



Disorder or Defense:

An exploration of the efficacy of early relationships as a model in a relational approach to understanding hoarding behaviour.

By

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“There is nothing so practical as a good theory.”

- Kurt Lewin, 1952

Abstract

Current understanding conceptualizes hoarding as a disorder with a focus on the role of cognitive deficits in executive functioning and beliefs as the underlying cause. Prior to the dominance of the cognitive behavioural model hoarding had its origins in the psychoanalytic descriptions of the anal character. The focus of approaches based on cognitive and neurological deficits has left a gap in the discussion of hoarding in terms of how early relationships impact future behaviour. The current work looks to examine this gap by considering how the effects of early relationships impact development and influence cognitive processes. Using an object relations and attachment approach this work argues that hoarding behaviours are the result of a maturational process that uses avoidant attachment strategies and ego-syntonic defenses to guard against unmanageable feelings. Further, that this developmental process results in a weakened sense of self that is in part made more secure through hoarding behaviours and the resulting clutter. A relational model is put forward to understand this and to demonstrate how the therapeutic process can strengthen the persons abilities to change.

Chapter One: Introduction

1.1 Background and Context

Prior to the dominance of the cognitive behavioural model hoarding had its origins in the psychoanalytic descriptions of the anal character (Mataix-Coles & Pertusa, 2012), revolving around giving and withholding (Maddi, 1996).

Freud (1908) describes the anal character as having a combination of three peculiarities: orderliness which is bodily cleanliness, reliability and conscientiousness in the performance of petty duties; parsimony that may be exaggerated up to the point of avarice; and lastly obstinacy that may amount to defiance and being easily provoked.

Fromm (1947) introduced a hoarding orientation as one of his four-character orientations that represents a particular way of relating to the world, with both productive and non-productive aspects. Fromm used Freud's obsessive character type with its anal characteristics of being conservative and cautious with a strong moral attitude as a basis for his hoarding type (MacCoby, 2002). The hoarding type looks as if they are surrounded by a protective wall (Fromm 1947). Fromm used "unmistakeable anal traits" such as orderly, methodical and stubborn to characterize the hoarding orientation (Haslam, 2012, p. 252).

What is of interest are the anal characters "miserliness" in terms of thoughts and feelings, showing a faithfulness both towards people and memories (Fromm, 1947), and the sentimentality of memories to be held onto and indulged (Maddie, 1996), and how they relate to a modern-day conceptualization of hoarding.

Hoarding has evolved from this early thinking in diagnostic terms, from a few items embedded in OCD scales to a range of hoarding-specific questionnaires, interviews and rating scales, which focus on diagnosis, quantification of symptom severity, and case formulation (Tolin, 2011).

The most widely accepted model and form of therapy for hoarding is a Cognitive Behavioural Therapy (CBT) model proposed by Frost and Hartl (1996), that conceptualizes 'compulsive hoarding' as a multifaceted problem, placing information processing deficits, problems in forming emotional attachments, behavioural avoidance and erroneous beliefs about the nature of possessions at the heart of its nature. The model is based on "attempts to alter behaviour" (Frost & Hartl, 1996. p. 341). The emerging model proposes hoarding stems from several core vulnerabilities that include early experiences, genetic predispositions, depressed and anxious moods and various personality traits, that result in mistaken beliefs about attachment to possessions, and negative emotions that lead to avoidance behaviours (Muroff, Bratiotis, & Steketee, 2011).

For its inclusion in the Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V) hoarding was framed as a "behavioural or psychological condition that causes the individual significant distress or disability" (Mataix-Cols, *et al.*, 2010, p. 565). The discussion of hoarding in the literature has changed it from hoarding, to compulsive hoarding, to being defined in the DSM-V as Hoarding Disorder (HD). HD is characterized by a persistent difficulty discarding possessions, regardless of their actual value because of a strong perceived need to save items and avoid the distress associated with discarding them (APA, 2013). Diagnostic criteria are outlined based on the above definition that results in distress when discarding, and the accumulation of clutter that congests active living areas compromising their intended use, and causing significant distress or impairment in social, occupational or other important areas of functioning (APA, 2013). What the above describes is a person "in the grip of something powerful" (Morrison, 2014, p. 208).

Its transformation into a disorder takes hoarding into a different realm of diagnostic criteria and behaviours, away from the thoughts, feelings and sentimentality of memories mentioned above. The medical notion of disorder implies an illness or abnormality, along with a generalized sense of normality when it may be argued that there is no such thing (Marzillier, 2010). HD was created to "fit" the definition in the

DSM-V with the “potential benefits outweighing the potential harm” in its creation (Mataix-Cols & Pertusa, 2012, p. 608).

Hoarding is generally thought to follow a chronic course, with a seemingly early onset, with many or most individuals reporting symptoms beginning during childhood and adolescence (Tolin, Meunier, Frost, & Steketee, 2010). However, the focus of literature and research is on HD in adulthood that misses the importance of its childhood origins and continuing nature into adulthood, that is associated with numerous negative outcomes and pathology (Burton, Arnold, & Soreni, 2015). Pathological or abnormal hoarding is the umbrella term for any form of excessive hoarding or collecting irrespective of its nosology or aetiology, which has a long natural history before it becomes problematic (Mataix-Cols, Pertusa, Snowden, & Tolin, 2011). This long natural history is ignored in approaches that use diagnostic criteria that focus on overt manifestations.

By conceptualizing hoarding in a psychotherapeutic way to inform the understanding of it, hoarding is seen as a symptom of an underlying conflict. The results of hoarding, the clutter, saving and acquisition behaviours are not the result of HD, but the result of internal psychical defenses designed to protect the ego from painful situations or emotions.

This theoretical study aims to provide an understanding of how negative emotions and behavioural avoidance are core in understanding hoarding behaviours. It will focus on hoarding as a manifestation of a psychical defense that is a way of dealing with and processing difficult emotions, which may explain why individuals who hoard express little or no motivation to change their current behaviours (McGuire, Kaercher, Park, & Storch, 2013). This work will use concepts taken from object relations and attachment theories to provide an understanding of hoarding behaviours as the manifestation of an internal conflict in the form of a psychic defense. Due to the constraints of this research and the detailed nature of each of the theories under discussion an in-depth analysis of each theory is not possible. The most salient aspects of the theories for the current research will be discussed.

1.2 Aims and Objectives

This theoretical study aims to provide an effective model of how early relationships can represent an underlying cause in the understanding of hoarding behaviour. The manifestation of hoarding behaviour will be discussed using Fairbairn's (1994) model of ego development and attachment-based theories that can be applied to the psychotherapeutic relationship. The focus of cognitive, behavioural and neurological approaches has left a gap in the discussion of hoarding in terms of how early relationships impact future behaviour.

In its consideration of hoarding as a defense rather than a disorder this present research will focus on the following objectives:

1. to highlight how concepts from object relations and attachment theories may provide a framework to inform a conceptualization of hoarding as a result of early relationships;
2. to provide a model of how formative and attachment relationships may set up the foundations of hoarding behaviour;
3. to explore how the psychotherapeutic process can foster the abilities for change in a relational approach.

Chapter Two: Early Relationships as a Foundation of Hoarding Behaviour.

Compulsive hoarding behaviours have been formally acknowledged in the counselling literature for over two decades (Frost & Gross, 1993; Kress, Stargell, Zoldan, & Paylo, 2016). Hoardings origins began as a discussion of characterological traits and ended up as cognitive or neurological deficits. The ensuing discussion seeks to fill that gap by considering how the effects of early relationships develop and influence cognitive and neurological processes.

2. 1 Fairbairn's Theory of Ego Development

Fairbairn's theory of ego development sees the ego as being the "primary psychic-self in its original wholeness" (Gomez, 1997, p. 163). From birth an intact ego is present, "a single dynamic ego-structure" (Fairbairn, 1952, p. 148), with the libido perceived as being essentially object-seeking (Fairbairn, 1994). Fairbairn's endopsychic structure is formed via object relations, through which three objects of the primary caregiver are internalized resulting in splits in the ego. The hysterical, paranoid, obsessional and phobic techniques outlined by Fairbairn (1994), are the result of the splits in the ego that are employed by the ego in defense to regulate relationships with objects, especially internalized objects and the effects of the conflicts caused by the splitting.

The splits in the ego result in an ego structure that Fairbairn conceptualizes in the following way. First the mother figure gets split into two objects, which represent her good and bad aspects. The 'badness' of an object is the mothers unavailability (Grotstein & Ringsley, 1994). Aspects of the relationship with the caregiver are internalized not aspects of the person themselves. The bad is internalized in an attempt to control it. This internalized 'bad object' gets further split into the exciting or needed object and the rejecting object. Through the use of aggression these two

parts get repressed and split off from the central ego. The two subsidiary egos remain attached to the respective internalized objects through libidinal ties. The part bound to the exciting object is the libidinal ego, and the part bound to the rejecting object is the internal saboteur or the antilibidinal ego. The techniques of internalization and splitting serve to alleviate the child's experiences of frustration that result from their object relationships. The three internal objects represent different aspects of the same person, the primary caregiver.

The structural pattern outlined by Fairbairn consists of three internal objects that are separated via relationship (Gomez, 1997). The first is the ideal object that represents the comforting and gratifying aspects of the mother, which is in relationship with the remainder of the original ego present from birth, the 'central ego'. The central ego is the "I" (Fairbairn, 1994, p. 164), which is free to experience the world and express itself in relationships to that world (Rubens, n.d.). The second is the exciting object that consists of the promising and enticing aspects of the mother. The piece of the ego that remains in an internalized object relationship with the exciting object is the libidinal ego that continually seeks and longs for the "enticing promise of relatedness" (Greenberg & Mitchell, 1983, p. 164). The libidinal ego is the drive towards the object (Fairbairn, 1994, p. 164). The third is the rejecting object that is the depriving and withholding aspects of the mother. These are related to the anti-libidinal ego that is "antagonistic and contemptuous" (Greenberg & Mitchell, 1983, p. 164), towards any possible contact or gratification. The anti-libidinal ego is "aggressive and persecutory" (Fairbairn, 1994, p. 164). Each structure does not work in isolation but is in a dynamic relationship with each other.

Fairbairn conceptualized the goal of human development as being that of self-expression in relationships with other human beings (Rubens, n.d.). Through relationship and experience of objects the ego, or sense of self differentiates into the organized structural patterns described above through their early object relationships. That is their relationship with the primary caregiver. In this pattern of

ego development, the early formation of behaviours in the antilibidinal ego can be seen as avoidance in the way it moves away from objects.

