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Original Article

The Link Between Neurotic Anxiety and Hoarding Behavior

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Abstract - *This paper provides a detailed examination of the characteristics of neurotic anxiety and hoarding behavior, as well as the intrinsic relationship between the two. Through a case study from the author's clinical practice, the paper analyzes the clinical manifestations of hoarding behavior and its connection to pathological anxiety and conflicts within the subconscious. It is hoped that this study will contribute to the further development of related fields.*

Keywords - *Neurotic Anxiety, Hoarding Behavior, Psychotherapy.*

1. Neurotic Anxiety

In contemporary society, the intense competition and multifaceted pressures of work and life often lead individuals to experience anxiety. Specifically, when faced with situations that are perceived as threatening or challenging, individuals may exhibit emotions such as worry, fear, or tension, sometimes accompanied by mild physiological reactions like increased heart rate, sweating, or slight gastrointestinal discomfort. These manifestations of anxiety, referred to as reality-based or normal anxiety, are common and are experienced by most individuals. From an evolutionary perspective, an appropriate level of anxiety serves a positive motivational function, helping individuals to better perform difficult and important tasks. For example, maintaining a certain level of anxiety during a critical competition or examination is rational. In potentially dangerous situations, a certain degree of anxiety can prompt individuals to prepare in advance, take precautionary measures, and engage in self-protection, thereby increasing their chances of survival.

However, due to various factors, normal anxiety can sometimes escalate into neurotic anxiety. Neurotic anxiety is closely related to internal psychological conflicts and maladaptive emotional responses. Unlike normal anxiety, it often has little to do with the actual environment and is more deeply rooted in unconscious conflicts. Symptomatically, individuals with neurotic anxiety exhibit extreme sensitivity to negative events or specific situations, often ruminating on trivial matters. Emotionally, they experience sustained tension, unease, and fear. Behaviorally, they may engage in avoidance behaviors to steer clear of anxiety-provoking situations, or they might resort to repetitive, ritualistic behaviors, such as checking, to alleviate their anxiety. Physiologically, neurotic anxiety is associated with symptoms like accelerated heartbeat, rapid breathing, sweating, dizziness, and gastrointestinal discomfort, which fluctuate in intensity with the anxiety. The causes of neurotic anxiety are complex, involving genetic factors, early traumatic experiences, specific personality traits, and social-environmental factors. This pathological form of anxiety can cause significant distress, and individuals often find it difficult to alleviate their condition through self-regulation or rational thinking. Even when they recognize the baseless nature of their anxiety, they are unable to escape its grip. The core issue lies not in external reality but in unconscious conflicts, which generalize across various life scenarios. Patients may exhibit excessive worry about routine activities such as eating, driving, or conversing, which, to outsiders, may seem unnecessary. However, these anxieties persist even after the triggering event has passed, often transferring to new situations. Clinically, neurotic anxiety is regarded as a common symptom in many psychiatric disorders. It is considered a hallmark of anxiety neurosis. Although the terms differ semantically, anxiety neurosis is classified as a specific mental disorder with defined diagnostic criteria, including the duration, severity, and social impact of the patient's symptoms. In contrast, neurotic anxiety is more often described as a spectrum of symptoms. Neurotic anxiety has profound effects on an individual's quality of life and psychological functioning, often requiring professional psychological intervention or pharmacological treatment for management, given its high relapse rate and the need for long-term monitoring. Notably, neurotic anxiety is of particular significance in the field of psychological intervention, especially within psychoanalysis. Many psychologists believe that a key aspect of psychoanalytic therapy is the analysis of the deep-seated anxiety within the unconscious. The negative

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energy generated by unconscious conflicts can manifest in various distorted forms, disrupting the individual's normal life. In many cases, a crucial task in psychoanalytic therapy is to probe beyond the individual's overt abnormal behaviors to uncover the underlying core of anxiety.

