Chapter 12
Stopping Overshopping Model

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Introduction

You can never get enough of what you don't really need. Compulsive buying disorder, which flagrantly illustrates the veracity of this statement, is broadly defined as a maladaptive preoccupation with buying or shopping, characterized by irresistible, intrusive, and/or senseless impulses and behaviors, or results in frequent buying of more than can be afforded, frequent buying of items that are not needed, or shopping for longer periods of time than intended, even in the face of adverse personal, social, and financial consequences (McElroy et al. 1994). Though often referred to as the "smiled-upon addiction" after all, the economy is fueled by overconsumption, compulsive buying disorder is no laughing matter. It can and often does have serious, long-lasting aftershocks. In addition to the obvious financial consequences, emotional, interpersonal, and occupational problems abound, and in extreme cases, incarceration (Hajewski 2010) and suicide (Roberts and Jones 2001) have occurred. Despite the fact that compulsive buying disorder has been inching its way farther and farther out of the closet, inspired by television specials, documentaries, and reality TV shows, research interest in this widespread, often addictive disorder is still in its infancy. Compared to its psychological siblings—eating disorders, alcoholism, drug addiction, compulsive gambling, among others—financing of compulsive buying treatment studies is limited. The publication of books, such as this one, and the creation of the Financial Therapy Association suggest that the tide may be turning.

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Following an overview of the history, epidemiology, and characteristics of compulsive buying disorder, this chapter presents a specific model for the treatment of compulsive buying disorder—the stopping overshopping model—a comprehensive 12-week experience that draws from psychodynamic psychotherapy, cognitive-behavior therapy (CBT), dialectical behavior therapy, motivational interviewing, mindfulness, and acceptance and commitment therapy (Benson and Eisenach 2013). A case illustration depicts how to use the model in practice. The chapter concludes with a brief review of results from a randomized, controlled pilot study of the effectiveness of this model (Benson et al. 2014).

Compulsive Buying Disorder

Compulsive buying was first described by Kraepelin in 1915 and later, in 1924, by Bleuler. After these early mentions, the condition was largely ignored until the late 1980s, when two factors combined to produce an increase in compulsive buying in the USA and an increase in interest among professionals. First, the income disparity between the very poor and the very wealthy in the USA widened during the 1980s and, simultaneously, the proverbial "Joneses" who used to live next door and had a lifestyle not much different from our own, were now being replaced by the "Joneses" who came into our homes through television each night. These "Joneses," even those we saw on blue-collar sitcoms, were portrayed with an upwardly mobile lifestyle, which ignited our desire for more, bigger, and better mousetraps (Schor 1998). Over the last 15 years, the proliferation of online shopping and auction sites has made the Internet a fertile environment for the growth of compulsive buying disorder (Dittmar et al. 2007; Lyons and Henderson 2000; Kukar-Kinney et al. 2009).

Evidence that compulsive buying is a grave and worsening problem is mounting. While compulsive buying is considered a culture-bound syndrome and occurs mostly in cultures that offer "mushrooming credit facilities and boundless buying opportunities," globalization has extended its reach. Scholarly articles on compulsive buying have been published in Canada (Valence et al. 1988), Mexico (Roberts and Sepulveda 1999), Brazil (Bernik et al. 1996), England (Dittmar 2004; Elliott 1994), France (Lejoyeux et al. 1997, 2007), Germany (Mueller et al. 2008; Scherhorn et al. 1990), India (Jhanjee et al. 2010), Spain (Ruiz-Olivares et al. 2010; Austria (Wolf 2010), Holland (Otter and Black 2007), Australia (Kyrios et al. 2004), China (Xiaoqing 2010), South Africa (Deon 2011), and South Korea (Kwak et al. 2003). Visitors from over 125 countries have gone to the author's website (www.shopaholicnomore.com), leading one to conclude that compulsive buying is a nearly universal problem.

A large-scale telephone survey of over 2000 randomly selected US households suggested that 5.8%—approximately 17 million Americans—demonstrate symptoms of compulsive buying (Koran 2006). A later study examined the prevalence of compulsive buying disorder in three narrowly defined subgroups. That study

revealed that 8.9% of staff at a southern university, 15.5% of undergraduate students at the same university, and 16 % of consumers of an online women's clothing retailer scored in the compulsive buying range (Ridgway et al. 2008).

Compulsive buying affects a diverse and large group of Americans. The "typical" compulsive buyer is a 30-something female who experiences irresistible urges, uncontrollable needs, or mounting tension that can only be relieved by the compulsive buying of clothing, jewelry, shoes, and cosmetics. This "stereotypical" compulsive buyer has generally shown the previously stated characteristics since her late teens or early 20s (Black et al. 1997; Christenson et al. 1994; Scherhorn et al. 1990). However, the spectrum of compulsive buyers is wide, reflecting people who differ from one another on many dimensions, such as age, gender, socioeconomic status, patterns of buying, the intensity of their compulsion, and underlying motivation. Compulsive buyers differ, too, in their patterns of behavior. Some are compulsive daily shoppers, some go on occasional but consequential shopping "binges," and some collect compulsively. There are image spenders, revenge spenders, bulimic spenders (who need to rid themselves of their money), and codependent spenders (who enable the spending of others). Some buy multiples of each item, some compulsively hunt for bargains; others are compulsive hoarders, and still others engage in ceaseless buy–return cycles.

Compulsive buying can occur in people with any of the different money scripts (Klontz et al. 2008), and it can also be connected to most of the money disorders that have been identified in the financial therapy literature, including compulsive hoarding (Frost and Hartl 1996; Frost et al. 1998; Frost et al. 2002; Mueller et al. 2007), financial denial, financial enabling, financial dependence, financial enmeshment, and financial infidelity (Klontz et al. 2008). See Chapters 3 and 4 for more information on money scripts and disorders, respectively.

Why Overshop?

American culture is one of "competitive consumption" (Schor 1998), in which the acquisition of consumer goods and services is associated with the attainment of happiness. Women are taught that a flattering dress or the perfect hair-care product will make them irresistible to men, while men come to believe that purchasing a sports car attests to their masculinity and their success. The false belief that goods are transformative agents becomes toxic when combined with the over-availability of credit cards. In 2005, 2006, and 2007, nearly 6 billion credit card offers went out to the American population—that means more than 20 offers per year went out to each American citizen (Synovate 2007). In 2012, the total US credit card debt was US$ 793.1 billion; average credit card debt per family reached nearly US$ 16,000, 76% of college students were in possession of at least one credit card, and 56% ran an unpaid balance in the past 12 months (Credit Card Debt Statistics 2012). This easy, available credit along with the notion that buying goods brings happiness has definitely been a factor in the skyrocketing number of personal bankruptcies, in spite of recent legislation that made it harder to declare bankruptcy.