The formation of the libidinal and antilibidinal selves result in templates based on specific relationship experiences. Each aspect of the self continues to seek experience and self-expression through relationships that only permit the experience and expression which resonate with the template involved, limiting growth within that system (Rubens, n.d.). Growth is therefore restricted to the confines of the established template. The more the self is pulled towards or away from an object, the stronger and more established the patterns become, and the more the internal conflict is contained within the child. Thus, strengthening the connection of the subsidiary ego to their internal object.

Fairbairn describes how relationships influence the infant through early object relations, but these structures are also being established in light of attachment relationships and the formation of attachment patterns. If ego structure and attachment patterns begin to get established from birth, then their mutual influence on each other and the possible connection between the two cannot be ignored.

2.2 Repression

The split in the 'bad object' creates an exciting and a rejecting object that gets repressed by the ego. The parts of the ego that remain attached to the objects, the libidinal ego and the antilibidinal ego also get repressed. It is the repressed parts of the ego, the parts of the self which are of interest and the way they exert their unconscious influence over behaviour, and on expression of self and the self in relation to others.

Repression is a defense against frustration in the external relationship. Rather than the frustration being integrated through object relations as many experiences are,

these are the ones that are not managed within a relationship resulting in the repression of the feelings associated with the experience. It is repression of internalized bad objects that features aggression directed by the central ego not only towards the bad objects, but also to the subsidiary ego parts that are bound to them (Fairbairn, 1994). Therefore, repression is a repression of anger directed at parts of the self.

Ruben (n.d.) discusses the process of repression in Fairbairn's endopsychic structure as an intolerable aspect of self-meaning that is split off and repressed; an intolerable unintegrated self-subsystem. Without repression experiences exist within consciousness in the integrative matrix of the self. These integrated experiences are not split and therefore require no endopsychic structure. The existence of the libidinal and antilibidinal selves under repression contributes to their pathological nature.

Intrapsychic conflict is fundamental in a conceptualization of neurotic-anxiety (Crosby, 1976). There is always one part of the personality opposing or repressing another part. Repression and/or dissociation occur from the reduction of conscious awareness of the anxiety caused by the conflict. A crucial understanding in how the conflict came about can be seen in early environmental experiences, especially those featuring early relationships with attachment figures. Crosby (1976) discusses how the concepts of loss and separation are also constituted within neurotic-anxiety in one form or another, with the threatening of an individual's established defense mechanisms resulting in the experience of anxiety. When defense mechanisms successfully operate anxiety diminishes, repression has been successful.

2.3 Attachment Theory

Attachment theory is one of the most influential and widely used explanatory frameworks in psychology, encompassing links with psychopathology and emotional regulation that have been clinically widely used (Bernier & Meins, 2008).

Relationships directly influence the individual's internal experience of being aware (Siegal, 2015). "Missing Someone who is loved and longed for" is the key to an understanding of anxiety (Freud, 1926/2001). Attachment behaviour does not disappear in childhood but persists throughout life (Bowlby, 1997). While the residue of early attachment may not be apparent in overt behaviours it may have discernible effects on mental processes which underpin both personality and psychopathology (Fonagy, 2001).

The focus of attachment here is on the way in which attachment patterns laid down in early relationships provide templates for future relationships that effect adult behaviour in terms of hoarding. Within these relationships the roots of pathological functioning may be found. Inadequate early parenting may be seen to create a vulnerability that may have a destructive impact on development (Fonagy & Target, 2003). In this respect attachment behaviour is more than "any form of behaviour that results in a person attaining or maintaining proximity" to their identified attachment figure who is perceived as being better able to cope (Bowlby, 1982, p. 668).

The attachment process lays the foundations for how life experiences can shape the functioning of the mind. Those that occur in the early years mould synaptic connections and in this way set the stage for continued transactions with the world, which in-turn reinforce these mental functions (Siegal, 2015). While longitudinal research on attachment suggests that certain early relationship experiences promote emotional wellbeing, social competence, cognitive functioning and resilience, because development is a process, growth may continue, and change occur despite suboptimal early life experiences (Siegal, 2015).

Bowlby (1998) put forward the concept of internal working models, that are working models of the self in relation to the attachment figure that include how acceptable or unacceptable the child perceives himself to be in the eyes of that figure. Main, Kaplan, and Cassidy, (1985) built on Bowlby's original work conceptualizing internal working models as structured processes that act to obtain or limit access to

information, as a set of conscious and unconscious rules for the organization of information relevant to attachment including feelings, behaviour, memory cognition and attention.

If these models are a representation of what the person's perception and expectations of the world are then parts of the libidinal and antilibidinal selves may be contained within them, as these self-parts are formed through the relationship with the attachment figure. Attachment patterns may then begin to be seen in the libidinal ego's move towards the object and the antilibidinal ego's move away from the object. This also applies to the relationship with the self, which is influenced by the anger and frustration used in the act of repression. In this way internal working models are the means through which formation of the ego structures and patterns of attachment are linked. If a sense of self is in part developed through internal working models, then their incorporation of shortfalls in psychic functioning can lead to deficits or weaknesses in an individual's sense of self because their object, that is their attachment figure was not emotionally fully available, thus creating an absence that generates feelings of fear.

The early relationship environment is important because it equips the individual with a mental processing system that will subsequently generate mental representations, including relationship representations (Fonagy, 2001). Individuals use these representations of the self and relationship partners, which are based on their experiences in close relationships as a basis of expectations about the responsiveness of others, and to form strategies for regulating and interpreting attachment related information (Edelstein, 2006). For the hoarder emotional distortions in terms of avoidance of negative affect behaviours means their internal working models structure behaviour in this way.

Environmental pressures keep development on a path. Structural features of personality once developed have their own means of self-regulation that tend to maintain the current direction of development (Bowlby, 1998). In this way the roots of hoarding behaviour are in childhood and through repetition of exposure to the

same experiences the individual is set on a path that results in an inability to discard and the accumulation of clutter.

Bowlby (1980) proposed defensive exclusion as one way to regulate negative affect, by limiting attention to material that could result in attachment system activation. If potentially upsetting information is not fully processed the attachment system is less likely to become activated therefore preventing rejection and distress. Defensive exclusion of threatening information may in turn render such information difficult to recall (Edelstein, 2006,). In the case of hoarding feelings with negative affect are restricted from being processed in the act of defensive exclusion. Hoarding related beliefs suggest an unwillingness to experience or remain in contact with unpleasant emotions, thoughts and sensations, with attempts to avoid or escape from these experiences playing a unique role in hoarding symptoms (Wheaton, Fabricant, Berman, & Abramowitz, 2013).

Avoidant individuals, uncomfortable with closeness and intimacy are theorized to limit the processing of emotional attachment-related behaviour with the goal of preventing attachment system activation (Edelstein, 2006). Consistent with this idea is some evidence that avoidant adults have deficits in long-term memory for emotional experience and information (Edelstein, 2006). Negative affect leads to defensive exclusion of those feelings so they remain unintegrated or repressed. Avoidant individuals may experience difficulty recalling emotional childhood experiences. They may be less accurate because of defensive exclusion.

Dismissing-avoidant adults have been found to be particularly skilled at suppressing the covert activation of their attachment system by consistently focusing attention away from thoughts and memories that activate attachment related concerns, resulting in decreases in autonomic arousal (Fraley & Shaver, 1997). Therefore, the avoidant individual is not truly able to integrate those experiences. Without integration a coherent sense of self cannot be achieved.

If a parent has not identified and named a child's feelings, then a child cannot be expected to identify and reflect on them. They will remain vague physical sensations of pleasure or displeasure that are undifferentiated and not well mapped within the higher brain (Gerhardt, 2004). This influence of attachment on self-regulation will be discussed below.

2.4 Regulation Theory

Regulation theory (Schore, 2012) has formulated an explanation of the process of development through conceptualizing attachment theory in a "neurobiologically informed way" (p. 2). Bowlby (1997) understood behaviour as reactions to signals arising from changes in environment and these behavioural systems as being organized within the central nervous system (CNS). The way in which the CNS is organized can also influence the priorities of different systems that increases or decreases the likelihood of it happening again.

Regulation theory asserts that the attuned caregiver's reduction of negative affect arousal and the enhancement of positive affect arousal, creates a balance between the energy-expending sympathetic and energy-conserving parasympathetic branches of the autonomic nervous system, creating optimal arousal ranges associated with focused attention, homeostatic visceral-somatic processing and secure attachment (Schore, 2012). Through the attachment relationship "bodily based affective autonomic signals" (Schore., 2012, p. 401), arise between the mother and child, through which the infant learns the process of self-regulation. "Emotional management is affect regulation" (Wallin, 2007, p. 100). Stress can be defined as any situation that overwhelms an ability to cope and, in a sense, managing stress may be the extreme end of emotional regulation (Gerhardt, 2004).

Schore (2012) discussed how if a person senses a threat, even unconsciously the sympathetic nervous system (SNS) mobilization system prepares the body for a

flight or fight response by increasing energy. SNS response is associated with increased arousal-hyperarousal with increased respiration and heart rate, something that an avoidant, deactivating hoarder wants to evade. It is the unconscious perception of a threat that can manifest in behaviours such as hoarding that can seem to be without any objective reason. The hoarder experiences this increased energy as anxiety around decision-making and discarding. It is an unconscious reaction that connects to something in the unconscious realm, that links anxiety with decision-making. The current argument is that something more lies beneath in the realm of the repressed that runs deeper than the surface link between anxiety and decision-making.

Research has demonstrated that individuals who hoard often experience physiological arousal during tasks such as discarding and thus may avoid decisions to discard to circumvent these unpleasant feelings (Frost & Hartl, 1996; Steketee & Frost, 2003). For example, "It scares me when my heart beats fast", is a fear of physiological arousal (Medley, Capron, Korte, & Schmidt, 2013, p. 52). Attachment relationships not only set up the way an individual is in relationship but also their internal responses and their feelings. Regulation theory focuses on this social emotional development rather than cognitive development only (Schoore 2012). The feelings a hoarder gets when they face a decision about discarding a possession connects to an unconscious earlier experience that they were unable to or had no help in processing effectively, when they were learning to manage their experiences, feelings and emotions. It is feelings at "the decision juncture that generate indecisiveness" (Holmes, 2015, p. xvii), an unconscious connection to a past experience. On the surface the act of saving is an avoidance behaviour aimed at reducing the distress associated with potentially making a wrong decision about a cherished possession (Coles, Frost, Heimberg, & Steketee, 2003). However, to take this one level deeper and theorize that the physiological states that impact decision-making relate to attachment relationships. Early attachment figures can be conceptualized as a transformational object, as an initiator of changes of states, of

transformations, not remembered “cognitively in adult life but existentially - through intense affective experience” (Bollas, 1987, p. 17).