2. Hoarding Behavior

In everyday life, many individuals consciously or unconsciously engage in hoarding behaviors, often justifying their actions with seemingly rational reasons, such as bulk purchasing for discounts or fears of future unavailability. However, there are often deeper underlying reasons for hoarding behavior. While not inherently harmful, hoarding can sometimes be viewed as a survival strategy. For example, purchasing essential items in large quantities at a lower cost for future use or stockpiling goods to prevent a recurrence of previous shortages can be seen as reasonable actions. Moreover, moderate hoarding behavior can provide psychological comfort, offering support during times of psychological crisis.

In clinical psychology, hoarding behavior primarily refers to the persistent accumulation of a large number of items, accompanied by a strong emotional attachment to these objects, making it difficult for the individual to discard or part with them. This behavior extends beyond normal collecting and is often disproportionate to the individual's actual needs or the objective value of the items. Hoarding behavior involves not only material accumulation but also reflects complex psychological and emotional motivations. Pathological hoarding has several distinctive characteristics. Firstly, the items excessively accumulated by the individual are not limited to specific categories and can include clothing, food, toys, or even garbage. These items often serve a symbolic function, representing the individual's internal needs. Secondly, individuals find it difficult to discard these hoarded items, even when they are no longer useful, as losing them can trigger intense anxiety and distress. The individual may be unaware of the true underlying issues and instead rationalize their behavior, citing reasons such as potential future use or the wastefulness of discarding items. These individuals develop a strong emotional attachment to their hoarded items, viewing them as primary sources of security and identity. Consequently, excessive hoarding behavior often leads to a chaotic living environment, disrupting normal daily activities and causing distress to family members, potentially leading to conflicts and negatively affecting social relationships, as well as posing safety and health risks. Psychoanalytic theory suggests that hoarding behavior may originate from an early stage of psychological development, particularly in relation to attachment, emotional security, and associated experiences. According to Freud's theory of psychosexual development, hoarding behavior may be linked to fixation at the anal stage. The anal stage, occurring between the ages of two and three, is a critical developmental phase involving issues of control, relinquishment, cleanliness, and retention. If the individual's needs are not adequately met or if they experience trauma during this stage, they may develop traits such as excessive stubbornness, frugality, or an overdeveloped sense of ownership, which can contribute to hoarding tendencies later in life. Furthermore, some psychoanalysts view the compulsion to accumulate and retain objects as a defense mechanism against unconscious anxiety and inner conflicts. This may involve psychological defense mechanisms such as projection, displacement, and reaction formation, where the individual projects their internal anxieties onto external objects, attempting to achieve a sense of security through control of these items. Alternatively, by accumulating objects, the individual may be attempting to negate feelings of internal emptiness and inadequacy, thereby maintaining a sense of balance. Object relations theory posits that the quality of early relationships with caregivers significantly influences later interpersonal relationships and emotional attachments. If early object relations are unstable or traumatic, the individual may turn to objects to establish connections, compensating for deficiencies and insecurities in interpersonal relationships. Some scholars have even linked hoarding behavior to fetishism, although there is a lack of empirical research data on this potential association. Therefore, from a psychoanalytic perspective, hoarding behavior is not merely a matter of material accumulation; it symbolizes an individual's need for security and specific order. The accumulation of objects serves as a symbolic protection, helping the individual to ward off anxiety and inner insecurity. Hoarding behavior can be understood as a form of symbolic expression, representing the overflow of unconscious emotions and conflicts into the individual's reality.

3. The Link Between Anxiety and Hoarding

As previously discussed, the field of psychoanalysis places significant emphasis on the relationship between pathological anxiety and hoarding behavior during psychological interventions. Research has demonstrated a certain connection between these two phenomena. The psychoanalytic perspective posits that anxiety and hoarding are deeply interconnected. Anxiety often manifests as a reflection of internal conflicts and unmet needs, while hoarding serves as a defense mechanism to cope with this anxiety. Through hoarding, individuals attempt to alleviate the distress caused by internal conflicts and anxiety. Psychological defense mechanisms are intended to provide temporary relief from the distress associated with unconscious conflicts or external stressors. However, this relief is often limited and does not address the underlying issue, functioning more like a palliative measure than a curative one. Common defense mechanisms include repression, denial, and projection, among others. While these mechanisms are not specifically designed to address anxiety, hoarding behavior is typically linked to unconscious anxiety. At its core, hoarding is characterized by a need to "fill," "supplement," and "control," while neurotic anxiety often arises from intense unconscious conflicts, leading to feelings of "emptiness," "deficiency," and

