

Deep under the “mess”

A hoarding syndrome, Syllogomania, disposophobia, The Collyer Brother's syndrome, the Bowebird symptom, »messy«, the Messie-Phenomenon.....

In my essay I will describe a part of life style of two persons, I will name them John and Jane. We will try to understand, to know, to see, to hear, to feel their style of life and there personality structure. I will add my observations and some theory about Hoarding, Borderline Personality Disorder, Obsessive - Compulsive Personality Disorder and Psychoanalytical theory and try to understand and describe that the problem of “mess” and hoarding is a symptom of something that is deep under the “mess” - we can see the “mess”. Can we see also under the “mess”? What is covered deeper? What is covered under the “mess” by John and Jane? What are they hoarding and what they did (or do) not get?

John is a 36 years old man. He says that his problems begun at the age of 16. He has taken forbidden drugs, drunk too much alcohol, has stolen cars, was in re-educating institution for teenagers, had problems in his primary family, with “not understandable mother and father”, and has had partner relationships, that all have ended in a bad way. His first love was a girl, who loved driving cars very fast. John describes this love as a ”mystical” love. The girl had a car accident and died. John has after this accident drunk even more alcohol and tried to commit a suicide. John has had visual hallucinations and has heard voices. He also had feelings that he has described: “a spirit has come into my body and soul and has destroyed me.” He has had problems with the concept of reality.

He was 7 times a Psychiatric hospital and sometimes he has less and sometimes more contact with reality and has uncontrolled taken pills. Sometimes he has heard voices. Another time he was afraid that he could do something to other people. Once he has fallen in love with another patient. With a social worker he is once a week in his flat and they want that to put his flat in order, but he is feeling the cleaning of his flat like a “robbery” of him.

John: “For them all my things don’t have such a meaning, but these are my things. If I move them and give them away I am giving a piece of me with them. And my soul is in all things in each of them.”

His flat is dirty, untidy, but he loves it as it is. John is most of the time untidy, with a disordered beard, dressed too much. In a warm room he is wearing long warm trousers, two or three pullovers, a woollen jacket and sometimes a cap. He is always wearing with him a mobile telephone.

John is longing for understanding and warmth. For him it is very difficult and costs too much of his energy to move, to clean or to throw away the useless things from his flat. He is feeling the things as a part of him, and also his clothes, so he doesn’t want to give them away. He has also a mess in his head, as he says sometimes it feels like a hell in his head.

For John his flat is not untidy, he does not see the mess covering all spaces. He is just living in that way that he is not cleaning much and throwing things away, because it costs him too much energy which he would like to use in other way. He is just sometimes feeling the mess in his head and explains it with side effects of the drugs, that unable him to think.

“Sigmund Freud postulated collecting ties back to the time of toilet training. He suggested that the loss of control and what went down the toilet was a traumatic occurrence and that, therefore, the collector is trays to gain back not only control but “possessions” that were lost

so many years ago. It is a coping mechanism for managing anxiety and fear of losing control". (www.nationalpsychologist.com).

When we look at John's background he is sometimes mentioning his cruel, brutal mother "she did not understand me and she has hate me..." John was not a nice adolescent – if we take into account his history of substance abuse, stealing...etc. He has got a diagnose of borderline personality disorder and antisocial personality disorder (with psychotic episodes; later was added: paranoid schizophrenia) when he was approximately 20 years old. "Early writing on borderline personality disorder focused on the etiologic role of childhood abuse, noting that actual cruelty, neglect, brutality by the parents of many years' duration are factors found in these patients. These factors operate more or less constantly over many years from earliest childhood" (Bradly, Conklin, Westen in O'Donohue, Fowler and Lilienfeld, 2007:176-177). He obviously did not get enough love from parents, especially from his mother and later also from other relations. "Insecure attachment to parental figures, coupled with emotionally unstable or neglectful family environments, may account for the development of BPD. Other models suggest that sexual abuse may account for some of the severity of impulsive symptoms in BPD, such as self-mutilation, suicide attempts, substance abuse, promiscuity, running away, and assaultiveness"(Bradly, Conklin, Westen in O'Donohue, Fowler and Lilienfeld, 2007:178).

Harry Stack Sullivan devoted his life to the treatment of schizophrenia. He believed that the ethiology of the disorder resulted in early interpersonal difficulties (particularly in the child-parent relationship), and he conceptualized the treatment as a long-term interpersonal process that attempted to addresses these early problems. Frieda Fromm-Reichmann said that these people are fundamentally lonely people who cannot overcome their fear and distrust of others because of adverse experiences early in life. Federn noted that schizophrenic patients have no barrier between what is inside and what is outside, because their ego boundary is no longer psychologically invested as it is in neurotic patients (Gabbard, 1994:187-188).

The last months John is quite stabile and can very good distinct between reality and his "other world", between "outside and inside." But he does not have motivation for cleaning his flat and throwing useless things away.