There is now a widespread agreement that during critical periods of infancy when the developing brain has heightened sensitivity to social environmental experiences, “epigenetic programming by variations in maternal care imparts either a risk or a resilience to later psychopathology” (Schore, 2012, p. 9). In the parent-child relationship where there are problems with regulating the more negative affects the child receives no regulatory help. Without such help the child learns to suppress them, or “switch them off” (Gerhardt, 2004, p. 41). From this perspective then, psychopathological disorders are the cumulative effect of a series of developmental transformations, each of which adds distortion to previously distorted functioning (Crittenden, 2005).

Therefore, the manifestation of current behaviour is not being viewed in context unless patterns of behaviour are also considered. By looking back along the individual pathway of development and life experiences, cumulative effects that have led to distortions and more pathological ways of relating may lead to a better understanding of that person in the present, rather than isolating what seems to be of relevance. Zoldan, Stargell, and Kress, (2015) argue that as counsellors diagnose and assess HD in clients they should attempt to understand the client’s behaviour in context. Context is limited by the narrow view of diagnostic criteria.

Schore (2012) speaks of relational trauma, how trauma can be inflicted by one person to another, which can occur with or without intent. Trauma is a function of interaction (Bowlby, 1997), and results when excessive quantities of excitation are mentally experienced (Bowlby, 1997).

Fairbairn believed that the dissociative splits in the unitary object-seeking self, develop because of traumatic interactions between the child and caregiver. The non-acceptance of the child, by the child’s caretaker results in the split within the central ego, that recreates the traumatic interaction within the ego or self, between the ego

and the internalized objects (Grotstein & Ringsley, 1994). The internalized object of the mother figure bound to the subsidiary ego part creates a conflict within the whole ego or sense of self.

The experience of relational trauma can be in every relationship including first relationships, but it is the level of intensity and the amount of exposure to it that impacts the splitting of the ego. No relationship is perfect, there is only what Winnicott termed the good enough mother and the provision of a holding environment (Winnicott, 1960). Each person within varying degrees has each part of Fairbairn's ego within them. Fairbairn appreciated that no child enjoyed a "perfect object relation" as maternal failure undoubtedly comes in all shapes and sizes (Grotstein & Ringsley, 1994, p. 259).

Children tend to develop an emotionally avoidant style of relating when they experience negative affects towards them, or in an environment where they find themselves obliged to suppress their own negative feelings because they cannot be tolerated (Gerhard 2004). Suppression does not make the feelings disappear, but only puts them out of mind, but what is out of mind is not necessarily out of 'sight'. The feeling is still present but avoiding being felt. Unable to deal with the difficult feelings around discarding items the hoarder can become argumentative and defensive in the deflection of these feelings, telling people to "mind their own business" (Tolin, 2011, p. 451), and turn an offer of help into an argument (Sampson, 2013). Echoes of the characterological traits of obstinacy and being easily provoked, or defiant and stubborn may be heard in them. The way these feelings are defended against are through avoidant strategies.

2.5 The Dynamic Maturational Model

As a theory of development, the Dynamic Maturational Model (DMM) concentrates on how patterns of attachment produce strategies that provide a description of

interpersonal behaviour and a functional system for diagnosing psychopathology (Crittenden,2005). It is an attachment-based approach in the formulation of behavioural and psychiatric disorders, "placing many such problems within a context of family attachment relationships" (Crittenden, 2006 p. 105). Believed to be by its creator a diagnostic tool capable of greater accuracy than diagnostic manuals such as the DSM because it is not limited to a random description of symptoms but offers a range of information based in a relational understanding of the conditions (Landa, 2009). What is of interest is the way that the DMM has conceptualized defenses based on either affect or cognition.

The model puts forward three different strategies for processing information that are used in the processing of two kinds of information in relation to human experience of danger: affective information, the emotions evoked by the potential for danger such as anger or fear; and cognitive information, casual or sequentially ordered knowledge about the potential for safety or danger (Landa & Duschinsky, 2013, p. 330).

Crittenden's DMM (2006) views cognition as the basis for learning theory whereas affect is tied to arousal. These two forms of predictive information (temporal and contextual) lead to two basic attachment patterns. Individuals using a Type A strategy organize around expected outcomes. They minimize awareness of feelings and do that which will be reinforced and avoid doing that which will be punished. Disorders of inhibition and compulsion are tied to too great a reliance on cognitive information. Therefore, Type A strategies organize experience around outcomes expected to recur in the future, minimizing awareness of negative feelings. Individuals using a Type C strategy are motivated by somatic feelings, tied to intensity and processing through the limbic structures. Lacking confidence in what will happen next, they focus on feelings as guides to behaviour. Therefore, Type C strategies are motivated by somatic feelings, tied to the intensity of stimulation and processing through the limbic system. Type B is the integration of the two sorts of information and consists of open, direct, and reciprocal communication of

expectations and feelings. Intra-personal reflection and inter-personal discussion and negotiation are crucial to avoiding the biases inherent in sole reliance on either cognition or affect. Therefore, Type B strategies use the integration of cognition and affect and is the least vulnerable to psychopathology. So, Type A strategies split off negative affects, Type C strategies split off casual knowledge about how and why comfort or abandonment occur, and Type B strategies effectively use both kinds of information without much transformation (Landa & Duschinsky, 2013). Each of the three categories has a range of defensive strategies the discussion of which lie outside the scope of this work.

The DMM is a developmental model that describes a range of adaptations and failures in protection and caregiving between infancy and adulthood, built towards more consideration of the role of attachment and attachment strategies within the context of danger as it has been experienced and understood by the client (Purnell, 2011). What is of importance is the way that it is experienced and perceived by the individual not the reality of the experience.

2.6 Neurobiology: The Role of the Anterior Cingulate Cortex (ACC)

Tolin, *et al.*, (2012), found patients with HD exhibited abnormal activity in the ACC and insula that was stimulus dependent. When deciding about items that did not belong to them HD patients showed relatively lower activity in these brain regions. When deciding about items that belonged to them these regions showed excessive activity. Suggesting that the activations in patients with HD demonstrate problems in identifying the emotional significance of a stimulus, generating an appropriate emotional response, or regulating affective state during decision-making.

Given that ACC dysfunction appears to mediate both the symptoms and the neurocognitive deficits associated with compulsive hoarding (Saxena, 2008), medications that increase ACC activity, such as stimulants, modafinil, and

cholinesterase inhibitors, might be effective for compulsive hoarding (Saxena, 2011). That seems to point to a neurobiological basis.

However, the ACC is one of the regions that plays an integral part in coordinating memories with behaviour that are especially sensitive to social interactions (Siegal, 2015), and psychological patterns are also patterns of neural organizations. The brain as well as the mind develops in the crucible of attachment relationships, with conceptual links between neuroscience and psychotherapy providing an understanding of both psychological and brain development on a foundation of attachment theory (Wallin, 2007). The development of the brain largely depends on how the “genetically programmed motivation of the nervous system” is shaped by the interpersonal experience (Siegal, 2015, p. 2), that is shaped by attachment relationships, and why the impact of both interpersonal and intrapersonal relationships cannot be ignored. Whatever the contributions made by genetic biases or physical trauma to variations in personality, the contributions of family environment are substantial (Bowlby, 1988). Healthy neural and psychological development in early childhood hinges on the attuned responsiveness of attachment (Wallin, 2007). In considering a psychotherapeutic understanding of hoarding a neurobiological understanding of hoarding is not being moved away from but included. Attachment theory understands that the mother continues to contribute to both the physiological homeostatic mechanisms and regulatory systems of the infant well past the moment of birth (Holmes, 2007).

The anterior cingulate along with the prefrontal cortex is part of the brain that that enables a person to “hold” their thoughts and emotions, extending them into the future, allowing reflection on experience and the consideration of alternatives to take place (Gerhardt, 2004, p. 64). It is this aspect and its impact on the person’s reflective capacity that is of importance, and the way neurological development is achieved through attachment relationships.

It has been mentioned above how avoidant adult attachment patterns inhibit memory recall and the role of the ACC in the ability to hold memories and gain a

sense of the future in connection with the past. In hoarders the ability to reflect is not as developed and inhibitions in functioning of the ACC result in the difficulties of hoarding and in maintaining a sense of self across time.

The above discussion provides an alternative view of the role of neurological systems in people who hoard and its relationship with attachment theory. One that connects to memory and being able to hold memories and experience of the present in terms of thinking of the future and reflecting on the past.

2.7 Summary

Aspects have been taken from the above theories to demonstrate a way of capturing elemental aspects of character and development that can be developed to provide an account to understand a hoarder's way of being in the world, not pathologize it. Fairbairn viewed the self as a holistic, object-seeking entity from the beginning, with his theory of structure being a record of traumatic interactions (Grotstein & Ringsley, 1994). The internal relationship these interactions create is reflected in behaviour. The DMM's emphasis builds on Bowlby's notion of developmental pathways by describing an increasing range of possible attachment strategies which are modified and influenced in response to significant events and experiences that arise on the journey towards maturity (Purnell 2011). Insecure attachment is not itself pathological, but only indicates something about the difficulty for such people of managing feelings well (Gerhardt, 2004, p. 108). Neurological and physiological development both occur within the context of attachment relationships. For avoidant patterns, attachment-related memories are less accessible. The individuals defenses limit processing of potentially distressing information, bypassing any threats (Fraleigh, Garner, & Shaver, 2000), in a "pre-emptive defense strategy" (Edelstein, 2006, p.343), that sets up the persons way of relating not only to others but also to themselves.

Chapter Three: A Relational Model of Hoarding

The aim of this chapter is to bring together the underlying psychotherapeutic principles into a cohesive model of hoarding. This is achieved by considering how the symptoms of HD may be a psychic defense against an internal struggle, to consider them outside of the realm of cognitions and behaviour, in the realm of the psyche.

3.1 The Role of Defense Mechanisms

The foundations of recurring behaviour patterns are laid down in early childhood. Defence mechanisms (Freud, 1923-1925/2001) are the ego's attempts to protect itself from conscious awareness of uncomfortable motivations or thoughts, by developing behavioural patterns as a protection against hard to deal with emotions such as anger, guilt and shame.

When instincts become reinforced and come into conflict with the ego they can be described as "ego-syntonic instincts" (Freud, 1911/2001, p. 67). An ego-syntonic defense means that the individual can only deal with experiences and feelings that are in harmony with and tolerable to the ego. Uncomfortable feelings or negative affects are pushed away to protect the ego through avoidance behaviours. Research on hoarding suggests it has an ego-syntonic nature (Gillam & Tolin, 2010; Grisham & Barlow, 2005; Mataix-Cols, *et al.*, 2010). This means that people who hoard do not always consider their hoarding behaviours or their accompanying thoughts as unreasonable (St-Pierre-Delorme, Lalonde, Perreault, Koszegi, & O'Connor, 2011), but more so that they fit within their way of being (Kress *et al.*, 2016). People with hoarding behaviours can experience negative thoughts and feelings when faced with discarding items they find valuable (APA, 2013, Frost & Hartl, 1996), which their ego-syntonic defenses protect them from.

