, sahip olduklarını elden çıkarmada çektiği güçlük, bu nesnelere birikmesi ile sonuçlanır. Biriktirme davranışı genellikle koleksiyonculuk ve/veya obsesif-kompulsif bozuklukla karıştırılmaktadır. Son yıllara kadar istifleme bozukluğu, obsesif-kompulsif bozukluğun bir formu olarak görülmekteydi. İstifleme davranışına sahip bireylerin, erken çocukluk döneminde kayıp ve nesnelere bağımlı deneyim geçmesine sahip oldukları düşünülmektedir. Bu derlemede, istifleme davranışı psikanalitik bir bakış açısıyla açıklanmıştır. Bu çalışma yalnızca psikanalitik bakış açısıyla yapılmıştır ve bunun nedeni de istifleme davranışının altında yatan nedenin ya da nedenlerin bilindiğinden kaynaklandığını düşünülmektedir. Birey, sorunları ve travmaları arasındaki boşluğu bir çok şeyi biriktirerek ve saklayarak doldurmaya (çözmeye) çalışabilir. Geçmişten günümüze istifleme davranışı psikanalitik çerçeve içerisinde hangi bulgulara ulaşmaktadır?*

Anahtar Kelimeler: *İstifçilik, istifleme davranışı, psikanalitik, psikanalitik bakış açısı, biriktiricilik bozukluğu*

INTRODUCTION

Hoarding behaviour has been present in human life for a very long time. During the excavations, archaeologists found that hunter-gatherers collect and keep many necessary materials in order to protect themselves and survive in the prehistoric period (Lidz, 2003). In human's mind there are three fundamental structures; id, ego and superego as Freud stated. The id is the primitive part of our mind and it works with pleasure principle, the ego works with reality principle and the super-ego works with moral principle (Freud, 1923). Therefore, it would be right to say, hoarders perform their hoarding behaviours unconsciously and for their pleasure, which it can be evaluated in this way from a psychoanalytic point of view. In this way, there is a connection between the id and hoarding disorder. Studies also mentioned that the origins of hoarding behaviour are thought to be related to the 'anal character' in the psychoanalytical clinical characterization (Grilo, 2004). In this review, it aimed to study a psychoanalytical perspective of hoarding behaviour. This review is limited to the psychoanalytic point of view, because the underlying cause or causes of hoarding behaviour are thought to be unconscious.

1. HOARDING BEHAVIOR

DSM-5 characterizes hoarding disorder as an adversity is to need to keep/save stuff by cause of distress identify with discarding stuff. DSM-5 defines hoarding as a *'results in accumulation of possessions that congest and clutter active living areas and substantially compromise their use'*. *'Hoarding behavior causes clinically significant distress or impairment in social, occupational, or other important areas of functioning, including maintaining a safe environment for self and others'* (DSM-5, 2017, p. 132).

People may get confused about these two mental disorders 'hoarding behavior' with 'collecting and/or obsessive-compulsive disorder'. Until recent years hoarding disorder seems as a form of obsessive-compulsive disorder. Hoarding behaviour has taken its place in 2013 among the obsessive-compulsive disorders in DSM-V. Individuals who have hoarding disorder usually have an isolated life, keep unnoticed by others and captured by the goods that they cannot get rid of them.

In studies related to hoarding, researchers showing that hoarding can start based on early childhood years and therefore they can explain hoarding behavior from a psychoanalytic perspective. There are differences between collecting and hoarding behaviors, both collectors and hoarders have history of early childhood experience of losses and they both attached to objects. Both Bowlby (1982) and Ainsworth (1991) mentioned about the effect of the relationship between the infant and the primary caregiver. According to their attachment studies, secure attachment will occur if adequate physical and emotional proximity is given to the baby by the primary caregiver. On the other hand, insecure attachment will occur when vital needs are not met by the primary caregiver for the baby. Attachment studies were conducted with adults as well not just the infants. Hazan and Shaver (2004), worked with adults and they found that securely attached individuals can effectively express and cope with their negative emotions on the contrary insecurely attached individuals may not be able to express and cope their negative emotions and also they may seek attention due to their perceived inadequacy for themselves socially. Based on these findings, it

would be appropriate to explain the relationship between attachment theory and hoarding behavior as follows: secure bond that could not be established in the right time are tried to be compensated by excessive hoarding of objects. But this compensation process may not work properly because as hoarded items cannot actually provide mutual care to the individual so primary care needs remain unmet and this process exacerbating hoarding behaviour (Mathes *et al.*, 2020.)