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Individual and familial issues combined with cultural and societal considerations make compulsive buying disorder complex and multi-determined. Many shopaholics seek and achieve emotional relief and momentary euphoria through compulsive buying. Some overshop as a response to loss or a major life trauma, to avoid confronting something important, or to feel more in control. Others overshop to express anger or exact revenge (Elliott 1994), or use buying for others as a way to hold onto love. Some overshop as a way to belong to an appearance-obsessed society or to put forth an image of wealth and power. Underlying many of these motivations is an attempt, albeit ultimately unsuccessful, to become their ideal self or gain social status.

Dittmar (2007) explored underlying social psychological mechanisms that play a significant role in compulsive buying. From this perspective, excessive (or "compulsive") buyers have two main characteristics. They score high on a measure of materialism, believing that consumer goods are an important route towards success, identity, and happiness. They also purchase these goods in order to bolster their self-image, in an attempt to bridge "gaps" between how they see themselves (actual self), how they wish to be (ideal self), and how they wish to be seen (ideal self).

Although mood repair and higher self-esteem are many overshoppers' goals, the positive feelings do not last long. Dittmar (2004) compared the moods and self-evaluation in ordinary and compulsive buyers during three phases of consumption: (a) just before purchase, (b) just after purchase, and (c) at home. Although shopping elevates the compulsive buyer's mood and self-evaluation right after the purchase, by the time the shopper returns home, mood and self-evaluation have dropped considerably, although not quite to the pre-purchase level. Thus, the overbuying, while extremely costly financially and otherwise, is mildly successful, which is what reinforces the toxic cycle.

Stopping Overshopping Model

Overview and Structure

First developed in 2005, the stopping overshopping model is a comprehensive program, led by a trained professional, unique for its eclectic integration of treatment approaches that have been shown to be successful with compulsive buyers. The program teaches specific skills, tools, and strategies to help group members break the cycle that leads to compulsive buying and develop the capacity to lead a richer life in the process. For simplicity, this chapter merely summarizes the model and shows how it can be applied by financial therapists. See Benson and Eisenach (2013) for a detailed description of the program.

Clients read *To Buy or Not to Buy: Why We Overshop and How to Stop* (Benson 2008) in its entirety and complete the written exercises in the shopping journals, as briefly summarized in this chapter. When the model is used with a small group, there are 12-weekly 100-minute sessions. When the program is used with an individual overshopper, there is much more flexibility regarding the order in which the material is introduced, the amount of time spent on each exercise, and even whether every exercise will be included. If the client is not in treatment with another therapist, sometimes the program is interwoven with work on other psychological issues. When clients are simultaneously involved with another professional—psychotherapist, psychopharmacologist, professional organizer, financial counselor, accountant, or lawyer—it is desirable, with the client's written permission, to collaborate with the other professional.

The model is intended for teenagers or adults who are currently affected by compulsive buying symptoms, as assessed by a previously validated compulsive buying assessment, and void of evidence of bipolar I disorder, psychotic illness, suicidal intention, and/or drug/alcohol dependence. Prior to commencement of the program, the clients complete a personal history questionnaire, which asks about education, work, family, health history, social life, other symptoms, and psychotherapy experience. A demographic data form asks about income, use of credit cards, and debt, and at least two of the following four compulsive buying screeners: (a) Faber and O'Guinn's (1992) Compulsive Buying Scale, (b) Valence et al.'s (1988) Compulsive Buying Scale, (c) the Richmond Compulsive Buying Scale (Ridgway et al. 2008), and (d) the Yale-Brown Obsessive Compulsive Scale—Shopping Version (YBOCS-SV; Monahan et al. 1996). Clients also complete a 2-week purchasing recall form (Mitchell 2006) on which they list all impulsive and compulsive purchases made during the previous 2 weeks; what the purchase was, how much it cost, and how long they shopped.

There are four distinct parts to each group session, beginning with a loving kindness meditation, during which the members offer love to themselves and to others, bring to mind one of their good qualities, picture their loved ones, and follow their breath. The meditation serves to help group members center themselves, brighten their minds, and let go of outside concerns. Next, each member reports on his or her progress on the weekly goal and on any overshopping challenges experienced during the week. The following portion of the session is a time for each member to share a highlight from the writing assignments completed during the previous week. At the end of the session, the therapist introduces the next week's material and the accompanying exercises.

Throughout the week, the members engage with each other and the therapist using an online forum to post weekly goals and homework assignments, discuss what they did not have time for during the session, share information, challenges and triumphs, and give and receive support. The forum is also used by the therapist to debrief each session by posting a note that includes something specific for each group member related to what came up during the group, and a general note that underlines critical points from the session, reminds the members of their goals for next week, and encourages them with a motivational, inspirational quote. This reinforces

the session, gives each member personal attention related to his or her progress, and forms a bridge to the next session. With an individual overshopper, there is similar contact during the week via email.

The use of a shopping support buddy is another important component of the program. A shopping support buddy is an advocate, chosen by the overshopper, who helps the person as he or she moves toward stopping overshopping. How the shopping buddy is used depends on each dyad, but, in general, a shopping buddy is available to help the overshopper successfully negotiate overshopping urges, brainstorm about the written exercises, assist with formulating and following through on weekly goals, revisit what the overshopper has learned and observed during the program, and sometimes accompany the overshopper on shopping trips. Committing to a specific, measurable, realizable goal each week is a thread woven throughout the fabric of the program. Goals are created using the motivational interview format, which asks the participant to: (a) rate the importance of the goal, (b) explain why it is that important and not more or less so, (c) decide how to go about meeting the goal, including committing to a first step, (d) identify potential obstacles and how they might be overcome, and (e) assessing and substantiating the level of confidence the overshopper has in executing this goal (Miller and Rollnick 2002).

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Content

The formal work of the program begins with an exploration of the questions "Why do you overshop?" and "How did it all begin?" Overshoppers write a short narrative about the *function* of the behavior in their lives, having been prompted by material from the text, and then answer questions about early family influences, peers, community, and media influences, and about how they learned to use money.