Jane is a 42 years old woman and a nurse. She was many years living abroad in a community and working as a volunteer with poor people. In the community the members lived in frugality. After 12 years she has left the community. She has returned to her birth place. For the last 5 years she is working in a retirement home. She is living alone in her flat.

As she was a child, their family was living in simplicity and modesty, but they were not poor. Jane's parents were simple working people, which have learned Jane and her two younger sisters and one brother to be humble and economical – to save things, because "the things are quite well to use them also in the next years and the clothes and shoes can be dressed by younger sisters and brother. It would be a pity to throw them away."In the times living in a community she had also a simple life style, no or very little own property and was dealing her flat also with other persons. She has never used to afford something just for her. But he had always loved reading books and newspapers, collecting postcards, photos and souvenirs. She is doing well her job, sometimes meeting some friends, but the most time is she alone. She never invites her friends to her home. Once she has said: "It would be nice to drink a cup

of tea or coffee together, but I have so little space in my flat. And I have to clean it and put in order, but because of my working schedule I don't have much time to do this."

Jane is functioning on neurotic level (not as John on borderline or psychotic level). She is repressing her wishes and covering them by "mess".

Repression is the "queen" of all defences. It is also the main defence mechanism in neurosis. Here we have repressed unsolved conflicts. The unacceptable wishes, fantasies, feelings are expelled from conscious awareness. Repression is used as a defence mechanism against internal impulses and wishes (Gabbard, 1994:32-34).

By Jane is the super ego very strong and it has developed through her living style and education in the primal family, by studying medicine (she was one of the best students) and by living in community. She is showing the splitting between her wishes and fear to fulfil her wishes and is very undecided: "should I do this before that.., should I read this book or should I do a report for my job, should I invite friends to my home or should I not; should I go to a travel agency to book a holiday or should I better stay at home – I have to do so many other things, should I throw away some magazines – but there very many interesting articles there; should I throw away some of my postcards – but they mean so much for me, because I have got them from my friends" ...etc.

The struggle between strong norms and enjoying her life, her work and free time is very strong and she does not have the strength to overcome it. Often she is thinking over and over what to do next, which part of her flat should she try to get in order, where to start and when she starts she often gives the hope that she will manage it and clean and tidy the flat that it would be good enough. At the job she is well functioning and patients, the old people, like her, because she devotes to them much time and space.

She is often buying smelling candles, vases, chocolate, tea and home-shoes -for possible guests. Her medicine magazines collections, literature from medicine study, many other books, candles, vases, collection of postcards and souvenirs are put in many heaps and on the floor on the corridor, also bathroom and kitchen, because the wardrobes are full. She is also holding old clothes. Some of them are from her childhood - they were kept in her primal family until she was abroad – now she is keeping them. She is thinking that some of them are quite useful, some not and that one day will sort them out. They are not lying around but are packed in sacks and plastic boxes. Once, when I will have more time, I will carefully sort them out and maybe some of them give to Caritas..."

Jane is also collecting her diaries, e-mail and telephone messages. "These are my personal, valuable memories, I cannot throw them away." She is a perfectionist – by her work, by making decisions (to look at all possible negative and positive sides of the possible decision). She is worrying about throwing out a piece of paper, magazine, book, clothes... that she might need some day.

Is she collecting or is she hoarding things? "Hoarding is the excessive collection of items, along with the inability to discard them. Hoarding often creates such cramped living conditions that homes may be filled to capacity, with only narrow pathways winding through stacks of clutter. Some people also collect animals, keeping dozens or hundreds of pets in unsanitary conditions. Hoarding, also called compulsive hoarding and compulsive hoarding syndrome, can be a symptom of obsessive-compulsive disorder (OCD). But many people who hoard don't have other OCD-related symptoms, and researchers are working to better understand hoarding as a distinct mental health problem" (www.mayoclinic.com/health/hoarding).

“Hoarding affects emotions, thoughts and behavior. Signs and symptoms of hoarding may include:

- Cluttered living spaces;
- Inability to discard items;
- Keeping stacks of newspapers, magazines or junk mail;
- Moving items from one pile to another, without discarding anything;
- Acquiring unneeded or seemingly useless items, including trash;
- Difficulty managing daily activities, including procrastination and trouble making decisions
- Difficulty organizing items;
- Perfectionism;
- Excessive attachment to possessions, and discomfort letting others touch or borrow possessions;
- Limited or no social interactions “

We can find that this description touches Jane in many points.

“People who engage in hoarding typically collect items because they believe these items will be needed or have value in the future. A person also may hoard items that he or she feels have important emotional significance - serving as a reminder of happier times, for example, or representing beloved people or pets. People who hoard may report feeling safer when surrounded by the things they collect”. (<http://www.ocfoundation.org/hoarding/effects-family-society/how-compulsive-hoarding-affects-families.php>.) (<http://www.mayoclinic.com/health/hoarding>).