Differences between micro ego-syntonic behavioural systems such as holding onto a broken cup, and a "macro ego-syntonic negative emotional consequence" of the hoarder's living environment (Kellett, Greenhalgh, Beail, & Ridgway, 2010), have been discussed in the literature. While micro behaviours are not perceived as unusual but as rational by the hoarder, the macro-impact of hoarding, such as the amount of clutter that inhibit domestic function appear to be largely ego-dystonic (Kellett, 2007). This highlights how unconscious processes inform behaviour. To focus only on what can be seen misses the connection that the hoarder's behaviour protects their emotional outcome, which has a stronger influence on behaviour than the consequences of that behaviour. How they feel on the inside overrides how the outside may make them feel. The behaviour is framed as a defense not as a behaviour in itself.

Hoarding is notoriously difficult to treat (Pollock, 2014). Hoarders display resistance and refusal to treatment (Frost & Gross, 1993), with weakened outcomes (Ayers, Wetherall, Golshan, & Saxena, 2011), being accounted for by a hoarder's tendency to deny the severity of their difficulties (Tolin, Fitch, Frost, & Steketee, 2010), with a low motivation to change (Steketee & Frost, 2003), all of which can be viewed in ego-syntonic terms, a protection against negative feelings or affects.

A hoarder may be able to name a motivation for their behaviour such as an emotionally absent parent, looking to replace a deceased love one, an empty nest, or the gap left by divorce (Lepselter, 2011). However, these are the reasons that can be recalled helping the person understand their 'reason' for being such as they are, 'their excuse'. What is of interest are the unconscious processes that underlie the behaviour that may explain why they reacted in that way, hoarding. These will be considered in terms of ego development, attachment theory, loss and physiological responses in terms of internal 'feelings'.

3.2 Symptoms of Hoarding in Relation to Psychotherapeutic Concepts

Hoarding's distinct characteristics have been described to include clutter, an incapability to discard, along with strong saving and acquisition urges (Frost, Steketee, & Grisham, 2004). The distinguishing feature in terms of impairment from hoarding symptoms is the amount of clutter in the hoarder's living environment and the resulting effects of impairment of the clutter on the hoarder's life (Frost & Hartl, 1996). This in itself can be seen to be problematic.

The consideration of the amount of clutter as a symptom of hoarding frames HD as an adult disorder ignoring the fact that hoarding behaviour begins earlier, but time is required for the clutter to manifest. In diagnostic terms behaviour becomes pathological when clutter and disorganization interferes with the ability to use living space, and to carry out necessary daily routines (Frost, 2010). This misses that fact that the person who hoards behaviour, remains the same across their lifespan, both before the clutter is a problem and after it has become a serious problem, however long that takes.

The three physical symptoms of clutter/disorganization, saving and acquisition are not present in childhood because of outside influences such as that of the parents. But the behaviour patterns that will result in clutter have already been established, even though they only become pathological in the presence of clutter.

To say that hoarding cannot occur in the absence of clutter, that for distress and/or impairment to be present, clutter needs to be present neglects the important point that impairment and distress are already present. Not in objective amounts of clutter but in the subjective experience that leads to it. Clutter is the result of acquisition and saving. Without these behaviours there would be no clutter. It is why the behaviours occur that is important not necessarily their end result.

For hoarders discarding is associated with distress whereas acquiring and clutter are not (Coles *et al.*, 2003). People who hoard often identify acquiring as one of their

most enjoyable activities with negative affects generated by discarding (Tolin, 2011). This links with the ego-syntonic defenses mentioned above. It is the behaviours here that generate the positive affect which is why they need to be addressed. Clutter is the end result.

Clutter, acquisition and saving can also be conceptualized through concepts such as attachment theory, loss and affect regulation. Not as that of a disorder but of a defense against unmanageable feelings. The external manifestation of hoarding in terms of saving and discarding are not a symptom but the signs of an internal conflict, and the result of psychic defenses. They can be considered in terms of how a person relates to the world around them. In the case of hoarding it is in terms of avoidance, fear and loss, the unconscious processes that influence cognitions and behaviour.

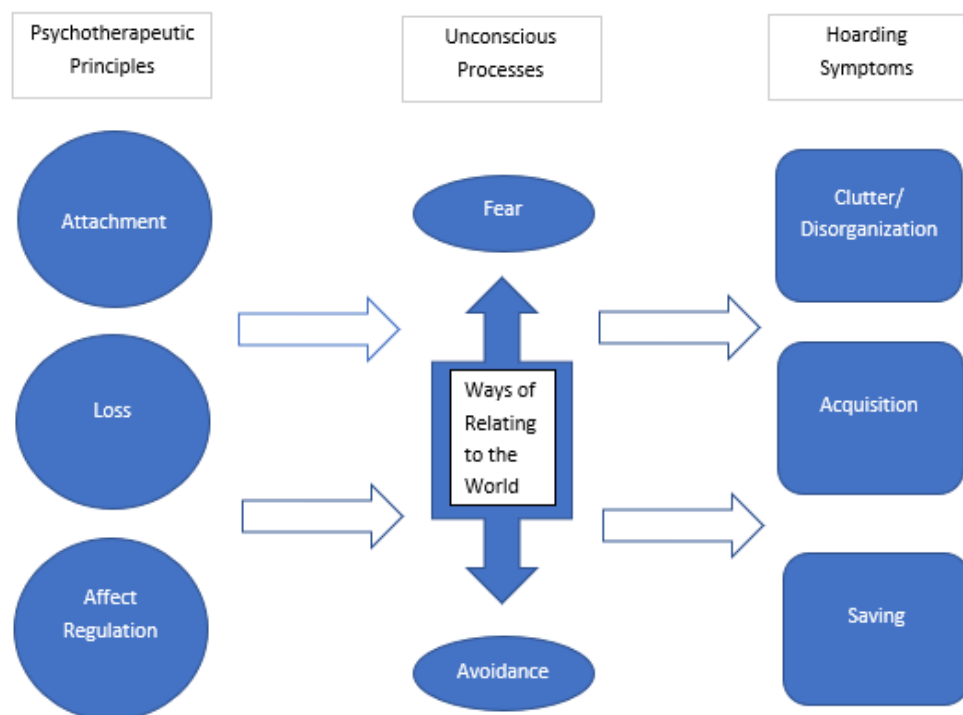


Figure One: A Relational Model of Hoarding.

3.3 Avoidant Attachment Strategies

Although each person with hoarding behaviours is unique there are certain patterns of thinking that are often seen (Landau, 2017). This can be seen in avoidant attachment strategies. Attachment relationships set up both neural and physiological pathways and behaviour templates for future ways to respond to environmental circumstances. The avoidant attachment strategies developed through early relationships contribute to the avoidance of negative affect. Avoidant individuals defensively limit the processing of potentially distressing information (Edelstein, 2006, p. 340), as seen in the Type A strategies of the DMM. The above discussion of Fairbairn's theory of ego development and Crittenden's DMM demonstrate the relationship between ego development and attachment theory and how behavioural patterns are established in early relationships. In attachment, relationships with others are inhibited and avoided, while through ego development the parts of the self that are unintegrated and repressed are avoided.

Patterns of behaviour avoidance are thought to play an integral role in the development and maintenance of numerous anxiety-related disorders, in that avoidance negatively reinforces maladaptive behaviours, such as hoarding by preventing the individual from fully experiencing the fear related extinction process (Medley *et al.*, 2013). The emotional distance and rejection that dominate avoidant relationships create a kind of low affect environment (Siegal, 2015). Because the individual is unable to accurately read their body's signals when physiological responses start in the person who hoards, their inability to distinguish what the feelings mean in the current situation results in them taking measures to avoid the feelings. For example, avoiding making the decision to discard. They were not able to learn in their early relationships how to manage uncomfortable feelings or 'bodily sensations' through regulation and relationship. Therefore, they learnt their own way to deal with them, the formation of a psychic defense against the unmanageable feelings; avoidance.

3.4 Fear

Medley *et al.* (2013) suggest that one factor that may be related to behavioural avoidance is anxiety sensitivity (AS) that is a "fear of fear", a fear of anxiety and the misinterpretation of bodily sensations such as increased heart rate (p. 46). In this way fear can have a major impact on the unconscious processes on a person's behaviour. Rational fear is a reaction to a specific danger (Crosby, 1976). Normal anxiety is not in itself a pathological problem, it is natural, normal, a useful function. Neurotic anxiety is subjective, disproportionate to the objective danger, involving repression and other forms of intrapsychic conflict that are managed through various forms of retrenchment of activity and awareness such as inhibitions, the development of symptoms, and varied neurotic defense mechanisms (Crosby, 1976). The ego perceives the dangerous situation and anxiety ensues repressing the dangerous impulse, through which anxiety causes repression. The anxiety is an internal conflict. Fear can be conceptualized as arising between the antilibidinal ego and the rejecting object that is repressed. Current experience connects to the unknown repressed ego part, where feelings that are not manageable begin to rise, and feelings of fear begin to rise with them that must be managed in some way through a form of defense.

This sense of loss can also connect to unconscious feelings or sensations of fear. In human being's fear depends heavily on learning, learning fear from among other things, experiences. Fear is learnt from certain objects, places or people because they are associated with naturally painful experiences. Here memory begins to assume an importance in the consideration of fear and anxiety. Much of what is feared was learnt in the past and became a part of the person's history. Because they are remembered, even unconsciously, their painful quality is maintained, often operating below levels of consciousness leaving their mark on the person's thoughts and behaviours (Hogue, 2014).

3.5 Loss

Loss can take different forms. For example, emotional absence of a physically present attachment figure (Zornig & Levy, 2011), and the threat to abandon a child (Bowlby, 1998), are as damaging as actual abandonment.

Here loss is framed in terms of the person's sense of self and their auto-noetic consciousness. This is the individual's capacity to mentally represent and become aware of subjective experiences in the past, present and future, to "remember through mental time travel" (Wheeler, Stuss, & Tulving, 1997, p. 331).