With the exploration completed, participants read about common overshopping triggers and common overshopping consequences, and complete personal lists of both. Next, each person begins a thorough investigation of shopping urges in the moment when the urge is present, by following a prescribed sequence of steps. This process is supplemented by an exercise that invites them to think through the path they would like to see their lives take in the future. This vital step prompts each participant to imagine the difference between their ideal future and their future with overshopping. Seeing the true cost of continuing to overshop in the years to come enhances motivation for change in the present. Having begun to shake up some of the denial about the long-term effect of their overshopping, clients formalize the pros and cons of overshopping by completing a decisional balance matrix, a way of exploring their own ambivalence about change.

Clients now extend their self-learning by creating an inventory of when, where, with whom, and for whom they shop, as well as what they buy, what they tell themselves about why they are buying it, and about their relationship with specific favorite purchases. Exercises to enhance clients' ability to becoming more mindful about their financial lives demonstrate the centrality of savings and the appalling cost of credit card debt. Recording, categorizing, and evaluating each expenditure as to its relative necessity is done from this point on.

By now, clients have laid the groundwork for a thorough investigation of what it is they are *really* shopping for. First, they identify the authentic underlying needs that currently ignite their impulses and propel them into self-defeating overshopping, and then they think through ways to meet those needs more directly and more positively, ways that enhance rather than erode their lives.

What makes compulsive buying such a difficult addiction to conquer is that shopping is unavoidable. There is no way to get around shopping for necessities, such as food, clothing, and transportation, but it is important to be able to distinguish between shopping and recreation, between wants and needs, and to resist the pull of the hype, manipulation, and pressure to buy that comes at us from all sides. In this part of the program, clients are exposed to specific, proven techniques for staying centered that are specifically targeted to each of the six major shopping magnets, including malls and stand-alone stores, Internet shopping, TV commercials, magazines, catalog shopping, and TV shopping channels. This is also the time that clients contemplate how to manage their individual danger zones, those venues that are most triggering to them, and think over ways to anticipate, prepare for, avoid, deflect, and counter the various sources of social pressure (e.g., family, friends, sales associates, and culture at large) to consume.

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Having done this general foundational work related to shopping venues and social pressure, clients learn how to create a purchasing plan and review that plan after they have shopped. To create this very particular kind of plan, clients carefully specify the following: (a) the item(s) they intend to purchase; (b) the purpose of each and the maximum amount they can afford and are willing to pay; (c) when, where, with/for whom, and how long they will shop; (d) how they will pay for the purchase(s); and (e) the risk of overshopping with the plan. If the risk is greater than 30%, they are required, with the help of a shopping support buddy, the group, or the therapist, to create a new and less risky plan.

The *mindful pause* asks clients, before they actually purchase an item and after they have completed the first two parts of the sequence, to ask themselves six questions.

1. Why am I here?
2. How do I feel?

3. Do I need this?
4. What if I wait?
5. How will I pay for it?
6. Where will I put it?

Although this takes a lot of restraint, asking questions such as these successfully breaks the automatic buying response, helping the overshopper realize that he or she has a choice to buy it, to put the item down and walk away, or to think it through even longer before buying. To reinforce this mindful behavior, clients are encouraged to acknowledge and affirm their progress (Mundis 2003), and then reward themselves with a free or affordable activity, which functions as both an act of self-care and a tailor-made alternative to shopping.

At this point, the clients are 8 weeks into the 12-week program. With many practical skills, tools, and strategies at their disposal, the focus goes deeper, on how to cultivate four central resources of every overshopper—body, heart, mind, and soul. Each can direct (or misdirect) us on the journey to mindful shopping. The body can be the first responder to a shopping impulse; however, the wisdom of the body is often ignored. To prevent this, clients learn how to do a body scan and practice apprehending particular physical sensations; this gives them a leg up on confronting a shopping urge and reducing its intensity.

Overshoppers have typically had little positive practice in dealing with negative emotions; instead, they learned to deny, distrust, hide or disregard them, or express them indirectly. Self-defeating buying behaviors can serve all of these purposes. While finding the right word to express a feeling can be difficult, sifting through the various shades of an emotional spectrum, which is what clients are asked to do now, can provide much more specific and useful information than an all-purpose *angry* or *sad*. The process of finding a particular emotional shade can help people make connections between that feeling and important issues and events in their life, connections that then often lead them to discover an underlying need, which they can then satisfy in a productive way.

> ... "What if I start again?"

Another route that clients take to gain more fluency with their emotions is a deceptively simple, yet extraordinarily powerful, technique called the money dialogue. Developed by Olivia Mellan (1994), the dialogue process helps people gain a greater awareness of their relationship with their money, credit cards, jewelry, or overstuffed suitcase. Often extremely emotional, both to complete and to share, the dialogue cracks open the code and first reveals the symbolic significance of the object to the overshopper, and then clarifies how the imagined reaction that the client's mother, father, significant other, and higher power (or inner wisdom) might have to the dialogue also figures into this complex and unhealthy relationship. Clients are often profoundly affected by this experience, which catalyzes them to pry themselves loose from the object's grip.

Moving on to the language of the mind, clients get a mini-course in CBT. First, the concepts of *core beliefs, underlying assumptions,* and *distorted thoughts* and the relationships among them are introduced. Then, clients are presented with a survey of the most common categories of distorted thinking. Finally, they are taught a technique for challenging those distorted thoughts (Beck 1995) that helps them discover how unexamined, automatic thoughts can powerfully shape their feelings and behavior. To highlight matters of the soul, clients are introduced to the strengths of transcendence, which include spirituality, appreciation of beauty and excellence, gratitude, hope, and humor, all of which can balance and lighten the weight of the desire for material things.

