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"NOTHING'S EVER ENOUGH":

THE COUNSELLING PSYCHOLOGY OF COMPULSIVE BUYING, PERFECTIONISM AND HEDONIC ADAPTATION

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DECLARATION

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SECTION A:

PREFACE

1. INTRODUCTION

"Nothing's ever enough": this portfolio seeks to explore different aspects of the sentiment articulated by one of my research participants. The introduction provides an overview of the other three sections of the portfolio and draws out the themes which link them.

My research into compulsive buying comprises the second section. This seeks to explore the subjective experience of being a compulsive buyer, using the qualitative research methodology interpretative phenomenological analysis (IPA). The research takes a counselling psychology perspective with a view to informing practice with this client group. The intention was to look at shopping behaviours and at some of the underlying values and beliefs held by my participants in order to better understand how they make sense of the world. Catalano and Sonenberg (1993) describe compulsive buying as the "smiled-upon addiction" (p. 17), a problem which has traditionally been both laughed at, and condoned by, a society whose economy depends upon excess spending.

The third section presents a client study which provides an insight into the pernicious problems caused by perfectionism. Like compulsive buying, it may not seem serious and can be initially encouraged, however, like shopping, there comes a point at which the problems it causes become severe. The therapeutic work involved creating a relationship within which the possibilities of a different way of being could be explored; where the therapist did not pretend to be perfect and the client found the courage to, in her words, find a "happy medium" between "perfection and rubbish".

The final section consists of a literature review which explores the opportunities offered within positive psychology to help clients who wish to become happier, rather than simply to overcome their problems. It starts by explaining the concept of hedonic adaptation which suggests that individuals have a set point for happiness to which they inevitably return. The literature review continues by exploring the research which contradicts this, suggesting that happiness can be increased. The focus then moves to evaluating interventions designed to help individuals become

happier and reviewing the role which counselling psychologists might play in this process.

2. OVERVIEW

The overall theme for this portfolio is the idea that nothing is ever enough. My participant said it in relation to her insatiable need for more activities, but it articulates a common theme concerning the desire for more and better, which runs through the portfolio. This desire applies to the compulsive buyer who makes endless purchases hoping that each will solve her problems, whether they are problems regarding identity, a desire to escape relationship issues or needing more confidence. No amount of purchases is ever enough to solve these problems. They lie within and that is where the solution to them must be sought.

Equally, the desire for perfection leads an individual to continually strive to meet an impossible standard. Perfection cannot be achieved in everything, therefore nothing an individual does will ever be enough to meet their own standards and hence they are destined to fail, which may lead to anger, depression or anxiety.

Hedonic adaptation suggests that nothing is ever enough to change an individual's level of happiness long-term; whatever they achieve or whatever they buy, they will become accustomed to it and it will cease to increase their happiness. However, there is an alternative perspective that, while some aspects of happiness cannot be changed, there are some that can be manipulated through changes in thoughts and behaviours. Interventions designed to facilitate these changes, and the role of counselling psychologists in helping clients who want to increase their happiness, are the topic for the critical literature review within this portfolio.

The portfolio shows that nothing is ever enough if you are pursuing the wrong thing, be it possessions in the hope they will solve emotional problems, or an unattainable standard or status, when engagement with others is what is really needed.

3. PERSONAL REFLECTIONS UPON MY PORTFOLIO

This section includes my reflexive thoughts as researcher and clinician upon my rationale for choosing to explore the areas which I have within my portfolio. Counselling psychology has a phenomenological basis and is interested in the subjective experience of individuals. It seeks to "marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling/psychotherapeutic relationship" (Division of Counselling Psychology, 2009). As a counselling psychologist-in-training my identity is that of scientist-practitioner in that I recognise my role as researcher as well as therapist. However, I also hold an identity as a reflective-practitioner, who believes profoundly in the importance of reflection both alone and with colleagues and supervisors in order to improve my practice.

All three areas within my portfolio reflect my role as a practitioner; I sought to research a topic that I might encounter clinically, my critical literature review relates to my interest in helping clients who seek to become happier and my client study is a reflection upon a piece of work already completed. While I see the therapeutic relationship as of paramount importance, I see myself as an active ally of my clients and participants, thus my choice of cognitive-behavioural model of practice is reflected in the portfolio as a whole.

Smith and Osborn (2003) emphasize the active cognitive process within IPA of the researcher seeking to make sense of their participants' attempts to make sense of their world. As such, Smith and Osborn see theoretical links between IPA and the cognitive paradigm within psychology. My client study gives an example of my cognitive-behavioural work to date and the critical literature review explores interventions aimed to enhance client happiness which would fit within a cognitive-behavioural therapist's toolkit.

As a counselling psychologist, one of my interests is in the paradox of the socially-acceptable problem. The problem of compulsive buying is so overt that people happily label themselves and others as shopaholics and laugh about it in a way that would be unthinkable if the word alcoholic was substituted. However, for those that genuinely suffer from the issue, it can be hard to acknowledge and remains a covert

problem. In addition, temptation surrounds them, in the high street and at home, through the internet, catalogues and television shopping. The compulsive buyer shares the same problem as those with eating disorders, one cannot abstain from shopping and live a normal life just as one cannot live without food. This led me to reflect upon what it was like to suffer from a problem which others mock, where opportunities to succumb to temptation await you at every turn, but also to know that complete cessation of your behaviour is not feasible. It is interesting to note that the book "The Secret Dreamworld of a Shopaholic" (Kinsella, 2000) became "Confessions of a Shopaholic" (Bruckheimer, 2009) in the recently released film, thus excess shopping has now become a moral issue, a sin to which one confesses.

The other two parts of my portfolio also reflect socially acceptable problems; both perfectionism and success-seeking are condoned, and even encouraged, but both can cause trouble when taken to excessive levels where they extinguish that which makes life enjoyable. I was interested in how an individual can decide what is truly important to them and aspire to achieve that, without condemning themselves to constant disappointment through either failing to meet their impossibly high standards or finding that they have achieved their goals, only to find them empty of the happiness which they sought.

4. RESEARCH

My research sought to understand the subjective experience of compulsive buyers, from the counselling psychology perspective. Much of the literature on the topic was written in America and the British research has predominantly come from a social psychology background; my study adds to the small body of British therapeutic research on compulsive buying. When discussing my research with friends, I heard anecdotal evidence that some compulsive buyers have a passion for purchasing one type of item and that there was often an underlying reason for this to be the item selected. I chose to explore this as one of my interview questions and found that it could prove to be a key that unlocked insights into what that participant was using their buying to do. This novel element of my research added to the overall theme of seeking to understand the subjective experience of participants and to discover how their compulsive buying affected their life story.

The importance of different aspects of the shopping process was explored, as were values and traits relevant to compulsive buying. My participants used shopping to try and move from their actual self to an ideal self, which could be either an extension of their existing self or a totally transformed self. The overriding theme became one of discovering what the shopping was being asked to do; often a change on the outside was being asked to create a change on the inside. However, as this is asking the impossible, nothing bought would ever be enough to achieve it.

5. PROFESSIONAL PRACTICE

The client study explores my work with a young woman suffering from perfectionism. Her standards were so high that nothing was ever enough to achieve them; this meant that she was failing to complete, or even start, tasks because she felt she could not perform them to her satisfaction in the time available. She was frustrated and angry with herself and with others when they either failed to meet her high standards, or when she felt they were demanding more of her than she could give. The fundamental task of the work was to create a therapeutic alliance where my client felt safe to experiment with not being perfect and felt able to share her human frailties with another person. The work was performed within a cognitive-behavioural framework and, in common with my research methodology, the work was resolutely idiographic. The intention was to explore her experience of perfectionism and to tailor each intervention individually for her. The literature links perfectionism with compulsive buying and it is interesting to note that my client's perfectionism also extended to her appearance. Thus my research and my client study are linked by both methodological similarities and a topic in common in addition to the overriding theme that nothing is ever enough.

6. CRITICAL REVIEW OF LITERATURE

My critical literature review looks at the topic of positive psychology. Hedonic adaptation suggests that individuals get used to events or possessions and so, while short-term they can improve, or lower, mood, longer-term there is no effect. However, there can be an attachment, or even addiction, to the initial feeling of euphoria upon achieving a goal or buying a possession, so more and more may be needed to get that same satisfaction. That is the hedonic treadmill where nothing is

ever enough to achieve the long-term happiness desired. If an individual's happiness point is fixed long-term then there is no point in trying to change it. My literature review looks at positive psychology's challenge to hedonic adaptation, and how this emerging science believes that this change could be achieved. Furthermore, as a counselling psychologist, I wanted to look at positive psychology to see how well it fits within the ethos of counselling psychology, and to see what empirical evidence there is that positive psychology succeeds in helping people become happier.

Hedonic adaptation suggests that more and more needs to be acquired to achieve satisfaction, however, rather like the purchases of my compulsive buyer participants, satisfaction is not achieved, because more of the wrong thing will not increase happiness long-term. Better life circumstances, more money or luxurious possessions will not meet the need for meaning and good relationships both with the self and others. This is true for everyone, compulsive buyer or not. While the theme which links the portfolio is that nothing is ever enough, it ends on a positive note; once an individual ceases to strive for "things" and status and starts to seek meaning and connection with others, therein might increased happiness lie.

REFERENCES

Bruckheimer, J. (Producer). (2009). *Confessions of a shopaholic*. Retrieved February 17, 2009 from http://www.thefilmfactory.co.uk/shopaholic/

Catalano, E. M., & Sonenberg, N. (1993). *Consuming passions: Help for compulsive shoppers*. Oakland, CA: New Harbinger.

Division of Counselling Psychology. (2009). *The history of the division*. Retrieved March 26, 2009, from http://www.bps.org.uk/dcop/aboutdcop/history.cfm

Kinsella, S. (2000). *The secret dreamworld of a shopaholic.* London: Black Swan.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51-80). London: Sage.

SECTION B:

RESEARCH

THE COMPULSIVE BUYER'S SEARCH FOR THE IDEAL WARDROBE

SYMBOLS

(…)   signifies words omitted from the text

[…]   signifies alterations inserted into the text

(Page, line)   quotes within the analysis are denoted by their transcript reference

ABSTRACT

This research studied the subjective experience of female compulsive buyers. A semi-structured interview was used to explore their shopping behaviours, their values relating to success, happiness and desire for change and their experience of decision-making, confidence levels and perfectionism. The research methodology used was interpretative phenomenological analysis (IPA). Compulsive buying was found not to be the fundamental problem for the participants, instead other underlying issues were. Participants appeared to be shopping to close the gap between an actual and an ideal self, which could be either similar to or entirely different from, their current self. The implications of the study are that an understanding of the underlying motivations that draw each individual compulsive buyer towards their behaviour is needed in order to work effectively with this client group therapeutically. Future research needed to expand understanding of the issue was discussed.

CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

1.1 INTRODUCTION

Dittmar (2005a) reviewed estimates of the prevalence of compulsive buying and found that they range from 1% to 10% of the adult population of Western developed economies, with recent research by Koran, Faber, Aboujaoude, Large and Serpe (2006) suggesting 5.8% in the USA. Scherhorn, Reisch and Raab (1990, p. 373) describe "buying as the universal drug" due to its ubiquitous nature. Neuner, Raab and Reisch (2005) provided empirical evidence that the problem is growing (in another Western developed nation, Germany). Koran et al. (2006) astutely note that compulsive buying prevalence is higher than major depression and generalized anxiety disorder, both of which attract more clinical and research attention.

Even the lowest of the research estimates of prevalence suggests a problem that needs to be taken seriously, however, popular culture has trivialised the problem as "retail therapy" until recently. Faber (1992) observes that this may have led to the problem being hard for sufferers to discuss or seek treatment for. In the past couple of years, the media has started to recognise the gravity of the issue and the consequential problem of unmanageable levels of debt (e.g. the BBC (2006) drama "Shiny, shiny bright new hole in my heart").

Koran et al. (2006, p. 1811) make the interesting point that by "medicalization of compulsive buying" the problem is located in the individual who is then treated by therapy or drugs. They suggest that therefore broader social issues, such as easily available credit, high interest rates and lack of financial management education are not identified as culpable and thus not tackled by training or regulation. Neuner et al. (2005) argue that increasing availability of credit had facilitated spending, while Kwak, Zinkhan and Roushanzamir (2004) consider that attitudes had changed towards dysfunctional consumption such that there was increasing acceptance of, and reduced stigma towards, the individuals concerned. However, since these articles were written, the global financial situation has changed dramatically, and the "credit crunch" has meant that new credit is harder to obtain, with 3.5 million credit

card applications rejected in the United Kingdom in the six months to January 2009 (Credit Action, 2009). Additionally, it could be suggested that the general attitude to spending and borrowing has changed, and it is now no longer seen as desirable to live beyond your means. It seems that we have come full circle, from the historical position described by Bayley and Nancarrow (1998) that "thrift was a moral virtue and debt a personal disgrace" (p. 108) to conspicuous consumption and back again. Meanwhile, increasingly desperate retailers, trying to stay in business, tempt consumers to continue spending through lower prices and other incentives. However, while the rate of growth of consumer credit lending has slowed because of the credit crunch, the total amount of consumer credit still grew by 4.6% in the year to January 2009 (Credit Action, 2009).

Cushman (1990) suggests that the American economy depends upon individuals feeling that they "need" non-essential products to fill their empty self and that these products become speedily obsolete, therefore requiring replacement, which benefits the economy. Dittmar (2008), in her comprehensive text, identifies the cost of consumer culture but cautions that societal change is unlikely because profits depend upon individuals aspiring to the "material good life" (p. 5). Csikszentmihalyi (2000) believes that, in the Western world, individuals consume to fill an experiential void. He presents the paradox that material possessions do not enhance our lives and that pre-occupation with possessions is symptomatic of dissatisfaction with life; however, we, as a society, seem to believe that the route to happiness is through consumption. Roberts (1998) rightly draws attention to the cost of this belief; firstly, in terms of the impact upon the environment through utilization of energy and natural resources and secondly, through the potential for compulsive buying to increase personal bankruptcies and credit card/loan default. O'Guinn and Faber (1989) note that the consequences of compulsive buying impact upon the individual, their family and creditors who cannot be repaid.

Hanley and Wilhelm (1992) explain that consumer research assumes that people are rational consumers who maximise satisfaction from their purchases; however, this does not follow for compulsive consumption. Dittmar (2008) criticises the role of advertising in persuading consumers that happiness and their ideal identity are just one purchase away. Benson (2008) enumerates the different methods of persuasion

used by different shopping channels such as shops, internet, catalogues, magazines and television which are tailored to encourage individuals to buy more than they need.

In the USA, compulsive buying research has been performed from a variety of perspectives; consumer, clinical and medical (pharmaceutical trials). The psychologist, April Lane Benson (2000) edited a comprehensive collection of contributions from leading academics on the subject. There are also several American self-help books including Benson's (2008) recent authoritative publication. The majority of the compulsive buying research performed in the United Kingdom has been led by Helga Dittmar, a social psychologist, and she has recently published a book (2008) summarising her work to date. In addition, Adrienne Baker (2000) collected a series of essays on the topic of compulsive buying from several differing standpoints including therapeutic. This research plans to add to the small body of British clinically-orientated work by focusing on the subjective experience of compulsive buyers.

Compulsive buying can cause distress for the individual and can impact upon their life, their relationships, their finances and their career. As the literature shows, differing explanations for compulsive buying include self-esteem and identity issues, problems from childhood, unhelpful cognition or focus on external goals such as approval from others and material success. Both the problems that arise through compulsive buying, and the underlying causes, are subjects with which counselling psychologists are well placed to work. Hence it seems that the paucity of British research should be addressed so that we, as counselling psychologists, will be in a better position to help clients who present this problem to us.

1.2 LITERATURE REVIEW

Context

Flaubert's (1950) masterpiece, written in 1857, tells the tragic tale of Madame Bovary, perhaps the first fictional compulsive buyer; while Becky Bloomwood, is the contemporary manifestation, heroine of the "Shopaholic" series of books (Kinsella, 2000, 2001, 2002, 2004, 2007) and the recently released film

"Confessions of a Shopaholic" (Bruckheimer, 2009). Popular non-fiction works by Bosnak (2004) and Hall (2008) detail how financial problems caused by excessive shopping were overcome. The broadsheets also include articles on the psychology of shopping such as those written by Furnham (2005, 2006a, 2006b, 2006c). The prevalence of the topic in mainstream literature indicates the level of interest in compulsive buying.

Early Research

Kraepelin (1909) and Bleuler (1923) (both cited in Mueller, Mitchell et al., 2007) were the first academic authors to describe compulsive buying, calling it "oniomania"; but thereafter there was little research until Faber, O'Guinn and Krych's (1987) first article. Since then, research into the area has increased dramatically.

Definitions

Nataraajan and Goff (1992) distinguish between compulsive buying (of goods), compulsive spending (of money) and compulsive shopping (browsing in shops without buying). This research will use the term compulsive buying for consistency with the majority of other research, but focuses upon the three experiences of shopping, buying and having possessions.

Dittmar, Long and Bond (2007) describe the consensus around three fundamental compulsive buying issues; firstly, irresistible buying impulses, secondly, loss of control when buying and thirdly, persistent buying despite problematic personal, social or employment consequences.

Compulsive buying is a preoccupation with buying defined as "impulsive, excessive and uncontrolled" (Dittmar, 2005b, p. 834). McElroy, Keck, Pope, Smith and Strakowski's (1994) description adds that its behaviours cause "marked distress, are time-consuming, significantly interfere with social or occupational functioning, or result in financial problems" (p. 247). O'Guinn and Faber's (1989) definition is that compulsive buying is "chronic, repetitive purchasing that becomes a primary response to negative events or feelings" (p. 155) and that it provides immediate

short-term gratification, but becomes hard to relinquish and ultimately harms the individual or others.

1.2.1 THE COMPULSIVE BUYER

Compulsive buying scales

The two most common screeners developed for assessing compulsive buying are Faber and O'Guinn's (1992) scale, widely used in the United States and the Valence, d'Astous and Fortier (1988) scale more popular in Europe and Canada. Dittmar et al. (2007) remark that the Valence et al. scale addresses all three core compulsive buying issues and can measure severity of compulsive buying. They observe that screeners focus more on compulsive buying behaviour than the impairment significant for a clinical diagnosis.

Manolis and Roberts (2008) compared the Faber and O'Guinn (1992), and the less widely used Edwards (1993) scales, concluding that the former was more suited to clinical diagnosis of compulsive buyers, and the latter preferable when identifying compulsive buyers from a general population. The Edwards' scale places consumers on a continuum from non-compulsive to recreational, borderline, compulsive and addicted buyers. Ridgway, Kukar-Kinney and Monroe (2008) have recently created a new measure of compulsive buying.

Typical compulsive buyer

Schlosser, Black, Repertinger and Freet's (1994) typical compulsive buyer was a 31 year old woman, with low to mid income and substantial indebtedness, whose onset for compulsive buying was at age 18 and who shopped alone, buying clothes, shoes and compact discs.

Christenson et al. (1994) found that compulsive shoppers tend to buy clothes, shoes, jewellery or make-up which often remains unworn and that their compulsive buying was more likely to be continuous than episodic. These two studies suggest that the frequency of binges ranges from once a month to several times daily. Faber (2000) contends that binge shopping is usually a reaction to some sort of setback, while Roberts (1998) found shopping frequency correlated with compulsive buying.

Scherhorn et al. (1990) added home wares and books to the categories bought and noted that compulsive buyers had preferred shopping avenues, for example, luxury shops, thrift shops or catalogues.

Women

The majority of research concludes that compulsive buyers are predominantly women; with percentages ranging from 74% (Hanley & Wilhelm, 1992) to over 93% (Black, Repertinger, Gaffney & Gabel, 1998). However, Faber et al. (1987) reported calls to a spenders self-help group being evenly split between the genders and Koran et al. (2006) found gender balance approximately equal (6.0% of women, 5.5% of men were compulsive buyers). They argue that women's greater willingness to seek treatment for compulsive buying, or choice of recruitment strategy, might have affected other research. Black (2007) posits that men who compulsive buy may see themselves as collectors not shoppers. Dittmar et al. (2007) found no significant gender difference in online buying. However, Dittmar (2008) remarks that current social representations of gender mean that shopping and buying play a larger role in women's lives and that (Dittmar, 2004) possession buying is more central to women's social and personal identity.

Dittmar (2004) describes women as enjoying the shopping process while men focus on the purchase. C. Campbell (2000) explains that women enjoy shopping because they see (non-food) shopping as leisure, while men see it as work. He observes that women, unlike men, enjoying browsing, and distinguishes between spendaholics, who enjoy buying, and shopaholics, who enjoy browsing. Campbell notes that women find shopping sociable, and compare aesthetic and functional qualities of purchases. Dittmar's (2008) research found that functionality of goods mattered equally to both genders, but mood and identity-related buying was stronger in women than men.

Evolutionary psychology

Evolutionary psychology offers an explanation why compulsive buyers are predominantly women. Miller (2009) discusses how the human desire to portray our biological fitness to survive and reproduce influences the goods we choose to buy.

