

---

## Is Object Attachment a Substitute for Relational Attachments in Hoarding Disorder? An Investigation of Attachment Styles and Social Support in Hoarding

---

### Aims

---

Hoarding Disorder affects approximately 2.5% of people in the United Kingdom. Hoarding Disorder is defined by the excessive acquisition of objects, persistent difficulty parting with possessions and the resultant build-up of clutter in the home that prevents living spaces from being used. Hoarding is also associated with other issues like social isolation and loneliness, which remain to be better understood.

The Final Common Pathways Model of Hoarding suggests three different beliefs someone holds may drive excessive acquisition and difficulties parting with possessions:

- 1 Beliefs about avoiding harm (e.g. *'if I don't acquire this object, something awful might happen'*, *'I can't throw this away because it might cause harm to me or someone I care for'*)
- 2 Fear of material deprivation leading to accumulation, to prevent future deprivation (e.g. *'it would be upsetting if I threw this item out without being sure it will be put to good use'*, *'if I throw this out, I might be crippled by regret if I ever need it in the future'*)
- 3 Attachment to possessions take the place of relationships with people (e.g. *'if I get rid of this item, it is like abandoning someone I love'*, *'my possessions make me feel safe'*).



This study aimed to test the third component of the Final Common Pathways Model of Hoarding, that attachment to possessions takes the place of safe and secure attachments to people. In Psychology, 'attachment' refers to the early bonds between a child and caregiver, that form a psychological template for relationships and feelings of safety through a person's life (Bowlby, 1977). Children who experience proximity to a caregiver who is reliable, available and responsive to both physical and emotional needs are more likely to develop safe and secure attachments. The foundation of Bowlby's attachment theory suggests that humans have a basic need for social connection. When children experience caregivers as unsafe, uncaring or unavailable, some individuals go on to develop insecure attachments to people in adulthood. Individuals may then attempt to compensate through other means, such as developing relationships with objects. In addition, individuals who experience insecure attachment styles may become fearful of abandonment by others and become either a) over reliant on attachment figures, which can lead to interpersonal difficulties, or b) become over reliant on themselves, which can lead to social isolation. In both scenarios, people with insecure attachment styles tend to desire close relationships but fear rejection, resulting in interpersonal difficulties and social isolation. We wanted to understand the extent to which poorer parenting experiences in childhood and attachment difficulties are a general vulnerability factor for Hoarding and other mental health difficulties, **or** whether attachment difficulties are unique to Hoarding Disorder. We also wanted to understand whether difficulties in attachment affect other important issues many hoarders face, like social isolation and loneliness.

---

---

### What Did We Do?

---

We invited anyone in the UK who identified as having significant problems with Hoarding, significant problems with OCD, and individuals without mental health concerns to participate in this online study. We recruited:

- 38 individuals with Hoarding Disorder
- 47 individuals with OCD
- 49 'healthy control' participants, not experiencing mental health concerns



We invited all participants to fill in several questionnaires online designed to assess:

- General mental health (depression, anxiety)
- Perception of their parenting experiences before the age of 16
- Attachment style in current relationships
- Perceived level of social isolation and loneliness
- Perception of the number of adverse childhood experiences before the age of 18

In thanks to all our wonderful participants, we donated all research funds to Hoarding UK and to OCD UK.

---

### What Did We Find?

---

**Attachment:** We found that individuals with Hoarding Disorder and individuals with OCD rated their experiences of parenting as significantly less caring (supportive/emotionally comforting) than the 'healthy control' group. Individuals with Hoarding and OCD also perceived their parenting experiences to be more overprotective and controlling than those in the 'healthy control' group. However, there were no differences in perceptions of parenting between those with Hoarding and those with OCD.



We found that individuals in the 'healthy control' group generally expressed greater attachment security and confidence that relationships are stable and comforting than individuals with Hoarding and with OCD. Individuals with Hoarding Disorder and OCD endorse the following attachment styles more than 'healthy control' participants:

- Fearful Attachment Style: *'I worry that I will be hurt if I allow myself to become too close to others', 'I find it difficult to trust others completely'*
  - Preoccupied Attachment Style: *'I want to be completely emotionally intimate with others', 'Worry that others don't value me as much as I value them', 'I find that others are reluctant to get as close as I would like'*
-



---

**Social Isolation and Loneliness:** We found that individuals with Hoarding and OCD report higher levels of loneliness and social isolation compared to the ‘healthy control’ group.

Interestingly, we found that although individuals with OCD and Hoarding Disorder report having similar *numbers* of friendships, individuals with Hoarding report more difficulty accessing social support.

We found that individuals with OCD report the greater total number of adverse childhood experiences, followed by those with Hoarding Disorder, followed by the ‘healthy control’ group.

---

### What Does This Mean?

---



The perceived poorer quality of parenting is important and relevant to individuals with Hoarding Disorder, but it is not unique to Hoarding Disorder. Experiencing your parents as less caring and more overprotective appears to be a general risk-factor for mental health concerns more generally. Attachment difficulties in relationships are also relevant to Hoarding populations, but likely represent a general risk factor for mental health concerns more generally.

Individuals with Hoarding Disorder have significant difficulties accessing social support, despite reporting similar numbers of friendships as others with mental health conditions. This is important, as perhaps the perceived availability of current social support is more important than historical experiences of parenting in maintaining social isolation for Hoarders.

---

### What's Next?

---



Interventions for people with Hoarding designed to promote interpersonal effectiveness skills, social support and positive relationships is needed. Research following up on these interventions may help us to understand whether improved social relationships over time reduces beliefs about attachments to objects taking the place of attachments to people.

Findings in this study also generate questions about how varied the experiences are of those with Hoarding problems. For some people, beliefs about ‘harm avoidance’ are the most important belief in driving Hoarding behaviours. For others, beliefs about ‘attachment to objects’ are more relevant. In other cases, such as for refugees or those from war torn countries, beliefs about ‘material deprivation’ are of paramount importance in driving Hoarding behaviours. It is possible that poor parenting experiences and attachment styles are important for those whose hoarding is driven by attachment beliefs, but it is less important for those whose hoarding behaviours are driven by fears about material deprivation. Future research may wish to hear from subsets of individuals with Hoarding to determine how different early life experiences give rise to the development of these beliefs.

---