The troubling question as the end of treatment approaches is "What if I start again?" It is critical to discuss this possibility at length before the end of the program, so clients are prepared for the next leg of the journey. First, a general discussion of common lapse and relapse triggers occurs, and then clients create their own individual lists (Mitchell 2011). After that, strategies for anticipating and managing lapses and relapses are discussed, such as how to prevent them, how to prepare for the possibility that they can and will occur, and how to position oneself to learn from any lapse or relapse that takes place. Clients do two experiments—the mental and dress rehearsal—both of which fortify against lapses by preparing them for a high-risk situation. In the mental rehearsal clients choose a triggering situation from their list and visualize, in painstaking mental detail, what it would be like to confront this situation and actually resist making a purchase. Then, in the dress rehearsal experiment, the clients actually put themselves into this triggering situation and commit to exiting from it without purchasing anything. Finally, to further prepare to be on their own, clients create a *lapse and relapse prevention plan* (Mitchell 2011) that will help them plan for any upcoming high-risk situation. In order to create a robust plan, they need to revisit and reuse all of the major tools and skills they have acquired during the prior 12 weeks. Before the end of treatment, the question "How much is enough" is discussed. We are often so busy looking for happiness in the next purchase or the next or the one after that, we miss precious opportunities to become deeply attached to the things we already own, to say nothing of the people we love. Seeing that the benefits of having more stuff are far outweighed by the costs of getting and maintaining it helps put shopping into perspective. Distilling the program to its essence by writing about what the biggest obstacles and challenges have been, what the most important takeaways have been, and how it feels to be at the end of this soul-searching endeavor, is the final grounding exercise.

Case Study

Background Information

To Buy or Not to Buy: Why We Overshop and How to Stop (Benson 2008) contains the model in its entirety. Reviewing a case study of someone who successfully

completed the stopping overshopping model heightens the understanding of the program.

Meet Lauren. In New York, street vendors selling handbags spring up after the New Year like mushrooms after a rain. Lauren could not deny that her shopping had gotten out of hand when she could not pass one without buying, despite the fact that she already had over a 100 purses. Severe skin allergies to any fabric other than natural fibers narrowed Lauren's clothing choices. Feeling deprived by these constraints, she wanted to dress up her "basic and boring" wardrobe with colorful accessories—handbags, scarves, jewelry, and shoes that add interest and style. The best thing about these items is that she could be of any size, weigh any amount, and they all still fit her, unlike some of her clothing. She could blissfully select the item in the store, buy it and take it home, without ever having to set foot in a fitting room. It was the "quick fix."

If not for the fact that she and her husband, Phil, had recently rented a small apartment in the city, her out-of-control shopping behavior might have continued unabated. Faced with a much smaller space than she had in her suburban New Jersey house and the complaints of her very organized, and in her estimation, rigid husband, she could not avoid the ever-growing clutter. That, coupled with his request that she streamline and simplify, intensified her anger and reignited her feelings of being crazy, incompetent, overwhelmed, hopeless, and helpless, and reinforced her compulsive consumption of self-help books and courses.

Lauren describes Phil as withdrawn, robotic, extremely resistant to change, and unempathic, especially toward her. "The kids love him. He will give them the shirt off his back. He's an enabler, people pleaser, but to a fault. He's very naïve, almost child-like, extremely loyal." Mostly everything Phil says or does seems to rub her the wrong way, and she believes her overshopping is both an act of revenge against his unavailability and an attempt to self-soothe and to dazzle. A self-described workaholic, Phil had created a successful business that Lauren described as the "other woman," which seemed like the love of his life and where he spent all his quality time. She had grown up in a home where the identical scenario had played out. Her passive, stay-at-home mother did the lion's share of the parenting, and her volatile, workaholic father, was married to his store. He often yelled at her mother, believing she was responsible for any of the children's misbehavior. Lauren's sister, 8 years older, had married young and left the house as soon as she could. Her brother, just 1 year her junior, became physically abusive toward their mother and was "sent" to the Navy at 17, in the hope that the structure would straighten him out. Instead, he came out addicted to heroin. Lauren married Phil when she was only 19, her honorable discharge from her family's "the war zone," as she described it:

> I'm attracted to and driven by a fairly high level of chaos, anxiety, drama and excitement, since that's what I'm used to. So, the adrenalin rush and "high" I get from always doing, moving, going shopping, eating, staying up late at night, living in clutter, having over-reactive/explosive arguments with my husband, etc. feels "comfortable" and "knowable" to me. Peace and serenity does not. I think that my awareness about this self-destructive quality in myself will help to motivate me to pursue the healthier constructive alternative of developing self-soothing, calming practices.

With the help of a relative, both of Lauren's parents had emigrated to the USA from Europe during the Holocaust. They had lost almost all of their respective families in concentration camps and although Lauren's mother was pretty silent, sometimes her father talked about what they did to his family. As a child, she did not want to listen to her father's depressing Holocaust-related rants, but rather chose to believe that her father was either exaggerating or making most, if not all, of it up. A "lack" mentality was a constant undercurrent; almost every penny had to be saved. One summer, her parents scrimped and saved to rent a bungalow in the Catskills; they had brought everything they needed for their time away in paper shopping bags, as there was no money for luggage. When her mother received a gift, she always "saved it" for some nebulous future time, which never seemed to arrive.

She and her two siblings were not permitted to throw anything out, especially food. Born underweight, Lauren's view is that her parents tried to fatten her up from day one. She has struggled with food, eating, and weight for most of her life and believes the struggle will be a lifelong one.

A yo-yo dieter and binge eater since her early adolescence, Lauren has never been anorexic or bulimic. As an adult, her weight has fluctuated about 60 pounds, and she is perpetually trying to lose 15–20 pounds. She tried Overeaters Anonymous, but found it too rigid; food plans like Jenny Craig, were more to her liking. Her hope in joining the stopping overshopping group was that she would be able to use some of the same skills, tools, and strategies that she would learn in the program to also help curb her issues with food and eating.

Lauren's pain about "not fitting in" spread beyond clothing. Psychologically, she felt as though she did not belong, struggled with feelings of inferiority and shame about being different. Not only was her family the only Jewish family in an Irish Catholic neighborhood but they were also the only ones in the neighborhood without a car, and her parents spoke a mixture of German and Yiddish at home.

Intervention

In the 2 weeks before the first stopping overshopping group meeting, Lauren had shopped 20 times, had spent 22 h shopping, and had spent over US$ 3000. Her scores on all four of the compulsive buying measures were solidly in the compulsive buying range. On the structured clinical interview for diagnosis (SCID-I; First et al. 1996), she scored positive on the recurrent major depressive disorder scale, although she was currently in full remission. She also scored positive both for binge-eating disorder (which was in partial remission) and compulsive–impulsive Internet use on the modified ICD-SCID module (First 2007).