"loss of control." This dynamic can easily create a compensatory relationship between the two. Individuals with neurotic anxiety may experience a symbolic sense of control and security through hoarding. In general, the process by which individuals acquire hoarding behaviors, which then become habitual, suggests that some aspect of this behavior has provided positive reinforcement, temporarily offsetting internal negative energy. Research indicates that traumatic experiences during early development may predispose individuals to neurotic anxiety and hoarding tendencies in adulthood. For example, experiences of material deprivation, emotional neglect, or excessive parental control during childhood may lead to a greater likelihood of developing these behaviors later in life. Psychoanalytic theory suggests that the major crises individuals face in adulthood are often rooted in unresolved childhood trauma. Consequently, the material, emotional, or relational deficits experienced during childhood may drive individuals to seek compensatory self-replenishment through hoarding in later life.

4. Reflections Triggered by a Counseling Case

4.1. Client Information

This case is drawn from the author's experiences in psychological counseling. To protect the client's privacy, identifying information such as age, name, and gender has been anonymized with the client's informed consent.

4.2. Clinical Symptoms of the Client

The client initially sought counseling accompanied by family members and displayed a limited willingness to participate, with little understanding or prior exposure to psychological intervention. After conversing with the client and their family, the counselor gained a preliminary understanding of the client's basic situation and primary clinical symptoms. The counselor also confirmed that the client had recently undergone a medical examination, including a brain function test, which revealed no organic disorders. The client had a history of hypertension and hyperlipidemia, which had been well-managed with medication over the years. Over the past six months, the client's notable clinical symptoms included anxiety, irritability, and a propensity for emotional outbursts, often leading to verbal conflicts over trivial matters. Cognitively, the client exhibited high self-esteem, resistance to criticism, and a lack of self-reflection. The subject demanded high regard from others while frequently belittling family members. This suggests an unstable and distorted self-identity reliant on external validation. The client appeared to derive temporary self-recognition by surpassing others in comparison, demonstrating an externalized need for validation. The subject showed signs of paranoid, narcissistic disorder, profoundly affecting their family relationships. Family members reported: "The client insists that the items the subject buys or recommends are the best and reacts aggressively if questioned. The subject seeks constant praise and recognition from family members, and any criticism leads to conflict."

The client's behavior also revealed several problematic habits. The most distressing for the family was the client's longstanding hoarding behavior. Initially, this behavior manifested as a need to fill spaces such as the dining table and cabinets, even after they had been cleared. At that time, the client did not show strong resistance to discarding items, with hoarding mainly reflecting a desire to "fill" their surroundings, correlating with an internal sense of emptiness and inadequacy. Family members noted: "The client used to fill every surface with items, but it was not a major issue because conflicts over it were rare." In the past two years, the hoarding behavior has intensified and become more complex. The client frequently purchases items online, often without using or even unboxing them, indicating a need for the excitement of purchasing rather than the functionality of the items. Despite verbal promises to control their shopping, their behavior remained unchanged, showing signs of impulsive buying and shopping addiction. This escalation suggests that the client's internal anxiety and conflicts are worsening, with existing hoarding behaviors no longer sufficient to balance their negative internal energy. The client appears to be unconsciously exploring new coping strategies. Numerous studies have shown that pathological anxiety can lead to impulsive spending.