His view is that our behaviour as consumers is affected by our early ancestors' need to secure a sexual partner, a social position and support from friends and family. Miller (2009) explains that, unlike most other species, human males carefully select their long-term female partners, thus women have to compete to attract higher-quality mates. Saad (2007) suggests that evolutionary factors drive the greater importance which women place upon their looks compared with men, because men seek young and beautiful female partners, while women want socially powerful male partners. Therefore, while young, women seek to emphasize their youth and beauty and, as they age, they try to maintain the appearance of youth.

However, Miller (2009) explains that humans have evolved with astute judgement concerning indicators vital to reproductive success such as age, health and fertility, thus making youth and fitness difficult to fake. However, he says that clothes and make-up are bought to try and appear youthful and desirable. Miller explains that the beauty which women seek through using cosmetics actually aims to emphasize facial indicators of fertility such as full lips, clear eyes, and glowing skin.

Saad (2007) criticizes the socialization explanation offered by consumer researchers for the finding that compulsive buyers are predominantly female. He suggests that disorders predominantly found in one gender, are "maladaptive manifestations of evolved sex-specific modules" (p. 259). He explains that, in evolutionary terms, it would make sense that compulsive buyers are predominantly women. Female compulsive buyers focus on purchases designed to improve their appearance, which Saad suggests is driven by the social cost of not looking attractive.

Age

Dittmar (2005a) found higher rates of compulsive buying among younger people, in line with d'Astous' (1990) research. However, Scherhorn et al.'s (1990) findings contradicted this. Dittmar (2008) distinguishes the main developmental task of adolescence as establishing an "autonomous identity" (p. 43).

Indicators of compulsive buying

Black, Monahan, Schlosser and Repertinger (2001) denote the following as predictors of compulsive buying severity; below median income, spending a greater proportion of income, avoidant personality disorder symptoms, depression, lower percentage of spending on sale purchases and lower likelihood of lonely or depressed mood motivation to buy.

D'Astous, Maltais and Roberge (1990) found significant positive correlation between adolescent compulsive buying and being female, peer influence, parental compulsiveness, parental divorce and generosity. They found negative correlation with communication with parents about purchases and rationality of purchase decisions.

Mowen and Spears' (1999) research showed that compulsive buying was associated positively with the Big Five personality trait of Agreeability and negatively with Big Five traits of Conscientiousness and Stability. They found evidence that arousal, which was indirectly associated with compulsive buying through materialism, was associated positively with extraversion and openness, and negatively with conscientiousness.

Compulsive buyer profiles

De Sarbo and Edwards (1996) suggest dividing compulsive buyers into two groups; those internally-motivated by psychological and predisposing factors such as low self-esteem, dependence, anxiety and impulsiveness, and externally-motivated buyers who are affected by circumstances such as materialism, coping, isolation and denial. Manolis and Roberts (2008) suggested using Edwards' (1993) scale to identify externally-motivated buyers since it correlates with materialism and status and using Faber and O'Guinn's (1992) scale to identify internally-motivated buyers since it correlates with attitudes toward money and status.

Boundy (2000) defines five types of compulsive buyer: self-esteem driven, bargain-hunters, stimulation-seekers avoiding difficult feelings, co-dependent and bulimic spenders. Benson (2008) identifies eleven categories of compulsive buyer; security-

seeking, avoiders, vengeful, love-seeking, self-soothers, image-conscious, society-conscious, post-trauma, lesser evil, control-seeking and seekers of meaning.

1.2.2 DIAGNOSIS AND COMORBIDITY

DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders) (American Psychiatric Association, 2000) includes compulsive shopping as a "Disorder of Impulse Control Not Otherwise Specified".

Obsessive - compulsive or impulse-control disorder

Goldsmith and McElroy (2000) review, from a psychiatric perspective, the diagnostic debate concerning whether compulsive buying is an impulse-control disorder (ICD) (Christenson et al., 1994; Schlosser et al., 1994) or related to obsessive-compulsive disorder (OCD). Hollander (1993) sees an overlap between impulse dyscontrol disorders and OCD. McElroy et al. (1994) contend that compulsive buying meets the definition for both OCD and ICD. Black et al. (2001) argue it may form part of an obsessive-compulsive spectrum while McElroy, Pope, Keck and Hudson (1995) suggest that ICDs (in which they include compulsive buying) are part of an affective-spectrum disorder which also includes OCD.

ICDs involve failure to resist an impulse to act in a manner harmful to the self or others (American Psychiatric Association, 1994). McElroy et al. (1994) claim that compulsive buying could be an ICD because it meets this criterion and involves anxiety pre-behaviour, and pleasure or relief during the behaviour. They also propose that buying urges could be seen as obsessions and buying itself as a compulsive action, thus it could be seen as OCD. Black et al. (1998) counsel however, against inclusion of compulsive buying as an obsessive-compulsive disorder (OCD) since neither their participants, nor their immediate relatives, suffered disproportionately from OCD.

Goldsmith and McElroy (2000) state that ICD actions are usually "more harmful, less senseless and more spontaneous" (p. 220) than those of OCD, adding that ICD behaviours are more frequently associated with enjoyment, excitement or stimulation, or relief from increasing anxiety. Goldsmith and McElroy observe that

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individuals with ICD may lack understanding of the consequences of their actions, find them logical and therefore difficult to stop. In contrast, OCD obsessions and compulsions generally relate to attempts to avoid perceived potential negative consequences; the actions are often perceived as pointless, can be resisted, and do not provide pleasure when performed.

Nataraajan and Goff's (1991) position is that an impulse is sudden and unplanned by definition, thus, if the intention in going shopping is to escape problems, then the shopping cannot be deemed impulsive. They argue that the acid test of whether buying is compulsive is whether it interferes with normal social, financial or work functioning. O'Guinn and Faber (1989) identify that compulsive purchasing is chronic, repetitive and used to cope with negative events or feelings. They found compulsive buyers showed higher levels of the personality trait of compulsivity than a control sample, but state that compulsive buying is not strictly compulsive since it is not ego-dystonic or against the will of the person. However, they note that "compulsion" is frequently used to describe urge-driven behaviours that cause long-term harm and discuss evidence for increasing prevalence of compulsions at high arousal (anxiety and stress) or low arousal (boredom). They describe short-term positive reinforcement encouraging the behaviour until it is experienced as beyond control or becomes a conditioned response.

Relationship between impulsive and compulsive buying

There is debate concerning the relationship between impulsive and compulsive buying. Kwak, Zinkhan, DeLorme and Larsen (2006) describe impulse purchases as "acute, product-focused and outcome orientated" (p. 61) and as remaining appealing even when financial consequences are regretted. This definition ties in with O'Guinn and Faber's (1989) proposal that "normal" impulsive buying is qualitatively different from compulsive buying since the first is motivated by a desire to own the purchases, while the second is motivated by a desire for reduced anxiety or enhanced self-esteem. They found materialism was higher in compulsive buyers but that it did not relate to desire for ownership but was linked to high envy and non-generosity.

Dittmar and Drury (2000) compared impulse and planned purchase, finding that impulse purchase involved buying without thinking, not considering the cost and being driven by reasons such as desire, wish for excitement, to counteract low mood or as a treat. Dittmar et al. (2007) argue that increasing levels of compulsive buying form a continuum which starts with the psychologically-motivated buying of non-compulsives at one end and ends with clinically compulsive buying at the other. D'Astous (1990) also believes that compulsive buying is part of a continuum, rather than qualitatively different from normal buying, with a gradual transition along the continuum towards becoming a compulsive buyer. Nataraajan and Goff (1991) suggests that compulsive buying is caused by a combination of high motive to shop and low control; both of which they see as existing along a continuum, therefore leading to degrees of compulsive buying.

Comorbidity

Research has found links between compulsive buying and other disorders; eating disorders (Christenson et al., 1994; Faber, Christenson, de Zwaan & Mitchell, 1995; Krueger, 1988; McElroy et al., 1994; Schlosser et al., 1994), substance abuse/dependence (Black et al., 2001; Christenson et al., 1994; Faber et al., 1995; Kwak et al., 2004; McElroy et al., 1994; Mitchell et al., 2002; Schlosser et al., 1994), mood disorders (Black et al., 2001; Frost, Steketee & Williams, 2002; McElroy et al., 1994), anxiety disorders (Black et al., 2001; Christenson et al., 1994; McElroy et al., 1994; Schlosser et al., 1994) including obsessive-compulsive disorder (Black et al., 2001; Frost et al., 1998; Frost et al., 2002; Mueller, Mueller et al., 2007), pathological personality variables or personality disorder (Black et al., 2001; Mitchell et al., 2002; Schlosser et al., 1994), impulse–control disorders (Christenson et al., 1994; McElroy et al., 1994; Schlosser et al., 1994) including pathological gambling (Black et al., 2001; Kwak et al., 2004; Schlosser et al., 1994). O'Guinn and Faber's (1989) compulsive buying participants discussed other compulsive behaviours such as work, exercise and sex excesses.

Faber et al. (1995) found links between binge eating disorder and compulsive buying, with the compulsive buyers more likely to have an eating disorder, suffer from negative body image and unhelpful weight change attitude than a control sample. Mitchell et al. (2002) however, found current and lifetime prevalence of

eating disorders comparable between compulsive buyers and their control sample, with equal concern about weight and body shape.

Mueller, Mueller et al.'s (2007) study found high levels of current and lifetime non-hoarding OCD (24% and 30%) in compulsive buyers. While not all compulsive buyers hoard; they found that those who do, showed more severe OCD and higher levels of current affective, anxiety and eating disorders than non-hoarding compulsive buyers. Frost et al.'s (2002) research supported this, finding compulsive buyers more likely than controls to hoard, although not all compulsive buyers hoard. Frost et al.'s (1998) research found links between compulsive buying and both compulsive hoarding and obsessive-compulsive symptoms, particularly those relating to problems with undesirable thoughts and decision-making.

Black et al. (1998) discovered that first degree relatives of compulsive buyers were more likely than a control group to suffer from depression, psychiatric or substance use disorders and found some evidence that compulsive buying may run in families. McElroy et al. (1994) found high prevalence of mood disorder in first degree relatives.

McElroy et al. (1994) make the important point that the prevalence of psychiatric disorders reported among compulsive buyers may relate to samples taken from psychiatric in or out-patient units. Benson and Gengler (2004) concur, adding that self-identified compulsive shoppers, who are not psychiatric patients, show far lower rates of psychiatric disorder.

DSM-V

Hollander and Allen (2006) discuss the implications of compulsive buying becoming diagnosable according to DSM–V, due for release in 2012 (APA, 2009). They consider its possible inclusion under behavioural addictions and suggest that inclusion in DSM facilitates future research, through agreed definition criteria, and increases clinical interest.

Addiction

Brazer (2000) and Dittmar (2005b) see compulsive buying as a process addiction and Harris (2000) suggests that the advantage of the addiction lies in its provision of immediate cessation from painful emotions. Holden (2001) notes that the term "addiction" was historically used only in relation to substances, however, current thinking acknowledges that individuals can become addicted to behaviours. Neural circuits adapt so that mechanisms designed to reward survival behaviours such as food and sex, begin to reward other behaviours with an addictive "high". Scherhorn (1990) sees compulsive buying as an addiction because it involves something initially desirable. He suggests that addiction first takes the person's attention and then prevents satisfaction being found elsewhere. It initially boosts, and then undermines, self-esteem, resulting in a vicious circle.

Hirschman (1992) suggests a general model of compulsive consumption and describes two personality types of drug addict and alcoholic; "distressed" (p. 157) who use substances to cope with negative feelings such as anxiety and depression and "sociopathic" (p. 157) who seek stimulation and instant pleasure. Although these types have not been applied to compulsive buyers, there have been findings of compulsive buyers shopping for mood regulation and stimulation.

Several writers (Faber, 1992; Goldman, 2000; Harris, 2000) highlight the problem where one addiction is controlled, simply to be replaced with another. Barth's (2000) explanation is that both compulsive buying and eating disorders are used to cope with feelings experienced as difficult to express. Another possibility is that underlying biological susceptibility may exist, therefore indicating that the goal of treatment should be to reduce compulsivity itself.

Why buying rather than another addiction?

Catalano and Sonenberg (1993) called compulsive buying the "smiled-upon" (p. 17) addiction; the economy depends upon consumption, and compulsive buying has a history of being mocked or even drawing compliments (Brazer, 2000). Scherhorn et al. (1990) suggest women choose compulsive buying as their addiction because it resonates with their traditional role, is legal and socially accepted, does not involve

personality change and can remain secret until financial ramifications impinge. Elliott (2000) describes shopping as "a socially acceptable alternative to alcohol or drugs for mood repair" (p. 185) that leaves no bodily marks, while Riddy (2000) speculates that cultural acceptance enhances shopping's appeal to those who are not social rebels.

Why clothes?

According to Dittmar (2008), clothes are the easiest way to designate group membership and lend themselves to identity creation. Golden (2000) contends that clothes lend themselves to compulsive buying because of their "metaphoric richness" (p. 152), proximity to "magical thinking" (p. 152) and importance as a transitional object, being both self and not-self simultaneously. She writes that clothes provide something to hide behind, tell others something about us, and, for those lacking self-knowledge, they can be used to try and discover the self; thus in choosing clothes we "invest them with meaning and power" (p. 137).

1.2.3 POTENTIAL EXPLANATIONS FOR COMPULSIVE BUYING

Identity

Corbett (2000) interviewed "ordinary" women shoppers and found that 51% shop to make themselves feel better about their appearance. She argues that new clothes, by improving appearance, make women feel more loveable and confident with higher self-esteem; however, she notes the inherent lure towards excessive shopping to increase the effects.

Wicklund and Gollwitzer's (1981) symbolic self-completion theory suggests that when an individual is unhappy with an aspect of their self-concept, they want to compensate for it, which Braun and Wicklund (1989) indicate might be attempted through prestigious possessions related to that identity. Thus individuals, insecure in an identity, choose consumer goods that are symbols of what they feel they lack. People strive towards an ideal self and Higgins (1987) contends they feel depressed and motivated to act when the discrepancy between ideal self and current self-image is experienced as high. Dittmar (2005b) believes that compulsive buyers have high

self-discrepancies, since studies show that they have low self-esteem and are culturally influenced to try and amend their identity through purchasing goods.

Dittmar's (2008) view is that the media dictates our aspirations by showing consumer goods together with ideal people living the perfect life; since we desire the lifestyle, we buy the goods which we have been taught are required. Shopping sells more than possessions; it sells hope of a better life and a transformation into someone to admire. Dittmar makes the important point that traditionally identity was inherited via "community, class, religion, family or nationality" (p. 12) whereas it is now subject to individual influence, thus it is "achieved" (p. 12) rather than "ascribed" (p. 12). However, this causes inherent anxiety about making the wrong choices. As Dittmar says, idealised media identities are unachievable, but individuals still believe that acquiring goods will communicate our identity and help move us from our actual towards our ideal identity. Dittmar cautions that well-being suffers when too much emphasis is placed upon identity-seeking through acquiring possessions and when materialistic values prevail.

According to Dittmar (2004, 2005b) female compulsive buying is predicted by two factors; materialism and discrepancy between ideal and actual self. She denotes anticipated identity gains towards an ideal self, which predict compulsive buying, as "an extreme form of identity seeking" (2005b, p. 855). She explains that a cultural link exists between shopping and how women see themselves socially, personally and in gender terms; hence shopping can be used for identity repair by women (2005b).

Catalano and Sonenberg (1993) discuss the inherent danger that individuals will confuse how they see themselves with how others see them, leaving their self-worth dependent upon their material possessions. Dittmar (2008) relates this to Mead's (1934) symbolic interactionism, whereby individuals develop identity through learning to take another's perspective on themselves, and then learn to take a generalised perspective. Thus material goods with symbolic meaning, such as status, are seen to confer kudos on the owner of them. Dittmar argues that we consume the symbolic meaning as much as consuming the possession itself.

Baumeister (1991) notes that people are aware of others' expectations, and want to present a favourable image, but may suffer negative emotions if they feel they have failed to meet others' standards. According to Elliott (1994), the "postmodern condition is a pathology of personal identity" (p. 164). He discusses a vulnerability to influence from others and a preference for image-based over function-based product advertising within compulsive buyers. Shrum, O'Guinn, Semenik and Faber (1991) found evidence that heavy television viewing led to over-estimation of average levels of wealth and possessions while Roberts (1998) found that television watching positively correlated with compulsive buying.

Elliott (2000) posits that, for some consumers, compulsive buying is not about relieving negative feelings, but is a creative process of building and maintaining their identity, gaining a feeling of control over an aspect of their lives and perhaps over their partner. Firat (1992) discusses the fragmented self as one where an individual does not seek a coherent, authentic identity, but is instead playful with different images. The self is chosen to fit the occasion and the company in order to make the best impression and to enable the individual to feel positive about themselves.

Self-esteem

Elliott (1994) found a strong negative relationship between self-esteem and compulsive buying. Furthermore, some of his participants had always lacked self-esteem while others' low self-esteem emanated from their inability to control their shopping and its problematic consequences. His participants were split between those who were highly successful individuals whose shopping was their one aberration, and those who seemed unhappy and struggled to cope with life. His conclusion is that self-esteem problems may be caused by shopping for the former, while they may pre-date the condition for the latter.

D'Astous (1990), Elliott (1994), Hanley and Wilhelm (1992), Riddy (2000), Roberts (1998), Scherhorn et al. (1990) and Yurchisin and Johnson (2004) all found a negative relationship between self-esteem and compulsive buying. O'Guinn and Faber (1989) found evidence that self-esteem benefits of shopping were more important to compulsive buyers than desire for ownership. Faber (1992) believes that compulsive buyer purchases (clothes, jewellery, make-up, collectables) are

linked to self-esteem since they influence how one looks or perceives oneself; additionally they often involve discussions with sales personnel which may help build self-esteem. Hanley and Wilhelm (1992) suggest purchases are either "congruent with one's self-image or congruent with an image that one wishes to portray" (p. 8). Thus, if a purchase draws compliments, or the act of buying increases self-esteem, therein lies temptation to repeat spending when self-esteem is next low.

Goldman (2000) argues that compulsive buyers do not believe they are loveable or worthy of respect and are particularly concerned with others' perceptions of them. Krueger (1988) agrees, his compulsive buyer clients were particularly concerned with their appearance, and their self-esteem was based upon the opinion of others. They needed to feel attractive in order to get affirmation, and used things to fill their emotional void.

Corbett (2000) writes that women generally suffer a more negative body image than men and are socialised to place more importance on their appearance than men which reduces their self-esteem and makes them question their lovability. She describes women who feel they must change their appearance and their behaviour to please others and are thus unable to maintain a stable sense of self. Krueger (1988) observes that shopping binges are experienced as an overwhelming need and desire to feel real, with the underlying problem being "the absence of a stable internal self-image" (p. 581).

Materialism

Dittmar (2005b), the foremost author in this field, identifies materialism as the second precipitating factor, after identity-seeking, towards compulsive buying. Her research found that materialistic values were strongly predictive of compulsive buying and also predicted the importance of seeking the ideal self as a motivation to buy. Dittmar argues that compulsive buying needs to be understood in the context of Western, consumer societies that encourage and need people to shop. She states that increased disposable income and access to credit have enabled individuals to spend more on consumer goods which have gained importance in their lives.

Richins and Dawson's (1992) Materialistic Values Scale measures the importance of possessions to the individual and beliefs about the role of goods in three areas; life goals ("acquisition centrality"), success ("possession-defined success") and happiness ("acquisition as pursuit of happiness") (p. 304). Their research linked more materialistic values with greater desired income and more emphasis on financial security, more spending on self, but less on others, and less satisfaction with friends, family and life overall. Dittmar's (2005b) position is that materialistic values mean that an individual sees material goods as defining sources of identity.

Dittmar et al. (2007) now propose a model whereby materialism is the general predictor for compulsive buying and operates through emotional and identity-seeking motivations. They found evidence that materialism encourages compulsive buying online in young people, because it leads to psychological buying motives where both emotional and identity-related benefits are sought through consumption. They suggest that this may replicate in store-based compulsive buying, though this is currently untested.

Other authors concur, finding evidence linking materialism and compulsive buying; Frost, Kyrios, McCarthy and Matthews' (2007) research showed that ambivalence and uncertainty about self were correlated with both compulsive buying and materialism. Yurchisin and Johnson (2004) found that compulsive buying among young adults was positively associated with materialism, clothing product interest, and the status given to buying. Rose (2007) found that narcissism and compulsive buying are associated, but that materialism and impulse control mediate this relationship. He suggests that narcissists' love of money and luxury, desire to impress others and impulse control problems put them at risk of developing spending problems.

Studies, such as those reviewed in Kasser and Kanner's (2004) work, indicate that low self-esteem and low subjective well-being (SWB) are linked with materialistic values. Kasser (2004) talks of the "goods life" (p. 56) wherein society tells us that happiness and well-being can be bought. He contrasts the extrinsic goals of consumer culture, (where rewards are external and relate to possessions and status) with intrinsic goals (including personal development, relationships and community) which he suggests are more likely to create happiness and well-being.

Financial motivation

Gardarsdottir, Jankovic and Dittmar (2008) looked at money motives and their effect on SWB; in the UK, they found that if money is sought for success then SWB increases, however if it is sought to increase happiness or to ameliorate self-doubt then SWB decreases. They suggest that identity problems and materialism go together in reducing SWB and both may be factors in compulsive buying.