Shortly after the group began, Lauren had a 1-week pre-planned trip to Amsterdam with her family. She planned carefully for what she foresaw as being in a "vacation" state of mind, which in the past had translated into an expensive "shopping spree." However, this time, she decided to participate in group meetings via an online conferencing system. Historically, she had felt the need to bring back some

tangible souvenir items from her trip as a reminder of experiences and feelings she had during that time. Given the possibility that she might never go back again to these vacation sites, she felt a time pressure to buy it right then. In order to deal with this urge on the upcoming trip, she told the group that she could bring back other reminders, such as photos, journal writings, and her mental memories.

During the motivational interview process, she committed to using only her debit card, cash, or checks for personal purchases rather than using her credit card, which she used constantly for small purchases like coffee at Starbucks. The biggest obstacle she foresaw was not wanting to give up the "perks" that she got by using her credit card, like the instant gratification, delayed payment, mileage for travel, cash and/or gifts back on purchases. She reminded herself that the "benefits" are not truly benefits, and that the positive long-term consequences of not using credit cards would far outweigh any perceived losses. She was determined to give it her best shot. At the same time, she worried about overdrawing her checking account and having to pay overdraft fees. These fees loomed over her head like the sword of Damocles, serving as a deterrent to overspending and propelling her to review her checking account balance regularly. Saving money became a goal for the first time. To that end, she reduced her cable bill by downgrading her plan, cancelled a data plan for her smartphone that she decided had been a hasty, unnecessary add on, and resisted the purchase of a tablet that she had been researching for weeks.

Lauren had a propensity to make an impulsive purchase and then almost immediately tear up the receipts to "hide the evidence," in an effort to feed her major denial, and try to get rid of the painful aftershocks of her overshopping "crime." She walked a fine line between returning items because she thought better about the purchases and returning them because she was trying to get rid of the painful feelings that came with being out of control. Resolving to save receipts from any purchases that she considered to be impulsive or unnecessary, she felt she needed to maintain a balance between shopping and returning. She did not want to add "returnaholic" to her other "aholics." With her heightened awareness that constantly purchasing handbags was "a terribly misguided" attempt to symbolically fill the "empty black holes" in her soul, she also knew that filling those same holes with sweets was just as destructive. "I could never buy enough purses to get what I really need—which is real, authentic, honest, healthy, spiritual connection to myself and others." To nurture that healthy connection, her second weekly goal was to engage in soul-feeding, life-enhancing activities for at least an hour each day. Such activities would allow her to "chill," play, and have more fun, as opposed to pursuits that were highly goal-directed (e.g., ways to "fix" herself) or too serious. Laughter, yoga, and more playtime with her beloved dog were at the top of her list.

Lauren's capacity to see so many underlying similarities between her food and shopping issues, combined with the success she was having in learning how to shop and buy mindfully, translated into making better food choices as well. While she still occasionally indulged in a (shared) decadent dessert and/or a "not so politically correct" restaurant meal, she told the group:

> If I felt that I could never do this, I would feel very deprived, probably rebel, and give in to destructive urges to binge and overeat. I'm feeling a similar way about shopping—that both eating and shopping mindfully includes occasional, spontaneous shopping with a certain amount of abandon. Shopping and eating can be true joys and pleasures in life. I need to remind myself that hopefully in the future, when I feel ready, I will be able to make a purchase occasionally, of something that I love, even if it wasn't planned for, that was not necessary, but that I will use and enjoy—just like a yummy piece of chocolate cake—and not then relapse into mindless, compulsive overshopping again.

At the 5-week point, Lauren had only made one compulsive purchase, a handbag that she had bought when she got home from her trip, a purchase she made out of a need to reward herself for having resisted overshopping while she was away. With the group's encouragement, she subsequently returned it, but felt somewhat down rather than the "adrenalin rush" of shopping. Reaching out to the rest of the group helped her to "sit" with the unpleasant feelings that she had historically medicated away with overshopping and/or overeating.

As a group activity, the participants had agreed not to buy anything unnecessary for a period of 3 weeks, and it was during this time that a favorite annual crafts fair was held, an event where Lauren typically shopped without much restraint. Rather than resist going to the fair at all that year or breaking her commitment not to buy anything unnecessary for 3 weeks (she now felt resentful that she had agreed to it), she hinted to Phil that if she saw something really special and unique, he could buy it for her upcoming birthday. Not surprisingly, there was a pair of handcrafted earrings that fit that bill, her husband bought them for her, and she wore them soon thereafter, not waiting for her birthday. Was this cheating, manipulative, or dishonest? Lauren was not sure. She did know that she was feeling sorry for herself (even after her husband bought the earrings) because she could not enjoy shopping or eating like all the "normal" people around her at the fair. The truth was that she was not yet able to consistently shop or eat in a healthy, truly nourishing way; in both activities, she needed to be acutely aware and mindful of her thoughts, intentions, feelings, and behaviors.

Concurrent with the language of the soul part of the program, Lauren committed to begin developing a regular practice of meditation, focusing on mindfulness, which she would continue each day, even when she felt caught in an emotional tempest. As part of her spiritual action plan, she wanted to develop a more accessible higher power. To that end, she vowed to continue to work in Codependents Anonymous, read, write, work on the steps with her sponsor, and perform some traditional Jewish rituals. Her hope was that it would make her feel more connected to some form of higher power or an inner wisdom that would guide her.

In between weeks 9 and 10 of the group, Lauren shared how she had refrained from purchasing two books on Amazon.com that she already had on her e-reader. Also, aware of how much she did not need another scarf, no matter how beautiful, unique, or inexpensive, she made a conscious effort to wear a different scarf each day rather than save the best for a special occasion that never seemed to come, as her mother would have done and advised her to do. Associated with this was a weekly goal to begin going through all of her scarves, she chose the ones she truly loved and donated the rest. As she went through them, she committed to counting them, which helped her face the reality of her overshopping.

Lauren assumed that creating clutter in her home kept her from overshopping. Her fear was that if she put things away, she would feel the need to fill the empty spaces. The group suggested that if she put things away, she might need to feel the presence of those empty spaces, but that ultimately she would feel more serene. To that end, she tested her underlying assumption, "Having my place cluttered helps me to stop shopping" thoroughly, and decided the assumption was fallacious. The group encouraged Lauren to take a picture of her apartment and share it, so that the other group members could bear witness to her growth.

As she went through them, she committed to counting them, which helped her face the reality of her overshopping.