Many hoarding individuals describe poor memory, and report keeping certain possessions due to fear they will forget relevant information or lose an important memory if they discard an object (Tolin, 2011). While this may be framed as memory deficits, the experienced fear connects with something else, something in the unconscious. Clutter results from fear of forgetting memories, past events they do not want to forget. A participant in Grisham and Barlow's (2005), study described how her possessions felt a part of her and expressed feeling anxiety when trying to discard any. Describing how she must have the items in view because they remind her of important events in her life, which she reported that she was afraid she would forget if the items were put away (p. 49). This extract demonstrates how the items link to memory and their sense of self across time, how a fear a part of themselves may be lost. Brien, John, & Russell-Carroll, (2018), reported evidence of unprocessed past experiences, as well as future experiences put on "the long finger" (p. 274). An insecure sense of themselves in the future results in a sense of 'not knowing', through which the person connects with physical items. The sense of not knowing themselves in the future, is reflected in not knowing if they will need the physical items in the future. The underlying process is fear, which in turn generates feelings they are not able to sit with that activate defensive strategies and saving behaviours. In a recent analytic stance on hoarding it was suggested that the object, which holds the split off projections is insufficient and new items are needed to

maintain the projections (Brien *et al.*, 2018). This process is reflected in the discussion here. How the objects are needed to maintain a solid sense of self to guard against the underlying fragmentation

Clinical observations suggest that when discarding, individuals who hoard experience grief-like physical reactions that produce strong and unpleasant anxiety responses (Coles *et al.*, 2003). These grief-like reactions connect to the unconscious process of loss. Medley *et al.*, (2013) suggest it is plausible that decisions of discard are avoided to prevent experiencing these emotional states, and that cognitive behavioural constructs of hoarding suggest this avoidance of decisions is due to the unpleasant emotional states associated with loss. The construct of hoarding here is not that it is a cognitive deficit but an inability to be able to recognize and place feelings in the present because of the past

Hoarding difficulties are strongly associated with certain types of beliefs and with difficulties in information processing that may prompt fears about decision-making (Steketee, Frost, & Kyrios, 2003). Information-processing problems, beliefs and attachments to possessions can cause people to experience distress at the thought of not acquiring, or discarding possessions leading them to avoid these behaviours and avoid making decisions about possessions (Steketee & Frost, 2003). The above discussion formulates it in a different way. Avoidance behaviours may be due to the unconscious connection to past feelings and the defenses a person developed to deal with situations, such as avoidance. Earlier experiences of these feelings may have had more emotional content and greater meaning than the current decision to discard.

3.6 The Link of Libidinal Energy to Physiological Responses.

Fairbairn conceptualization of the ego lays the foundation for the sense-of-self in relationship, which relates to attachment theory and a sense-of-self in relation not only to an attachment figure, but also across time. Fairbairn used the term libido to

signify a general characteristic of human experience, that is its orientation toward and need for relating with others, rather than the more traditional sense of energy or sensuality (Gomez, 1997). For Fairbairn the libido was not pleasure seeking but object seeking, arguing that the object is not only built into the impulses from the start, but that the main characteristic of libidinal energy is in its object seeking quality (Grotstein & Ringsley, 1994, p. 77). "Infantile dependence is a libidinal connection (Gomez, 1997, p. 68).

This sense of libidinal energy as a drive towards or away from the object can be linked with attachment theory and the body's physiological responses. Therefore, libidinal energy in this way is in effect a felt-sense in the body of the drive towards or away from relationship. Not only a felt-sense in terms of 'gut feelings' but also in the body's physiological responses, in terms of internal arousal. This relational drive and the response to it are deeply impacted by attachment relationships. Especially those with the primary caregiver. Early attachment relationships not only set down templates for how individuals are in later relationships but also effect neurological and physiological development.

The evolving narrative of attachment theory has unfolded through a focus on intimate bonds and the non-verbal realm, and the relation of the self to experience (Wallin, 2007). The individual carries with them their history of past experiences and when the primary attachment relationships are 'good enough' the individual learns what feelings are, what they mean and how to respond and to manage them. In the absence of a good enough environment or care the individual creates their own way to manage and respond. It is not the libidinal attitude which determines the object relations but the object relations which determined the libidinal attitude (Greenberg & Mitchell, 1983). Just as relationships determine physiological responses they also then determine libidinal energy, and the drive towards others that can be conceived in terms of affect regulation; learning how to manage the libidinal drive through others.

3.7 The Proposed Relational Model

The focus for this present thesis is viewing hoarding as a defense against an internal process that the hoarder cannot manage. The hoarder's response to negative affect and the above suggestion that hoarding has an ego-syntonic nature lends support to this.

The connection with attachment proposed here is that the physiological responses that generate negative affect from earlier relationships, are the same that the hoarder feels when faced with a decision to discard, which takes them back unconsciously to an earlier experience, where avoidant strategies that reduced negative affects being physically felt were used, these feelings generate a fear response. Indecisiveness then is not a cognitive deficit or information processing error but an attempt to reduce negative affect that cannot be tolerated or managed by the individual.

Taking Fairbairn's concept of ego development, of the splitting of the ego at birth through relationship with the primary caregiver and the DMM's defense types the following model can be proposed. The antilibidinal ego that is bound to the rejecting object and moves away from the object or relationship uses avoidant Type A defenses from distortion at the level of cognition. The libidinal ego that is bound to the exciting object, seeking relatedness uses Type C somatic defenses from distortion at the level of affect. The central-ego that is bound to the ideal object, the comforting and gratifying aspects of the relationship with the mother, available for relationship with others is Type B, that is 'balanced' and uses a combination of both types. The Underlying principle is that libidinal energy as conceptualized by Fairbairn is a feeling of being in relationship that is comparable to the attachment experience, in the way physiological responses are patterns laid down in early development through attachment relationships.

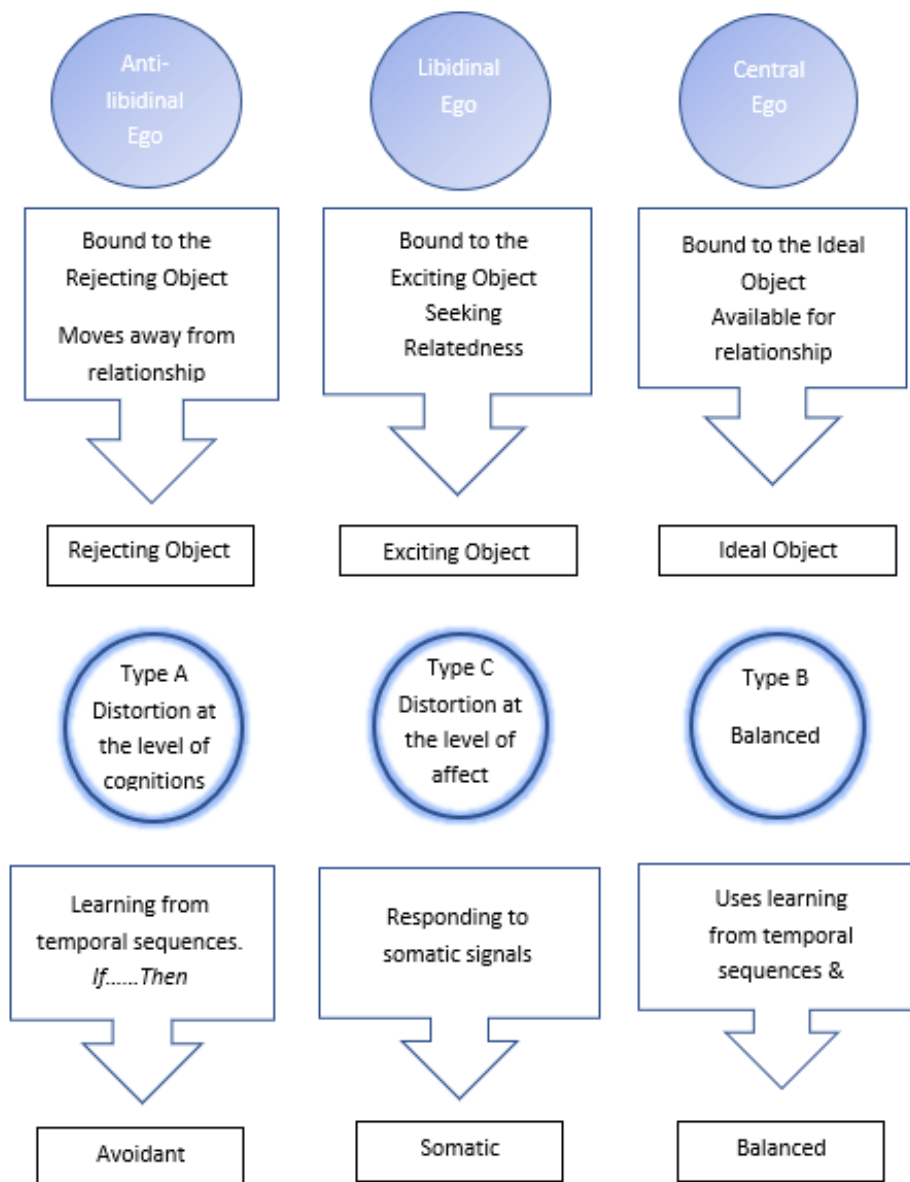


Figure Two: The Relationship Between Ego Development and Attachment Strategies

The avoidant Type A, anti-libidinal type can be aligned with ego-syntonic defenses and an avoidance of negative affect. In this way hoarding can be understood as a response to unintegrated feelings and an inability to manage them, rather than deficits in executive functioning such as decision-making. The feelings or physiological responses that a hoarder feels for example when faced with discarding an item may not be down to cognitive deficits, but an inability to handle the feelings that connect back to unintegrated repressed experiences. These feelings generate indecisiveness as a symptom of the underlying causes, unintegrated childhood

experiences that as an adult are still not understood and accepted as being alright. So rather than moving towards the object the hoarder is moving away. Type A strategies distort cognition and omit negative affect that can lead to a false positive affect and in more extreme cases the denial of negative affect and delusional cognition (Holmes, 2015). Positive affects for an object can be a major reason for its possession (Furby, 1978). If as the DMM suggests that Type A strategies organize experience around expected outcomes and the avoidance of negative affect, then saving behaviours can be seen in relation to this. If the expected outcome is positive feeling, then the behaviour to achieve this is the avoidance of negative feelings.

What the above highlights is how internal conflicts of unmanageable feelings result in hoarding behaviour and hoarding symptoms of clutter, saving and acquisition. As regulation theory suggests, there is a connection between affect regulation and attachment strategies. Two types of strategy are used. Deactivation which uses avoidant strategies and hyperactivation where over regulation is used to manage feelings and their expression to distance from the impulse to connect (Wallin, 2007).

These can also be considered as two types of defenses or tendencies proposed by Balint (1968), philobat and ocnophil ways of relating. Philobat tendencies look to escape from objects, perceiving them as dangerous, while ocnophil tendencies mean the person "clings to his objects in fear" (Symington, 1986, p. 305). For philobat's objects are considered as indifferent or even deceitful and untrustworthy hazards better to be avoided, but for ocnophil's the object is felt as a vitally important support, any threat of separation creates anxiety (Balint, 1968). In ocnophil tendencies object relations can create an over valuation of the object and a comparative inhibition against developing personal skills which may make the individual independent from his object (Balint, 1968).

