Wealth Acquisition and Hoarding Addictive Disorder: A Proposed Diagnostic Classification

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Inequality in the distribution of wealth is a growing concern in the United States and in many other parts of the world. For the most part, this inequality has been addressed in two ways: (1) laws that limit the growth of such inequality, especially laws governing taxes on income and inheritance, and (2) encouraging philanthropy, often in the context of a spiritual or religious belief system. Neither of these approaches seems to be very effective. Conceptually, each of these approaches attempts to offset what is assumed to be an inherent human trait: greed. This paper will challenge the assumption that greed is normal, offering instead a psychopathological frame of reference for understanding this aspect of human behavior. It is herein suggested that Wealth Acquisition and Hoarding Addictive Disorder (WAHAD) could be added to the psychological and psychiatric disorders currently listed in the DSM and ICD.[1] This disorder is causing suffering not only in those afflicted with it, but also in many more people who are impacted by the behavior of those so afflicted.

The proposal that WAHAD be considered a form of psychopathology is based on a particular definition of such pathology. Rather than contrasting psychopathology with statistical normality (i.e. the assumption that the behavior of the majority of people is what defines normality), psychopathology is herein defined in terms of its consequences. Any pattern of thought or behavior that does not lead the individual in the direction of maximum deep happiness and also may cause harm to others is defined as a manifestation of psychopathology.

The words "deep happiness" are critical in this definition. Many thoughts and behaviors can lead to palpable experiences of happiness that are not of a deep nature (compare winning a hand of gin rummy with having one's child recover from a life-threatening illness) and/or are not the deepest (maximum) happiness possible for that individual. Deep happiness is defined as an experience that has certain features. These features include powerful rapture or joy, a profound sense of tranquility or peace, and deeply-felt meaningfulness (see Pahnke and Richards[5]).

Using the above definition of psychopathology, WAHAD can be defined as a pattern of thought and behavior that leads to an addictive process of acquiring and hoarding wealth beyond the point that additional wealth continues to move a person in the direction of the maximum deep happiness. For most people the point at which additional wealth fails to result in additional deep happiness is probably not very far beyond the point at which an individual is able to provide a reasonably comfortable life for self and family.

The thoughts and behaviors associated with WAHAD might be described in other ways. Such descriptions can be divided into two groups: one having to do with the acquisition of wealth and the other having to do with the hoarding of wealth. However, the co-morbidity of acquisition and hoarding seems to be so great that for the time being they are being considered a single pathology.[2]

It is suggested that WAHAD be considered an addictive disorder because of the way its associated patterns of thought and behavior appear to be self-perpetuating and to preclude the pursuit (and perhaps even awareness of the possibility) of other patterns of thought and behavior that might lead to greater and deeper happiness. This pattern is obvious in the victim of heroin addition, in which the pursuit of other sources or happiness (not to mention survival) is entirely eclipsed by the addiction. It may be less obvious in the victim of WAHAD, but can be just as tragic. A client once described a very wealthy man at a Thanksgiving dinner who had almost no time for interactions with his precious grandchildren seated next to him (whose names he could hardly remember) because of his constant checking of financial news on his portable electronic device.

There are ways in which WAHAD may preclude the pursuit of happiness that are existential in nature. For example, a person suffering from WAHAD is very unlikely to spend time reflecting on topics other than wealth, things that might bring that person greater happiness. These topics might include ways to discover and explore a deep sense of purpose or meaning in life. In severe cases of WAHAD, the acquisition and hoarding of wealth is the only way to experience meaning or purpose that is available to conscious awareness of the person so afflicted, a further example of the addictive nature of the diagnosis.

Another existential dilemma for the WAHAD suffer is degree to which they feel separate from the life around them—especially other humans. The importance of feeling connected with all of life in order

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[1] The term "wealth" is used to refer to the power to control others. In a capitalistic society it refers to financial resources. In a communistic society it refers to political power. In a dictatorship it refers to power to control through police and military forces.