Her last "official" weekly goal was to continue to avoid any of her "trigger" stores, and continue her de-cluttering and sorting, part of which involved taking books out of the many shopping bags sitting on her dining room table and putting them away neatly. Her apartment was becoming much more livable and enjoyable. Lauren found and rediscovered scarves that she really loved, but had long been hidden. "So now, I get to wear and enjoy them again, and in some strange way, they're brand new. Finding those scarves was like me refinding my creative talents and my love for color, texture, and movement. It was pretty amazing."

As a student at a specialized high school for art and design, majoring in fashion illustration, she was not very confident, frequently compared herself invidiously with the other students, and did not pursue fashion illustration as a career. She had tried to express her creative urges in various ways, like running an art supply shop, and knitting quite a few of the scarves that she owned. What she had come to understand about her attachment to scarves, handbags, shoes, and jewelry was that she needed to start directing her creative urges in more practical, healthy ways, rather than continuing to accumulate an endless supply of accessories to fill a void. The scarves gave her permission to explore her artistic side with a new freedom and enthusiasm. She also took a camera-less photography course where she was able to "play" with the art materials in an enjoyable, relaxed, nonjudgmental way.

Outcomes

Lauren decided that a shopping trip to her favorite store to find attractive scarves would be the source of her mental rehearsal. Careful attention to the thoughts, feelings, and body sensations she imagined having when she was there and knowing what she would tell herself and what she would do when they surfaced, allowed her to do the actual dress rehearsal in the store, albeit with a cart full of feelings. She was anxious about meeting the challenge of going in and not making a purchase, excited about going into her "old haunt" again, and resentful about taking the time

to do the assignment. The scarves and the store altogether had both lost their "luminosity;" she was annoyed at wasting time there and just wanted to leave and, in retrospect, quite thrilled that the store had lost its allure. Nevertheless, on her way out, she saw a jean-colored cashmere sweater that she loved and knew she would use a lot. After wrestling with the decision of whether to buy it, she opted to leave the store empty-handed because she wanted to allow herself to feel the distress, knowing that at some future time, if it was that important, the sweater could be a planned purchase, if it was still there and, if not, it was no huge loss. "Imagine that … now that's progress!" she wrote.

Distilling her experience of the program to its essence was an opportunity for Lauren to step back, look clearly at the journey through the 3 months of hard work that the program entailed. Lauren described the group as one of the most powerful, life-changing, healing experiences of her life; it was the ongoing, strength, caring, and support of the group that allowed her to make changes that she believed would have a permanent effect, changes that she never dreamed would have been possible, and in a relatively short time:

> I have been pushed and challenged (sometimes kicking and screaming) to really look at deep-seated, longstanding, underlying issues and then, with this new, heightened awareness to change negative, compulsive behaviors into more constructive, positive, life-affirming ones. I no longer use a credit card for any personal purchases and don't browse in stores for recreation. When I do shop, it is mindful, and I remember these two key phrases: "You can never get enough of what you don't *really* need," and "When in doubt, leave it out." The lessons I have learned have affected my life in other ways, too, including my relationship with myself and my husband as we try to reconnect, and my relationship with food. I'm getting regular exercise and putting more time, effort, and energy into truly fulfilling endeavors, such as volunteering and community involvement, learning, laughter, yoga, spending more time with friends and family, "de-cluttering" my life, and as I do, I am enjoying life more and having fun. This more joyful, sane, healthy, authentic, serene life is a gift and I thank God for guiding me on this journey with the help of a group of angels and our angel leader.

The words are impressive, but do Lauren's post-group scores tell the same story? Happily, yes. Immediately post-group, her compulsive buying scale scores were solidly in the normal buying range, and this is still the case, 3 years later. The results of the final 2-week purchasing recall 6 months after the treatment and 3 years after the treatment were quite similar. Lauren spent approximately $ 35 on compulsive purchases both times, spent 10 min shopping compulsively in the 2 weeks following the group, and less than an hour during the 2 weeks I asked her to record this, which were 3 years post group. Both were a far cry from the over $ 3000 and more than 20 hours that she had spent in the 2 weeks before starting the group. Her out-of-control food behaviors are considerably better than they were in the past, and she has not gained any weight since the group, although she says that she is still struggling with food.

Immediately post-group, her compulsive buying scale scores were solidly in the normal buying range and this is still the case, 3 years later.

Her anger toward Phil, still unresolved, no longer comes out in revenge shopping, but is borne, metabolized, and worked with in their couples therapy. Even a very serious health crisis in the family, which necessitated Lauren being totally available for a period of months to take care of her grandson, did not trigger a relapse.

De-cluttering persists. Lauren has donated costume jewelry, which have brought in considerable revenue for a lymphoma organization in which her daughter-in-law, a lymphoma survivor, is very involved.

Ethical Considerations

Confidentiality and privacy are paramount in therapy and psychoeducational coaching and when working with a group, this is even more challenging. The discussion of confidentiality occurs during the intake meeting and is reiterated at the first official session of the group. If new circumstances warrant at another point, we revisit this issue.

I begin by telling individual clients and group members about my commitment to maintaining their confidentiality and also about the limits of confidentiality**.** I tell them that I will only release information about our work to others with their written permission or if I am required to do so by a court order or if I am legally obligated to breach their confidentiality to protect others from harm. These situations rarely occur, but if such a situation does occur, I tell clients that I will make every effort to discuss it with them before taking action. I also tell them that I will not use any of their material without their express written consent and without appropriately disguising any potentially identifiable information. I remind clients that it is difficult to protect the confidentiality of information which is transmitted electronically. Even wireless telephones also may not be secure from eavesdropping.

For the group setting to be a safe space in which to do the work of the program, clients need to be confident that what they say in the group stays in the group. Clients are told that if they want to talk about the group outside of the group, that they talk about their experience, not mention any names or identifying details of other group members, and that they limit their comments to general themes rather than specifics. Clients are also asked not to play any audio recordings of the sessions for anyone outside of the group.

Since the nature of the group is very structured, there is less "group process" than in open-ended groups. Nevertheless, it is important to screen potential individuals and group members to make sure they have no concurrent condition that would make it difficult for someone to use this particular method productively or make it difficult for the group to coalesce. Clients who show evidence of bipolar I disorder, severe mental illness, active suicidal ideation, and drug or alcohol dependence within the past 6 months or drug abuse within the last month are not good candidates for this program.