What is of interest is how the over valuation of objects and a desire to remain dependent on the object may be in the consideration of the items in a hoarder's 'hoard', which act as external objects that are substitutes for their internal objects. Over valuation in the case in hand is in terms of using the objects to maintain a

sense of self, something not achieved through object relationships or human relationships, which in turn guards them against discarding the items and creating independence from them. Ocnophils wish to remain connected (Jurist, 2010), and their wish for connection may be in relation to their sense of self that the hoard allows.

Bowlby (1997) suggests that certain components of attachment behaviour can sometimes be directed towards inanimate objects, which follows the same pattern or process as that directed to an attachment figure. Rather than developing a sense of self through relationship, it is in part developed through physical objects rather than internal objects. These objects may then be required to maintain a more stable sense of self. So, to be able to hold a sense of self both in the past and in the future items are needed as a reminder not of the event itself but of who they were at that time. Autooetic consciousness is this ability to mentally represent and have awareness of themselves across time. To be able to hold a sense of self in the personally experienced past (Segal, 2015). The only information available is information about the past, whereas the only information that is necessary is information about the future; a central function of the brain is to transform this information into a representation of the future and how the self is represented in that future (Crittenden, 2006).

Siegel, (2015) discusses how avoidant or dismissing attachment patterns can be conceptualized as involving restrictions by the mind on the flow of energy and information. This pattern of attachment acquired from emotionally distant communication patterns, organizes the mind to reduce access to emotional experience and information in memory, excluding emotional and interpersonal relationships. These restrictions impair the minds ability to develop an integrated sense of self across time in relationship to others. This is the result of experience, an adaptation, not an impairment in mental functioning or a "maladaptive behaviour" pattern (Tolin, 2011, p. 522). These inflexible ways of behaving can be seen in

reports of hoarder's resistance to treatment, and not seeing themselves as having a problem. Also, in the continuation of behaviour that leads to impairment.

The minimizing strategy of an avoidant and dismissing stance may produce very specific adaptations of the access to and the focus of auto-noetic consciousness (Siegal, 2015). The hoarder may know an event occurred but have a limited sense of themselves in the past. The hoarder's inability to discard can be considered in this way. The holding onto of items to help them remember may not be due to memory impairment but linked to an unintegrated and possible fragmented sense of self. Lacking the ability to place themselves throughout time the items are used to maintain their sense of self in this way. Behavioural avoidance then, can be considered as loss in terms of losing the means to integrate a fragmented and unintegrated sense of self. A sense of self grounds the person and is their core of who they are. Without an internal feeling of a sense of self the hoarder looks to the external world, to mementos and reminders of the memory of who they are and the possibility of who they will be in the future.

3.8 Stress and Trauma: The Effect of Life Events

Fairbairn saw the origins of much pathology in infantile trauma through various forms of real intimacy with the parents especially the mother (Rayner, 1990). Experiences of stress and trauma then can be connected back to the physiological responses that create internal feelings of stress and anxiety. Feelings around decision-making and choice, that were present before the trauma or stress may exacerbate the hoarding because internally both types of feeling, feel the same. The response is an internal process so when events happen that initiate the same physiological response, the cycle begins as the feelings arise and responses to minimise them take over. Reinforcing behaviour patterns because the person has no other means of managing it.

Compulsive hoarding seems to have an early onset with symptoms being milder in childhood and more prominent after forty years, with reported incidences of stressful or traumatic life events being quite high and that such events are temporally linked to symptom onset or exacerbation (Tolin *et al.*, 2010), with an average age fifty-years (Samuels, *et al.*, 2008), symptoms typically become more clinically significant with age (APA, 2013; Kress *et al.*, 2016). Significant hoarding symptoms are also found among patients seeking treatments for anxiety disorders especially those diagnosed with general anxiety disorder (Tolin, 2011), that further highlights the role of anxiety in hoarding.

There is evidence that hoarding problems may start several decades earlier suggesting that hoarding symptoms emerge in childhood and early adolescence (average age twelve to thirteen years), but do not start interfering with everyday functioning until the mid-thirties (Mataix-Cols, *et al.*, 2010). Traumatic or stressful events may play a role in the onset, course or expression of hoarding and specifically acquiring behaviours (Shaw, Witcraft, & Timpano, 2016). Specific life events associated with symptom onset or worsening typically involved interpersonal violence, relationship disruptions, home break-ins, harsh physical disciplines and physical and sexual abuse (Tolin *et al.*, 2010). These findings suggest that stressful life events may be related to the presence and course of hoarding symptoms. Some have suggested that hoarding behaviours may develop as a means of strengthening one's sense of security after the trauma of a chaotic childhood environment (Tolin, 2011). It is not the event but the way it is dealt with and responded to. Because avoidance strategies connect the current experience to the repressed experience of relational trauma, internal responses intensify, which in turn intensifies the overt behaviour.

Thus, compulsive hoarding seems to be associated with high rates of stressful or traumatic life events in childhood and adulthood. Specifically, threats to possessions and interpersonal violence are frequently experienced by individuals with hoarding behaviour. The relationship of the events to the onset or exacerbation of hoarding

has not been examined (Tolin *et al.*, 2010). In the current model the relationship is that of an overactive defense, the foundations of which were established through early relationships and represent one outcome out of several possibilities.

3.9 Summary

The two foundations of the model are attachment theory and ego development in an object relations approach. Holmes (2015) describes attachment theory as based on information handling with the division between affectual and cognitively based experiences, and object relations theory as highlighting psychological divisions between positive and negative affects, while both theorize that psychological development involves a process that integrates memories throughout development forming the basis of individual personality. Both highlight the importance of internalized early relationship experiences as conscious and unconscious memories which influence in some ways all future relationships. Negative affect physiological responses initiate ego-syntonic defenses in an avoidant strategy against the feelings mentioned above, putting in motion the avoidant strategies that the CBT model labels cognitive deficits. In this understanding clutter/disorganization, saving and acquisition are not the symptoms of hoarding per se, but a result of the unconscious processes underlying the overt behaviour, an individual's psychic defenses.

Chapter Four: The Psychotherapeutic Process of Change

From a psychotherapeutic stance the conscious reason or explanation is only the 'tip of the iceberg'. Under conscious choice lies the influence of the unconscious. Actions can have an underlying meaning; "an untold backstory" (Lepselter, 2011, p. 930). The therapeutic process allows a means for them to surface, provide an understanding and can foster the abilities for change in a relational approach.

4.1 Relating to the World Through Fear and Avoidance

In the traditional analytic sense, the mind is inevitably irrational, but it does not mean that rationality is not a possibility (Crosby, 1976). Both rational and seemingly irrational forces live side by side in a bidirectional relationship. The focus of CBT assumes rationality at the expense of irrationality. Believing that understanding through objective measures, cognitions and beliefs provides the path for change to arise. Psychotherapy allows for the unconscious and the irrational to be explored as they surface in whatever form that may be. This may be the missing piece in the success of CBT as a treatment for hoarding.

Lepselter (2011) talks about a hoarder's objects and how an "open-ended need floats around the hoarder's story of a lost object", describing it as a vague sense of loss whose objects surround the hoarder providing a potential correction, or as a memory of a loss so palpable it "slips into all the hoarder's objects filling them with the presence" the lost object (p. 931). The current discussion sees clutter as reflecting the hoarder's internalized representations of self and a sense of loss. Not as cognitive deficits or as having poor insight into the severity of their behaviour, that result in resistance to interventions, even when the clutter has become hazardous (Tolin, 2011). Without the items the hoarder will experiences a loss of their sense of self. The external behaviour is a manifestation of an unconscious psychic defense, where

insight can only be achieved through a process to make it conscious. As with any psychic defense insight can only be achieved through some form of therapeutic work or analysis. Without specific interventions no one can claim psychological insight into the defenses they use every day to manage.

Anxiety is an emotional state with the subjectively experienced quality of fear or a closely related emotion (Bowlby, 1998). This fear may be experienced about the lack of information the person has about the future, and difficulties in recall of the past due to the avoidant strategies at play that generate the feelings. An individual can be fearful of the absence of something (Bowlby, 1988), in this case, an absence of a sense of self that may give it a pathological nature. Anxiety is something unknown and it is the fear of the unknown that generates it.

4.2 The Application of the Model

While infant attachment styles can have long-term characterological implications, insecure attachment styles are not static and can continue to change throughout life, especially as an adult when there is the opportunity to confront and work through early traumatic experiences (Ringel, 2005).

Treatment studies have been said to need to differentiate the effectiveness of intervening with characterological (no identified trigger) and trauma-genic (identified trigger), hoarding (Kellett, Greenhalgh, Beail, & Ridgway, 2010). For the latter group the suppression of feelings frequently reported during childhood, indicated that active attempts to access emotions in hoarder's during CBT may be a useful therapeutic technique in its self (Kellett *et al.*, 2010). However, the two can be seen to be connected as the characterological may be a defense against relational trauma as that person feels and understands it. In this way the two have identified triggers and both are representations of trauma.

For the psychotherapist the model provides an understanding that goes deeper than overt behaviour manifestations. It offers an explanation that conceptualizes hoarding from an objection relations perspective that puts relationship "at the heart of what it is to be human" (Gomez, 1997, p1), and how defense mechanisms from unintegrated difficult feelings enable a person to function in the world. These internal defenses manifest as hoarding behaviour. It highlights the role of unconscious processes, and internal conflicts in hoarding, rather than cognitive deficits and problems in executive functioning.

Winnicott spoke of the potential space as a place of experience between the "subjective object and the object objectively perceived" (Winnicott, 2005, p. 135). As a hypothetical area between the individual and the environment, where the individuals subjective experience impacts their perception of their external environment. Just as the potential space between a mother figure and child can lead to trust and confidence, pathological conditions may also emerge because the individual gets tangled up persecutory elements from which there are no means of escape (Winnicott, 2005, 1986). So, too in psychotherapy exists a potential space between the therapist and the client. As trust and confidence are established in the relationship a space is created where exploration of a person's way of being in the world can emerge. It is in this space that past experiences of relational trauma carried in the unconscious can be brought into conscious awareness from the confines of repression and be given the chance to be integrated.

Bion (1994) used the term "contact barrier" (p. 17), to describe the barrier between the conscious and the unconscious. The barrier inhibits the intrusion of the unconscious from consciousness, protecting the conscious from experiences and emotions that are stored but cannot be dealt with. "Therapeutic change is mysterious" (Wallin, 2007, p. 323), but it is at the point of the contact barrier in the potential space where it happens. In this way the model highlights the role of unconscious processes and how these are not only established through relationship but have the potential to become integrated and/or changed through relationship.

Bion (1994) also spoke of a container onto which an "object is projected and the object that can be projected onto another can be contained" (p. 90). The therapist is the container where the client projects the unintegrated internalized experiences onto them and the therapist contains them. In this way the client can experience and importantly feel that they are being held and contained and the feelings are made manageable. The strong defensive contact barrier weakens enough to let them out in the therapeutic process.