Family members reported: "The client buys many items online daily but does not remember to pick them up from the delivery station, and even when the subject does, the subject rarely uses them. When confronted, the subject argued that the items were cheap and initially promised to stop buying, but the behavior continued, with increasingly large quantities being purchased." Moreover, the client has become increasingly resistant to discarding items, particularly packaging and containers. For instance, the client refuses to discard empty bottles, condiment jars, soap dispensers, and cardboard boxes, retaining some content to avoid discarding them entirely. From a psychoanalytic perspective, the client's hoarding behavior may serve as a counterbalance to their internal sense of deprivation, providing a temporary sense of completeness. Consequently, discarding items is perceived as an attack on their internal self, leading to defensive responses. Although the client does not acknowledge the irrationality of their behavior, the subject rationalizes it by retaining some contents, unaware of the oddity of this behavior. Additionally, the client's attempts to organize with storage boxes suggest a recognition of an underlying issue, but their inability to complete the task reflects internal chaos and a lack of insight, indicating severe psychological disturbance.

Family members reported: "The house resembles a junkyard with empty containers and bottles everywhere. The client talks about selling them but never follows through. The subject even takes some to work to avoid family members throwing them away. We cannot get rid of anything without an argument, and the house is in disarray. Guests are no longer invited over due to the mess." Family members also reported a recent increase in the severity of the hoarding behavior. The

client began deliberately delaying or refusing to discard visibly spoiled food, leading to unpleasant odors in the home. To mask these smells, the client began lighting incense or using a fan to disperse the odor. When family members attempt to discard such items, the client exhibits anxiety and tension, resulting in conflicts that further strain family relationships. Interestingly, the client exhibits greater resistance to discarding items the subject personally purchased or has a strong attachment to while being less resistant to others discarding unrelated items. This reinforces the earlier discussion of psychological defense mechanisms, suggesting the client has lost internal coherence and now relies heavily on the external environment to maintain a semblance of stability. From a psychoanalytic perspective, the client's behavior reflects a loss of basic coping abilities, indicating severe psychological dysfunction, which significantly impacts the well-being of their family. Family members reported: "The client's condition has worsened. The subject refuses to discard spoiled food, leading to foul odors. The subject then boasts about cleaning the refrigerator instead of addressing the root cause. Incense is burned to mask the smell, and fans are used to blow it away, ignoring the real issue. Rotten fruit is hidden, and garbage can only be discarded when the client is not home to avoid conflict." Additionally, the client exhibits a habit of filling empty containers with water, such as cups, pots, and sinks. The subject instinctively fills any empty vessel the subject encounters, which, from a psychoanalytic perspective, may symbolize an attempt to counterbalance a profound internal sense of inadequacy through the act of "filling" in the external world.

Family members reported: "The client constantly fills empty pots and pans with water, even sinks. The subject uses excessive amounts of water to wash dishes, claiming it saves water, but this behavior seems compulsive." Finally, the client displays a subtle desire for external control, both in their interactions with family and their environment. The subject habitually solicits family members' opinions on various matters only to reject them, asserting their views and expecting compliance. Recently, this control has extended to the kitchen, where the client spends most of their time exhibiting obsessive behavior, particularly regarding dishwashing. The client becomes agitated when others enter the kitchen, especially if they attempt to wash dishes, highlighting the client's profound sense of insecurity and instability, even within their own home. Family members reported: "The client now monopolizes the kitchen, spending excessive time washing dishes and becoming angry if others try to help." Another client's longstanding problematic behavior involves excessive alcohol consumption. According to the client's family, this behavior initially developed due to work-related social obligations that required drinking. Over time, what began as a necessity evolved into a habit, leading to the daily consumption of a significant amount of liquor or beer. The symptoms previously mentioned tend to worsen significantly after the client has been drinking. It appears that in a sober state, the client remains in a constant state of tension and repression, relying on alcohol to release the pent-up energy within their subconscious. However, this release, combined with the effects of alcohol, often leads to uncontrollable behavior. The client's recent episodes of losing control and passing out due to intoxication further indicate a decline in self-regulation, suggesting that their underlying anxiety and inner conflicts have not improved in any substantial way. Family member: "Now, whenever the subject drinks, the subject goes crazy. It is impossible to have a normal conversation—the subject boasts about being the best in the world, and at the slightest displeasure, the subject explodes with anger. The subject has become extremely difficult to live with. In the past few months, the subject has been severely drunk twice, both times passing out outside, and the police had to call me to bring them home."