Hoarding behaviour is seen not only in adults but also seen in children but these behaviors are less noticeable in children and it turn into fewer disorders due to parents' interference with their children's belongings. In children, the hoarding behaviour is generally made towards collecting fluffy toys and these toys tend to be excessively attached with human characteristics (Kress, Stargell, Zoldan, & Paylo, 2016). In order for such behaviors to cause problems, it must not only be age-appropriate, but also have the symptoms of hoarding disorders.

The major difference between hoarding and obsessive compulsive disorder is while hoarding behavior is ego-syntonic on the other hand obsessive compulsive behavior is ego-dystonic. According to this statement, individuals who have hoarding behavior are more aware of their environment and they behave more convenient. Contrarily, the reactions and responses of individuals who have obsessive compulsive disorder to the environment or a situation conflict with their thoughts and wills.

Hoarding and hoarding behavior is first mentioned by S. Freud (1895) in psychoanalytic literature in '*Draft K: The Neuroses of Defence from Extracts from the Fliess Papers: (A Christmas Fairy Tale)*'. In this article, Freud tries to describe the underlying mechanism of neurosis which he described as in four steps. (1) The sexual experience, (2) its repression on some later occasion, (3) a stage of successful defense, (4) the stage in which the repressed ideas return during the struggle between them and the ego, new symptoms are formed which are those of the illness proper: that is, a stage of adjustment, of being overwhelmed, or of recovery with a malformation. (Freud, 1895). Sigmund Freud, then describes obsessional neurosis. According to his statement, obsessional neurosis is due to 'the primary experience which has been accompanied by pleasure' and the contribution of the id. When this experience is recognizing in later years of life it gives rise to an unpleasure which leads to a self-reproach in consciousness. In obsessional neurosis cases the experience had happened very early in life which is purely passive in other words before the experience of pleasure in children's life. Freud, then proposed that the obsessional idea is a product of compromise and distorted way of thinking. It signifies not the real event but a surrogate chosen from the category of a substitution.

The affects of self-reproach transformed into anxiety, hypochondria, shame, and delusions of persecution. The conscious ego regards obsessions as something alien to itself. The ego overwhelmed by these obsessional ideas and conflicts which sometimes leads to secondary defenses. The hoarding behaviors as compulsions are the end products of this overwhelming obsessional ideas as defences. Hoarding behavior like compulsive acts are linked to anal fixation.

In 1935 Isaacs, in his article called 'Bad Habits', he mentioned that the compulsive actions appeared to begin in infancy and early childhood. He described these compulsive actions through the examples of thumb or tongue sucking, rocking, banging and knocking of head as mechanism of introjection internal-objects who are

mainly parents. Dorsey (1935) linked hoarding behavior associated with inadequate self-respect. On the other hand, Schilder (1935) tries to explain hoarding behavior associated with Karl Marx theory of economics. According to him hoarding linked us to the future. Possessions and collecting materials and money

is linked with the use in future. Money and goods have unconscious connection with feces which both Dorsey and Schilder account them with anal preoccupations and representations of conflict. These patterns are very common in obsessional neurotics.

Lustman (1962) in his article named Defense, Symptom, and Character; he explained sneakiness, hoarding, trickery, as character traits were related, in part, to the masturbatory activity and showed a possible reciprocal relation to the symptomatic act. Usually compulsive acts like washing etc. was replaced with hoarding. Baer (1994) found three major classification of symptoms. He found these classifications with factor analyzing with 107 patients. Baer named these three factors as follows: 'symmetry/hoarding', 'contamination/cleaning', 'pure obsession'. Rosbrow (1993) in his article, mentioned about try to delay death by hoarding behavior by referring Maus's books. He mentioned that 'the son of the Holocaust survivors confesses of his father's nightmarish years in the camp. He describes how his father cautiously found and hid his food needs and prevented death with them. He adds that he continued to be obsessed after his father's liberation. His father continues to hoard and obsessively refuse throwing things away. His father thinks that if he stops storing supplies, he and his family will be left vulnerable and killed.' (Rosbrow, 1993). One fascinating association is that between hoarding and Holocaust survival (Porat-Katz, Johnson, Katz, & Rachman-Elbaum, 2018); it is as if physical objects (often food items) are gathered to fill a void created by loss of kin during that great human tragedy and/or to act as a barricade protecting the subject against future fiascos. Meares (2001) pointed out that obsessive compulsive disorder presumably to be a 'heterogeneous disorder'. The person may try to (solve) fill the gap between his/her problems and traumas with collecting and keeping lots of things. So, that concludes hoarding behavior from a psychoanalytic perspective.

The person may try to fill the gap between his/her problems and traumas with collecting and keeping lots of things. We linked this statement with Isaac's (1935) article about compulsive actions appeared to begin in infancy and early childhood.