When the work occurs by telephone or online conferencing, the nature of it is psychoeducational coaching, rather than therapy. Clients join the group for the

purpose of helping them to understand, control, and eventually, stop their overshopping. Although I am a licensed psychologist in New York, with training and experience treating emotional and psychological syndromes and there are some similarities between coaching and psychotherapy, I will not conduct Diagnostic and Statistical Manual (DSM)-driven psychotherapy during this educational coaching. This means I will not create a medical diagnosis, or provide treatment for, or advice regarding, any medical or mental health condition or illness. These coaching sessions are not psychotherapy and are not a substitute for psychotherapy. I outline that my job is to help clients take information, skills, and strategies that they will acquire in completing the stopping overshopping program and help them to stay motivated and focused on making and maintaining the changes they create. I add that I am committed to having an open, fair, and respectful relationship.

Clients sign a psychoeducational coaching agreement and memorandum of understanding, which describes the nature of my services, indicates that they have had the opportunity to ask me any questions they might have, and that they agree to abide by its terms during our professional coaching relationship.

To run these groups effectively, the facilitator, who might be a financial counselor, coach, or mental health professional, needs to have resolved any significant compulsive buying issues he or she may have had, know about the disorder, and have training in this particular modality of treatment. That training consists of a four-session didactic overview of compulsive buying and a 12-session experiential training, during which two or three compulsive buyers are followed throughout the entire program. Often one of the trainees is both a mental health professional and a financial counselor, who has a problem with compulsive buying and wants to use the training to work on his or her individual issues.

Future Directions

After reviewing the history, epidemiology and clinical characteristics of compulsive buying disorder, this chapter presented a model for the treatment of compulsive buying disorder—the stopping overshopping model—a comprehensive 12-week experience that draws from a variety of evidence-based treatments shown to be effective either with compulsive buying disorder or other addictions (Benson and Eisenach 2013). To conclude the chapter, a brief review of results from a randomized, controlled pilot study of the effectiveness of this model are provided (Benson et al. 2014).

To date, approximately 80 people have completed this program, either individually or in a group. Data have been collected on most of these 80 people. The pilot study described below was done with 11 participants. An in-depth analysis of an empirical test of the Stopping Overshopping model can be found in Benson et al. (2014). Further replication of the model will further justify its use in clinical practice.

The Benson et al. (2014) study used a preliminary randomized, controlled trial design that compared participants in an experimental group (EXP) who began the

12-week stopping overshopping program immediately after condition assignment in the fall of 2010, with a wait-list group (WLC) who received the same treatment after the 12-week waiting period, which was in the winter of 2011. Researchers hypothesized that there would be a statistically significant drop in the severity and frequency of participants' compulsive buying symptoms and behaviors after participation in the stopping overshopping program as determined by improved scores on the primary outcome variables: the four compulsive buying scales and the purchasing recall data. It was also predicted that there would be no significant change on any of the measures in the control group after the 12-week waiting period.

Potential participants had to be at least 18 years old and had to present with symptoms of compulsive buying disorder as assessed by the Diagnostic Criteria for Compulsive Buying (McElroy et al. 1994), but not meet the diagnostic criteria for other named disorders. Eleven individuals were randomly assigned to one of two groups: experimental (EXP; six members) or WLC (WLC; five members). All participants were females and between the ages of 33 and 59 with a mean age of 47 ($SD = 8.64$). Fifty-five percent of participants were married, one was living in a marriage-like relationship, one was divorced, and the rest (27%) were single. Sixty-four percent identified themselves as white, one reported as Hispanic/Latino, and three reported as "other." Each participant owned between 3 and 12 credit cards, with a mean of 5 ($SD = 2.57$). Two participants reported having no credit card debt, four reported debt between $ 1,000 and 3,000, one reported debt between $ 10,000 and 25,000, two reported debt between $ 25,000 and 50,000, and two reported debt exceeding $ 50,000. There were no significant differences in age, marital status, ethnicity, frequency of current psychotherapy, psychotropic medication use, number of credit cards, or amount of credit card debt between the experimental (EXP) and control (WLC) groups.

The groups met for 100-minute weekly meetings once a week for 12 weeks. To measure participants' progress throughout the program, researchers used four compulsive buying scales as shown in Table 12.1.

The results of the effectiveness study confirmed that participation in the 12-week stopping overshopping program is accompanied by a significant drop in the reported severity and frequency of compulsive buying symptoms as measured by the participants' scores on the four compulsive buying scales. Results further suggest that participants are able to maintain this improvement over time, an improvement made more notable by the fact that the mean participant scores on all of these measures began in the clinical range and improved into the nonclinical range between pre- and post-treatment (see Fig. 12.1). Participants also exhibited a significant drop in amount of money and time spent shopping compulsively, and in the number of compulsive buying episodes over the course of the study. This improvement was largely maintained at 6-month follow-up (Fig. 12.2).

There are many possible explanations for the results acquired in this study. As other researchers have demonstrated, there is a good deal of data that suggests the group method is an effective approach to treating compulsive buying (e.g., Mitchell et al. 2006; Mueller et al. 2008; Mueller et al. 2012). Elements of the stopping overshopping Model that likely contribute to the positive findings are that

Table 12.1 Compulsive buying scales

Assessment	Author	Purpose	Scoring
Valence et al. compulsive buying scale	Valence et al. (1988)	Assess tendency to spend, urge to buy, and post-purchase guilt	Score of 37.5 and above indicates the presence of compulsive buying
Richmond compulsive buying scale	Ridgway et al. (2008)	Assess presence of impulsive buying habits that classify the disorder as partly obsessive compulsive and partly an impulse control disorder	Score of 25 and above indicates the presence of compulsive buying
Faber and O'Guinn compulsive buying scale	Faber and O'Guinn (1992)	Identify feelings and beliefs about spending habits	Score of less than—1.34 indicates the presence of compulsive buying
Yale-Brown obsessive compulsive scale—Shopping Version	Monahan et al. (1996)	Identify behaviors associated with compulsive buying	Higher scores measure severity rather than presence of compulsive buying

it establishes a homogenous group setting that diminishes feelings of aloneness and increases feelings of being understood, exposes participants to feedback from other compulsive buyers to help break through denial, and constitutes an opportunity to witness others in various stages of recovery. In addition to each group session, members of the stopping overshopping group have the opportunity and encouragement to participate in a listserve between sessions, which provides a forum for discussion and allows members to offer and receive support to and from each other during the week, in essence to function as shopping support buddies (Benson 2008).