As feelings are contained the client learns different ways to both understand and regulate their feelings. Regulation theory conceptualizes how the nonverbal affective mechanisms (Schoore, 2012), play an important role, as these nonverbal affective mechanisms are closely tied with unconscious processes. As the unconscious processes come forward with their attached affects understanding and meaning are achieved, where there was previously none. Regulation theory provides an understanding of how the attachment process influences the development of physiological responses that guide future behaviour.

The relational model is a model of understanding; how and why a person is who they are. This demonstrates the difference between a psychological focus that interprets regulation in term of limiting negative affect and socialization, and a psychotherapeutic focus that includes both positive and negative affect and affirms the value of tolerating negative affect (Jurist, 2005). A person developed through relationship and can be changed in varying degrees by relationship. The objective is not to cure, but to achieve an understanding of how hoarding behaviours develop as part of the maturational process. In this way hoarding behaviours are not seen as pathological, but as a result of deficits in the early environment, and more importantly in the way the child perceived and felt those deficits. These perceptions mean that an "adaptive or even eccentric relationship with one's possessions" (Nordsletten, Fernández de la Cruz, Billotti, & Mataix-Cols, 2013, p. 239), can end up as hoarding. The relationship the hoarder has with their possessions is not the

real problem. The underlying internal processes that the behaviour manifests from are.

The model suggests an understanding of how developmental processes and experiences are internalized that result in splits in the ego and the development of defense mechanisms. These defense mechanisms can then be understood in terms of avoidant attachment strategies and unconscious processes that influence behaviour and the maintenance of a sense of self. The uncovering and integration of these unconscious processes allow integration to occur resulting in a more solid sense of self. As the client experiences the therapist being able to hold and contain their difficult feelings, they learn to hold and contain them for themselves, feelings of fear and loss, and avoidance behaviours are reduced, and a more solid sense of self achieved. Through a process of integration experiences of negative affect are made more tolerable.

4.3 The Process of Change: Mentalization

Fonagy and Target (2003) define mentalization as the capacity to be able to understand interpersonal behaviour and mental states that is fundamental in-terms of self-organization and affect regulation. This highlights the connection between attachment and regulation. They go on to describe mentalization as the ability to be self-reflective along with an interpersonal component that together provide the child with the ability to distinguish inner from outer reality, internal mental states and emotional processes from interpersonal events. This structure evolves throughout infancy and childhood and its development critically depends upon interaction with more mature minds which are "benign, reflective and sufficiently attuned" (Fonagy & Target, 2003, pp. 270-1). It is not innate but has its source in early relationships where the primary caregiver's interpretation of the infant allows the infants mind to grow and interpret for themselves (Jurist, 2010). As with attachment theory mentalization is a developmental process that can be mirrored within the therapeutic

relationship. It develops through the attachment relationship that was presented earlier as an affective bond that develops in relation to the infant's primary caregiver. The ability for self-reflection strengthens the individual's ability for affect regulation, with mentalizing strengthening affect regulation (Wallin, 2007). Mentalization also enables the individual to interpret someone else's mind which developmentally precedes and then fosters the ability to read and understand their own mental states (Jurist, 2005). Secure attachment facilitates the capacity to regulate affects therefore governing the movement from coregulation to self-regulation (Jurist, 2005). The parents reflective function influences the child's later security in attachment (Fonagy & Target, 2003). So, an in attachment the empathetically attuned therapist holds their clients mind in mind, nurturing their sense of self.

Mentalized affectivity describes the mature capacity for affect regulation and signifies the capacity to discover the "subjective nature of feelings that lie at the core of psychoanalytic treatment" (Fonagy & Target, 2003, p. 271). In this way a therapeutic stance goes beyond an intellectual understanding of feelings, to comprehend the underlying resistances and defenses to provide an emotional understanding. Intellectualization is also a defensive technique that over values thought processes and involves the repression of affect, substituting intellect over emotional values that results in the high libidinalization of thought processes (Fonagy, 2001), at the expense of emotional processing. This may be why in the short-term CBT is successful with its focus on cognitions and beliefs (Moulding, Nedeljkovic, Kyrios, Osborne, & Mogan, 2017). However increased understanding of behaviour and providing someone with an understanding does not integrate the repressed feelings and is not able in the long-term to keep them restrained.

The concept of mentalized affectivity requires a process of working through the manifestations of the representational world. Just as in early development, the therapist plays a crucial role in enabling the client to accomplish self-understanding (Jurist, 2010). Developing a more self-reflective stance enables self-understanding to unfold. The therapist's task is like that of the intuitive parent who engages with

the “child’s world of psychic equivalence integrating the concrete and dissociated (pretend)” ways of being (Fonagy & Target, 2003, p. 281). Through the process of coregulation in the therapeutic relationship the client learns the process of self-regulation. The therapeutic space provides, what in attachment terms is called a secure base (Bowlby, 1988), which allows this to happen.

Jurist (2005) describes aporetic feelings that bear signs of the unconscious and therefore present a difficulty to contend with. They can be found in unformulated feelings and experiences such as a painful memory, where there is a global and diffuse sense that interferes with the client’s ability to speak about how they feel. Aporitic feelings can also be conflicted where an event creates internal conflict. The experiences that cause such feelings lie below the contact barrier and it is only by bringing them into conscious awareness that integration and conflict resolution can be achieved. The hoarder experiences conflict in decision-making that at surface level may be attributed to what the decision is about. It is only by peeling back the layers, the feelings beneath the feelings that the true conflict can be uncovered, an internal psychic defense of avoidance used to manage difficult emotions, which may in turn may overlay feelings of fear and loss.

The mind can also misperceive and misrepresent the status of its own contents and functions (Wallin, 2007). The therapeutic goal is to identify the feelings that underlie the client’s behaviour and the context for these feelings that provides an understanding of their subjective experience. So rather than only focusing on behaviour, mentalizing competency enables the generation of multiple perspectives (Wallin, 2007). A mentalizing stance creates the potential for “affective, cognitive and behavioural flexibility” (Wallin, 2007, p. 136), enhancing the likelihood of modification. These states have all been written about in hoarding literature with a focus on CBT, can in the same way become “unhabituated” as mentalizing enables behaviours to change (Wallin, 2007, p. 136).

The representational re-description and interpretations that mentalizing makes possible enlightens the mental underpinnings of the here-and-now lived experience,

along with the remembered past and imagined future (Wallin, 2007). It has been discussed above how auto-noetic consciousness allows for a sense of self across time, and how a weak sense of self may represent a loss to the hoarder in terms of holding onto items to aid memory that gives them a firmer sense of self.

The relationship between hoarding and stressful or traumatic life events is connected then by unconscious appetitive feelings that create conflict and the misperception by the mind of the current situation, due to the act of repression and unintegrated feelings of relational trauma. Current affective experience can be altered and determined by the internalized past (Jurist, 2005, p. 437). In effect, an "affect behind an affect" (Jurist, 2005, p. 436). Psychotherapy provides an opportunity to peel away each layered feeling to see what lies beneath. The present can serve as a stimulus to investigate the past through which the person acquires a more profound sense of the present. The greater connection between the past and the present, the stronger a sense of self that can be achieved.

Siegel (2015) discusses how an individual's personality is created from the continual interaction of genetically determined constitutional features and experiential exchanges with the environment, especially the social environment shaped by family and culture. Vulnerabilities to dysfunction emerge from this interaction, not from genes and experience in isolation from each other. If the capacity of the mind to adapt remains into adulthood, then the emotional relationships experienced throughout life may be the medium through which further development can be fostered (p.133). The psychotherapeutic relationship provides one such medium.

4.4 Relating to the World Through Unconscious Processes

Frost, Kyrios, McCarthy, and Matthews (2007), found a relationship between poor self-image and a greater compulsion to acquire. Cherrier and Ponnor (2010) found that for hoarders the potential loss of an object can be understood as a threat to self

and the integrity of memory. Garza and Landrum (2015), argue that the above taken together suggest that the acquisition and maintenance of items comprising a hoard are a meaningful expression of a sense of self and of valuing the past. Arguing that their findings suggest an understanding of hoarding as a "projective engagement of the world that holds onto and memorializes past pain" (p. 147). Whereas the retention of items to aid in memory may in fact be connected to a fear of a loss around a sense of self.

What the discussion misses is the underlying reason why. Why does poor self-image result in greater acquisition for the hoarder, why the potential loss of an object is constituted as a threat to self and the integrity of memory, or why hoarding is conceptualized as a projective engagement of a painful and chaotic world. Hoarding as Garza and Landrum state does "entail specific ways of engaging with the world" (2015, p. 140). The specific way of engagement is through fear and avoidance, unconscious processes that manifest in behaviours and thoughts.

Cherrier and Ponnor (2010) found three main motivational themes: an emotional connection to the past; an orientation towards the future; and a day-to-day adventure. These themes can also be related to the hoarder's sense of self as, in terms of autoethic consciousness and avoidance. To maintain a sense of self across time the items are saved to aid in recall of memories of experiences. Saving and acquiring items for the future is an attempt to make the future more certain and contain their sense of self in the future, making it more stable across time. Daily positive feelings of "fun, excitement and discovery" (Cherrier & Ponnor, 2010, p. 19), can be linked to the maintenance of positive feelings and the avoidance of negative affect, an ego-syntonic defense to keep negative and fearful feelings associated with the past and future at bay.

A hoarder does not see the accumulation of clutter but sees a sense of themselves in the items. Memories of who they were in the past, where they are now and the potential for the future. Rather than deficits in cognitive abilities and decision-making as the CBT focus suggests, hoarding is the end product of a defensive process in the

management of feelings that relates to an insecure sense of self and an avoidant attachment pattern. It is the feelings of anxiety, the internal arousal systems that generate in action not the decision-making itself.

4.5 A Way Forward

As mentioned above CBT is the go to treatment for HD. However, although treatment gains may be substantial for patients, the majority continue to score in the clinical range post-treatment (Tolin, Frost, Steketee, & Muroff, 2015). Tolin *et al.* (2015) describe how the best results were seen in the acquiring and impairment categories, while the lowest change was in clutter. They suggest that acquiring and impairment had better results than clutter because of the lower pre-treatment severity on these measures compared to the pre-treatment severity of clutter. They take this to suggest that more time and intervention may be required beyond that represented in most CBT trials (p. 163), concluding that although CBT is a promising treatment for HD there is "significant room for improvement" (p.158). Maybe what CBT treatment misses is that experience has meaning that can only be fully grasped in the context of underlying mental states (Wallin, 2007), and the relationship of clutter as a by-product of acquiring and saving, not as an entity in its own right.