“Hoarding is considered a type of obsessive-compulsive disorder (OCD). This behaviour, also called "pathological collecting," involves acquiring and saving many objects that may seem useless or of no value. It is not uncommon for people with hoarding OCD to completely fill their homes with clutter so that the living space is unusable. Early psychoanalysts considered hoarding a sign of "anal" character traits because of the withholding nature of the behaviour.

Hoarders seem to have a unique set of difficulties compared to others. They tend to be more perfectionistic and indecisive. They have more severe levels of OCD symptoms and more additional psychiatric disorders. Hoarders may be more likely to have saving and symmetry obsessions. The compulsions involve not only hoarding, but possibly ordering, counting, and repeating compulsions. Hoarders are more likely to have personality disorders, especially obsessive-compulsive personality disorder and avoidant personality disorder, a condition similar to social phobia. Not surprisingly, they are more likely to remain single. In addition, more hoarders have close relatives whom they also describe as pack rats. (M. Williams, Ph.D. Source: J Samuels, OJ Bienvenu, MA Riddle., 2000:517-528).

“Obsessive-Compulsive Disorder should not be confused with Obsessive-Compulsive Personality Disorder (OCPD), another disorder with a similar name. Although people with OCPD may also be obsessively concerned about cleanliness and order, the thoughts and behaviours do not cause them distress, thus OCPD is not considered an anxiety disorder. People with OCPD feel they do not have a problem, rather that everyone else should be as concerned about cleanliness and order as themselves.

OCD has been described as adaptive mechanism gone wrong. In other words, a behaviour that is good and might help the species survive has somehow become broken and taken to its extreme. For example, from an evolutionary perspective, it would be theoretically adaptive to

avoid contact with disease-causing objects and other objects that had touched it. When taken to an extreme, this process may be called magical thinking or implausible beliefs about how contagions are spread. Examples may include an aversion toward sitting on a chair that someone else sat on, because that person had a stain on their clothing that "could have been blood." Contaminants that are perceived as changing or spreading may be sustained over a larger series of removals from the original object." (M. Williams, Ph.D. in Tolin, D.F.; Worhunsky, P.; Maltby, N., 2004: 193-205.)

"DSM-IV-TR defines OCPD as a pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts.

Diagnostic criteria include four or more of the following characteristics:

1. Preoccupation with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost.
2. Perfectionism that interferes with task completion.
3. Excessive devotion to work and productivity to the exclusion of leisure activities and friendships.
4. Over-conscientiousness, scrupulousness, and inflexibility about matters of morality, ethics, or values.
5. Inability to discard worn-out or worthless objects even when they have no sentimental value.
6. Reluctance to delegate tasks or to work with others unless they submit exactly the individual's way of doing things.
7. A miserly spending style toward both self and others.
8. Rigidity and stubbornness.

Historically, OCPD has been referred to as "anal character" in psychoanalytic tradition.

Freud wrote in 1900 about OCPD which he referred to as the "anal retentive" or "anal character" type because of the sublimation of anal erotic impulses. He noted the combination of orderliness, parsimony and obstinacy. Orderliness is in connection with bodily cleanliness and over-conscientiousness. Parsimony is described in connection and tendency to be frugal and stingy. Obstinacy is evidenced in the tendency to be negativistic and defiant.

Abraham noticed that these individuals have great pleasure in indexing, ordering, arranging things symmetrically, compiling lists. Their pleasure in planning can often surpass the activity itself. Abraham also noted their perseverance, but emphasized the unproductive nature of these traits as well as the tendency to postpone every action. These individuals also may appear tidy and well organized, but this appearance only masks disarray. "(Abraham in Bartz, Kaplan, Hollander in O'Donohue, Fowler and Lilienfeld, 2007:327)

So what we can say are John and Jane, two different people, covering deep under their "mess?"

We can explain John's words "starving for love" as a call for safety and acceptance. He was not sufficiently loved from the primal objects, especially from his mother. For him is never warm enough - so he is dressed so much. For him all things are important, they are for him objects and subjects which he needs for functioning. The mess is not disturbing him, but is giving him security and warmth. Therefore he is leaving them just lying around in his flat as they are. Under this "mess" and under all diagnoses that he has got is a lonely big, middle

aged man, with a child inside of him (he sometimes talks about the child deep inside), who is searching for love, warmth and his place: in his flat, relations and the world.

Jane is not able to put borders and to say “no”: to the patients and tasks in her job, to wasting her time, to useless things and to strong cruel super ego, which does not allow her to be free – from the things which are pressing her down. Her flat is over-loaded with many things; they are in a way ordered, but most of them are not more useful or used. She cannot put her life, her-“self” and herself in order, because the order of the super ego is too strong. Her “things” (hours devoted for patients in the job, other things which contain memories on old times and things that she will ‘maybe use once upon a time use’) are just covering her emptiness that she is not able yet to overcome. Maybe under her “mess” Jane is a depressed lonely perfectionist, who should throw away all the ballast to make space for breathing, loving, enjoying?!

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