

## Attachment Styles and Hoarding Symptoms: A Narrative Review of Emotional and Interpersonal Mechanisms

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### Abstract

**Introduction:** Hoarding symptoms, including difficulties discarding possessions and accumulation of clutter, are now recognised as a separate clinical presentation. While cognitive-behavioral models emphasize information processing deficiencies and maladaptive beliefs, attachment theory provides a valuable framework for investigating the emotional and interpersonal processes that underpin these behaviours. Individuals with insecure attachment styles, which are marked by worry, fear of abandonment, or emotional detachment, may establish strong emotional links to items as a form of compensation.

**Methods:** This narrative analysis examines the connection between attachment types and hoarding symptoms, drawing on theoretical and empirical research. Peer-reviewed journal publications were reviewed, with a particular emphasis on psychological models of hoarding and the impact of early relationship experiences, trauma, and emotional regulation.

Individuals with insecure attachment styles, such as anxious or avoidant, may be more prone to hoarding symptoms due to reduced emotional regulation, heightened demand for security, and problems in interpersonal trust. Objects can become surrogate attachment figures, meeting unmet emotional needs in early caregiving interactions. **Conclusion:** Understanding hoarding symptoms through attachment theory enables a more nuanced, trauma-informed, and emotionally sympathetic approach to assessment and remediation.

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**Keywords:** hoarding symptoms, attachment styles, emotional regulation, object attachment.

## **Introduction**

Hoarding symptoms include an excessive collection of possessions and a persistent trouble abandoning items, regardless of their actual value. These behaviours cause severe distress or impairment in social, vocational, and other aspects of functioning (APA, 2013). Hoarding disorder (HD), which was previously classified as a subtype of obsessive-compulsive disorder (OCD), is now a separate diagnosis in the DSM-5. Although research has focused on cognitive deficiencies and emotional attachments to objects, the significance of early relational experiences, particularly attachment styles, in the emergence and maintenance of hoarding symptoms deserves further investigation. While cognitive-behavioural models focus on information processing deficiencies and emotional attachment to things (Steketee & Frost, 2003), new research reveals that attachment styles may play an essential role in developing hoarding symptoms. Attachment theory (Bowlby, 1969) holds that early caregiver interactions influence an individual's emotional regulation and interpersonal relationships.

Insecure attachment styles, such as anxious (preoccupied) and avoidant (dismissive), have been linked to emotional regulation issues and maladaptive coping methods (Mikulincer & Shaver, 2007). Given that people with hoarding disorder (HD) frequently have heightened emotional attachments to their things (Timpano & Shaw, 2013), researching the role of attachment types in hoarding may provide more insight into its psychological basis. This narrative review investigates the association between hoarding symptoms and attachment types, drawing on genetic, neurobiological, and psychological data.

## **Understanding Hoarding Symptoms**

Hombali et al. (2019) found that hoarding symptoms typically appear in adolescence or early

adulthood and intensify with age. The cognitive-behavioural model proposed by Frost and Hartl (1996) and expanded by Steketee and Frost (2003) identifies several core features: information processing deficits, such as indecisiveness and difficulty categorising; strong emotional attachment to possessions; behavioural avoidance; and distorted beliefs about the necessity, identity-related significance, or potential future use of objects. These cognitive distortions frequently make people feel that discarding an object would result in loss, harm, or extreme regret, reinforcing the activity. Individuals with hoarding tendencies have a strong emotional attachment to objects and may anthropomorphise them or see them as extensions of themselves. Neurobiological investigations have also shown aberrant activity in the frontotemporal and insular areas, associated with emotional regulation and decision-making impairments, linking hoarding symptoms to emotional vulnerability (Tolin et al., 2012).

### **Attachment Theory as a Lens.**

According to attachment theory, early ties with caregivers form internal working models of self and others, influencing affect regulation, help-seeking behaviour, and later interpersonal functioning. According to Kulaityte et al. (2023), insecure attachment styles, such as anxious and avoidant, are marked by dread of abandonment, mistrust, and maladaptive coping techniques. According to Kulaityte et al.'s review of OCD and attachment, anxious attachment relates to increased emotional dysregulation and obsessive reassurance-seeking. In contrast, avoidant attachment is linked to emotional suppression and distancing. These dynamics can be analogous to the obsessive saving and emotional separation from others observed in hoarding symptoms, since goods may serve as substitute attachment figures, offering felt safety or continuity.

In people with anxious attachment, goods can act as transitional objects, providing comfort

and continuity in the face of interpersonal uncertainty. The compulsive desire to keep goods may represent a deeper fear of loss or abandonment resulting from previous connection disruptions. For these people, abandoning an object may feel like breaking an emotional tie. Individuals with avoidant attachment may have a strong preference for autonomy and a reluctance to rely on others. In this scenario, possessions may act as a buffer between emotions and create a sense of self-sufficiency. These people may oppose outside assistance or attempts to declutter, seeing such interventions as dangerous to their autonomy or emotional control.