Carver and Baird (1998) found that, while SWB was negatively correlated with money motivation overall, it was positively correlated with internal motivation (relating to pleasure or values) and negatively correlated with external motivation (relating to guilt, social approval, reward or punishment). Srivastava, Locke and Bartol (2001) divided money motivations into positive (meeting needs, assessing achievement), negative (comparison with others, power-seeking, reduction of self-doubt) and freedom of action (spending money as one wants). Only negative motives (when an individual uses money to influence others' perception of them) correlated negatively with SWB. They concluded that pursuing money causes problems when it is asked to do that which it cannot, like buy love or character or improve self-esteem. Hanley and Wilhelm (1992) investigated money beliefs and found that compulsive buyers were more likely than a control group to see money as a panacea for problems and to unfavourably compare themselves financially with others. They were also more prone to spending designed to flaunt status or power and less likely to be conservative with money. Boundy (2000) suggests that money can appear to provide the security which individuals either cannot find in their relationships, or lack in their self-belief.

Childhood, upbringing and other relationships

Riddy (2000) surveyed 27 self-identified addicted shoppers, the research was conducted in a psychotherapy department thus anticipation of receiving therapy may have attracted the volunteers. All of the respondents prepared to discuss their upbringing had experienced childhood problems, ranging from an absent, depressed or shopping-obsessed mother to teenage rejection or a highly argumentative family. Rindfleisch, Burroughs and Denton (1997) found evidence that young adults from disrupted families were more likely to be compulsive buyers than those raised in

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intact families. Riddy's research found compulsive buyers had problems relating to power and control; she argues that one advantage of shopping is the temporary feeling of control it conveys. Krueger (1988) described a client who felt she lacked an individual identity but found that spending money conferred power and confidence upon her.

Riddy (2000) discussed that all her participants bar one, were either not in a relationship or in a fundamentally flawed relationship. Riddy found that several of her participants' partners suffered from addiction, generally to alcohol. Riddy's conclusion was that her participants experienced shopping as a "reward, a compensation or an escape" (p. 180) which she relates to a lack, or unhappiness, elsewhere in their lives, predominantly in their relationships. O'Guinn and Faber (1989) note that compulsive buyers shop partly to meet their need for interaction and relationships, but their behaviour often pushes away family and friends.

<u>Mood</u>

Faber and Christenson (1996) observed that compulsive buying helps sufferers regulate their mood. They found that compulsive shoppers reported a greater variety of moods before shopping than a control group. During shopping, compulsive shoppers were more likely than the comparisons to feel positive mood; and more likely to experience mood change (predominantly improved mood) after buying, compared with the controls. The compulsive buyers were also significantly higher on depression and anxiety measures.

Faber and Christenson (1996) offer an operant conditioning explanation for compulsive buying, whereby it is used to improve negative mood, and succeeds in so doing (positive reinforcement) which then encourages repeated compulsive buying when negative emotion is next felt. This self-medication however, can lead to remorse after shopping, another negative emotion, which is then soothed by shopping, in an ever-increasing cycle.

Babin, Darden and Griffin (1994) found that compulsive buying correlated with hedonic pleasure while shopping, but not utilitarian value from usefulness of

purchase. They suggest that compulsive buyers' shopping goal was often mood improvement.

Cognition

Kyrios, Frost and Steketee (2004) discovered that compulsive buyers' cognitions included beliefs that possessions would help self-esteem, identity and mood problems and "compensate, reward or neutralize negative feelings" (p. 253). They found that compulsive buyers had emotional rationales for product purchase, gained security from product ownership, were concerned about controlling their purchasing behaviour, had perfectionist tendencies and found decision-making problematic. Faber (2000) supports the link between compulsive buying and perfectionism.

Faber (2004) suggests a cognitive explanation for compulsive buying based upon Baumeister's (1991) Escape Theory. This proposes that, for some individuals, self–awareness is so painful that they seek to block it out through focusing exclusively on the sensory environment. The theory suggests that individuals, who start with unrealistically high expectations of themselves and then fail to meet them, suffer from low self-esteem, depression and anxiety. As these feelings are painful, to avoid them, the cognitive arena is narrowed to the immediate environment, and future consequences are ignored (Heatherton & Baumeister, 1991; Heatherton & Vohs, 1998). Heatherton and Vohs (1998) suggest the self-awareness is particularly distressing when the current and ideal self diverge widely.

Bearden, Money and Nevins (2006) indicate that individuals with short-term orientation are less likely to plan, instead making decisions based upon current desires and ignoring future consequences; thus they buy now and do not worry about paying later. Their research found a negative correlation between compulsive buying and planning. Elliot (1994) notes that immediate consequences influence behaviour more than future ones, such that unpleasant consequences may be ignored. Spinella, Yang and Lester (2007) offer the possibility that those with compulsive buying tendencies struggle with impulse control, organization and planning, and may suffer a "pervasive pattern of finance mismanagement" (p. 310).

Debt and income

O'Guinn and Faber (1989) found that compulsive buyers had higher levels of debt load than their control group while 75% of Christenson et al.'s (1994) participants had suffered financial distress because of their buying. D'Astous (1990) and Roberts' (1998) both found a strong relationship between high credit card use and compulsive buying. O'Guinn and Faber's (1989) compulsive buyers were likely to have a higher number of credit cards than non-compulsive buyers, which Koran et al. (2006) did not find. However, both sets of researchers found compulsive buyers less likely to pay their cards off in full each month, and more likely to have their cards close to their limit, than control participants.

Koran et al.'s (2006) compulsive buyers were more likely than controls to have lower income, while d'Astous' (1990) research suggests that middle income earners are most likely to buy compulsively. However, O'Guinn and Faber (1989) and Scherhorn et al. (1990) found no relationship between income and compulsive buying. Scherhorn et al. proposed that higher income facilitated longer concealment of compulsive buying.

Psychodynamic and existential explanations

Krueger (1988) argues that compulsive buyers use shopping as a panacea against emptiness and depression caused by the breaking of an emotional bond. He posits that the parents of some compulsive buyers would give possessions, money or food as a substitute for childhood emotional support. These compulsive buyers continue to spend to prove to themselves that others (parents or spouses) will look after them by paying their bills which, for them, equates to love. Thus, he argues that shopping is used to self-soothe, fill the inner emptiness and heal emotional deprivation. Pearmain (2000) believes that compulsive buyers seek satisfaction, however since possessions cannot give satisfaction, more and more are purchased. She suggests that acquisition soothes and is an attempt to fill inner emptiness.

Lawrence (1990) suggests that self-gifting proves to an individual that they are worthy of love, and expensive purchases indicate their worth; the purchase fills a void and gives temporary pleasure, but this fades, necessitating further buying. She

postulates that purchases overcome existential angst about death since the "object lends the individual a future" (p. 68) through intention to use it. Csikszentmihalyi (2000) suggests that shopping can fill an "existential vacuum" (p. 270) and that individuals hope, through possessions, to avoid the fear of not being. Du Plock (2000) surmises that buying for others can combat the fear of their not being.

Cross-cultural findings relating to compulsive buying

Much of the research has been done from a Western perspective of an individualistic culture; Dittmar (2008) discusses the growing literature which suggests that there are cross-cultural differences. Several pieces of research have compared South Korean and American compulsive buyers showing varying degrees of cross-cultural similarity. These suggest that compulsive buying comprises two dimensions in South Korea, but only one in America (Kwak, Zinkhan & Crask, 2003); that impulsive buying is moderated by normative evaluation of socially and morally acceptable behaviour in both South Korea and America (Kwak et al. 2006); that there are significant relationships between the traits of obsessive thoughts and risk-taking tendencies and compulsive buying in South Korea and the USA (Kwak et al., 2004) and that compulsive buyers held unfavourable attitudes towards advertising in both the USA and South Korea, but that this effect was only reduced by heavy television watching in Korea (Kwak, Zinkhan & DeLorme, 2002).

Mueller, Mitchell et al. (2007) compare psychiatric comorbidity between German and American compulsive buyers finding evidence that cultural differences may exist between those presenting for treatment in different Western countries. However, they suggested that cultural factors such as likelihood of seeking treatment, willingness to discuss symptoms and different clinical diagnostic thresholds may also be influential.

1.2.4 SHOPPING, BUYING AND HAVING

One important question concerns whether the motivation for compulsive buyers is the shopping experience itself, the act of buying or ownership of the goods. Black (2007) suggests shopping comprises four stages; firstly, daydreaming and the desire

to shop, then getting ready to shop and perhaps researching the product, thirdly, the shopping itself and lastly, the purchase and possible post-purchase deflation.

Shopping

Cognitive narrowing sees the shopping experience as important, in terms of the sensory stimulation needed to block out self-awareness. Tauber (1972) found that the experience of shopping can stimulate the senses, be social, lift mood, counteract loneliness and be a chance to have power or status. Pearmain (2000) indicates that we feel our purchases absorb the atmosphere wherein they were bought, so that the more we enjoy the atmosphere, the better we feel about the goods bought.

The shopping event itself is an opportunity for sensory experience and Uzzell (1995) found that the environment (lighting, noise and stuffiness) and "sufficient personal space and social atmosphere" (p. 304) were more important to shoppers than the quality and variety of shops available in a shopping centre. Pearmain (2000) believes that the shop itself is a fundamental part of the shopping experience. People may seek sensory experience and spaciousness in a shop and Herzog (1989) suggests a preference for environments providing coherence, mystery and nature. Shops may provide a "sense of inclusion, warmth, shelter, stimulus and contact" (Pearmain, 2000, p. 143). Dittmar (2008) compared conventional and internet shopping, finding the ability to touch the product to be important in shops as was the atmosphere and social element of shopping.

Schlosser et al. (1994) found that compulsive buyers would rather shop alone. Riddy's (2000) possible explanation is that shopping alone means that compulsive buying can remain hidden, with the volume of other shoppers providing anonymity. Rook and Fisher (1995) suggest that shopping alone may free the individual to buy impulsively because there are not known others watching.

Buying

As Elliot (1994) remarks, the actual act of buying can give buyers intense pleasure. Holden (2001) adds that addiction-based models, which assume chemical reactions to buying, would support the idea that it is the act of buying which drives the

compulsive buyer. Dittmar et al. (2007) discuss four main types of buying motive; functional/economic and three psychological motives; "social-experiential, emotional and identity-related benefits" (p. 338).

Having

James (1890) wrote that "a man's Self is the sum total of all that he CAN call his" (p. 291) and includes in his list both animate and inanimate objects, suggesting that if they do well, he feels happy, if not, he is sad. Richins (1994) discusses the personal and public meanings of possessions, reviewing research on what possessions communicate about the individual's identity and their social relationships. Belk (2000) intimates that we see our possessions as part of ourselves; together they become our extended self. However, he comments that the more possessions are used to define the self, the greater the inner sense of emptiness may be.

Dittmar (2008) discusses the idea that possessions can fulfil a function or be a symbolic part of the individual, representing their history, their interests, their relationships or their material success and thereby their social and personal identity. Dittmar (1992) found evidence that the same man and woman were perceived as more intelligent, assertive and commanding when surrounded by expensive possessions than when surrounded by average possessions.

1.2.5 THERAPEUTIC AND OTHER TREATMENT FOR COMPULSIVE BUYING

Assessment

Black (2000) suggests assessing compulsive buyers using McElroy et al.'s (1994) impairment criteria. He would use general questioning to define the behaviour then more specific questions concerning onset, frequency and purchases (where, when and with whom and how much is spent). He advises exploration of shopping-related emotions and consequences and the client's view of causes. Black stresses the importance of firstly, investigating for other comorbid psychiatric conditions and

secondly, ruling out other diagnoses that might have compulsive buying symptoms such as neurological disorders or bi-polar.

Pharmaceutical treatment

Black (2007) provides a comprehensive overview of research testing the treatment of compulsive buyers using medication. Black reveals mixed results, with some success, but also high placebo response rate. Drug treatment will not be further discussed in this research since counselling psychologists do not prescribe medication.

Therapy and implications for the therapist

Benson and Gengler (2004) review the self-help and treatments available to compulsive buyers including medication, individual, couple and group psychotherapy and Debtors Anonymous. They caution therapists to be aware of their own issues with low self-esteem, under-earning or dysfunctional buying behaviour, lest they miss signs of compulsive buying or collude with clients through being uncomfortable discussing money.

Individual therapy

Benson and Gengler (2004) note that compulsive buying generally emerges through the therapy process rather than being the referral problem. Murray (2000) took one year to tell her therapist about her shopping issues, partly through shame and partly fearing that the therapist would remove her credit cards.

Benson and Gengler (2004) suggest that psychotherapy focuses on the underlying issues of compulsive buying, for example narcissism, dependency, intolerance of, and prevalence of, negative affect and feelings of emptiness. They stress the importance of recognising shopping's effectiveness in managing negative affect short-term and therefore how difficult the behaviour is to relinquish. In tandem with examining underlying causes, they recommend a programme to monitor and control compulsive buying throughout its stages which they believe are stimuli, emotions, cognitions, actions, consequences and meaning.

Richards (2000) recommends that treatment should help clients understand what shopping can and cannot do, namely that it cannot provide love or intimacy. Elliott (1994) advocates using functional analysis to explore the purposes compulsive buying serves for an individual and then addressing these using a cognitive-behavioural framework. He advises that therapy include assertiveness, self-image and mood repair work.

Kellett and Bolton (2009) outline a proposed cognitive-behavioural formulation and treatment for compulsive buying. They suggest four stages in compulsive buying: firstly, the precursors, then triggers, both internal and external, thirdly, buying itself and finally post-buying. They propose that compulsive buying be thought of as a vicious cycle involving recurring breakdown in regulation of the self. They present a case study to illustrate their theory and the cognitive-behavioural interventions which they implemented based upon their formulation of the problem.

<u>Couple, family and group therapy</u>

Mellan (2000) discusses the impact of compulsive shopping on couples. She describes three money types: spenders, hoarders and bingers (part spender, part hoarder) explaining that spenders and hoarders often form co-dependent relationships. Park, Cho and Seo (2006) wrote that "dysfunctional communication and extreme stress in the family could cause compulsive buying" (p. 248); however, therapeutic work concerning communication and relationships within the family, were effective in tackling the problem.

Benson and Gengler (2004) list benefits which compulsive buyers gain from group work including sharing experiences, learning from others at different recovery stages and realising that they are not alone. Several researchers have reported the results of group work with compulsive buyers. Paulsen, Rimm, Woodburn and Rimm's (1977) self-control behavioural programme resulted in reduced spending compared with their control group while Rodriguez-Villarino, Otero-Lopez and Rodriguez-Casto (2001, as cited in Benson & Gengler, 2004) used media education and exposure techniques to help compulsive buyers. Burgard and Mitchell (2000) describe a treatment plan focused on compulsive buying current and maintenance factors rather than antecedents. It includes interventions relating to restructuring

thoughts, assertiveness, stress and self-esteem in addition to those focused exclusively on shopping behaviours. Mitchell, Burgard, Faber, Crosby and de Zwaan (2006) used this framework for a study which reported significant improvement in compulsive buying behaviours.

Self-help: bibliotherapy and Debtors Anonymous

Self-help books for compulsive buyers include Catalano and Sonenberg (1993) and Benson (2008). Levine and Kellen (2000) explain that Debtors Anonymous (DA) is a self-help organisation based upon group work, which sees debting as an addictive disease and involves debtors working a twelve step programme modelled upon Alcoholics Anonymous. Several writers (Benson & Gengler, 2004; Brazer, 2000; Goldman, 2000; Levine & Kellen, 2000) suggest that DA may help clients in therapy for compulsive buying.

Figure 1 overleaf summarizes and critiques the various psychological and theoretical explanations offered for compulsive buying.

Figure 1: Table of psychological or theoretical explanations for compulsive buying in women

Proposed explanations for compulsive buying	Primary proposers of theory	Outline of proposed theory of compulsive buying	Critique of proposed theory
Economic	Cushman (1990); Csikszentmihalyi (2000); Dittmar (2008)	Economy depends on consumption so society encourages compulsive buying. The "empty self" consumes, attempting to fill the void within.	Evidence exists for the spending but not for the explanation given.
Evolutionary	Saad (2007); Miller (2009).	Women use clothes to make themselves more attractive to secure the best mate available.	Does not lend itself to empirical testing.
Personality	Mowen & Spears (1999)	Compulsive buying is positively associated with agreeability (directly) and extraversion and openness (indirectly). It is negatively associated with stability (directly) and conscientiousness (directly and indirectly).	Correlation does not imply causality. The factors may be correlated but this does not explain how one impacts upon the other, simply that they co-exist.
Impulse control disorder (ICD)	McElroy et al. (1994)	Meets ICD criterion of 1) failure to resist impulse harmful to self/others, 2) involves anxiety pre-behaviour and 3) pleasure during the behaviour.	No evidence to prove whether it is an ICD. No decision re classification made pending DSM-V publication.

Proposed explanations for compulsive buying	Primary proposers of theory	Outline of proposed theory of compulsive buying	Critique of proposed theory
Obsessive compulsive disorder (OCD)	McElroy et al. (1994)	Buying urges could be seen as obsessions and buying itself could be seen as a compulsive action	No evidence to prove whether it is OCD. No classification decision made pending DSM-V publication.
Addiction	Hollander & Allen (2006); Brazer (2000); Dittmar (2005b); Scherhorn (1990)	Compulsive buying as socially-acceptable process addiction. Neural circuits adapt so that shopping behaviour gives addictive "high".	No research evidence; theory based upon similarities noted between compulsive buying and other addictions.
Social psychology: Identity-seeking	Dittmar (2005b, 2008)	High discrepancy between ideal and current self image. Compulsive buying as identity seeking and identity repair. Media shows us an ideal identity to aspire to.	Self-discrepancy found to be significant predictor of compulsive buying tendency. Research done with UK women, so not generalizable.
Person-centred: Identity-seeking	Elliot (2000)	Creative process of building identity and gaining control over one aspect of their lives.	No empirical evidence for creativity theory and case study evidence for control theory.
Low self-esteem	Elliott (1994); Faber (1992); Hanley & Wilhelm (1992); O'Guinn & Faber (1989)	Seeking to bolster low self-esteem through the process of buying or owning purchases (particularly those affecting appearance or self-perception).	Elliott (1994): Strong relationship between low self-esteem and compulsive buying. Correlation does not imply causality. Small UK sample so not generalizable.

Proposed explanations for compulsive buying	Primary proposers of theory	Outline of proposed theory of compulsive buying	Critique of proposed theory
Lack of sense of self	Krueger (1988)	Desire to feel real, due to underlying lack of stable image of self.	Case study evidence only for the theory, so not generalizable.
Social psychology: Materialism	Dittmar (2005b)	Materialistic values mean the individual sees possessions as defining sources of identity.	Materialistic values predict compulsive buying, both directly and via ideal-self buying motivation. UK research sample, so not generalizable.
Childhood influence	Riddy (2000)	Childhood problems common in compulsive buyers. Control sought by compulsive buyers and provided by the shopping experience.	Theory is based upon interviews with a small UK sample of 27 participants. No statistical evidence and not generalizable.
Relationship issues	Elliot (2000); Riddy (2000)	Elliott (2000): Compulsive buying gives some control over partner. Riddy (2000): Shopping provides recompense for, or a refuge from, problems in life, especially in relationships.	Elliott (2000): Theory based upon case study research so not generalizable. Riddy (2000): Theory is based upon interviews with a small UK sample of 27 participants. No statistical evidence and not generalizable.

Proposed explanations for compulsive buying	Primary proposers of theory	Outline of proposed theory of compulsive buying	Critique of proposed theory
Mood regulation	Faber & Christenson (1996)	Compulsive buying helps individuals regulate mood. Compulsive buyers report greater variety of mood pre-shopping, more extreme mood during shopping and mood change after buying.	Research sample was American, so results cannot be generalized. That compulsive buyers' moods during shopping differ from controls' experience does not prove that mood is responsible for compulsive buying.
Operant conditioning	Faber & Christenson (1996)	Compulsive buying is used to improve negative mood. It succeeds (positive reinforcement) which encourages further compulsive buying when negative emotion is next felt.	No research evidence offered; the theory is extrapolated from research about a variety of excessive or addictive behaviours.
Cognitive: Escape Theory	Faber (2004) adapting Baumeister's (1991) Escape Theory to compulsive buying	Compulsive buying provides an escape from everyday life. Individuals fail to meet their unrealistically high standards, so use compulsive buying to narrow cognitive awareness to escape to the immediate sensory environment.	No empirical evidence offered by Faber (2004) for the Escape Theory explanation for compulsive buying.

Proposed explanations for compulsive buying	Primary proposers of theory	Outline of proposed theory of compulsive buying	Critique of proposed theory
Psychodynamic I	Krueger (1988)	Compulsive buying as a panacea against emptiness and depression caused by breaking of an emotional bond. Compulsive buyers' parents gave money or possessions instead of emotional support in childhood.	No empirical evidence. Theory based upon case study information.
Psychodynamic II	Lawrence (1990)	Self-gifting proves that the individual is worthy of love, purchase fills a void and gives short-term pleasure. Buying overcomes existential death angst by lending the individual a future through intending to use the product.	Explanation based upon psychodynamic theory rather than empirical evidence.
Cognitive-behavioural	Kellett & Bolton (2009)	Compulsive buying formulation including early experience, triggers, buying and post-purchase effects.	Individual case example rather than statistical analysis used to support the theory.