1.1. The Differences Between Hoarding and Obsessive-Compulsive Disorder

There are differences between collecting and hoarding behaviors both collectors and hoarders have history of early childhood experience of losses and they both attached to objects. We can understand the differences between hoarding and obsessive-compulsive disorder by dividing into five:

1. Hoarding is largely ego-syntonic, whereas the symptoms of obsessive-compulsive disorder (OCD) are ego-dystonic;
2. Hoarding is more often accompanied by depression;
3. OCD is a clear statement of the premium the subject places on control, whereas hoarding offers a loud testimony to loss of control;

4. Whereas the symptoms of OCD fluctuate over time, those of hoarding tend to get progressively worse;

5. Psychopharmacologic agents that are often successful in treating OCD cause little dent in the tendency to hoard (Bloch *et al.*, 2014).

The major difference between hoarding and obsessive compulsive disorder is while hoarding behavior is ego-syntonic on the other hand obsessive compulsive behavior is ego-dystonic.

Baer (1994) found three major classification of symptoms. He found these classifications with factor analyzing with 107 patients. Baer named these three factors as follows: (a) 'symmetry/hoarding', (b) 'contamination/cleaning', (c) 'pure obsession'.

In their study, Landau *et al.* (2011) emphasized that hoarding behaviors begin with the emergence of traumatic life events and the increase in the severity of the symptoms of hoarding disorder. The trauma history of individuals need to be evaluate seriously.

In DSM-5, hoarding disorder characterizes with the perception of the necessity of keeping objects and the distress of disposing of them. The feeling of removal of the objects can cause distress so the difficulty in disposing of individual's possessions results in the accumulation of these stuffs, occupying this person's living space and pile up.

Hoarding disorder is not linked to any other health condition (Kress *et al.*, 2016). Therefore, hoarding disorder should not be explained by one of the symptoms of another mental disorder or linked to a health condition such as brain injuries or dementia (DSM-V, 2014). The prevalence of hoarding disorder is 2% to 6% of the population. Individuals who have hoarding disorder often lead an isolated life and do not want to notice by other people. With this disorder, individuals feel that they have the things they collect but at the same time they are possessed by those items. Individual in this situation can also prevent her/his daily activities by collecting excessive objects and due to this action they narrowing their living space. Regardless of its true value, the person with this disorder may have difficulty in disposing of their possessions or breaking their relationship with them. People who have hoarding disorder show attachment to objects due to their childhood losses. By collecting and hiding many things, individual may try to fill the gap between their problems and traumas.

Clutter is the sum of many and often unrelated items gathered together in an irregular manner. Based on this definition, Raines, Allan, Oglesby, Short and Schmidt (2015) mentioned that significant amount of clutter is not considered problematic unless it accompanies saving/thrift behaviour alone. People with hoarding disorder often experience negative thoughts and feeling when throwing objects due to the meaning they have previously attributed to the objects they have accumulated. There are three main manifestations of hoarding: disorganization, difficulty in disposing of objects and excessive object acquisition (Frost and Hartl, 1996). Rodriguez *et al.* (2012), found in their study that hoarding disorder is associated with a high rate of homelessness. Individuals with hoarding disorder are generally at risk of being evicted.

CONCLUSION

In the literature review from past to present psychoanalytically expected result has been achieved. According to findings, the person may try to (solve) fill the gap between his/her problems and traumas with collecting and keeping lots of things. Hoarding behavior occurs unconsciously. Individual gives a meaning to hoarded items and it is really difficult to throw them away, they do not want to leave the objects because of their meaning. From a psychoanalytic point of view unconscious mind has an impact on thoughts, feelings and behaviors. People who have hoarding behavior feel distress about negative thoughts and feelings so this reflected their behaviors. So, that concludes hoarding behavior from a psychoanalytic perspective. Freud, bring up of a memory-evoking pressure as the second step of the neurotic mechanisms underlying the hoarding behavior, consequently, in the Rosbrow's (1993) article, there was an unforgettable moment of a father who had survived from Holocaust. The person may try to fill the gap between his/her problems and traumas with collecting and keeping lots of things. It is worth to mentioned that according to statement of Isaac's (1935) article about compulsive actions appeared to begin in infancy and early childhood. According to Bowlby (1982) and Ainsworth (1991)'s studies indicating that hoarding behaviors may begin in early childhood periods. It is thought that this review will contribute to studies investigating the orgisin or causes of hoarding behavior with a psychoanalytic approach.