Linked to the above findings, Pollock, Kellett, and Totterdell (2014) showed the "odds in favour of discard" were impressive for the treatment phases (p. 493). While the frequency of discard increased because of intervention, the decrease in discarding during follow-up indicated that sustained discard may be difficult without therapeutic support. Rather than seeing the possibility that the reason discard diminishes without support is because the true nature of the difficulty has not been addressed, Pollock *et al.* (2014) suggest that a long-term follow-up study would improve hoarding evidence through "benchmarking the resilience of interventions", with the role of long-term "booster sessions" also worthy of future investigation (p.493).

Sumner, Noack, Filoteo, Maddox, and Saxena (2016) found that in contrast to earlier findings a lack of significant difference in performance of neurocognitive function between the HD group and the control groups. Their research differed from previous research by not including participants who had been prescribed psychotic medications. They suggest the neurocognitive deficits in earlier studies may have been because of the psychotropic medications and other anti-depressants, not because of hoarding behaviour.

Rather than as Saxena (2011) suggests, turning to the better identification of pharmacotherapies' that target information processing deficits, more consideration should be given to a relational approach. Within the context of CBT, the role of the therapist has been noted but not mentioned as an area for future focus. In their research into the therapist and client's perspective on specialized CBT protocols for hoarding, Ayers, Bratiotis and Saxena (2012) patients reported that the therapeutic relationship was among the most helpful aspects of their treatment. The patient-therapist relationship was also cited as an important component. Patients verbally identified the encouragement, kindness and support, of the therapist as a useful component to their treatment, and it was also seen as a critical element for completing the treatment sessions. All patients displayed a strong trust in the therapist that was probably assisted by their non-judgmental nature.

A survey of mental health professionals reported high levels of frustration when working with clients who had hoarding disorder (Tolin, Frost, & Steketee, 2012). These frustrations typically occurred secondary to clients experiencing difficulties in making behavioural changes and following through on treatment recommendations and can affect the working alliance, and adversely affect both the client's and the counsellor's attitudes towards the counselling experience (Kress, *et al.*, 2016). Psychologists and other professionals many of whom are quite comfortable treating ODC patients routinely describe frustrations with hoarding cases, often describing problems in the working alliance and harbouring negative attitudes about their clients (Tolin, 2011). These experiences and feelings may in fact be projective

identifications. The affective interplay between between the hoarders psychic structure and their object in the present, the professional they are working with, that have not been recognized for what they are. Certain affective parts of the self remain unconscious that exert an influence on the therapeutic relationship. The unconscious aim of the interactional communication appears to be to “get rid of what cannot be managed or to seek help with it from another person” (Casement, 2002, p. 88)

From a psychotherapeutic perspective these feelings would be considered in the therapists use of self as a guide to what the client might be feeling and experiencing. Being able to place and hold if the feelings belong to themselves or to the client. If they are the client’s being projected then the psychotherapist can contain them and make them more bearable for the client. Offering the client a different and new experience in relationship at the point of the contact barrier with which to work, rather than experiencing an reenactment of earlier relationships that contained the same anxiety and frustration.

Psychotherapy can provide an opportunity to revise and process insecure attachment. One of the challenges for a therapist at the start of psychotherapy is to balance the provision of security with the encouragement to explore feelings, thoughts, and behaviour evident in the client’s interpersonal problems in current relationships (Wilhelmsson Göstas, Wiberg, Engström, & Kjellin, 2012), while being able to contain the projected feelings that are part of the clients defensive strategies.

4.6 A Transformative Relationship

From the perspective of the current work psychotherapy is seen as a relationship offering a secure base from which to explore and begin to understand inner working models of the self and others to modify the meaning given to both current and past events (Sable, 1994). In the same way as the mother’s ability to transmit a mentalization capacity to the child (Ringel, 2005), so too does the therapist transmit this capacity to the client in the potential space.

Wallin (2007) describes a transformative relationship that is ultimately a new relationship of attachment with the therapist that allows for change within the client to arise. Something that has been developed through an attachment relationship can also be changed by an attachment relationship. The therapeutic alliance offers the opportunity to bring into awareness the unconscious process that underlie a person's thoughts, feelings and behaviour: how they relate to the world, to feel what they are not supposed to feel and to know what they are not supposed to know (Wallin, 2007, p. 3). By helping to bring awareness to the client's current attachment patterns built out of past relationships, new attachment processes based on current experiences and new ways of relating can be established. Through the attunement of the therapeutic alliance the therapist can enable the client to "tolerate, modulate and communicate" difficult feelings, (Wallin, 2007, p. 2). By considering early developmental processes, avoidant attachment patterns, the manifestation and use of defense mechanisms, and how affect regulating interactions set up internal responses, psychotherapy can provide a context for accessing previously unintegrated and dissociated parts of the self that the client had no previous words for, the antilibidinal aspects of Fairbairn's ego. The relationship then becomes the place where an attempt can be made to "make sense of them" (Wallin, 2007, p. 3). A hoarder cannot be told their behaviour is problematic, they must 'feel' it is problematic, to 'know' it is problematic.

Accessing, articulating and reflecting upon these nonverbalized feelings, thoughts and impulses strengthens the client's narrative competence to search for meaning that reaches towards a sense of self (Holmes, 1996), helping to shift the client's stance towards experience in a more reflective direction. These relational, emotional and reflective processes within psychotherapy allow for integration to take place and enable a more coherent sense of self to emerge. Resulting with the client being able to sit with feelings longer rather than avoiding them. Sitting with the feeling enables reflection to take place through the development within the therapeutic relationship of mentalizing capacities.

4.7 Summary

Something that the CBT model misses is that emotions are primarily a nonconscious process in which their essence is a creation of "readiness for action for motion" (Siegal, 2015, p. 157). Mentalized affectivity captures what is most challenging in adult affect regulation: that new meaning can be created and specified by reflecting on affective experience, something more than just naming and acknowledging affects, but concerns the refining and revaluing of them (Jurist, 2005). Through the development of a reflective process underlying mental states, feelings beliefs and desires can help give meaning to behaviour (Wallin, 2007). The process of psychotherapy allows the readiness for action to be understood, the unconscious processes to come forward. It is in the potential space, the "spaces, gaps and chasms" (Gerrard, 1994), between the therapist and client that attempts can be made to truly understand the impact of their defensive stance on their life.

Chapter Five: Conclusion

Clinical work with people who hoard demands a broad view of the problem (Bratiotis, Davidow, Glossner, & Steketee, 2016, p. 88), and attempts should be made to understand the clients behaviours in context (Kress *et al.*, 2016). The above relational model extends the discussion of hoarding, broadening the view to one that allows for context in terms of a developmental process.

Therapeutic interventions with avoidant patients involve breaking open the self-contained narratives with which they protect themselves from feelings of insecure attachment (Holmes, 2000). If the concept of the self is co-constructed through relational experience, then the consideration for the psychotherapist is whether and in what manner repair is possible (Atlas-Koch, 2011). The suggestion is not that psychotherapy alone is the 'cure' for hoarding but to explore a relational approach to understanding hoarding. It has brought the discussion back to hoarding not hoarding as a disorder. The traditional CBT model has limitations in engaging individuals with hoarding, especially when focusing purely on their beliefs and behaviours (Singh & Jones, 2013), and a relational approach may address this.

The emphasis on early relationships is because the ego performs integrative functions. These include the integration of perceptions of reality, of behaviour and the discrimination between inner and outer reality, and the splitting of the ego can compromise the progressive development of these structures (Fairbairn, 1994). The DMM provides a tangible understanding of Fairbairn's theory of ego development and the way in which splits in the ego can manifest in behaviour through defense mechanisms. It offers a way for the therapist to understand the objective external ways in a more internal subjective manner. The DMM is not a theory of treatment (Crittenden, 2005), a difference to CBT.

A relational model understands how 'miserliness' in terms of thoughts and feelings is connected to avoidant attachment patterns and the limiting of unmanageable

attachment information to consciousness. Faithfulness towards memories helps the person maintain a coherent sense of self. They are indulgent not in terms of reminiscing and sentimentality, but in terms of the number of objects required to maintain a coherent sense of self. An avoidant attachment pattern limits the view of the self to non-emotional domains that are independent of the influence of interpersonal relationship (Siegal 2015). Feelings inform who a person is. Limited access makes it difficult to hold a sense of self in the past, in the present and in the future, and inability to project themselves across their lifespan. The hoarder's indulgent behaviour with items is to facilitate this ability and avoid feelings of loss and fear. It is not yet fully understood why excessive emotional attachment to possessions develop and how they relate to the individual's beliefs about their possessions (Grisham, et al., 2009). This understanding may come from the perspective of the relational model and how autoethic consciousness influences a sense of self.

Cognitive-emotional patterns evolved from insecure relationships, may contribute to a diminished capacity for an open, flexible, and non-judgmental awareness of one's internal and external worlds (Caldwell & Shaver, 2013). Mentalizing makes possible both conscious efforts to make meaningful sense of experience and nonconscious responsiveness to experience based on the feelings, beliefs and desires that underpin it, thereby enabling the client to better modulate their affect (Wallin, 2007). In holding an attachment and mentalization perspective, the therapist as a potential new attachment figure brings the reflective process to the foreground to strengthen the client's mentalizing capacity, which may lead to a reduced need of physical memories in the form of clutter.

Psychotherapy with individuals whose early experiences have led to a compromised mentalizing capacity, such as avoidant attachment patterns, should focus on the development of this capacity (Fonagy & Target p.280). Just as attachment figures help their "developmentally disadvantaged" partners to evolve patterns of affect regulations that shape and are shaped by patterns of relationship (Wallin, 2007, p.

104), so too can the therapeutic relationship. Good relationships depend individual's being able to find a balance between tracking their own feelings, while at the same time tracking another's, and being able to tolerate uncomfortable feelings while they are in the presence of that person (Gerhardt, 2004, p. 41). This process was missing in the early relationship but is primary in the therapeutic relationship. The hoarder has to develop their relationship with themselves, to bridge the "divorce between thought and feeling" that is recognized as a split in the ego (Fonagy, 2001, p. 20).

In contrast to the CBT model and clinical approaches, the therapeutic relationship is not just an adjunct to therapy, not a non-specific factor but is in fact "the crucible in which change comes about" (Marzillier, 2010, p. 183). As psychotherapists the aim is to help the client to live more and more, from within a coherent self and to create a relationship that allows the client to make sense of their experience, to feel more 'together' and to relate to others more deeply and with greater satisfaction (Wallin p. 133).

A possible limitation of this work is its theoretical nature and the potential bias of the author. An area for future research would be a qualitative study into a relational approach to hoarding. Further research is also recommended into the relationship between trauma and the onset of hoarding, a theme that could not be fully developed in the current work, and a possible link between the subjective experience of the trauma to Balint's (1968), concept of the basic fault.

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