CHAPTER 2: METHODOLOGY

2.1 INTRODUCTION

My research aims were to explore the subjective experience of compulsive buyers and therefore to help inform counselling psychologists working with this client group. I hoped that my participants would share some details of their personal history, their world view and their shopping-related attitudes which might help contextualize their behaviour. Since compulsive buying is a growing area and not as well established as other issues that might present in a counselling psychologist's room, I was keen to examine as many aspects of this phenomenon as possible.

In order to do this effectively, I needed to encourage my participants to be honest about the thoughts and emotions related to their shopping behaviours. Since shopping is as embedded in the world as anything could be, I needed to recognise that socio-cultural influence in my research. Research methods which emphasize embodiment were particularly relevant because, as the clothes and accessories bought by compulsive buyers are used to dress the body, I sought to use a research methodology which allowed my participants to explore the implications of that.

2.2 IPA: A QUALITATIVE RESEARCH METHODOLOGY

Reasons for choosing qualitative not quantitative research

Quantitative research is best suited to testing theories, laws or hypotheses. The epistemological foundation of quantitative research methods lies in empiricism and positivism whereby objective methods such as measurement are applied by a detached scientist and then subjected to statistical analysis. The objective is to generate universally applicable laws. However, Nelson and Quintana (2005) suggest that the process of having a priori hypotheses influences the data collected and can preclude unexpected data from being gathered. They describe the emphasis in quantitative research as being upon confirmation whereas qualitative research focuses on discovery.   As a counselling psychologist in training, I felt that a qualitative methodology fitted better with my viewpoint because, in our clinical

work, we seek to help our clients discover a way to change rather than looking to confirm a diagnosis.

Qualitative research aims to explore data in all its richness rather than to test hypotheses empirically. It lends itself better than quantitative research to detailed exploration of a topic about which relatively little is known. Ponterotto, Kuriakose and Granovskaya's (2007) study states that qualitative research gives insight into the "deep emotional and cognitive experiences of clients" (p. 463) and enables a more thorough understanding of their experiences. Nelson and Quintana (2005) commend the fact that qualitative approaches explore the social and cultural context of participants' experience which quantitative approaches are less able to do. Since my research question involves a topic, compulsive buying, which is highly context-dependent, this makes qualitative a better choice of methodology for my study.

Qualitative research concerns itself with collecting and analysing non-numerical data. A variety of epistemological positions can be accommodated within qualitative research. Interpretation is a key element. The qualitative researcher seeks understanding of how participants see reality; their view is of individuals as active agents. There is an ambition to describe rather than explain. The researcher seeks to look at the meaning of the participant's experience in the light of context and complexity.

Lastly, from a personal point of view, I agree with Ponterotto et al. (2007) and think that qualitative research can be easier to read and digest and is therefore accessible to a wider readership. This is appealing to me since I should like to share the insights which I have found.

Evaluating different qualitative methods

Different qualitative methodologies suit different research aims. I will evaluate two of these and then explain why I decided that my research question would be best addressed by using Interpretative Phenomenological Analysis.

Grounded theory is used to elicit a theory from data rather than to test a hypothesis. It is used when theory is absent or incomplete. Charmaz (1990) describes the

researcher as constructing a theory from the data. Grounded theory is generally used for "local theories" which are not generalizable or universal. The theory should both be grounded in the data and reflect the participant's understandings. Charmaz describes the process of grounded theory as involving definition of concept categories which are then grouped and related to one another, with a view to providing a structure for prediction formation.

Willig (2008) talks about grounded theory as being useful to study "basic social processes" (p. 73), however this does not fit with my research aims. Additionally, she suggests that there is controversy concerning which grounded theory version is the most appropriate, whereas other methodologies might not be thus entangled. Grounded theory did not seem the right methodology to use for my research question because there seemed, from the compulsive buying literature, to be several competing explanatory theories and therefore additional theory was not needed. Rather, there seemed a need to understand more about the phenomenon as experienced by the compulsive buyer.

Potter and Wetherell (1987) explain that discourse analysis is informed by social constructionism and moves the focus away from the individual to the "social". The method analyses speech because it sees language as constructing life, both social and psychological, and speech as being used to perform actions. Hypotheses are generated from the data. I decided that discourse analysis would not meet the aims of my study because of its focus at the societal level, rather than the subjective experience of the individual, which is what I was seeking to explore. Also, I am not seeking hypotheses to explain shopping behaviour.

Interpretative phenomenological analysis

I chose to use interpretative phenomenological analysis (IPA) as my research methodology for reasons which will be explored once the approach has been explained. Smith and Osborn (2003) explain that IPA looks at how participants make sense of their experiences and at their understanding of their personal and social world. It assumes that participants' thoughts and emotions are linked to what they say. Thus, by interpreting and analysing what they say, their meaning and the underlying cognitions and feelings may be captured. This method does not aim for

an objective truth, but to elucidate others' accounts of their experience. It has two levels; firstly, trying to understand participants' worlds as they see them and secondly, to see whether there are underlying currents of thought or emotion of which the participants themselves are not aware. It is strongly influenced by phenomenology and symbolic interactionism.

Eatough and Smith (2007) describe IPA as examining participants' lived experience and how that is made sense of, and places IPA's theoretical basis within phenomenology and hermeneutics. They stress that idiography and cognition are fundamental to IPA and that social constructionism and narrative are connected to it. IPA requires firstly, that rich data is obtained from the participants and secondly, that it is then analysed by the researcher in an insightful manner. IPA's perspective is symbolic interactionist since it sees interpretations as interlinked with the social world's interactions and attitudes. Smith and Osborn (2003) state that cognition is an analytic concern therefore creating a potential alliance between IPA and the dominant cognitive paradigm within contemporary psychology.

Epistemology and phenomenology

Eatough and Smith (2007) describe IPA as a research approach informed by a specific epistemology and view of the world. Epistemology is an area of philosophy which examines the origin, nature, methods and limits of human knowledge. The researcher's epistemological viewpoint influences their choice of research methodology; indeed, it is a critical underpinning for this choice. Willig (2008) describes phenomenology as focusing on how individuals experience the phenomena which they encounter in the world surrounding them. It is a concept which is used within philosophy, to inform research methodology and in therapeutic practice.

Husserl (1859-1938) was a key figure in phenomenology; his core principle of phenomenology is that it concerns focusing on the experience and he advocated returning to the things themselves. Instead of proceeding in life in an automatic fashion, he recommends reflection upon what it is like to have an experience, for example, the act of looking at a flower can be broken down into different levels; firstly, looking at the flower, then being aware of looking at the flower and thereafter the meaning of looking at the flower. Husserl thought that assumptions should be

bracketed off so that one can look at the flower in its pure essence. Husserl's work is discussed in Giorgi and Giorgi (2007) and Willig (2008).

Husserl advanced the theory to a new level called eidetic phenomenology whereby we can perceive the same thing in many ways or that different individuals perceive the same thing in different ways. (This is important in my research where experience, antecedents and consequences vary substantially between different compulsive buyers). A variety of perspectives occur through reflecting on all the possible phenomenological experiences we could have of a flower so that we could find the common features and underlying principle that represents the essence of the flower.

Giorgi's empirical phenomenology is an attempt to operationalise Husserl's eidetic or pre-transcendental phenomenology (Giorgi & Giorgi, 2007); he is interested in the idiosyncratic differences between individuals' accounts of the same process (learning chess) to see what they share in common. He is trying to get to the essence empirically, rather than conceptually, as Husserl was, but he admits that it is a very time-consuming endeavour.

Husserl continued his theory to transcendental phenomenology and suggested that unless we have an essence of a flower, we cannot experience it; he then sought to go further by bracketing out the essences to discover pure consciousness. This was seen as impossible to achieve by other theorists, who felt that eidetic phenomenology was sufficiently challenging. They felt that Husserl was too idealistic and intellectual and insufficiently engaged with worldly activities and since shopping is surely of the world, to the world we shall return.

Giorgi and Giorgi (2007) state that, while Husserl and Heidegger (1889-1976) agree that description and interpretation are both acceptable methods for phenomenological philosophy, they differ as to which should take precedence. They suggest that Husserl's perspective is epistemological and sees description as key, whereas Heidegger's perspective is ontological and stresses the importance of interpretation. Thus Heidegger focused more on the pragmatic aspect of phenomenology and less on the theoretical epistemological arena of knowledge. He focused on the nature of being in the world and had existential sensibilities regarding

mortality. Ontology is the study of being and can either be realist (the world can be objectively defined and measured and obeys universal causal laws) or relativist (many interpretations exist). A relativist ontology fits with my study and chosen paradigm. Heidegger adopted phenomenology as a way into ontology. Heidegger spoke of *Dasein* which means "being there" and as Eatough and Smith (2007) explain, is the phenomenology of human beings. It was Heidegger who brought together ontology, phenomenology and, through hermeneutics, language.

Hermeneutics

Hermeneutics began as biblical interpretation and then migrated into academia. It places language centrally in human life seeing it as shaping both events and individuals' understanding of those events. Crotty (1998) posits that hermeneutics involve interpretation and understanding and use reflection to uncover underlying meanings beneath the overt meanings.

Merleau-Ponty (1992) shared Heidegger's engagement with the world, but emphasized the dimension of embodiment whereby we engage with the world through our bodies and this informs our phenomenological experience of the world. Compulsive buying in women generally revolves around worn items (clothes, shoes, bags, jewellery) so this dimension is very relevant to my research.

Crotty (1998) discusses Gadamer's work which proposed that tradition and language are fused and feature at the heart of understanding. Crotty describes Gadamer's suggestion that the interpreter's horizon is an opinion or possibility brought, and put at risk, to make a text one's own. In understanding the meaning of a work, the interpreter's meaning enters too. He suggests a hermeneutic circle where understanding iterates outwards by going from the whole to the part and back again.

Crotty (1998) describes three levels of interpretation. Firstly, the empathetic where the interpreter is open-minded and strives to see things as the author of the text does. Secondly, the interactive approach, where the interpreter and the text converse and new ideas emerge. Thirdly, Crotty talks about a transactional mode where insights occur to the interpreter that were not in the author's mind.

IPA is hermeneutic in that it requires the researcher to interpret participants' accounts. It assumes, however, that the participant has been able to describe their experience and thoughts, which is a realist position. The double hermeneutic is the researcher trying to make sense of the participant trying to make sense of the phenomena.

So, phenomenology and hermeneutics are both broad churches, and IPA draws selectively and judiciously on their theories. It accepts going back to the thing itself, concern with experience, attending closely to lived experience and trying to bracket out overly theoretical and scientific concerns. However, it also highlights the importance of interpretation and uses the iterative process which has similarities with the hermeneutic circle.

Idiography

Nomothetic research seeks universal laws and performs its analysis at group level, however the unique quality of the individual's experience is not captured and that is what I was seeking to do with this research. Idiographic, or case study, analysis has a long history in counselling and psychotherapy with Freud, Jung and Rogers all using it to develop their theories. Eatough and Smith (2007) suggest that idiographic case studies allow insight into the relationship between feelings, cognition and behaviour in the hope of gaining an understanding of the experience of the phenomena being researched.

IPA uses an idiographic approach, whereby emphasis is placed upon understanding meaning and experience in an individual's life rather than generating causal laws. In practice, this means that each transcript is analysed before embarking upon cross-case analysis. Eatough and Smith (2007) discuss how, because certain themes are central for many, greater understanding of the individual case gives insight into universal themes. Harre's (1979) view is that idiographic work can seek general laws, but only by climbing rung-by-rung up the ladder from the specific to the general.

The social constructionist paradigm

Punch (2000) describes a paradigm as a set of beliefs about the social world, which provides a structure for seeking to understanding the world. Positivism is a philosophical system that recognises positive facts and observable phenomena and is prevalent in the natural sciences. It seeks to establish universal laws of human behaviour. This system rejected the private subjective experience. Social sciences adopted a post-positivist paradigm which suggests a belief in the real world tempered by our knowledge of that world, so that only an approximation can be reached. These paradigms do not lend themselves to studying human behaviour. A social constructionist thinks that something is true if the individual thinks that it is true, so that it is only what the individual thinks that can be known, therefore meaning and knowledge come from human construction. This paradigm lends itself to the study of human experience and behaviours, such as the one I am studying, compulsive buying.

Reasons for choosing IPA as research methodology

There are many competing theories about the causes of compulsive buying, from social or consumer psychology and psychotherapy; hence my research question is a broad one of asking how compulsive buyers experience their world, both internally and externally, rather an attempt to test specific hypotheses or create new theories. IPA is a useful approach for novel or under-researched areas such as the experience of shopping. It is also useful for gaining increased insight into complex or ambiguous areas. Hence IPA is a suitable methodology for my research.

IPA is a recent methodology which was developed specifically for psychology and so fits with studying human beings. Another reason for choosing to use IPA, a relatively new method, is that it is not prescriptive and, as Smith and Osborn (2003) note, has the flexibility to be adapted to the individual's way of working. This freedom, within boundaries, to approach my research data in the manner which seemed to fit it best, made IPA an appealing research methodology.

Sample size

IPA aims for detailed analysis of the account from each participant and so small sample sizes are the norm. In addition, it is usual within IPA to use purposive samples so that the individuals tested identify closely with the research question, thus the participants are usually a homogenous group. My research looked at the views of a homogenous group (adult female compulsive buyers). My research had initially planned to explore two contrasting samples, with half my participants buying one particular item intensively and the other half who buy a variety of items. The idea of two contrasting samples was abandoned, partly through problems with recruitment and partly because this factor did not appear to be one that affected the individual's experience overall. However, the question about particular items bought was retained and elicited interesting information concerning the underlying issues for the particular compulsive buyer.

Nelson and Quintana (2005) explain that saturation occurs where cases cease to generate new information; this concept sits uneasily within IPA since every individual's subjective experience differs. Therefore, as Eatough and Smith (2007) explain, IPA studies aim for sufficient cases and richness of data to examine similarities and differences, without the researcher generating so much data that they become overwhelmed. The required richness of data was reached at eight participants, which accords with Eatough and Smith's comment that sample sizes of one to thirty had been used, with lower numbers increasingly becoming the norm.

My sample was exclusively women, since most research finds them comprising the majority of adult compulsive buyers. It is possible that (the relatively fewer) male compulsive buyers have a different experience and so may introduce different themes from those suggested by women. Faber et al. (1987) suggest that female compulsive buyers are more likely to purchase clothes and jewellery while male compulsive shoppers focus on cars and technology. For these reasons I preferred to stay with one gender.

2.3 CRITIQUE OF METHODOLOGICAL APPROACH

The limitations of this methodology could be split into two parts, criticisms common to all qualitative methodologies and then criticisms specific to IPA. Qualitative research could be criticised for not providing evidence that can be either substantiated or disputed by later research. Unlike quantitative research, it does not proffer a hypothesis which is then either supported or not. Rawson (1999) notes that qualitative research can be criticised for not being generalizable beyond the participants studied. Also, as Rawson explains, a qualitative researcher's philosophical perspective and personal style will lead them to focus on certain information in order to explain their view of the meaning of the participant, and this will differ for each researcher. Thus qualitative research is not replicable, which its opponents might say challenges its validity.

Silverman (2006) notes that research funding bodies may view qualitative research as akin to journalism in lacking science and being prone to bias. Silverman continues by criticising the attempt by some qualitative researchers to focus upon participant perceptions at the expense of the circumstances and environment, which he sees as a "romantic" (p.45) ideal. Another criticism, which Silverman notes is levelled at qualitative research, is that it is merely useful exploration to be undertaken before the quantitative research, seen as serious science, can begin. Silverman describes an alternative perspective to seeing quantitative research as the "gold standard" (p. 36) whereby the research methods employed should be determined by the research question.

Silverman (2006) notes that the reliability of qualitative research could be questioned; one researcher might categorize the same data differently from another, plus space constraints lead to only brief extracts from transcripts being included in the published research, thus the reader has insufficient information to form their own view of the data available. Silverman criticises "anecdotalism" (p. 47) whereby a few examples are given as evidence to support a position, but no indication is given of conflicting or more complex information. He criticises such work as not representative of the data available and therefore calls the validity of such studies into question.

There are also specific criticisms of IPA as a methodology. Willig (2008) describes three limitations of IPA; firstly, regarding the role of language, secondly, concerns regarding how suitable accounts are and thirdly, a debate between explanation and description. IPA relies on language to communicate experience from participant to researcher and the method is predicated on the belief that an individual can describe their experience in all its richness. However, an alternative belief is that the language chosen to describe an experience constructs it. Since many versions are possible, the words tell the researcher how an individual being interviewed describes an experience, rather than informing the researcher about the actual experience. Another view is that language comes before experience and therefore affects it, the idea being that our thoughts and emotions are constrained by what we are able to express.

Secondly, Willig (2008) notes that IPA depends upon participants' ability to give full expression to their experience in all its richness and complexity. She suggests that this is no easy task, especially for participants unused to articulating their cognitions and emotions or describing their behaviours in detail. The third criticism which Willig (2008) suggests could be levelled at IPA is that it attempts merely to describe how participants experience the world, rather to explain the reason why their experience occurred or why they might describe it differently from another individual.

2.4 RECRUITMENT AND INTERVIEW PROCESS

Pilot interviews

Three pilot studies were performed. The pilot participant criteria were that they be women; that they were not counselling psychologists, nor currently in therapy and preferably that they had an interest in shopping. The pilot studies were used to check that the interview questions made sense to the participants and were not experienced as full of psychological jargon, too confusing, too intrusive, or lacking in face validity. I also sought to check whether the question order appeared to flow and to get some idea of the time that the interviews might take. This was partly so that I could give my "real" participants some idea of the time commitment which they were making and also to ensure that the interview length was appropriate (long

enough to provide rich data, but not so long that it would alienate my participants). It was interesting to note, however, that the real interviews were substantially longer (1 to 1 ½ hours) than those conducted with the pilot participants (30-45 minutes). I think that this was due to the much greater engagement and interest in the subject matter of the true compulsive buyers. My pilot participants kindly gave suggestions and comments which were taken into account in the "real" interviews.

Recruitment of participants

Recruitment of participants proved to be far more difficult than I anticipated, given the prevalence of my target population. Many potential participants had to be rejected on ethical grounds. For example, women in therapy (unless it was a requirement of a course they were attending) were excluded in case they were particularly vulnerable.

I had to try several different avenues to recruit participants. One successful route was through friends of friends, this had the advantage for the participants that, although they did not know me, their friend did and that may have made the idea less unnerving. Additionally a fellow counselling psychologist in training volunteered to be a participant.

I wrote an article for a local magazine and asked for research participants at the bottom. This method generated one participant although the circulation was about 50,000. In addition, I contacted Debtors Anonymous, who were very helpful and put me in contact with one of my participants. She had been working in Debtors Anonymous for several years and had successfully addressed her compulsive buying problem, so the interview and the answers used for the compulsive buying screener, were based upon her recall of when shopping was a problem for her.

I joined a compulsive shoppers' forum and although my advert received many hits, no-one volunteered to participate. I put up a number of flyers (Appendix I) in coffee shops in some of the busiest shopping streets in London and received no replies from compulsive buyers. I did receive a call from a television company researcher who was looking for a different sort of shopper and we agreed to mention one another's

project to people whom we thought it might interest. Unfortunately, no participants were forthcoming from this avenue.

Another route which proved to be successful was using the Gumtree website. I noticed that potential participants from this route often asked whether they would be paid for their time, which I was unable to do from an ethical point of view (although I would happily reimburse any reasonable travel expenses). I think that this may partly have been to do with the medium, in that market research companies also use the website to recruit participants; however, I wonder whether money is more important to compulsive buyers than to other people. When I spoke to another student who had recruited participants via Gumtree for research about a different topic, she had not had the same experience.

Reflections on the recruitment process

An unexpected complication was the unwillingness of women to admit that their shopping was an issue for them. I had anecdotal evidence of women whose friends felt that they were compulsive buyers and mentioned the study to them. Tellingly, instead of saying, that they did not wish to participate in research, most of the women said that they were not compulsive buyers. I also spoke to women who agreed that, had I asked them a few years ago, they did have a problem, but not now. This leads me to believe that there is a high level of denial around the issue of excessive shopping and, also, perhaps, that there is shame involved in admitting to a problem with shopping.

In addition, some potential participants agreed to participate and then dropped out at the last minute. I shall never know why, but wonder whether they felt ashamed to talk about their shopping or alternatively did not want to think about it.

In terms of my relationship to the participants, I was the "same" as them in being an adult woman, but my own shopping preferences were unknown to them when they participated in the research. Had I been asked whether I was a compulsive buyer, I would have agreed to answer their question happily at the end of the research, but that I would like to focus on them during the interview itself.

The interview procedure and the semi-structured interview

Once the participants had been recruited, they were contacted and a time and place convenient to them was arranged for the interview. The researcher conducted all the interviews individually with each participant. The interviews took place in varying locations including the participant's home, a hotel café, their workplace and City University.