REFERENCES

- Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American psychologist*, 46(4), 333.
- Birliđi, A. P. (2014). Ruhsal bozuklukların tanısıl ve sayımsal elkitabı, beşinci baskı (DSM-5) [Diagnostic and statistical manual of mental disorders. (DSM-5)](E. Körođlu, Trans.). Ankara: Hekimler Yayın Birliđi.(Original work published 2013).
- Bloch, M. H., Bartley, C. A., Zipperer, L., Jakubovski, E., Landeros-Weisenberger, A., Pittenger, C., & Leckman, J. F. (2014). Meta-analysis: hoarding symptoms associated with poor treatment outcome in obsessive-compulsive disorder. *Molecular Psychiatry*, 19, 1025–2030.
- Bowlby, J. (1982). Attachment and loss: retrospect and prospect. *American journal of Orthopsychiatry*, 52(4), 664.
- Bowlby, J., & Ainsworth, M. (2013). The origins of attachment theory. *Attachment theory: Social, developmental, and clinical perspectives*, 45, 759-775.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental psychology*, 28(5), 759.
- Danet, M., & Secouet, D. (2018). Insecure attachment as a factor in hoarding behaviors in a non-clinical sample of women. *Psychiatry Research*. 270, 286-292.
- Dorsey, J.R. (1935). The Psychology of the Person Who Stutters. *Psychoanal. Rev.*, 22(1):25-35
- Freud, S. (1895). Draft K. The Neuroses of Defense (A Christmas Fairy Tale), January 1, 1896. *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887-1904*, 162-169.
- Freud, S. (1989). The ego and the id (1923). *TACD Journal*, 17(1), 5-22.
- Frost, R. O., & Hartl, T. L. (1996). A cognitive-behavioral model of compulsive hoarding. *Behaviour research and therapy*, 34(4), 341-350.
- Grilo, C. M. (2004). Diagnostic efficiency of DSM-IV criteria for obsessive compulsive personality disorder in patients with binge eating disorder. *Behaviour Research and Therapy*, 42(1), 57–65.
- Hazan, C., & Shaver, P. R. (2004). Attachment as an Organizational Framework for Research on Close Relationships.
- Isaacs, S. (1935). 'Bad Habits'. *Int. J. Psycho-Anal.*, 16:446-454.
- Kress, V. E., Stargell, N. A., Zoldan, C. A., & Paylo, M. J. (2016). Hoarding disorder: Diagnosis, assessment, and treatment. *Journal of Counseling & Development*, 94(1), 83-90.
- Landau, D., Iervolino, A. C., Pertusa, A., Santo, S., Singh, S., & Mataix-Cols, D. (2011). Stressful life events and material deprivation in hoarding disorder. *Journal of anxiety disorders*, 25(2), 192-202.

- Lidz, F. (2003). *Ghostly Men: The Strange But True Story of the Collyer Brothers*, New York
- Lustman, S.L. (1962). Defense, Symptom, and Character. *Psychoanal. St. Child*, 17:216-244.
- Mathes, B. M., Timpano, K. R., Raines, A. M., & Schmidt, N. B. (2020). Attachment theory and hoarding disorder: A review and theoretical integration. *Behaviour research and therapy*, 125, 103549.
- Meares, R. (2001). A Specific Developmental Deficit in Obsessive-Compulsive Disorder: The Example of the Wolf Man. *Psychoanal. Inq.*, 21(2):289-319.
- Porat-Katz, B. S., Johnson, T. W., Katz, I., & Rachman-Elbaum, S. (2018). Hoarding among Jewish Holocaust survivors: Moving towards a theoretical model. *The Israel Medical Association Journal*, 20, 670–673.
- Rodriguez, C. I., Herman, D., Alcon, J., Chen, S., Tannen, A., Essock, S., & Simpson, H. B. (2012). Prevalance of hoarding disorder in individuals at potential risk for eviction in New York City. *Journal of Nervous and Mental Disease*, 200, 91-94.
- Rosbrow, T. (1993). Significance of the Unconscious Plan for Psychoanalytic Theory. *Psychoanal. Psychol.*, 10(4):515-532.
- Schilder, P. (1940). Psychoanalysis of Economics*. *Psychoanal. Rev.*, 27(4):401-420.
- Solms, M., & Panksepp, J. (2012). The “Id” knows more than the “Ego” admits: Neuropsychanalytic and primal consciousness perspectives on the interface between affective and cognitive neuroscience. *Brain Sciences*, 2(2), 147-175.
- Stechler, G., & Kaplan, S. (1980). The development of the self: A psychoanalytic perspective. *The psychoanalytic study of the child*, 35(1), 85-105.
- Tamam, L., & Demirkol, M. E. *Obsesif Kompulsif Bozukluk ve İlişkili Bozukluklar*.k's Greatest Hoarders: An Urban Historical. Bloomsbury Publishing USA.