[2] Future research may demonstrate the need to break WAHAD into two distinctly separate disorders, one having to do with acquisition and the other with hoarding. Similarly, future research may reveal that the psychodynamics of this disorder are better described in terms of anxiety, compulsion, or adjustment, rather than in terms of addiction. If this proves to be the case, then the nomenclature can be amended to reflect such findings. There is even the chance that the H in WAHAD might become an R, standing for Retention, a somewhat more neutral word than Hoarding. However, given the presumed pathological nature of this retentive behavior (as described above), hoarding seems more accurate.

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to experience happiness is a common theme in many ancient spiritual traditions and philosophies. From being told to "love one another" to being encouraged to overcome the illusion of separateness, this theme is pervasive. Modern science seems to confirm the importance of such feelings of connection.[1,2,3]

WAHAD can also lead to a greater feeling of separateness through two more mundane psychological processes. The first is the simple awareness in the WAHAD victim they are different from other humans because of level of wealth. When WAHAD sufferers encounter those whose level of wealth is much lower, to the point that even food and shelter are compromised for these people, there can be a tendency to try to avoid even being aware of such poor people. Even when WAHAD sufferers notice these people, they will find it very difficult to feel connected to them. The most direct cause of this psychological process has to do with the discomfort that conscious awareness of the pain and suffering of those with very little wealth can bring.

The second mundane psychological process that can lead to a sense of separateness has to do with guilt. Since all wealth is relative, for some people to be very wealthy requires that many others be poor. If every human on the planet, or even in a given culture, had the same degree of wealth, then all goods and services would be equally available to everyone. Nobody would have access to any more than anyone else, so that nobody would be seen as wealthy—and nobody would be seen as poor.

WAHAD can also be associated with a painful difficulty in experiencing oneself as loved or even loveable with regard to other humans, an experience that is very unlikely to lead to happiness. While great wealth provides the mechanism to obtain from others all kinds of goods and services, it is often quite clear that such apparent generosity on the part of others is not a result of their love for the wealthy person who pays them. This situation can lead to an uncomfortable uncertainty in WAHAD victims about the question of whether anyone really loves them. More than one wealthy person in my psychotherapy practice has confided in me their doubt that even their spouse or children really love them. They worry that if they were not the "sugar daddy" there might be no love or devotion coming from even the closest family members. This insecurity is often a complicated predicament for the person suffering from WAHAD. It can lead to an exacerbation of the condition, since kindness and generosity from others come to be perceived as unavailable except when coerced through financial remuneration. One's entire world can come to be seen as populated by metaphorical prostitutes.

The interaction between wealth and Divine Providence can also be complicated.[4]

Acquiring great wealth through a seemingly random event, such as inheritance or winning a lottery, can easily be seen as a sign that one is loved by God. Acquiring great wealth through hard work and maintaining (hoarding) it through shrewd "wealth management" practices might be experienced at a conscious level as "earned." It could be seen as "earned" in the sense of being a result of one's own efforts and therefore having nothing to do with the influence any kind of spiritual entity. However, a small amount of reflection can make a WAHAD sufferer aware that their ability to acquire and manage wealth, perhaps in the form of high intellectual ability, was not "earned." It was given by the random circumstance of one's birth or by some presumed spiritual entity that creates the circumstances of one's life. If the influence of a benevolent spiritual entity is assumed, this assumption can also lead to feeling loved (sometimes expressed as "chosen") by God because of the fortunate circumstances of one's birth.

There are often other complications in relationships both with humans and with The Divine regarding "earned" wealth. They pertain to the ways in which wealth is earned and maintained. In many cases of "earned" wealth, others may have been injured or exploited in the process of acquiring wealth. Even if one feels blessed with a powerful brain that enables them to outsmart others and thereby acquire much of their wealth from them (a fool and his money. . .), one is left with the awareness that they have unfairly used their superior intellect to exploit others. Similarly, a person might feel blessed to have been born with a large, strong body and therefore able to forcibly take things from others. However the injustice is no less meaningful when it is a powerful brain that makes the exploitation possible. Hence the person suffering from WAHAD might feel, at least unconsciously, that they are potentially being seen both by God and their fellow humans as somewhat despicable. At an even deeper level of unconsciousness they may come to think of themselves this way, and this unconscious thought process can lead to an exacerbation of WAHAD symptoms.[5] Such an exacerbation of symptoms represents an attempt to compensate for feelings of actually being a despicable person. These unconscious thought processes are further evidence that the thoughts and feelings associated with WAHAD are not likely to lead to happiness, and in fact may lead in quite the opposite direction in an addictive fashion.