At the beginning of the interview, the participants were offered another copy of the information sheet (Appendix II), which they had previously been sent, in case they wanted to re-read it. They were then asked to give their informed consent to participating in the research (Appendix III) and to agree to the interview being digitally recorded (Appendix IV). They were asked to complete a short questionnaire for basic demographic and other data relevant to the topic under question (see Appendix V).

Although the research was based upon their lived experience, the researcher thought it useful to verify whether the participants could be objectively identified as compulsive buyers as well as self-identifying as such, so they were asked to complete a screener. This would ascertain whether the participants met valid and reliable criteria for compulsive buying. The questionnaire chosen was the Diagnostic Scale for Compulsive Buying (Valence et al., 1988; modified by d'Astous, et al., 1990) (Appendix VI). It uses a Likert scale and asks 11 shopping-related questions which examine both the financial and psychological aspects of compulsive buying. Permission was obtained from one of the authors, (d'Astous) before using the scale. As Elliott (1994) proposed, a criterion score of more than 36 was used, since this represents a translation to the 11 item scale of the mean score 42.2 from the original 13 item scale used to validate the scale by Valence et al. (1988).

I felt that the data collection method best suited to my chosen methodology and the richness of data which I was looking to generate was to interview. Also, as a counselling psychologist in training; the idea of gathering data in face-to-face encounters seemed comfortable, since that is the context for my clinical work. The advantages of interviewing include flexibility in being able to mine the most

profitable lines of enquiry, availability of non-verbal cues (such as avoiding the researcher's gaze or becoming tearful) and the fact that interviews provide rich and informative material (since people generally say more than they would be prepared to write). The disadvantages of interviews are that the interviewer introduces an element of bias in terms of their impact upon the participant.

The data was collected using a semi-structured interview; this method was chosen to enable the researcher to cover chosen topics but also to allow the flexibility to follow the interviewee when they pursued unexpected themes relating to the topic and to explore these. Smith and Osborn (2003) describe the aim as allowing the participant "maximum opportunity to tell their own story" (p. 57).

The questions used to guide the semi-structured interview are in Appendix VII. The questions chosen were informed by the research question and by the literature I had read. They were divided into four topics; firstly, shopping, buying and having, then values, followed by traits and finally identity. The topics were ordered in a logical sequence and, within each area, the questions progress from general to more specific. Additionally, the questionnaire was designed to start with the least potentially sensitive issues and leave the more delicate topics until later in the interview when rapport had been built. Each question was designed to be open, and to avoid leading the participant's response or suggesting implicit judgement of them. However, the researcher had freedom to alter the order of the questions as appropriate in order to follow the participant's train of thought. During the interviews, I used the skill of reflecting back to try and elicit more information, without leading the participant.

At the end of the interviews I debriefed my participants (using Appendix VIII as a prompt) and offered a list of support groups and agencies (Appendix IX). The ethics section (2.6) considers the debrief more thoroughly.

Personal reflections upon the interview process

I needed consciously to adjust to working from a research rather than a therapeutic perspective. For example, one of my participants discussed her love of aesthetics but appeared to have no relevant hobbies; as a therapist, I would have asked my

client about the seeming contradiction, however, as a researcher, that seemed inappropriate.

However, I found many similarities between therapy and research in terms of fostering a relationship where the participant felt able to share their thoughts and feelings without feeling judged. It seemed imperative that I communicated to my participants that I was extremely interested in their shopping and felt in no way critical of them or their behaviour. Furthermore that I recognised the importance of it to them and that the impact of it upon their lives was in no way trivial. While this respect would be common to all ethical researchers, it seemed particularly important when dealing with an issue as often joked about as "retail therapy" as taken seriously. I sought to be genuine, empathetic and show unconditional positive regard to my participants as I would to my clients. I have huge respect for my participants in being prepared to talk about their experience of compulsive buying.

2.5 ANALYSIS

Transcription

The recordings were listened to several times to get a feel for the data and to glean any verbal information (e.g. tone of voice, speed of speech) which would be lost when a transcription was made. The interviews were then transcribed verbatim, however, Smith and Osborn (2003) suggest that this cannot be seen as a wholly objective account since non-verbal behaviour is excluded and the recording is subject to interpretation by the transcriber. As they recommend, the transcription was done at semantic level; including all the spoken words with hesitations, pauses and laughter noted on the transcript.

Use of quotations

Willig (2008) describes the potential to "tidy up" (p. 27) the data; for ease of reading, when quotes were included in the analysis, my encourager interventions (e.g. mm, ok, right) and participant hesitations and repetitions which did not add to the meaning were excluded. I chose not to denote material of this sort which was removed (…) because that would distract from the meaning of the sentence. There is

high redundancy in the spoken word, so this process performed the task of rendering verbal accounts similar to written accounts. An example of this process is shown in Appendix X.

Induction

Losee (2001) describes Aristotle's view that induction involves observing phenomena and inducing explanatory principles from them. Aristotle maintained that two sorts of induction exist; the first allows generalizations to be drawn from experiences of the senses, while the second occurs when principles relating to phenomena are reached intuitively. Losee explained that Whewell believed that "induction is a *process* of discovery" (p. 111) whereby generalization from facts occurs and these are bound together to create a coherent concept. Whewell's inductive table illustrates a bottom-up process from facts, through laws to a generalized theory.

Induction assumes that the facts are indisputable and not dependent upon the observer. However, within qualitative research, the researcher does impact the research environment, throughout both the interview and the analysis process. However, they can be aware of their pre-conceptions and bracket them out or notice where they have impacted upon the research. Thus it would be equally wrong to suggest that IPA was purely inductive or to suggest that the researcher could not prevent their pre-conceptions from destroying the research through bias.

The IPA researcher starts from the bottom-up with the data and builds their interpretation upon it, rather than upon any pre-conceptions which they have. They use an inductive approach to understand the participants' accounts more deeply and to move from the raw data towards the enhanced understanding of the analysis. The researcher moves back and forth between the data and the interpretations which they are developing, to ensure that the interpretations remain grounded in the data, but also to allow flexibility as the conceptualizations develop. This concept has been described within grounded theory and is known as "flip flop" (Henwood & Pidgeon, 2006, p. 355).

Analysis

Willig (2008) and Smith and Osborn (2003) both explain the IPA method of data analysis, with Smith and Osborn pointing out that their methodology is not prescriptive, but can be adapted to suit an individual's way of working. I adjusted the method suggested, to one which I preferred, as described below. My background as an analyst means that I feel particularly comfortable working with spreadsheets and that affected the mechanical operations which I chose to employ during the analytical process; however, I stayed firmly within the philosophy and intellectual methodology of IPA.

First, I read and re-read each transcribed account in order to learn as much as possible about the participant's view of themselves and their world. Then sections of text which captured my interest and appeared important within the transcript were highlighted (see Appendix XI). The importance could relate to a particularly rich description of an event, an eloquent summary of a situation or the vivid emotions and thoughts expressed by my participant. It could also include a section of the interview which had been especially moving for either the participant or myself. I also highlighted areas where the language chosen, or the metaphor employed, by my participant to explore their experience caught my attention. In addition I selected areas which resonated with me in terms of underlying meaning or where there appeared to be something conspicuous by its absence. This whole intellectual and emotional process was undertaken with a mindset of openness and curiosity and every effort was made to bracket out my pre-conceptions and inevitable biases. Where these did impinge, I retained awareness of them. These highlighted segments were substantially larger than the quotes finally employed in the analysis and far more numerous; they were then transferred to a spreadsheet with their exact location in the transcript noted. Brief thoughts or questions were attached to the quotes while more in-depth reflections were noted in my research diary.

The next stage involved giving each highlighted section an initial title, these titles were designed to capture the meaning or the concept within that section of text. These titles and associated text were kept chronologically and connections between them were sought. These links were used to cluster the sections by subject area, so, for example, all the text relating to comments about "daydreaming" were clustered.

At this stage, some of the initial headings dropped out or were re-named within another category which still closely reflected their content.   Higher level themes were then used to draw clusters of themes together such as "shopping".   Appendix XII shows a page of selected sections for one participant and the related titles and comments.

The process was repeated for subsequent transcripts, each being approached with fresh eyes and ears to draw out the most salient extracts and experiences.   This ensured that every individual participant's life experience was given equal priority rather than being viewed through the lens of the first participant's world view.   All of the individual spreadsheets were collated such that all the sections of text, their location, relevant comments and their headings were transferred onto one master cross-case spreadsheet.

At this stage, common themes were sought between participants, and headings were amended to reflect the similarities, however, sections of text which told of a different experience were kept.   This was an iterative and messy process whereby experiments with different levels of heading, subordinate theme, theme and superordinate theme were undertaken, and re-naming occurred in order to generate a coherent framework of themes.   Spreadsheet filters and pivot tables were used to facilitate the process. The advantage of this method was that there was no need to check back to the text, the chosen sections remained attached to the headings throughout the analysis process and were used as the basis for the writing-up stage.   Each theme was supported by quotes or examples from the transcripts.   Appendix XIII shows one heading and associated quotes; these were either directly cited in the analysis, or used in the narrative or rejected at the writing-up stage.

A table of themes emerged from all the cases with selection based upon richness, articulation and evidence rather than simply prevalence; this was used for the analysis. The analysis progressed to the stage of writing-up of the findings, where the themes were woven into a narrative which explored and explained them, using relevant quotes from the transcripts for illustration. At this stage some themes were further broken down into headings while other themes already existed at the heading level, for example the superordinate theme "shopping" was divided into before, during and after shopping. There was also some re-juggling of themes to facilitate a

coherent report; however, this was always done with reference to the text to ensure that the research stayed true to the participants' accounts. Appendix XIV shows the final theme structure.

It was also at the writing-up stage where the interpretations which had been noted throughout the process were expanded upon and articulated. Hermeneutics involves interpretation; reading text to get closer to its hidden meaning. A double hermeneutic involves the researcher seeking to make sense of the participants' sense-making which is what happens within IPA research. Interpretation was performed at a variety of levels as discussed by Eatough and Smith (2007). The initial level was grounded clearly in the text and in the richness of the language, metaphor and experience articulated by participants. The second level involved more critical analysis of the data with a view to my "building an alternative coherent narrative from the messy sense-making of the participant" (Eatough & Smith, 2007, p. 189). It included my interpretation of trying to make sense of my participants' accounts and included looking at time, paradoxical statement and things noticeable by their absence. Lastly, there was an opportunity to import a formal psychological theory. Reflexivity was an important part of the interpretation from beginning to end and reflective comments were included in the analysis section where appropriate. It was important during this process to make it clear to the reader what was the participants' data and what was my interpretation of it. Relevant literature was included to support or inform the arguments throughout the analysis and discussion section.

Validity and Reliability

Several procedures were followed to improve the validity and reliability of the data. Firstly, an audit trail was kept, showing the data used to build headings, subordinate themes, themes and superordinate themes as the analysis progressed. This was so that an independent person could follow my steps. Additionally, the analytic process followed was as detailed above. This was in order that the research protocol was transparent and that a reader could follow it through and understand the analytical decisions made.

Additionally, I checked that there was evidence in the transcript to support the analysis being derived. Themes were discarded where there was insufficient

evidence to support them. It was also important to ensure that sufficient data was given to support the interpretations made; this might be one quote for simple concepts and several quotes to explain more complex ideas. However, negative case analysis was also used, to ensure that the inconsistencies were also shared with the reader since they add to the richness and support the qualitative belief that every experience has something to offer.

A decision was taken not to use participant validation since it was felt that it would not benefit the participants and could be distressing for them. However, other cross-validation was undertaken; a colleague checked parts of the analysis to ensure that it appeared consistent with the data. Also, textual analysis was undertaken such that parts of the text were used to cross-validate the meanings drawn out from the accounts.

2.6 ETHICS AND REFLEXIVITY

Ethics

All of the participants were adult females who gave informed consent to participating in the research (Appendix III). Their information was kept confidential and anonymous, with codes given to each participant's information initially and then pseudonyms. This was made clear to the participants. Consent was given for the interviews to be digitally recorded (Appendix IV) and the recordings will be destroyed once the research, viva and amendment process has been completed. The participants agreed that the recording became the property of the interviewer

If, during the course of an interview, the participant appeared uncomfortable or distressed by a particular question; the researcher offered to leave that topic if the participant wished. I considered ethical issues in relation to the research and considered that it did not involve inappropriate levels of risk to participant. The researcher believed that the research might raise issues that the participants had not previously considered, particularly if they were in the habit of calling their compulsive buying "retail therapy" and trivialising it. I was aware that I needed to deal with any emotional issues as they arose. I was equally aware that I wanted to give equal focus to two aspects; those being firstly, the aims of the research and

secondly, the participants' psychological well-being. My hope was that they would find the opportunity to talk about their shopping habits would have therapeutic benefit.

The participants were debriefed at the end of the interview (Appendix VIII) and more details about the specific direction of the research were given. They were asked if they would like to receive a summary of the research findings. They were given a sheet giving them contacts should they feel that the interview brought up issues which they needed to discuss further (Appendix IX). Where appropriate, an offer was made to participants that they could have a couple of sessions with a fellow counselling psychologist in training should they wish to do so. I had made a reciprocal arrangement with one of my course colleagues to provide this service if needed by any of her participants. None of my participants felt the need for this. I thought it important to ensure that there were resources available to the participants because qualitative research, through its more open and exploratory nature, can potentially bring up more difficult and deeper issues than are likely to arise through completion of a quantitative questionnaire.

I carefully considered the ethical implications of recruiting a participant whom I knew who was studying counselling psychology. In the end, I decided that her being in therapy was a course requirement rather than a potential marker for current distress. Additionally, I decided that, while there was a sampling bias argument in that she potentially may not have felt able to be as open as someone who did not know me, I felt that there were sufficiently high levels of trust between us for this not to present a problem.

The British Psychological Society Code of Ethics and Conduct (2006) and the Data Protection Act (1998) were followed throughout the research.

Reflexivity

Three types of reflexivity affect qualitative research; methodological, personal and epistemological. Methodological reflexivity has already been considered in the sections explaining why qualitative, not quantitative, research methodology was chosen for this study and furthermore why IPA was used. May (2006) states that

the knower and the known are impossible to separate and it is therefore essential to acknowledge this reflexivity in qualitative research. There is a dynamic relationship between the researcher and the participants and these experiences during the research process affect the data which is produced. Furthermore, there is a relationship between the researcher and the data itself and this affects the interpretations made by the researcher. This is inescapable and has to be acknowledged, but it is what makes qualitative research rich. Willig (2008) discusses two sorts of reflexivity; firstly, personal reflexivity whereby the researcher reflects upon how their values, background and interests have impacted upon the research and secondly, epistemological reflexivity which includes consideration of assumptions made throughout the research, from formulating the research question to the final synthesis, and evaluation of the effects of these assumptions.

Willig (2008) suggests that IPA does not indicate how the researcher includes the impact of their perspective in their study and, as such, reflexivity is not theorized in IPA. However, IPA recognizes that understanding of the participant's world comes through the work of the researcher and that their views influence the way in which they interpret.

This research includes a personal reflexive statement (below) about the researcher since, in qualitative research, the themes drawn out and the clustering of them will inevitably reflect the researcher's background, beliefs and priorities. This is not seen as a problem, but as something positive and beneficial to the research. In addition to the general statement, I have included reflexive comments where they are appropriate. I will now discuss reflexivity as it affects the methodology chosen and its implementation in this research.

The process of reflexivity is, in some ways, a familiar one to counselling psychologists. When in a clinical setting, a feeling that the therapist has will be reviewed and she will decide whether that feeling belongs to her or to her client. If it belongs to the client, and it would be useful to share it with them, then this is done. Similarly, with the process of research, although the sharing is with the reader and the feelings of the researcher are evaluated in the light of the participant's transcript rather than in person during the research interview.

Every individual carries their own set of ideas, attitudes, prejudices and assumptions around with them. These will impact upon the research process, at both the interview and the interpretation stage. The thread which one individual chooses to follow during the interview will differ from that which another person would pursue; similarly, the interpretation one researcher places on a participant's comment may differ from another's. A colleague checked that she could see the basis in the transcripts for the themes drawn from a selection of quotes; this should help to bring some reassurance that another person could agree that the themes in the analysis were present in the data.

It was encouraging to me that several of my participants, when asked at the end of the interview how they felt, gave positive responses. Instead of wanting the support agency list which I offered, they said that the process of the interview had brought them insights into their compulsive buying behaviour and its implications.

From a personal point of view this was very pleasing. It seemed that discussing the issue had been helpful, not in a cathartic manner as much as a revelatory one. This led me to believe that the first aspect of working with this issue would be to explore very thoroughly the behaviour itself, rather like a functional analysis within cognitive-behavioural therapy.

During the interviews, in addition to monitoring my participant's emotions, I remained aware of my own and kept a diary of my impressions from, and emotions relating to, the interviews. These informed my interpretation within the analysis section. An account of ideas about the research and the analytical process as they occurred was kept to monitor reflexivity.

Personal reflexive statement

An important aspect of reflexivity is for the researcher to acknowledge how her interests and values have influenced the research process from the initial development of the research question through to writing the synthesis at the end. I chose this research topic because I thought it would be interesting, but through the process of completing the study I learned about myself and the reasons for my interest became clearer.

I am not a compulsive buyer, but have much in common with my participants in other ways. Like them, I am a visual person who enjoys aesthetics and looking at beautiful things and I sometimes use shopping to provide opportunities to indulge this side of myself. My participants and I, all sometimes believe that the right clothes will transform us, although, unlike them, my disillusion occurs in the changing room, thus I leave the shops empty-handed. Like my participants, I can be prone to perfectionism and sometimes struggle with decision-making; for example, when shopping, I want to buy the right thing and fear being stuck with the wrong thing.

If, during an interview, I became aware of my own thoughts and feelings, I noticed them, but it was appropriate during the course of the interview to bracket them to concentrate on those of the participants', and to reflect upon them later. One example is that I have a finance background which impacted upon my thoughts about the monetary issues raised.

One relevant issue which I noted with amusement was the degree of thought I invested in deciding what to wear for the interviews. In general, this does not concern me unduly, but I was aware that it might be an important part of establishing rapport with my participants. I was keen to appear neither a fashion victim nor completely out-of-touch or anti-consumerist.

CHAPTER 3: ANALYSIS AND DISCUSSION

3.1 INTRODUCTION

This section explores my participants' accounts of their experience as compulsive buyers. It explains the implications of compulsive buying in their lives and helps build a model of the impact of compulsive buying upon their lifeworld. This section will be structured in three overall headings; firstly, the experience of shopping, (before, during and after), secondly, looking at some relevant values and traits before thirdly, looking at the issue of identity in terms of participants' actual versus their ideal self.

My participants ranged in age from 23-54, had academic levels from GCSE to postgraduate, and worked in a variety of roles. Their household income ranged from under £5,000 to over £50,000, half had no debt while others had debts up to £25,000. Participants were single, in long-term relationships and married/living with partners; only one had children. Their shopping frequency ranged from once to six times weekly and the average spent varied from under £25 to £250 per trip. All participants met the criteria for being a compulsive buyer, their scores ranged from 40 to 53, with the cut-off point for compulsive buying classification being over 36. The results of the demographic questionnaire appear in Appendix XV and the results of the compulsive buyer screener in Appendix XVI.

3.2 SHOPPING

3.2.1 BEFORE SHOPPING

This theme explores events leading up to shopping, both in my participants' upbringing and what fuels the desire to shop in their current lives. This understanding starts to build an idea of the underlying issues which a counselling psychologist might seek to explore with a compulsive buyer client.

<u>Upbringing</u>

<u>Parental attitudes towards shopping</u>

My participants reflected on the impact of shopping upon their childhood and teenage years. One emergent theme was the presence of other compulsive buyers in their immediate family. This could either be, as Liz said "All my family are shopaholics" (35,1) or their mother; "My mum is definitely a compulsive shopper" (Phoebe: 20,18) or father "always going out and buying what he wants" (Deborah: 18,5). "All my family" highlights the sense of being surrounded by dysfunctional shopping and the experience of growing up with no other shopping role model. The categorical nature of knowing your mother "definitely" shops compulsively or your father "always" buys what he desires, indicates the strength of these parental behaviours and their potential impact on a child learning to make sense of the world. D'Astous et al. (1990) found a significant relationship between participant views of parents' compulsive buying tendencies and their own subsequent behaviours; the researchers also proposed a genetic element to compulsive buying. Mellan (2000) hypothesises that some children imitate their parents' spending type, while others become the polar opposite.

My study supported this, as participants described parents who sought to impose their moral or financial values on the children by denying them the items which they craved. For example, Kate's father prevented her from wearing the make-up and fashionable clothes of which he disapproved. Arabella believes that her father attempted to emphasize the value of money by buying cheap goods for her, telling her that "the market ones are good enough" (53,9). The unspoken words being that they are good enough "for you"; comments of this sort may have prejudiced her development of healthy self-esteem. Kate and Arabella's reported feelings of isolation due to their dowdy clothes support Golden's (2000) description of potential for ostracism from group membership if the "right" garments are not worn. Participants who had few childhood possessions reported craving them as adults to make themselves feel better, suggesting their use of material goods to soothe their early hurts.

