



# Psychodynamic Therapy for Hoarding Disorder: A Qualitative Study

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## OBJECTIVE

Research demonstrates that patients with hoarding disorder suffer from impaired quality of life in multiple domains, including occupational and interpersonal functioning (Ong et al., 2015). The prevalence rates of hoarding disorder in the general population range from 2-4%, which increases to 6% for adults age 55 and older (Mathews, 2014). Although Freud and early psychoanalysts developed theories on hoarding disorder, and used standard psychoanalytic technique to treat it, contemporary therapies have largely been implemented by cognitive-behavioral and behavioral practitioners. Given that their focus is primarily on symptom reduction and studies indicate that limited long-term improvements result, it appears that there is more to understand about the nature of hoarding disorder and its treatment (Tolin et al., 2015). In our research, we learned that psychoanalytic and psychodynamic therapists continue to treat these patients, and their perspectives derived from their considerable experience need to be included in efforts to understand the hoarding population.

## METHOD

Due to limited psychoanalytic literature on this topic, we conducted a qualitative study of psychoanalytic therapists' reports of their work with their hoarding patients. This study utilized elaborative-grounded theory, which involves developing preliminary hypotheses based on the literature review (Auerbach & Silverstein, 2003). These authors proposed that participants would conceptualize the pathology in more comprehensive ways and as a manifestation of underlying difficulties, such as an unstable sense of self. This study recruited 11 psychodynamic and psychoanalytic clinicians who treated a patient diagnosed with hoarding disorder in the last two years. Most of the participants lacked any specialized training in the treatment of hoarding disorder. The participants' patients ages ranged from 42 to 75. Out of the patients, nine are Caucasian, one patient is African American, and one patient is bi-racial. The treatments were long-term, ranging from two to twenty years.

## RESULTS

Interviews were transcribed and the relevant text was established (Auerbach & Silverstein, 2003). From the relevant text, repeating ideas were identified (64). The repeating ideas were categorized into overriding themes (11). The themes were organized into abstract theoretical constructs (4). These results are outlined into the theoretical narrative below.

- ❖ Theoretical Construct #1: Patients Present with Chronic, Pervasive Dysfunction
  - ❖ Symptoms of Hoarding Disorder (11/11)
  - ❖ Multiple Diagnoses (11/11)
  - ❖ Interpersonal Dysfunction Centering on Isolation and Loneliness (11/11)
  - ❖ Patients are Emotionally Dysregulated (9/11)
- ❖ Theoretical Construct #2: Past and Present Traumatic Experiences
  - ❖ Patients Experienced Trauma and/or Neglect in Early History (11/11)
  - ❖ Trauma or Loss at Onset of Hoarding (7/11)
- ❖ Theoretical Construct #3: Long, Arduous, Integrative, Relational Therapy
  - ❖ Treatment is Long, Gradual, and Intensive (11/11)
  - ❖ Centrality of Therapeutic Relationship (10/11)
  - ❖ Intense Countertransference Experiences (11/11)
  - ❖ Other Modalities Integrated in Treatment (9/11)
- ❖ Theoretical Construct #4: Psychoanalytic/Psychodynamic Formulations of the Function of Hoarding Disorder
  - ❖ Focus on the Holding of Lost Objects, Self, and Aspirations (11/11)

## DISCUSSION

In addition to the results that are consistent with the empirical literature, there were several new findings in our study. Our findings illustrate the importance of long-term, individualized, and comprehensive treatment for hoarding disorder. Long-term therapy would provide more individualized treatment, which appears to be important for these patients given the complexity of their difficulties, as this approach involves the need to establish a strong therapeutic alliance in which insecure attachments, traumatic experiences, and interpersonal impairments can be addressed. Participants provided more understanding about how challenging this work can be due to countertransference issues, particularly feelings of hopelessness about the treatment and an avoidance of discussing the hoarding behaviors. One of the main psychoanalytic conceptualizations for hoarding disorder involves processing grief and loss, as participants observed their patients' significant difficulties in letting go, grieving lost loved ones, and relinquishing fantasies. Overall, the therapist is in the role of the safe and comforting object by enabling the patient to develop a stable sense of self and connection to others. The interpersonal factors of the treatment are central interventions in improving the symptomology and growth of the patient. From these findings, several recommendations can be made, including conducting a thorough clinical interview to determine other diagnoses due to the high comorbidity rates in this population. Additionally, it is recommended that treatment is long-term and integrative to prioritize the therapeutic relationship and maintain flexibility to meet the patient where they are in the work. Since this is a challenging population to work with, it is advised that clinicians seek out supervision, consultation, and educational resources to assist them throughout the treatment and to prevent burnout.