Certain self-referential thoughts may assuage guilt felt by a person who amasses great wealth. One is some form of the belief in having justly earned wealth by working hard, going to college, and the like. As noted above with regard to the belief that one has been blessed by Divine Providence, these self-referential thoughts can assuage the guilt of the WAHAD sufferer and support a perception that vast differences in wealth are fair.

[3] Standing between ancient traditions and modern science is the wisdom of folk tales, such as King Midas and his gold.

[4] Perhaps one of the most interesting stories I ever heard about the interaction between wealth and Divine Providence was told to me some years ago by a wealthy client whose son had a very rare and life-threatening disease. Raised a Catholic, he prayed passionately that his son be spared. Then the head of the team of physicians told him he had some good news and some bad news. The good news was that the medical team believed they had developed a new treatment that might save his son. The bad news was that it was extraordinarily expensive and was not covered by insurance. The man smiled as he told of taking out his checkbook and asking the physician: "How much shall I make the check out for?"

[5] I once knew a woman who inherited great wealth from her father and lived very comfortably (and acquired even more wealth) on the returns from investing it wisely. She was, however, acutely aware that her father and grandfather had exploited and harmed many people in acquiring the wealth she now held. She had, therefore, written her will in such a way that, upon her death, all of her wealth would be returned to the people her father and grandfather had harmed, and to their descendants, many of whom continued to live in poverty.

A dramatic example of a theory to assuage guilt was contained in early Mormon doctrines. It held that whites should not feel guilty for the advantages they had over African-Americans since the latter were believed to have difficult lives because they were being punished by God.[6] Their crime? They were believed to be the descendants of Cain who slew his innocent brother. Such a belief can not only assuage guilt, but can also be used to justify exploiting the other for one's personal gain. At the most extreme, this kind of belief could even extend to rationalizing the exploitation of others as being God's will. Additional examples might be seen in Nazi Germany, the treatment of Native Americans, South Africa and many other similar cases of the justification of egregious mistreatment of one group by another.

The question of the best possible treatment for WAHAD raises many possibilities. Future research will hopefully shed light on a potential genetic component to one's vulnerability to the condition. Even without a demonstrated genetic factor, people with a strong family history of WAHAD could be counseled to be particularly careful about exposing themselves to circumstances that might bring on active pathology. One circumstance would involve being born into a very wealthy family. The temptation, and family pressure, to see WAHAD in non-pathological ways could make it very difficult to see clearly the degree to which one might be vulnerable to the condition.

Treatment questions abound regardless of the presumed, or perhaps someday proven, etiology of WAHAD. Drugs and other physical interventions, such as electrical stimulation of certain components of the central nervous system, are a possibility. Also a host of non-physical interventions are possible. From genetic counseling regarding risk factors, to psychological and spiritual interventions, many possibilities already exist in the general field of addiction treatment. Treatments more specific to WAHAD could evolve from the knowledge base of more traditional treatments for addiction. Fortunately those who need treatment can almost certainly afford it.

Perhaps one of the most delicate and controversial treatment questions would be the question of involuntary treatment. In the mental health field this option is usually reserved for conditions that put the person who is afflicted with the condition, or others, in danger. The most obvious risk to the person with WAHAD is chronic unhappiness. While this is sad, perhaps sometimes even tragic, it would not usually be seen as a real danger unless the unhappiness were great enough to precipitate suicidality. However, for the many people impacted by the behavior of persons afflicted with WAHAD, the danger is quite clear. A case can be made that the horrifying number of children who starve to death around the world every day might be victims of a small number of people whose WAHAD goes untreated. At what point might involuntary psychiatric commitment be considered for those who suffer from WAHAD that is severe enough to put them, and many others, in great danger?