Childhood experiences of shopping

The vivid imagery of childhood shopping experiences highlighted the focus of the parent determined to maximise the shopping experience. Phoebe remembered being bribed with sweets while her mother tried on "rail lengths of stuff" (20,23) while Liz recalls walking along Oxford Street all day with her mother whose feet were bleeding, but who was still driven to continue shopping. Such dramatic experiences reinforced the crucial nature of shopping in the adult world. Scherhorn et al. (1990) observe that such experiences teach children that adults care more about possessions than their offspring.

Childhood possessions

Participants reported either getting everything or nothing that they wanted as a child. Liz recalls "when we had money, earlier in my life, he [her father] used to buy me whatever I wanted" (41,16). Liz's situation can be explained by Goldman's (2000) hypothesis that a child, initially brought up in luxury, and then in straitened circumstances, may crave extravagance when an adult. In addition, Liz's words "whatever I wanted" suggest a child who never learned to manage disappointment regarding material things. D'Astous et al. (1990) cite d'Astous and Tremblay (1989) who found correlation between compulsive buying and agreement with the statement "When I was young, my parents used to buy me everything I wanted". Deborah reflected "I'm an only child, I'm sure that doesn't help with this sense of feeling that you can get what you want" (20,9); furthermore, she realized that part of her parents' solution to teenage problems was to indulge her financially. This supports Krueger's (1988) theory that the parents of some compulsive buyers use possessions rather than emotional support to help resolve their children's problems. Deborah's childhood construction of the world that she "can get what she wants" became uncontrolled adult shopping.

Effects of childhood experiences

My participants noted the effect of parental attitudes; for example, Phoebe highlighted the impact of her mother's obsession with appearance on her own views while Leonie felt that shared interest in shopping was part of her closeness with her

mother. Other early memories of shopping include Kate's recollection of enjoying looking at fruit at the greengrocer.

Shopping influenced my participants' early lives and, supporting Faber et al.'s (1987) comments, they saw their background as partly responsible for their shopping behaviour. Noticeable by their absence were normal childhood spending patterns. Riddy (2000) found problems in the childhood of compulsive buyers. One interpretation could be that, when other problems occur, if your background contains unusual shopping behaviours, that may be where you turn for solace.

Desire to shop

Creating demand

As adults, participants reported compulsive buying being enabled by; access to money, leaving home, working in a shopping district or having lots of free time. They also mentioned factors which drew them into shopping, for example, the idea of shopping as entertainment was raised, with Harriet asking "when, in our society did shopping become a pastime?" (58,15).

Media's role in stimulating demand was mentioned by participants; research supports this, Faber and O'Guinn (1988) discussed the impact of television on compulsive buying, through fostering envy for the luxury lifestyle which others appear to have. Phoebe felt that it was hard to avoid the latest fashion images with which Dittmar (2008) would concur stating that we see up to 3,000 advertisements daily. You can choose to interact with some media (e.g. fashion magazines), but not others (e.g. posters on public transport). One interpretation is that, through choosing to interact with the media, an individual actively seeks stimulation to shop.

Leonie read fashion magazines leading to her desiring items; "'Oh, I want that. Can I get them, when can I get them?'" (29,9). Harriet described looking for something to want online, scrutinising every category on a fashion website and thinking "'What would I want?'" (8,11) until she finds the gap she seeks; "'I'm missing a pair of high waisted trousers'" (8,12). This enables her to shop for the missing item. Different interpretations of the word "missing" include that Harriet is missing the trousers, or

missing a focus for a desired shopping trip or missing something more fundamental than that which can be purchased.

Shops' merchandising is designed to drive demand, while loyalty schemes enable specific targeting of offers; these mechanisms would influence my participants to spend. Arabella often impulsively buys items, describes herself as a member of every loyalty card scheme and uses their incentives. However, she feels foolish for allowing the stores' tactics to influence her, saying; "I'm a complete sucker for every ploy, for everything they put out to entice people, and I know that I'm doing it" (7,12). There is a sense of being lured in and of disappointment in oneself for being "a complete sucker". Phoebe discussed the predicament of trying to avoid impulsive non-food purchases in supermarkets that sell clothes and locate them at the store entrance. She reflected "for people that might have a bit of a problem with it, it's even more difficult to avoid" (8,1). This highlights the problem for compulsive buyers; they need to shop in order to feed themselves, rendering abstinence from shopping infeasible. Phoebe resents the shops making non-essential shopping "even more difficult to avoid".

Harriet laughs describing how she found in-store promotions irresistible; "if there's a bit of a push behind a product then I'll want it more, even thought I didn't know I needed it. I have creams - I don't know what they do" (3,12). Her phrase "I don't know what they do" suggests that Harriet cannot possibly "need" to use the product. One interpretation could be that the need being met is emotional or social (interacting with the salesperson) rather than practical. Brazer (2000) evaluated needs versus wants and noted the importance for compulsive buyers of differentiating between them. McCall (2000) describes the struggles of her financial recovery clients when asked to distinguish between what they desire (wants) and that which will prevent deprivation (needs).

Anthea describes her battle to avoid searching for purchases on the website ebay; "I'm trying not to be seduced by it. You go on there and you think 'I need that' and then, you think 'What else do I need?' and then, before you know it, you're completely switched off and searching for all these things" (11,1). Three themes are beautifully summarized here; firstly, the sense of seduction by a mermaid website, luring you to drown in debt or unnecessary purchases. Secondly, searching for

things to "need"; arguably you know whether you need something without seeing it and thirdly, that you "switch off" "before you know it" and you lose contact with reality.

Harriet describes a shopping trip where she discovered she wanted a bag and bought one; however, instead of the want being met, she found herself wanting more. "I didn't set out knowing I wanted a clutch bag" (7,18) but "I found a really nice clutch bag and I was like, 'Oh my God, I really, really want one!' so I bought one and then I bought nine" (6,13). This supports Pearmain's (2000) interpretation that since purchases fail to satisfy, more are bought in the hope that more will satisfy. Brickman and D.T. Campbell's (1971) "hedonic treadmill" (p. 289) could explain Harriet's purchasing; they propose that individuals are initially emotionally affected by life events, but then return to a hedonic neutral. Harriet enjoyed the experience of buying a bag, but to keep the enjoyment, she had to keep buying. Another interpretation of Harriet's clutch bags could be addiction to the pleasure of buying which will be discussed later.

Daydreaming

O'Guinn and Faber (1989) found that compulsive buyers fantasized more than a control group, perhaps because fantasies allow escape from negative feelings by imagining success or social acceptance. Arabella daydreamed for hours daily about what she could buy, seeing each life event in purchasing terms; "everything that I think about or daydream about for the future, comes with a look and that look goes onto what I can buy to create that look" (31,1). "Everything" shows how inextricably linked her view of her future is with how it looks. Others felt that an item could possess your mind, with Leonie explaining "I will know whether it's something I'm going to buy by whether I go home and that's all I can think about" (27,10). This is striking language; that a potential purchase can force every other concern from your mind, "all I can think about".

Deborah laughed describing her fantasizing about wearing the clothes that she covets; "particularly about things that I have in mind that I want to buy and what they might look like and where I would wear them" (6,16). She "particularly" thinks about what she wants to buy and less about what she has; one interpretation is that

existing possessions have lost their transformational power while she believes that new purchases might change her life.

Liz daydreamed differently, thinking about the emotions a particular item would trigger; "I was daydreaming about how getting this new whatever, would make me feel; so, it was more about 'I'm gonna buy a new dress and it's gonna make me feel fantastic'" (17,3). Richards (2000) describes fashion as amenable to fantasy; for example, Liz believing she will feel "fantastic" if underneath she does not believe that she is. Confidence can make you feel fantastic, but a dress cannot, thus Liz's desperate hope that the clothes would give her the self-esteem she craved was misplaced.

Reasons to shop

My participants discussed what encouraged them to shop and therefore what they thought that shopping could achieve. Many different reasons to shop were expressed, with emotional reasons cited more commonly than practical ones. Another perspective was that, whatever the circumstances, there is a rationale for shopping; Arabella expressed it "there's always a reason to do it" (5,2). The word "always" suggests that, where there is a desire to shop, a reason can inevitably be found to justify it. Another interpretation could be that Arabella will always either find, or create, an event that necessitates shopping.

Arabella shopped in response to good news; for "any kind of celebration, I'll treat myself because I've got a new job, I'll treat myself because I'm pleased about this" (33,2). This accords with Faber et al.'s (1987) findings and Faber and Christenson's (1996) view of self-gifting to prolong happy emotions. Shopping was used to soothe negative feelings such as lacking self-assurance or feelings of monotony; Arabella said that lack of confidence, which she interpreted as needing a different look, and boredom, led her to shop. Kate and Liz also mentioned boredom as a shopping trigger; Faber and Christenson (1996) found boredom a motivation for shopping for 78% of compulsive buyers compared with sadness/depression 87% and anxiety 78%.

Leonie spoke about a difficult time and its impact on her shopping; "hand in hand with being particularly unhappy, I lost a lot of weight which meant that clothes

looked wonderful" (67,3). It seems she sees the clothes as looking "wonderful" rather than herself looking wonderful in them. She continued "if you're going out a lot, then you need to look nice, so you need to have something new to wear, so it all made sense to me. Go shopping!" (68,4). Her sense-making seems clear, new clothes make you look nice, so you "need" to go shopping. It could be suggested that she removes herself from the picture, believing that she can only look nice in new clothes. This resonates with comments elsewhere in her account, where Leonie describes being unsure whether she is attractive.

Low moods provided a reason to shop; for example, Deborah shopped when lacking confidence or feeling sad. Shopping was also used as a distraction from trying circumstances; Phoebe shopped during lunchtimes to escape her stressful job "it didn't matter what it was; I needed to come out with a bag and just console, in some way, this awful day I'd had" (5,13). Bayley and Nancarrow (1998) suggest impulsive shopping provides existential escape from the constraints of everyday life. Phoebe's need for solace is clear "it didn't matter what it was" buying something provided consolation for her "awful day".

Liz spoke of situations like a party, a date or an interview triggering feelings of inadequacy which led her to shop; she thought "'I'm not good enough, what clothes can I wear, what jewellery can I wear that will make me feel good enough?'" (5,13). She questioned how to feel at ease in the forthcoming situation; "'How can I change the outside of myself to make myself look as if I fit into that situation?'" (5,16). Liz's lifeworld resonates with low self-esteem; "I'm not good enough" and she wonders how to change her appearance to look as if she will "fit into that situation". The important point is whether she feels like she belongs; however, it could be inferred that, as that would seem fantastical to her, she aspires merely to look the part.

Liz spoke of loneliness and going shopping to meet people, while for Arabella, it was a pastime to share; "it's sociable, it's what you do with friends, go out for lunch and a bit of shopping" (5,6). The "it's what you do" speaks of how embedded shopping is as a pastime and how remote from functional purchasing. However, Arabella also shopped to avoid feeling conspicuous while travelling on business; explaining "it's the only real thing that you can go and do on your own without

feeling uncomfortable" (4,16). Arabella's sense is of being forced into shopping because all other alternatives would make her feel ill at ease. An obvious choice might be to stay in her hotel reading or watching television, however this might not offer the desired stimulation; an alternative interpretation is that she does not want to be alone with her thoughts.

Changes provide another rationale for shopping; Arabella explained "Changes, for me, equal shopping; I've split up with one relationship and got into another one. Two reasons to shop there." (65,8). Note that Arabella presents this as an equation; changes = shopping, suggesting that she sees it as inescapable logic. It made perfect sense to her that shopping was the answer to console the end of one relationship and to celebrate the beginning of another. Arabella saw moving house and changing job as reasons to shop; it seems that she sees every life event in terms of its accoutrements and image, rather than in terms of her emotions or thoughts. Another interpretation might be her managing anxiety about changes through shopping.

Kate saw narcissism "Vanity, isn't it?" (7,17) and competition, particularly in cities, as two reasons to shop. Dittmar (2008) discusses Social Comparison Theory whereby people have a need to compare themselves to others and this impacts how they assess themselves. Interestingly, Scherhorn et al.'s (1990) findings contradicted the notion that compulsive buyers were more likely to be city/urban dwellers.

Another reason to shop was aesthetic enjoyment; Kate and Arabella both mentioned enjoying design. Kate also mentioned workmanship, describing certain shoes as; "beautifully crafted and very attractive" (19,21). Shopping was used to relax; Anthea described internet shopping thus "I think I use it as an unwinding thing at the end of the day" (24,14) and also "It's a hobby, I think" (59,12).

My participants did not confine shopping to their own possessions. Phoebe mentions buying home wares and goods for her partner; laughingly recalling shopping for "the whole home furnishings came into it as well, so I could get lost in that; obviously buying things for him as well" (31,8). The word "lost" suggests her desire to disappear from life. Phoebe described shops as a safe and controlled environment which, now her shopping is reducing, she is using to give her space to think or as a fun way to fill time between engagements. Having previously used shops to escape

a loathed work environment, they seem like a protective cocoon to her, although, elsewhere, she challenges her thoughts that shops are safe, since they lured her into so many functionally unnecessary purchases.

Shopping solving problems

Participants described purchases as if they could solve problems, despite logically knowing this was not possible. Phoebe discussed her hopes for buying; "this idea of it making you happier, but knowing that that's not really rational" (5,1). Phoebe articulates a tension between rational "knowing" that her purchase will not help and irrational hope that it will. Post-purchase there is a sense that life will work out; "I've got this now, everything is going to be alright" (Phoebe; 5,22). The alternative is not buying, which Phoebe explained leads to regret and a desire to return to buy the item, plus anxiety about how she would survive if it were gone. Anthea expresses similar concern lest she not get a particular cardigan; "I must have it, of course, I will die if I don't get it" (7,12); unlike Phoebe, Anthea said this in jest, but it was interesting that it was said at all.

Anthea reflected that there was no difference in her life once she bought a cot she had spent two years coveting; "I put it all up together and my life was exactly the same and I thought it was quite interesting that nothing had changed" (9,6). Anthea reported not expecting a change, but still noticed that there was none. It could be interpreted that rationally she knew not to expect a change, but subconsciously believed there would be one. This may relate to her unhappy childhood with few possessions which led her to believe that more "stuff" (14,11) would make life better; "you feel like you need it to make yourself feel better" (14,12). She speaks of her "need" for "it" to make her feel better; it could be interpreted that the "need" is to feel better and that possessions are not the answer.

Harriet describing buying a clutch bag as filling a void "I was so happy with it, that suddenly it was 'This is what I want, this is what's missing'" (8,2). It could be interpreted that it is not clutch bags that she is missing from her wardrobe; instead her life is missing something and she is attempting to fill that emptiness. However, Krueger (1988) cautions that the feeling of hope that the clothes will fill a void only lasts until they are worn.

Arabella wants items to help her crises of confidence and transform her life; she is convinced that each purchase will do this and therefore each is essential, but need not be repeated. Arabella explained; "it's just this one thing, I won't need to do it again, I won't need to keep buying things because all the foundations I've bought before were wrong, but this is the right one and this is gonna change my life" (15,12). Arabella "needs" the foundation that she is convinced will "change her life" despite knowing that other foundations have not.

3.2.2 DURING SHOPPING

This theme explores my participants' experience of shopping and buying and the benefits derived from them; this knowledge helps build a picture of the underlying issues which a counselling psychologist working with a compulsive buyer might need to address.

The shopping experience

Mood

My participants reported changed mood when shopping, in line with Faber and Christenson's (1996) research. They described improved moods, for example Deborah saying that shopping "does make me much more content" (8,6). The word "content" suggests shopping is being used to self-soothe; that her anxiety is calmed through shopping which resonates with her parents' gifts to help her adolescent problems. Similarly, Phoebe reported pleasure in looking around the shops, even if she did not buy, which again suggests a release of built up tension.

Leonie vividly described the excitement of finding one desired item and the resulting improvement of mood; however, unsuccessful shopping was experienced as a serious problem; "if I go out really excited and don't find anything, then I'll come back really rubbish, feeling really rubbish" (35,7). Note the language "I'll be rubbish" amended to "feeling really rubbish"; this could be interpreted as Leonie thinking that she is rubbish if she fails to buy. Bayley and Nancarrow (1998) surmise that returning home without purchases can threaten self-esteem through feeling indecisive or not creative and contemporary.

Another theme was the use of shopping to deaden or escape emotions; Phoebe spoke of being out-of-touch with her feelings "it's just incessant buying but you're not getting any, apart form the odd guilt trip, not in terms of emotions" (6,25). Note the contrast between the "incessant buying" where you get many items and the emotions of which you are "not getting any", apart from the "odd guilt trip".

Liz described a cycle of shopping to avoid feelings of isolation and boredom; achieving happiness while shopping, but returning home to experience the feelings she had fled, plus added feelings of guilt and disappointment. Liz's shopping would ameliorate feelings of loneliness or boredom and her mood would lift in a "manic" (20,11) way, fuelled by excitement about how she would look in the new item. However, this would fade, followed by the homecoming with its guilt, "impending doom" (13,13) and "disgust" (23,3) at her shopping, plus the realisation that nothing had changed, apart from increased debt. Liz noted; "loneliness or boredom or not feeling good enough didn't go away. They weren't being dealt with" (22,15). Her words are potent; the happiness has to be "manic" to distract her and the homecoming has "impending doom" evocative of utter ruin. She then berates herself with "disgust" and still has the underlying feelings of inadequacy to contend with. It is a distressing story and echoes the cycle of shopping behaviour described by Faber and Christenson (1996) in terms of operant conditioning. Corbett (2000) found her participants hopeful pre-shopping; however, while clothes may change the exterior, the person inside remains the same, hence post-shopping low mood.

Shopper's moods affected their purchases, for example, Leonie would buy dresses and pretty clothes if she felt good about herself; but, when anxious, she would buy make-up instead of clothes. She said "if I'm feeling stressed, sometimes it can really help to go shopping and to buy something, but then it might be make-up" (31,10). It could be interpreted that, for shopping to operate as a mood enhancer, there has to be guaranteed success, therefore make-up that will always fit, and comes in myriad options, will serve that purpose. However, when happy, you are more likely to search out clothes to suit your mood, as Krueger (1988) describes, explaining that his client's purchases reflected her feelings about herself, with proximity as the guiding principle. If she felt relatively good, she bought something to wear; if less good, then shoes, because her feet were the farthest away part of her and purchases for the

home were made when she felt so bad she didn't even feel human. The notion that shopping had to succeed was seconded by Harriet who said that you "don't want to shop and make you feel bad" (12,13).

However, in contrast to others who would shop when feeling down, Harriet found feeling low a distraction from the important business of shopping; "your mind's focused on being sad, it's not focused on shopping" (25,2). This quote seems to reveal that shopping is more important to Harriet than her feelings, it could be interpreted that she resents her feelings' intrusion upon her enjoyment of shopping.

Favourite shop

Choice proved a significant factor in participants' favourite shop selection; often in conjunction with other attributes, particularly price. Phoebe said Top Shop had "the choice, it's got everything - smart stuff, casual stuff - bit of everything, it's not hellishly expensive" (1,7). Emphasis on price was echoed by Anthea, who liked TK Maxx because of the variety of goods and the prevalence of bargains. That cheap goods meant more purchases influenced Harriet, who chose Primark because if she could only shop in one place "then at least I'd have a lot of stuff" (32,18). That her purchases are "stuff" suggests a lack of engagement with them, what seems important is that she can buy in quantity. Others, however, found goods the attraction; Deborah chose Reiss's well-cut clothes; while Kate liked Russell & Bromley shoes and bags.

Elliott (1994) found excitement to be the primary emotion before, and during, shopping and it was important that a store was stimulating, perhaps through constantly reinventing itself. For example, Phoebe liked Top Shop's constant updating of layout and stock while Leonie described it as "just full of goodies. Full of exciting things and a lifestyle as well; it's young and fresh and carefree" (1,8). Her use of language "goodies", "young" and "fresh" resonates with the energy of the store.

The alternative to choosing a favourite shop, was a view that all shops have merit; Arabella expressed it "Anywhere, it doesn't matter where it is" (1,13). It seems that "anywhere" providing a shopping experience could meet her need to buy.

Some participants found shopping very absorbing; Harriet talked of spending all day shopping, while Arabella "would literally go until I was exhausted. I wouldn't think 'Oh, I've spent enough' or 'I've seen enough'" (6,2). Shopping is clearly entertainment for Arabella; which is widely divergent from the traditional "functional stereotype" of shopping in Bayley and Nancarrow (1998, p. 108) where needs, wants and value are of paramount importance. Deborah, in contrast, would "never go and spend a full day shopping" (3,5) for her it is not entertainment because she does not enjoy it.

The participants spending the most time shopping were those who regarded it as their hobby and the excitement in their lives, while those who spent less time shopping appeared predominantly interested in their purchases.