Furthermore, object anthropomorphizing, which is frequently described in people with hoarding symptoms, can be seen as a reflection of disordered attachment schemas. When people endow objects with human-like features or emotional meaning, they may compensate for gaps in interpersonal relationships. In this light, hoarding is not only a behavioural problem but an expression of unmet attachment needs and challenges with affective control. Thus, attachment theory not only explains why people cling to items but also gives a framework for explaining treatment resistance, emotional avoidance, and interpersonal withdrawal, all typical in professional settings.

### **Intersection Pathways: Attachment and Hoarding Symptoms**

Individuals with insecure attachment may develop hoarding tendencies as a coping mechanism for unfulfilled relationship demands. For example, anxiously connected persons may hoard out of fear of losing memories, relationships, or control, resulting in an overvaluation of goods representing connection or security. Avoidantly attached people may indulge in hoarding as a kind of self-reliance and emotional withdrawal from interpersonal interactions, replacing people with goods. This concept is consistent with research showing that people with hoarding

symptoms endow their possessions with strong emotional importance and feel violated when others try to remove or organise their stuff (Hombali et al., 2019). Furthermore, traumatic experiences, particularly bereavement, neglect, or unstable caregiving, have been identified as potential triggers for both insecure attachment and hoarding tendencies. Several studies link childhood trauma and emotional neglect with greater hoarding severity, presumably via dysfunctional attachment schemas.

Individuals with anxious attachment fear abandonment and need excessive reassurance (Mikulincer & Shaver, 2007). This attachment style can manifest in two ways in the context of hoarding disorder (HD). First, individuals may acquire hyper-attachment to belongings, in which objects serve as symbolic security sources, reducing emotional suffering (Tolin et al., 2010). This conduct is consistent with the cognitive-behavioural paradigm of hoarding, which holds that possessions are frequently viewed as extensions of the self (Frost & Hartl, 1996).

Second, anxiously connected people may struggle to discard objects due to separation anxiety, as parting with belongings can trigger sentiments of loss akin to interpersonal desertion (Landau et al., 2011). Difficulty in discarding fosters hoarding behaviours because letting go is emotionally distressing.

On the other hand, avoidantly attached people tend to repress their emotional demands and withdraw from close interactions (Mikulincer & Shaver, 2007). For certain people, hoarding may be a coping method. This presents itself by substituting items for human ties, in which possessions replace interpersonal relationships, hence lessening dependency on others. This conduct may be more common among people who have suffered relationship instability or rejection. Furthermore, avoidant people may engage in hoarding as a type of emotional numbing, using clutter to avoid confronting difficult feelings (Shaw et al., 2016).

### **Narrative Themes in Hoarding Symptoms and Attachment**

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Research has examined primarily quantitative methods, a narrative synthesis enables the extraction of experiential themes from participant-reported symptoms and behaviours.

Several repeating motifs appear, revealing the psychological basis of hoarding disorder (HD).

Loss and Preservation: People with HD frequently characterise their hoarding tendencies as attempts to maintain identity, old relationships, or a sense of continuity in lives they see to be fractured. This is consistent with clinical observations that belongings frequently act as tangible linkages to crucial memories or lost connections (Tolin et al., 2010). Control and Fear:

Many people report great anxiety about making the wrong decision about discarding possessions, which reflects more significant attachment-related anxieties of abandonment or criticism (Mikulincer & Shaver, 2007; Shaw et al., 2016). This indecision is worsened by perfectionistic impulses and a lack of confidence in memory, as described in cognitive-behavioural models of HD (Steketee & Frost, 2003). Isolation and Surrogate Security:

Cluttered surroundings are frequently described as cosy, although contributing to social isolation (Timpano & Shaw, 2013). For some people, things serve as substitute security sources, compensating for unstable or non-existent interpersonal bonds (Przeworski et al., 2014). This dynamic is especially prominent in those with avoidant attachment styles, who may rely on items to satisfy unmet emotional needs (Tolin et al., 2008). These stories together imply that hoarding symptoms serve maladaptive emotional purposes, frequently compensating for insecure or disrupted attachment experiences (Mataix-Cols et al., 2010). The interaction between attachment insecurity and object attachment emphasises the importance of therapeutic techniques that address both relationship trauma and the symbolic significance of possessions (Grisham et al., 2018). These stories together imply that hoarding symptoms serve maladaptive emotional purposes, frequently compensating for insecure or disrupted attachment experiences

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### **Integrated Thematic summary**