Another complicated treatment issue can perhaps be derived from reports I have heard from a few colleagues who worked in hospitals for the criminally insane. A substantial number of the inmates/patients of such institutions are diagnosed with Psychopathic Personality Disorder, the most central feature of which is the apparent lack of conscience. Serial killers who feel no remorse for their victims or the families of their victims are the usual example given. The popular belief that such people are inherently or genetically unable to feel guilt or remorse leads to a very pessimistic outlook regarding treatment success. Nevertheless there is the occasional breakthrough when the patient is suddenly overwhelmed with the guilt and remorse that was thought to be unavailable to them. The problem is that suicide often comes on the heels of this apparent therapeutic breakthrough. If WAHAD is viewed as having something in common with this Psychopathic Personality Disorder, in that the person afflicted does not have enough access to guilt and remorse when harming others, then effective treatments will have to be prepared to handle the possibility of a sudden suicidal crisis.

In spite of the complexity of issues surrounding treatment for WAHAD, there is also some related good news. Spontaneous remissions do sometimes occur. Mogil[3] gives several excellent examples.

The public health issue with regard to WAHAD, since it has such great impact on those who do not have this condition, is not only treatment, but also prevention. Greater public awareness of the condition, including ways to assess one's own risk factors, can help. Laws restricting the acquisition and hoarding of wealth by individuals, such as progressive taxes on income and inheritance, may help keep the impact of WAHAD temporarily in check. In fact a very recent article[4] shows a significant correlation between progressive income taxes and happiness in those at lower levels of wealth. However, the fact that those with wealth tend to have inordinate influence over the laws that are enacted and the extent to which they are enforced, makes such laws of very minimal long-term utility.[7] Greater public awareness of the danger of WAHAD and of the ways in which maximum deep happiness can actually be achieved, seem to be the only viable long-term solutions to the prevention of WAHAD. Happiness must be acknowledged to be more a function of spiritual and psychological factors than of physical or material factors.

Addendum: Proposed Diagnostic Criteria for WAHAD

1 An obsession to acquire and hoard vast amounts of wealth. This obsession is the primary motivating factor in the individual's life.
2 This obsession usually develops early in life or in the second or third decade. In the case of early development, it may be seen in bullying behaviors. Unless treated, the disorder will usually last through the lifetime.
3 The disorder may be associated with a tendency toward superficiality in relationships and an accompanying tendency toward isolation from others. Affairs, divorces, and firing of employees for no apparent reason may occur.
4 Business practices of afflicted individuals are motivated exclusively, or nearly exclusively, by acquiring wealth. Labor relations, product development, and the public good are disregarded.

[6] Young, B. (1852, February 5). Speech on Slavery, Blacks, and the Priesthood. Retrieved September 11, 2018 from http://www.utlm.org/onlineresources/sermons_talks_interviews/brigham1852feb5_priesthoodandblacks.htm

[7] Even if such laws could be enacted and reliably enforced, they would address only the symptoms, and not the disease. It would be a bit like try to treat schizophrenia by passing laws against hallucinations and delusions.

5 The notion of a career, with its own significance independent of the pursuit of wealth, is not a consideration.
6 Lack of compassion, altruism, and concern for others are evident. Co-morbidity with autistic disorders is a possibility.
7 This disorder, while having the unique feature of wealth accumulation and hoarding, may also resemble addictive disorders, personality disorders such as narcissism, anxiety disorders such as obsessive compulsive disorder, and depressive disorders with existential features.
8 The genetic predisposition has not been determined. However, evidence exists that inherited wealth and family patterning may lead to the development of the disorder.

REFERENCES

1. Bellah Robert N, Madsen Richard, Sullivan William M, Swidler Ann, Tipton Steven M. *Habits of the Heart*. Berkeley: Individualism and Commitment in American Life University of California Press; 1985:365.
2. Dossey Larry. *One Mind: How Our Individual Mind is Part of a Greater Consciousness and Why it Matters*. Hay House; 2013:339.
3. Mogil Christopher. *We Gave Away A Fortune: Stories of People Who Have Devoted Themselves and Their Wealth to Peace, Justice, and the Environment*. New Society Publishers; 1992:182.
4. Oishi S, Kushlev K, Schimmack U. Progressive taxation, income inequality, and happiness. *Am Psychol*. 2018;73(2):157–268.
5. Pahnke W, Richards W. Implications of LSD and experimental mysticism. *J Relig Health*. 1966;5(3):175–208.