Enjoying Shopping

Shopping was not a pleasure for all participants, Anthea preferred online shopping while Deborah expressed it simply "I don't actually enjoy shopping" (3,7). In contrast, Kate enjoyed shopping for anything, including food. For Leonie, seeking only necessities marred shopping enjoyment; she described her emotions when shopping for something specific, like black trousers "I hate it because I know I'll never find it and it's not exciting because I've got to get it, and you can never find what you want" (3,10). Bayley and Nancarrow (1998) propose that shopping with a list precludes receptiveness to impulse buys and thus denies part of the fun of shopping. In contrast, Leonie describes the joy of seeing something that she likes; "I get all excited about it, and it's like nothing else matters, and I just feel pure happiness" (82,19). Highly positive feelings when shopping are discussed by Elliott (1994), while O'Guinn and Faber (1989) describe stimulation and arousal in the shopping environment. Csikszentmihalyi's (2003) "flow" (p. 99) seems to be what Leonie experiences while shopping.

My participants explored the impact of shopping with other people. Research by Elliot (1994) and Schlosser et al., (1994) indicates that compulsive buyers would rather shop alone. Glatt and Cook (1987) describe a client who would go on

spending sprees alone and would only browse when with friends. Deborah reported generally shopping alone, while Arabella noted that she spent less when shopping with friends because the emphasis was on chatting, rather than shopping. However, Leonie described feeling bad when unable to focus on friends' shopping because she was distracted by looking for things for herself. She explained "They want me to go in and they want my opinion on something, but I can't really focus" (10,6). Similarly, Harriet preferred to shop alone lest her friend interrupt the shopping with conversation about her problems; "sometimes I'd rather go by myself, you go with a friend and they're like, 'Oh, my boyfriend's blahblahblah' and it's like, 'Yeah, you're spoiling the day'" (25,6). Both Harriet and Leonie felt that shopping was fun and should not be spoiled. The level of concentration my participants afforded to shopping reveals the importance accorded to the activity in their lifeworld.

Browsing and experience

Black (2007) believes that, although it is possible to be a compulsive shopper who just browses, in his experience it is rare, and that spending and shopping are linked. My study supports this, with Kate explaining that she would always find something to buy. Liz felt that she could not just browse and must purchase, even if it was something small; "I had to buy something, it didn't really matter, a pair of tights or a pair of earrings" (6,19). Faber (1992) said that buying could become "all encompassing" (p. 809) with irresistible anxiety-provoking urges that can only alleviated by buying, although the relief felt is only temporary.

Arabella would go shopping thinking that she would just browse, but ended up buying, suggesting that she was misleading herself. None of my participants spoke of enjoying the browsing process alone, it seemed that either the act of buying, or having the purchase, mattered to them.

Phoebe explained complex feelings about trying things on; she felt that if you "know that you don't have to buy it unless you want to, makes you feel you can justify buying it. To just go in and try a bit of stuff on seems quite harmless and makes me feel a bit better" (2,27). One interpretation is an underlying feeling that one should not be in the shops unless buying; Phoebe knows that she does not have to buy,

although paradoxically that makes her feel that she can justify it. Her statement that it "seems" harmless, suggests that she questions its harmlessness in reality.

Participants valued different attributes when shopping. Kate found aesthetics important "everything looks smart, clean, nicely presented" (1,24). Langrehr (1991) reported research showing that shop environments that created pleasurable feelings increased impulsive spending.

Service was a key issue for Harriet, who found it more important than the products. Poor service made her angry, however, good service motivated her to buy. She described shopping for skincare products; "even if I don't need anything. I will wander around and whoever's the best, then I will buy something because I feel like, they're good, they deserve to get the money" (3,10). Harriet seems more involved in paying for entertainment or engagement than for a product that she either wants or needs. Elliott (1994) notes salesperson attention might provide a social benefit for compulsive buyers by making them feel significant, while O'Guinn and Faber (1989) believed that self-esteem enhancement from salespeople's attention was a major motivation for shopping. Service was also important for Arabella, who enjoyed the opportunity to talk about the products, which remained key for her; "if you go to the make-up counter you can have a consultation and you can chat to people for a while" (2,16). Arabella enjoys sharing the pleasant experience of shopping with similarly interested people.

My participants mentioned things which negatively impacted upon their shopping experience. For example, Leonie explained that winter shopping meant having to be wrapped up, while weekend shopping meant crowded, untidy shops. She experiences shopping as a pleasure and therefore resents anything that mars her enjoyment of it.

Liz talks about metamorphosis while shopping; "I felt detached, I wasn't in my grotty flat, I was transformed in these lovely surroundings, these lovely bright colours and shiny lights" (20,13). Two significant themes are suggested here; firstly, that shopping allowed her to detach from her life into a "lovely, bright, shiny" life and secondly, that she was "transformed" to fit into that environment. It could be suggested, then, that it becomes logical to buy something from this lovely

environment and take the magic home, or perhaps that the more time you spend in that atmosphere the more magic will attach to you.

Phoebe described shops' seemingly comforting atmosphere; "being in that safe, controlled, although it's not, but just being in that atmosphere" (12,28). Perhaps the shops seem safe and controlled compared with her unpredictable life, but she also recognises the temptations within them. However, Phoebe also felt that the design manipulates you into unnecessary spending; "it's designed, the mirrors, the lighting to give you this, I suppose almost a bit like a fix" (2,5). The idea of a fix suggests that Phoebe sees parallels between shopping and addiction, which is addressed in the next section.

The buying experience

Addiction

Participants spontaneously raised the idea of addiction either explicitly, or implicitly, through the language used to describe their shopping behaviour. For example, Leonie described trying to limit her shoe shopping; "I went cold turkey, I wouldn't allow myself to look in shoe shops" (12,4). The words "cold turkey" are generally associated with drug withdrawal. Phoebe describes having a craving satisfied and feeling "all this like bliss and paradise" (5,26) again resonating with narcotic-induced experience.

Similarly, Arabella describes the high of shopping "the first euphoria" (24,4) echoing the high of drugs, followed by the coming down, describing the "guilt of 'I shouldn't have bought that.'" (24,8). Glatt and Cook's (1987) case study portrayed the high of buying followed by feeling low and remorseful. Like a substance addict, Arabella experiences an irresistible urge to buy, which she promises not to repeat; "I feel like I have to have that thing and I've definitely made the right decision in buying it. I always tell myself that I won't do it again" (25,3). McCall's (2000) clinical vignette describes another shopper repeatedly making this empty promise.

Liz explicitly sees shopping as an addiction; "for some of us it's an obsession it's an addiction" (58,18), while Leonie sees Top Shop as her reliable dealer; "I know that I

can go in there and get my fix." (44,8). Liz described browsing thus; "being out of body - it's a bit like being on drugs actually" (3,18). This mirrors Baumeister's (1991) escaping from awareness of self and particularly from one's perceived deficiencies. Anthea describes becoming engrossed in shopping "it's almost like going into a trance" (20,3). Murray (2000) also uses the word "trance" (p. 221) to illustrate her buying state.

The emotional meaning of shopping was explored in addiction terms. Phoebe wondered if addiction facilitated escape from problems; "when something's missing or when life's out of harmony, you call for something like, maybe drink, maybe shopping's a milder one, like overeating" (9,15). Phoebe saw addiction as a method of controlling life and reflected that control was important to her, manifesting itself in organizing her wardrobe. Hirshman (1992) sees addiction as a refuge from stress, because of the control which the addict can effect over their consumption experience, when the rest of life feels unmanageable.

Brazer (2000) diagnoses money disorder as a progressive disease that worsens if not tackled. This resonates with Arabella's description of her shopping problem as a "wedge" (64,7); starting with her first job, increasing when she moved out of home and progressively escalating since.

Finally, there is the question of whether shopping addiction is a lifelong affliction. Phoebe felt that "it never completely goes" (6,30). Arabella felt torn between wanting to continue shopping, and knowing that her financial problems made it important that she stop; she said; "I didn't want to stop doing it [shopping], and in a way, I still don't" (80,16). Du Plock (2000) believes that therapists must appreciate their client's internal conflict between recognition of need for change and desire to keep the status quo.

Buying

The act of buying could be the primary draw. Harriet described how important it is to her, through a queuing fantasy; "if it's about three people long, then I'm really pleased, I can't wait to get to the front, hand over my card and get a bag, I love carrying shopping bags afterwards, it just feels great, like 'Pretty Woman'"

(Marshall, 1990), (9,5). Harriet casts herself as a film's leading lady, with shopping bags as the essential props. Harriet bemoans a special shopping day that failed to enchant; "I couldn't get anything, there were no sizes left or they'd run out and one of the stores I wanted had closed and moved and it was terrible" (15,11). Her experience of how "terrible" this eagerly anticipated day felt was almost tangible in her voice. Elliot's (1994) research contends that the act of buying can give intense pleasure while Holden (2001) posits that addiction-based models, assuming chemical reactions to buying, support the idea that the buying process drives the compulsive buyer.

Another issue was bulk buying; Anthea said "I will always bulk buy" (1,13). Harriet explained that her friends particularly teased her about her bulk buying; "I'll buy every colour and the colour I like most, I'll buy three times." (19,21). O'Guinn and Faber (1989) indicate that bulk buying is common amongst compulsive buyers, although they interpret it as relating to trying to please the shop assistants.

Liz talked about buying unsuitable items that were "wildly inappropriate, for example, turquoise satin sneakers, when I'd actually gone out to buy work shoes" (17,17). The impact was that she often dressed inappropriately; it could be inferred that this may have fed her feelings of not being good enough.

Lastly, the chase element of buying was raised. Harriet, if she sees an item she likes, will "hunt it down" (24,7). Anthea described the Next sale when she was younger; "I'd be really relentless in pursuing my goal" (29,13). Interestingly, the result of this relentlessness was products that remained unused 15 years later; it appears to have been more about the chase than the goods.

Bargains, quality and quantity

Black (2007) observed that individual purchases may be affordable, but quantity purchased leads to excessive spending for compulsive buyers. Participants' views differed concerning preference for quality or quantity. Anthea remembers the price of everything and sees the bargain as paramount; "it's all about the bargain" (3,7). The comprehensive "all" suggests that securing the deal outweighs the purchases and the shopping process. Bayley and Nancarrow (1998) note the self-esteem effect of

feeling that you have good financial management while Faber (1992) suggests that friends admire a "good shopper" (p. 814) leading to a feeling of pride. However, Anthea does question her choice, debating "whether it's better to buy something full price and then not worry about it and waste energy just to save that extra £10" (58,8). Thus she has a sense of cost not only being financial; that time, "energy" and "worry" can also be involved in securing a bargain. However, she wondered why a friend bought made-to-measure curtains rather than sourcing an ebay bargain. One interpretation could be that Anthea places more importance on securing a deal, than getting exactly what you want. Boundy (2000) describes bargain hunters, who spend time and money sourcing deals, even if they can afford the full price. Boundy relates this to a psychoanalytic view of withholding parents in childhood which seems to resonate with Anthea's experience.

An alternative was less emphasis on bargains, but a preference for cheaper items which could be purchased in quantity. Liz said she "used to love markets, because you could get so many things there and even when I didn't have very much money, I could go and get lots of things" (23,16). Leonie preferred quantity over quality because she could enjoy the shopping again at home; she animatedly described "you can get them out the bag and look at them and try them on and what it would go with and wander round" (9,3). Part of her fun lies in reviewing her purchases and looking at the potential for wearing them, so fewer items would curtail this pleasure. Elliott (1994) found compulsive buying and enjoying unpacking the purchases at home were related. Harriet preferred quantity to quality and would rather make a million separate purchases of pairs of socks, than purchase one bag for £10,000 and never buy anything again. It seems that the idea of being deprived of buying would be unbearable.

Liz regretted not having bought quality items; "it was very rare, unless I'd got a new credit card, that I would buy something big and extraordinary, which I feel quite sad about" (8,16). She seemed to grieve over having spent so much with few memorable possessions to show for it. The issue of trying, and failing, to manage a trade-off between quality and quantity was discussed. Deborah laughed as she explained "it would be more satisfying to buy a nice pair of shoes or a nice dress, but then I don't

just tend to buy one thing, that's the problem" (4,6). Unable to choose between quantity and quality, she buys both.

Not missing out

My participants discussed the meaning of missing out on a purchase. Harriet would buy items she knew would reduce in the sale, and goods she knew she would not wear, in order not to miss out. Laughingly, she explained "I'm not gonna wear gladiator shoes, but I have to get them now, because if I don't it's probably too late and that is really bad" (14,18). Elliott's (1994) research highlighted fear of being too late to purchase as a common feature with compulsive buyers, while Kyrios et al. (2004) found that compulsive buyers felt personally responsible for objects and worried about losing an opportunity to purchase. Harriet fears missing out so much that she will pay more than she needs for something she knows she will not wear and gets angry if she misses out on something that others have. This could be interpreted as an almost childlike unwillingness to accept the unfairness of others getting what you wanted.

Harriet described her shopping strategy born from fear of missing out; "just grabbing everything, I'll pick up loads of things and then I'll think about it. It would be better if I thought about it one by one, because then you don't spend as much money" (26,1). It seems that the fear of missing out is worse than the consequence of overspending. Harriet's behaviour resonates with Murray's (2000) vivid description of her compulsive buying; she would "cram clothes into my wardrobe as a bulimic would cram food into her mouth" (p. 231). Baumeister (1991) suggests that escaping the self removes inhibitions since consequences are not considered; this may be what Harriet is doing when she grabs.

Phoebe explained how a purchase foregone would haunt her until she felt it would have been preferable to buy it, and stop the thoughts, even if it did remain unworn. It could be interpreted that what troubles her is a missed opportunity to buy the purchase that might solve her problems. Leonie describes feeling that she must buy something she has seen; "I've got to have it" (27,13) and how it preoccupies her "sometimes I can't sleep, I get so excited" (27,15). Her words "I've got to have it" are potent; she continues by depicting a sense of loss of agency that results in her

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buying the item; "if I see something, that triggers a non-stop chain of events until I get something" (30,7). The urge to buy is experienced as irresistible; she feels the mechanical process of a "trigger" that once pulled cannot be controlled. Rook's (1987) research echoed this same obsession with items and loss of control over the decision to buy.

Arabella felt a similar phenomenon, sharing her emotions when she has not bought; "that feeling of loss and it will consume me until I go back and buy it" (27,2). The idea that loss "will consume me" is fearful imagery; such strong feelings of bereavement mean that she cannot stop thinking about the item, until that tension is released through purchase, independent of her own volition. Faber et al. (1987) express this as an "ego-alien force, or an external locus of control" (p. 132).

Anthea notes how astute an ebay purchaser must be; "you've got to be on the ball" (10,12). This sporting analogy suggests her sense of competing, either with others or herself. The thought driving her to purchase is "'I must get that because I won't get the opportunity to get it again'" (14,12). Anthea grew up in a family which she described as feeling unworthy of pleasant possessions; this might explain her inability to enjoy full-price items and therefore the urgency to secure bargains, because there may genuinely be only one opportunity. Another interpretation might be an underlying fear that, as when a child, she will not get what she wants so has to acquire it while she can.

3.2.3 AFTER SHOPPING

This theme adds to understanding of my participants' lived experience by exploring the consequences of compulsive buying and adds to the overall model being formed.

Purchases

<u>Returning home with purchases</u>

Once the shopping trip ends, participants explained their feelings and behaviours upon returning home with their purchases. Leonie would hang her purchases up to admire them if alone, but would try them on again if with someone. She says "it's almost like a ritual and if I'm on my own, I'll look at them and if I'm with someone

else, I'll try them on" (35,19). The word "ritual" symbolizes an almost religious dimension to the experience and indicates reverence for shopping. Leonie enjoyed discussing her purchases with her mother, recreating her mother's actions when Leonie was young. This "show and tell" is part of the excitement of shopping for her and part of her way of being in the world. Similarly, Liz wanted reassurance that her purchase was appropriate and attractive, asking others for confirmation that it "suits you, it's perfect for the occasion" (15,7). The observer's role in giving feedback as a "mirror more faithful than the one on the wall" is discussed by Richards (2000, p. 316).

Harriet texted friends when particularly pleased with a purchase; this habit may have roots in adolescence when, as d'Astous et al.'s (1990) research identifies, peer opinion is influential. Leonie wants others to share her joy in the gorgeousness of her purchases, for example, a recently bought pair of shoes; "I just want them to think they're beautiful too" (14,6).

Harriet experienced a need to feel good about her purchases, particularly if costly; "especially if it's expensive – you need to sit there and think, good things, can't let a bad thought into your mind" (14,1). The phrase "can't let a bad thought into your mind" could be interpreted as a desperate desire that no thoughts interfere with her world view that all shopping and all purchases are good.

Returning purchases

Arabella describes an alternative perspective; where remorse is associated with the purchase. Therefore, to prevent the guilt surfacing and provoking her to return the item, she ignores the item initially; "otherwise I sit there and think 'You should have taken this back, you're really bad'" (19,5). Note the punitive tone of "you're really bad" and the change in person from first to second, as if talking to someone else or perhaps the more prudent part of her is speaking to the shopper. Bayley and Nancarrow (1998) argue that the traditional ethic of Protestant western cultures is frugality, so people see transgressing this ethic through impulsive consumption as "being bad" (Rook & Fisher, 1995, p. 305).

Arabella described returning items; "I feel like it's a <u>loss</u> if I have to take it back. Almost, like if you've had something you really like and you've lost it, or someone's stolen it" (26,10). Arabella feels like a victim of crime if she has to return a purchase, indicating the strength of her attachment to her goods. Frost et al. (2007) noted a similar phenomenon, reporting that hoarders experience disposal of a possession as "like losing a part of themselves or their identity or like they have been violated" (p. 234).

Phoebe laughingly disclosed feeling "naughty" (10,7) when she returned unworn purchases; but found this a relatively successful "interim way of dealing with it [her shopping problem]" (10,13). Murray (2000) likens this to a bulimic purging; getting the thrill of the shopping without the consequence of the debt. Benson (2008) warns against compulsive returning as a solution to compulsive buying. Phoebe's word "naughty" evokes the child; this could be seen as either her feeling that she should keep the clothes because the adults (the shops) want her to, or that it is "naughty" to like something initially and then go off it, as children often do.

The experience of shops as authority figures is echoed in Leonie's concern that she would be interrogated if she returned items. She worried "that people would wonder why I'm taking them back and would ask me all sorts of questions" (23,13). There is a strong sense that even unwanted purchases should be kept.

<u>To wear or not to wear</u>

Participants had different attitudes to wearing their purchases; there was straightforward pleasure from ownership and use, such as Deborah who wore garments immediately; "I like to enjoy them straight away" (6,1). However, there were also reports of items unworn, for example, Arabella's impulse buys led to "absolutely mountains of things that I never wore" (20,4). The metaphor of mountains towering over you is powerful; she has mountains of possessions to manage and her debt is in danger of becoming an unmanageable mountain. Corbett (2000) proposes three possible explanations for clothes not being worn; firstly, buyers may fear not being worthy of their new clothes, secondly, they may worry about tainting their newness or thirdly, perhaps postponing wearing the clothes also postpones the disappointment of realising that they will not transform the wearer.

Firat (1992) proposes that goods are sometimes bought for the image represented rather than to meet consumers' needs. Kate admitted purchasing goods which she liked, despite their not fitting her and without considering whether she had anything with which to wear them. These items were not worn and were ultimately forgotten about; Kate felt "ashamed that some things have stayed in a bag for two years, never worn, never - ultimately given to charity" (12,18). Note the emotive word "ashamed" reflecting the depth of feeling. Pearmain (2000) contends that goods can lose their meaning when brought home, so they pile up at home still in their bags.

Phoebe also forgot about her purchases; based upon her account of needing solace from her working life, it could be suggested that the act of buying had provided consolation for a bad day and thus the purchases were irrelevant. Similarly, Harriet spoke of forgetting purchases until her mother reminded her; "I buy the same thing and I go home and I realize that I've already got it" (16,10). Harriet appears to have little engagement with her purchases, but experiences buying as crucial. Her account seems to support Faber's (1992) account of compulsive buyers frequently leaving purchases in their packaging, implying that the meaning is lost once they have been bought.

Arabella reporting tiring of purchases quickly "a couple of wears" (10,10), while Leonie explained; "I'll see something else that I want and that what I've got isn't as good as what I've seen" (17,10). This suggests a constant striving for novelty and perfection.

The lure of the new

Phoebe found new clothes important because they would increase her confidence and attract positive attention; she described a new top "making the whole outfit gleam and feeling good and having people look at you" (38,17). Richards (2000) likened putting on new clothes to receiving a hug. Phoebe sees the above feelings, learned from her mother, as one possibility, but she now wonders about another possibility; that others are oblivious to new items and their importance to her. Phoebe ponders that they neither know nor care "that this had the label cut out and that this is new and this means so much to me" (39,6). The language "this means so much to me" emphasizes the importance which new items have hitherto held for

Phoebe, but she recognizes that their significance was based upon her mother's perception of the world, which Phoebe internalised. She also notes the positive reinforcement of feeling good in new clothes and therefore how that encourages further purchases.

Stuff

Another outcome of shopping is the accumulation of purchases. Participants spoke of having more than they could wear; "I can't possibly wear all the shoes I have" (Kate: 7,20). The words "can't possibly" give a sense of the magnitude involved.