During the aforementioned discussions, most of the pertinent information was provided by the client's family members, as the client did not acknowledge the existence of any issues. After gathering basic information, the counselor attempted to explore the primary causes of the client's problems. Considering that some symptoms have recently intensified, the counselor inquired whether there was a specific trigger or real-life stressor involved. Family member: "Business has not been going well lately. We suggested retirement, but the subject refused, probably trying to hold on to some sense of purpose. The subject also does not have many friends or hobbies." The family member's response indicates that there is indeed a tangible, real-life cause. The difficulties in business have exacerbated the client's anxiety, and the client clearly lacks a strong social support system. With no effective outlet for these negative emotions, the client resorts to various maladaptive coping mechanisms for temporary relief. Additionally, during the conversation, the counselor observed that the relationship between the client and their family members was strained, with the dialogue filled with an undercurrent of hostility and the release of negative energy. It is evident that the client’s methods of coping with anxiety have led to significant dissatisfaction among family members, further eroding the already fragile social support system.

4.3. Overall Analysis

Based on conversations with both the client and their family, the counselor administered several assessments, including the Beck Anxiety Inventory, the Hamilton Anxiety Rating Scale, and the Life Events Scale. By synthesizing the client’s primary symptoms, the course of the illness, and the degree of social impairment, the counselor initially determined that the client might be experiencing an anxiety disorder with paranoid personality traits. Given the severity of the client's psychological issues, which surpass the scope of the counselor’s professional capabilities, and in agreement with both the client and their family, the counselor recommended further evaluation and intervention at a psychiatric hospital. The selection of this case for analysis is

primarily due to the client's clear demonstration of neurotic anxiety and hoarding behavior, with a notable association between the two. As neurotic anxiety intensifies, the nature and manifestation of the hoarding behavior also evolve. Although the client exhibits other problematic emotions and behaviors, the abnormality of the hoarding behavior is particularly prominent. More crucially, the client does not recognize the problematic nature of the hoarding or its role in alleviating deeper internal conflicts, instead perceiving the behavior as rational and necessary. From a psychoanalytic perspective, this represents a classic case of internal anxiety being distorted and projected onto the external environment. Through the specific manifestations of the hoarding behavior, one can infer changes in the client's internal state. Thus, this is one reason for studying the relationship between neurotic anxiety and hoarding behavior. Pathological anxiety is often accompanied by feelings of loss of control and insecurity, which can be somewhat alleviated through hoarding behavior. As an initially less harmful coping mechanism, hoarding is easily acquired and internalized as a stable strategy. However, this coping strategy introduces significant problems. Firstly, the quality of the individual's living environment deteriorates directly; hoarding, while providing short-term relief, tends to worsen over time without external intervention, continually impacting living conditions. Moreover, the disorganized and cluttered nature of hoarding often exacerbates the individual's internal negative state.

Additionally, hoarding creates considerable distress for other cohabiting family members. For healthy individuals, living in a disordered, cluttered environment imposes significant stress, affecting their physical and mental well-being, disrupting interpersonal relationships, and further intensifying the individual's internal anxiety, creating a 0 cycle.

5. Conclusion

This paper primarily explores the connection between neurotic anxiety and hoarding behavior from a psychoanalytic perspective. Anxiety, as a common human experience, manifests in a multitude of ways depending on the individual. However, when it comes to pathological anxiety, unresolved internal conflicts and anxiety, when distorted and projected onto the external world, often exhibit common characteristics. Hoarding behavior, a widespread adaptive response acquired during human and animal evolution significantly enhances survival odds and provides a sense of security by alleviating internal distress. However, while this behavior may offer temporary relief, it does not address the root cause of the issue and can negatively impact the individual's social relationships, thereby hindering problem resolution. Thus, when an individual recognizes the emergence and escalation of hoarding behavior, it is crucial to pay attention to potential underlying conflicts and anxiety, explore multiple avenues for emotional release, and seek professional help promptly.

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