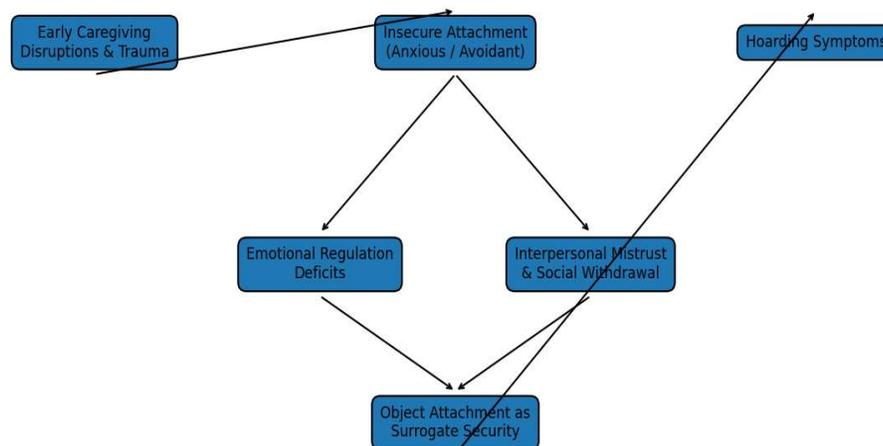
Across conceptual, developmental, and clinical domains, hoarding symptoms emerge as attachment-related coping responses rather than isolated behavioural excesses. Insecure attachment styles particularly anxious and avoidant patterns appear to confer vulnerability to hoarding through impaired emotional regulation, heightened need for security, and difficulties in interpersonal trust. Early caregiving disruptions and relational trauma further shape maladaptive attachment schemas, increasing reliance on possessions as sources of emotional stability and continuity. As interpersonal relationships are experienced as unpredictable or unsafe, objects may assume the role of surrogate attachment figures, reinforcing social withdrawal and perpetuating hoarding behaviours over time. Collectively, these findings underscore that hoarding is best understood within a relational and emotional framework, highlighting the importance of attachment-informed, trauma-sensitive approaches that address the emotional meanings of possessions alongside behavioural manifestations.

Understanding hoarding symptoms through the lens of attachment theory allows for more compassionate and integrative interventions. While cognitive-behavioural therapy (CBT) remains the primary modality, attachment-focused techniques such as investigating relational histories, forming secure therapeutic bonds, and addressing unmet emotional needs may improve outcomes. This technique is fundamental because standard decluttering methods may threaten the client's perceived safety if attachment to objects is not thoroughly investigated and confirmed. Hoarding symptoms are not only behavioural excesses; they are

deeply ingrained in emotional and relational history (Frost & Hartl, 1996; Neave et al., 2016; Norberg et al., 2018).

By incorporating attachment theory into our study of hoarding habits, we better understand how people interact with their possessions and why letting go can feel like an existential loss. This viewpoint enables physicians to look beyond surface-level symptom care and instead address the underlying emotional and relational scars that may be motivating the behaviour. Attachment-based therapies can help individuals develop emotional resilience, facilitate corrective relational experiences, and progressively shift their reliance from items to interpersonal support systems (Landau et al., 2011; Timpano & Shaw, 2013).

Future study should use qualitative, narrative-based methodologies to better capture these subjective characteristics, such as personal meanings assigned to things and the emotional processes involved in acquiring and discarding (Medard & Kellett, 2014; Kyrios et al., 2018). Longitudinal and cross-cultural studies would also help us understand how attachment patterns, life events, and culturally values influence hoarding disorders (Mataix-Cols et al., 2010). Finally, developing compassionate and effective therapeutic therapies will require a nuanced, integrative approach that recognizes the emotional, cognitive, and relational roots of hoarding.



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## **Conclusion**

The present narrative analysis highlights the relevance of attachment theory in deepening the understanding of hoarding symptoms beyond traditional cognitive-behavioural explanations. The findings suggest that insecure attachment styles particularly anxious and avoidant patterns play a significant role in the development and maintenance of hoarding behaviours through impaired emotional regulation, heightened need for security, and difficulties in interpersonal trust. Objects may serve as symbolic attachment figures, compensating for unmet emotional needs rooted in early caregiving experiences or relational trauma. Viewing hoarding symptoms through an attachment-based lens facilitates a more compassionate, trauma-informed conceptualisation and underscores the importance of addressing emotional and relational factors in assessment and intervention.

## **Limitations**

Despite its contributions, this review has several limitations. First, as a narrative analysis, it does not employ systematic review or meta-analytic methods, which may limit the comprehensiveness and objectivity of the findings. Second, much of the existing literature relies on cross-sectional designs, restricting causal interpretations between attachment insecurity and hoarding symptoms. Third, variability in the operationalisation and measurement of both attachment styles and hoarding behaviours across studies may affect the consistency of conclusions. Finally, cultural factors influencing attachment patterns and hoarding tendencies remain underexplored, limiting the generalisability of findings across diverse populations.

## **Future Directions**

Future research should prioritise longitudinal and mixed-methods studies to clarify causal pathways between early attachment experiences and the emergence of hoarding symptoms. Empirical investigations examining emotional regulation, trauma history, and object attachment as mediating mechanisms would further strengthen theoretical models. Additionally, cross-

cultural studies are needed to explore sociocultural influences on attachment and hoarding behaviours. From a clinical perspective, future intervention research should evaluate the effectiveness of attachment-informed and trauma-focused therapeutic approaches, either as standalone treatments or in integration with cognitive-behavioural strategies, to enhance treatment outcomes for individuals with hoarding symptoms.

### Abbreviations

- HD – Hoarding Disorder
- CBT – Cognitive Behavioural Therapy
- DSM-5-TR – Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision
- ER – Emotional Regulation
- IA – Insecure Attachment
- AA – Anxious Attachment
- AV – Avoidant Attachment

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