As delineated by Benson and Eisenach (2013), in addition to cognitive behavioral aspects (e.g., identification and restructuring of automatic thoughts), the stopping overshopping model includes aspects of psychodynamic psychotherapy, psychoeducation, dialectical behavior therapy, motivational interviewing, acceptance and commitment therapy, and mindfulness. Psychodynamic elements aid participants in understanding the historical antecedents of their behavior, current familial influences, and underlying authentic needs. The psychoeducational elements encourage participants to develop media literacy, look at the role of culture, the high cost of credit card debt, and the centrality of savings, and eventually record and evaluate expenditures daily. Distress tolerance and interpersonal effectiveness, components of dialectical behavior therapy, are targeted in a variety of exercises. Aspects of motivational interviewing include a thorough exploration of ambivalence about change. The methods related to acceptance and commitment therapy encourage participants to be mindful of their thoughts, feelings, and actions surrounding overshopping, and to treat themselves with compassion in the current moment.

While this study points to the significant effectiveness of the stopping overshopping model, its limitations should also be noted. The sample sizes of both the treatment and wait-listed groups were small; all participants were female, and therefore the generalizability of the findings is limited. Follow-up extended only

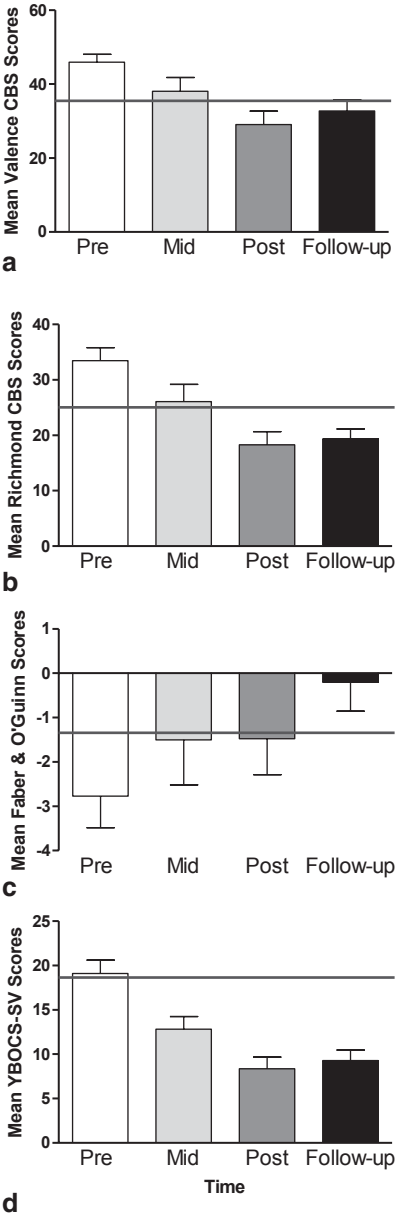

Fig. 12.1 Pre-treatment, mid-treatment, post-treatment, and 6-month follow-up analyses of compulsive buying measures in all participants ($N=11$). RM-ANOVA show significant improvements in all compulsive buying measures, with maintained improvement through the 6-month follow-up ($p<0.01$). *Horizontal lines* in each graph represent the value that indicates the threshold for the presence of compulsive buying. Scores *above* the each line indicate clinical levels, except for the Faber and O'Guinn CBS (*C*) where scores *below* the line indicate clinical levels

to a single assessment 6 months after completion, which is a relatively limited window of time in which to track participant progress, given that compulsive behaviors of this nature are so often chronic. Furthermore, all measures were dependent on participant's self-report, which could potentially bias the results stated here. Additionally, future investigation could examine the efficacy of the stopping overshopping model as it might be applied to other clinical treatment models (i.e., indi-

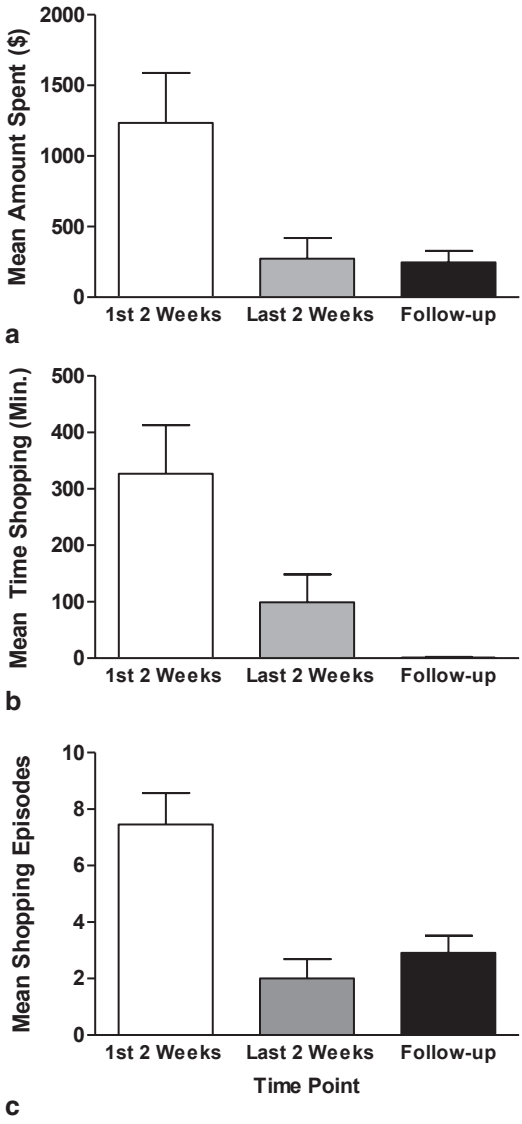

Fig. 12.2 Mean money and time spent compulsive shopping and mean compulsive shopping episodes during the first 2 weeks and last 2 weeks of the study and at 6-month follow-up. RM-ANOVA indicate show that there was a significant improvement in all three measures between the first and last 2 weeks of treatment, and that this improvement was largely maintained at 6-month follow-up ($p < 0.01$)

vidual treatment or self-help), given that empirical research on the effectiveness of individual treatment of compulsive buying is virtually nonexistent (Mueller et al. 2012).

As the growing body of research suggests, the severity and frequency of compulsive buying symptoms can be addressed clinically to great effect. It is imperative to study the best conditions under which these improvements can occur in order to continue to deepen our understanding and develop effective treatment options for this serious, and extremely prevalent, clinical issue.

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