Phoebe's experience was of having so much choice it was "crazy" (5,19). Schwartz and Ward (2004) discuss the "paradox of choice" (p. 86) whereby, although some choice is good, excessive choice becomes a burden rather than being liberating. Phoebe commented upon the energy and space taken up by organising her possessions; "I just ended up with this ridiculous amount of stuff, a lot of it was still with labels [on] and then having to manage all that stuff, becoming a bit of a hassle because it obviously takes up so much space" (5,16). Phoebe experienced her possessions as making life hard for her and that fewer things would simplify her life. She describes a sense of feeling overwhelmed by her possessions, by both the "crazy" amount of choice and the "ridiculous" physical volume.

Arabella explained that every cupboard contained boxes of goods which she had felt unable to dispense with; "I've always been such a hoarder but if I ever try and have a clear out, I'll throw away very little, because everything I have, I feel like I need" (76,7). This echoes the relationship Frost et al. (1998) found between compulsive buying, reasons to save and the value attached to items. However, Arabella mentioned now feeling stifled by her purchases and so is rationalizing them through selling; "I just don't need as much, it is overwhelming me, I've got too much stuff and it's really therapeutic to get rid of some of it and get some money for it" (77,2). Note the word "need" in both quotes; something has changed such that what she previously felt she needed, she now does not. Elsewhere in her account, she describes feeling more secure and therefore perhaps no longer requiring the security which she felt her possessions gave.

In contrast, Anthea enjoyed her possessions, which appears to relate to a childhood with unusually few consumer goods. She explained; "I like to have stuff, there's a thing about having stuff but not wanting to spend the money" (4,5). However, despite wanting, or feeling that she needs, the reassurance of her possessions, she also recognizes elsewhere in her account that some of them are causing her a problem. Anthea reported feeling aggrieved if given an unwanted present; "don't clutter up my house with more stuff" (17,16). These insights are interesting because she reported feeling that her life would be different if her house were tidier.

<u>Relationships</u>

<u>Hiding, shame and guilt</u>

Compulsive buying also impacts relationships; my participants discussed hiding purchases from others. De Sarbo and Edwards (1996) explain that hiding is a denial of the problem but Faber (1992) notes that many compulsive buyers do it. Faber et al.'s (1987) research found that purchases were hidden, often from partners, either in the car boot or the wardrobe. Kate did exactly this, telling her partner "'Oh no, I've had this for ages'" (18,17). Bayley and Nancarrow (1998) liken hiding purchases to persuading yourself that they are "subjectively not bought" (p. 108) therefore thinking about the cost can also be deferred.

Phoebe hid purchases from her ex-boyfriend because of the sheer volume bought. Her reasons were partly embarrassment, but also concern that his seeing them would mean she would have to stop shopping; she explained "if somebody else points it out, or notices it, it's gonna probably equal an end to that" (14,13). One interpretation could be Phoebe knowing that she has to stop shopping, but wanting to postpone that cessation. My participants are hiding their purchases from those closest to them, like the alcoholic who hides bottles. Hirschman (1992) contends that deception will isolate the individual from others because they are hiding an aspect of their true self.

In contrast, Leonie never hid her purchases because nobody had ever made her feel she should not be buying them; "I don't think I've ever hidden anything, but I think that's because me and my mum have always done this" (38,16). She feels no need to

conceal purchases and experiences no shame because her lifeworld includes her shopping as a normal part of living.

When younger, Liz reported lying about the price of purchases or hiding them. This concealment continued into her married life, particularly with costly or dramatic buys; "quite often I would hide it, but it depends how expensive it was and how over the top it was" (12,3). It is interesting that this prevarication happened in a family which she described as all "shopaholics" (35,1) and from a husband whom she described as a compulsive buyer.

Harriet felt that her friends' lectures over her spending spoil the purchases for her, so she underplays what she has bought when talking to them, either reducing the quantity bought or the cost. Harriet explained her frustration when people tell her that she does not need her purchases; "I hate that sentence, 'Oh, you've already got...' I know I've already got a pair of shoes, but we're not living in the Middle Ages" (70,16). Her language is strong, using "hate" to describe attempts to curtail her purchasing; since we are not living in "the Middle Ages" she feels she should be allowed to have what she wants.

Another issue was guilt; Leonie described occasional guilt over her purchases, while Liz's experience was more extreme. She described excitement when she bought something costing a week's wages, followed by a "feeling of sick guilt" (13,3). Liz's evocation of nausea illustrates the depth of feelings caused by her shopping.

Different emotions were also in evidence; Arabella spoke of increasingly constant guilt, but also anger with herself; "I feel annoyed because I haven't exercised enough will power" (36,14). This emotion hints at a person who is disappointed at failing to meet her high standards. Phoebe described her feelings about her unworn purchases, explaining the "almost embarrassment of 'My God, I've got all these tops, all these labels on, how could I justify buying this?'" (9,11). Phoebe appears confused by her own behaviour. Anthea regretted a bargain bulk-purchase of tops for her daughter which are too many to be worn. Her desire for a discount seems so strong that she will buy things that she knows will remain unused.

<u>Couples</u>

Compulsive buyers do not live in a vacuum and their behaviour affects their relationships. Miltenberger et al. (2003) found that 68% of compulsive buyers experienced shopping-related problems in relationships with others. My participants mentioned differences about money, for example, in Deborah's last relationship "definitely money was a source of arguments" (25,10). Kate felt her partner's unspoken disapproval of her attitude to money and shopping, since he is a saver and she a spender. Mellan (2000) observes these two opposites often attract, or that if one is a spender, the other becomes a saver to compensate.

Both Phoebe and her mother were compulsive buyers; she noticed that her parents' divorce, and the end of an unhappy relationship for her, coincided. She realised "that I'd got into this same relationship that my mother and father were in and these parallel things happened" (23,26). Phoebe saw her relationship as fundamentally flawed, but was unable to confront the problem, so spent a lot of time and mental energy shopping. This allowed her to avoid her relationship issues and gave her an outlet, however, she felt that without the shopping, she would have faced the problem earlier and resolved it sooner. This supports Riddy's (2000) view that shopping can distract from relationship concerns; firstly, by feeling good while shopping and secondly, that feeling down after shopping may facilitate avoidance of relationship problems.

In contrast, Phoebe shops less in her new relationship because her boyfriend remarked on her shopping problem. However, she feels tempted to meet her shopping needs by buying him presents, noting her "tendency has been to shower him with stuff, which I've had to rein in because I've thought that's really a bit selfish" (31,14). O'Guinn and Faber (1989) comment on compulsive buyers' desire to please, which can manifest itself in gift buying. McGrath (2000) identifies that giving can become another manifestation of compulsive buying.

Leonie's boyfriend had questioned her shopping because she mentioned having no money; she resented his comment because shopping makes her happy. She explained; "this is what I do - and I love shopping, and I love clothes and that's part of me and if you love me, then you love that as well" (41,10). Leonie is passionate

about shopping and its place in her lifeworld; thus she finds it inappropriate for her boyfriend to criticise that part of her.

Liz described her former husband as a shopaholic, noting that their leisure time revolved around shopping. She ironically remarked on the apparent coincidence that they shared the same problem; "so I had been attracted to one as well" (52,18). Riddy (2000) found that several of her participant's partners suffered from addiction, although, in her research, it was generally to alcohol.

Arabella acknowledged that her partner had a history of, now resolved, shopping problems; "he did have lots of spending issues in his mid twenties" (12,5). She wants him to manage her finances, paying her an allowance, while his preferred solution was that she manage her money, with his encouragement, to repay her debts. She did not trust herself, saying "'I won't do it, you'll have to take my money from me'" (74,7). Note that Arabella's solution is to regress into a teenager with pocket-money rather than feeling able to manage her financial problems herself. Richards (2000) discusses Arabella's solution of getting others to set limits in order to protect oneself from the extent of desiring and buying things, while Mellan (2000) counsels against the non-overspender becoming the financial controller.

Anthea, who is comfortable spending only when she gets a bargain, revealed a different scenario. She shared her worry about spending £45 on three items with her husband who replied; "'Why do you do that? You don't need to do that.'" (15,15). Anthea's husband is suggesting that they need not be so price conscious; it could be interpreted that perhaps he finds her attitude to spending difficult.

Shopping: A problem or not?

My participants debated whether they found their shopping a problem. Phoebe identified her shopping as a problem and spoke of realizing that it was spiralling out of control. She laughed as she recalled wondering "'What the hell are you doing?'" (15,12) and feels relieved that her fears eventually helped her address the problem. Anthea felt her shopping had crazy elements, saying "I do feel that there's a bit of insanity about it" (48,11). Both Phoebe and Anthea see their shopping as madness; Phoebe distances her from the craziness by using "you" rather than "I" in "What the

hell are you doing?"; Anthea goes further, locating the shopping "it" outside herself. Hirshman (1992) notes that drug addiction makes sense at the time; that only from the hindsight of recovery does it appear to have been madness.

Arabella said, of her compulsive buying and her participation in this research; "I want to beat it, that's one of the reasons I'm doing this [the research], I'm trying to cure myself" (1,2). Hence shopping is both an enemy she seeks to defeat and an illness that she wants to cure. I felt privileged when she revealed that I was the first person she had admitted her shopping problem to and that six months previously, she would have denied having an issue, saying "'I like shopping, but that's it. Probably a hobby'" (81,2). De Sarbo and Edwards (1996) link denial and compulsive buying.

Liz admits her denial about her shopping; "the embarrassing thing is, that it was a problem, but I didn't realise it was a problem" (50,14). This supports Benson and Gengler's (2004) view that "denial is almost endemic" (p. 479). Harriet was quick to refute that her friends thought she had a problem with shopping, despite feeling that they lectured her about it. Her lived experience is that her shopping is not a problem, but she is aware that others feel concern over it.

Leonie considered whether her shopping was a problem; "I still don't know that I would describe it as a problem, having said that, I'm aware that, everybody who's got a problem with something initially doesn't say that it's a problem" (64,17). Leonie can control her shopping and can stop herself from dipping into her savings. Dittmar et al.'s (2007) definition of compulsive buying includes irresistible buying impulses so, on this measure, Leonie is not compulsive in her buying. Elliott (2000) found consumers who would regard their shopping as addictive, but could still reluctantly impose a spending limit. However, Leonie reflected upon a time when she lost control of her shopping and also pondered her current feelings; "I wish I could do it more. I probably wish I could do it every day, so, perhaps it is a problem. I don't know" (66,2).

Shopping less

Participants discussed differences in their lives and relationships if they shopped less. Deborah thought she would read, visit exhibitions, be outside more and enjoy

being creative. Kate shops when she has nothing else planned so would "just fill up my time with something else" (34,8). Kate, throughout her interview, spoke of her love of aesthetics, but did not mention any creative hobbies.

Leonie was unsure what she would do if she shopped less and felt she would be less happy, saying that "this is my hobby and so this is what I enjoy doing. I would be not as happy, if I knew that I couldn't go shopping ever again. Well, that would be awful" (81,2) and that "I would lose the sparkle" (82,1). Leonie enjoys shopping, feels that currently she does not spend enough time doing it and that losing this important part of her world would be "awful", such that her "sparkle" would also disappear. Leonie presented an interesting point regarding her relationship; if she shopped less, she would be less happy which would impact upon her relationship, however, since she was happy in her relationship, she was shopping less. This suggests that shopping performs two roles for Leonie; firstly, pure enjoyment and secondly, as mood repair when necessary.

Phoebe found her shopping "damaging" (14,20) and wanted it to become "obsolete" (33,29). She felt that she deserved to be doing something more useful and shared her desire to write; "I actually want to be doing self-development and hobbies, like art or I always wanted to write a children's book" (33,9). She explained that if she spent the time writing, not shopping, her goal would be achievable. Phoebe "actually wants" to be doing something other than the shopping which seems to be preventing her from achieving her dreams.

Harriet felt she would have more time and money to build romantic and other relationships if she shopped less, but reflected that she would not choose to spend her money that way; "I could go to the cinema and go to dinner, but I just wouldn't want to use my money that way because you don't get anything solid out of it, do you?" (68,7). Harriet's lifeworld seems to revolve around tangible, rather than intangible, benefits. She said that if she shopped less her friendships would change because she need not be deceitful; "I wouldn't have to be so sneaky about it and I wouldn't feel so guilty and when you're made to feel guilty, then you start resenting people" (69,17). Harriet does not own her feelings, talking about being "made" to be "sneaky" and "feel guilty". She reported her belief that others would shop as she does, if they could, but agrees to differ; "if you don't like it and you don't want to

buy them, then that's fine, but I like buying things" (69,18).   There is defiance in her last sentence, but also a sense of persecution and a plea to be allowed to do as she pleases.

Harriet felt life would be boring without the fun of shopping and wondered how to fill her time, adding that time not spent shopping would feel wasted; "if I was to stop [shopping], then I'd feel, every time I was doing other things, 'I could be shopping!'" (73,18).   Such is the importance of shopping in Harriet's lived experience that every pastime is evaluated, and found wanting, compared with its pleasures.

Arabella reported feeling more secure, which she hoped would reduce the motivation to shop excessively, implying that she previously believed that shopping or possessions gave her security.   This chimes with Scherhorn et al.'s (1990) research which found that buying made compulsive shoppers feel secure.   However, security comes from within and Arabella's spending was making her anything but secure financially.

Arabella always felt that she lacked enough nice material possessions but hoped to reach a point of feeling that she did have sufficient, and appreciating what she had; "I have got loads of beautiful things, if I'm honest. I need to learn to be happy with them" (75,10). She considered that if she shopped less she would need another goal; "I think I would have to find something else to fill it [the time], which is another reason to do a qualification" (74,17).   However, she also remarked upon her interests; "I've got loads of hobbies, that's the silly thing" (81,3). One interpretation might be that shopping is so significant to her that it could only be replaced by something equally important, such as completing a qualification, and that her existing hobbies would not be sufficiently engrossing.

Arabella wants to shop less, but was honest about how hard she anticipates it being; "I think learning to stop, and control it, is going to be ever so ... it's going to be hard and I'm going to be really fed up and frustrated at times" (76,2). Arabella is realistic about how hard reducing her shopping will be.

Anthea was unsure what she would do if she shopped less, but felt that reducing her shopping would make no difference to her life or her personal relationships because

it affects only her; "The only person it would have an impact on would be me, because it's all going on inside" (55,9). She does not spend her husband's money and feels that her shopping does not affect her mood. Anthea sees the impact of shopping on others in financial terms, whereas her husband earlier questioned her need for bargains and elsewhere questioned her need for the "right" garment for every occasion. It could be interpreted that her husband is impacted by her shopping and her attitude to it, but she does not see it. Anthea also said that a tidier house would change her life; "[if] my house wasn't so messy, I … things would be different, but not shopping [less]" (57,2). Note the "I" that becomes "things would be different". It could be interpreted that she seems to see no link between herself, the house being "messy" and the quantity of bargains that she buys, tires of and therefore then seeks to sell on or give away.

Finance

Spending and debt

Shopping has financial consequences which can include debt, either manageable or unmanageable. Deborah explained that, whatever her financial situation, she would spend; "if I have it [money], I will spend it, if I run out of it, then I will spend on a credit card until I have some more" (28,11). Deborah felt guilty over purchases she cannot afford, worried about her debts and felt that she should be saving. However, she said "I worry about money, but I don't ever take the action" (28,11). Baumeister (1991) notes that sometimes people, while aware of the harm they are causing themselves, continue a certain behaviour anyway, because they feel the benefits outweigh the costs. In this case, Deborah's choice not to act suggests her preference for worrying about debt over contemplating curtailing her shopping. Murray's (2000) personal account offers an alternative explanation by proposing that the Freudian id or Pleasure Principle overrules the rational decision-making ego with the superego then being punitive about the consequences.

The consequence of Deborah's shopping is debt; "I have built up a reasonable amount of debt" (28,17). She uses the word "reasonable" when perhaps she means "unreasonable" both unreasonable debt and that the worry caused, while merited, is unreasonable in that it could be addressed through reducing shopping. Deborah's

lived experience resembles Murray's (2000) who describes ignoring her debts, and understanding a credit limit as for spending rather than as a debt.

Arabella said her debts had gone too far, consequently she now cannot afford essentials; "I didn't have any money for food or petrol" (4,6). The financial implications of her shopping meant that she needed someone else to provide necessities for her; however, these frightening financial straits have encouraged Arabella to tackle her shopping problem.

In contrast, Kate's debts are manageable, but she admits that she would still spend when she could not afford to; "I've been able to afford it. But it didn't stop me when I couldn't either, I still used to spend more than I had on things I didn't need" (8,2). Kate felt guilty using her credit card to spend money that she didn't have and realised that much of what she purchased, she did not need.

Leonie recalled her undergraduate years, when she would discuss not having money but would be constantly shopping. When her flatmates quizzed her about the anomaly, she was bemused herself, saying; "'I don't really know, but I find the money for shopping'" (66,15). This suggests the essential nature of shopping within Leonie's lifeworld; whatever else happened, she would find money for that.

Naivety about money

My participants described a naivety about money management. For example, Deborah said she was unable to budget, perhaps living in what McCall (2000) describes as a "financial fog" (p. 463) mystified by money management. Arabella expressed surprise at the cost of her shopping; "I don't seem to add it up in my head. It's always a shock when it gets to the till and I realise that it's only three items, but it's a couple of hundred pounds" (9,16). This illustrates Roberts' (1998) point that money spent on credit cards can seem "abstract and unreal" (p. 300). If Arabella was restricted to cash, it could be hypothesized that the potential embarrassment of having insufficient money upon reaching the till would motivate her to add up her purchases before getting there.

Once in debt, the level could seem immaterial; Leonie explained "the more in debt I am, the more likely I am to go and spend because I think 'Well, I'm so far in debt now anyway – really, what's the difference?'" (36,16). This could explain how compulsive buying increases; wanting to soothe feeling low about debt leads to shopping to feel positive, with the belief that the guilt will be the same regardless of the level of debt.

In another example of lack of financial understanding, Liz explained having not previously understood the interest cost of long-term credit card payment, she bought "on my credit card without thinking about how much it would cost to repay" (43,3). This is in line with Bearden et al.'s (2006) findings. McCall (2000) reports her clients' anger about not having received adequate money education. Although not angry, Liz seemed sad about her previous lack of understanding. However, Wiener et al. (2007) investigated increasing credit card disclosure and found that it only affected purchases about which the buyer felt neutral; this suggests that financial education may be of restricted value with emotionally-laden buying decisions.

Harriet explained her rationale that if you buy two things of approximately equal value, then return one, the other is free. She described buying nine bags, all under £22 and then some shoes for £115, continuing "if I return all the bags I bought then these shoes are free" (7,4). Mathematically this is incorrect, but it explains how Harriet relates to money and her understanding of it. Harriet also described an interest-free overdraft as not being debt. Brazer's (2000) Money Disorders Program explains exactly what debt is; Harriet's comment reinforces the need for this kind of education. Harriet explained that when her pay cheque only returns her bank balance to zero, she considers reducing her shopping, but then reassures herself that she does not need the money for anything else. Laughingly, she started to debate choosing between shopping and necessities in the future; "when I have more responsibilities, there is going to be more of a struggle: Should I buy shoes? Should I buy dinner? Shoes win; but at the moment, I don't think it's a problem" (80,10). While said tongue-in-cheek, she ended speaking quietly. Harriet will need to learn, at some stage, that money cannot all be spent shopping and some must to be put aside for necessities. While Harriet's debate about shoes versus dinner was mostly light-

hearted, it is worth noting that Arabella's shopping got her into a situation where dinner could not be paid for.

Harriet found it hard to refuse any store cards offered because of the incentives given; "it's quite hard to say no, because when you open them, you get discount off, you get points" (18,17). This supports Prendergast, Poon, Tsang and Fan's (2008) finding that compulsive buyers were more premium-prone (more attracted by free gifts or services with a purchase) than other consumers. Harriet's interpretation seems to be that anything which increases shopping is good. Her mother disagreed and made her cut the cards up. Harriet repays her credit card in full; however, she seems aware only of the benefits of store cards and not the potential problems or temptations.

Opportunity cost of spending

Spending can also be seen in opportunity cost terms, in this case what my participants cannot do or pay for because of their shopping habit. Harriet sometimes felt guilty about her shopping because her spending prevented her from buying presents, contributing to her upkeep or learning to drive. She described the previous day's shopping; "I spent about £400, so I could have passed my driving test if I'd saved that money" (29,8). Harriet's passion for shopping has meant that she cannot drive, has not bought presents for people, does not go out with friends nor contribute to her family's finances. Over time these choices may cost more than money, for example, lost work opportunities because she is unable to drive, losing touch with friends and perhaps, resentment within her family.

Compulsive buying can also lock you into a job; for example, Kate said of her partner, "it makes me panic, that there's no way I could possibly give up work and hand over financial controls to him because I just wouldn't ever get any money to spend" (33,21). She does not seem to suggest that they would struggle to pay the bills were she to stop work, but feels "panic" about not getting "any" money to spend, suggesting that her shopping constrains her life choices such that she could not give up work to pursue other opportunities.

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<u>Financial constraints upon spending</u>

Sometimes, however, finance provided the only restraint upon shopping levels. Leonie has a spending limit and refuses to get into unmanageable debt, but would spend if she could afford to; "if I had the money, then there would be no stopping me" (30,1). Thus it seems that lack of finance is the only reason that could curtail her spending.

Arabella noted that if she could afford to, she would still be shopping; only the knowledge that her credit rating would suffer were she to continue as she has been, provided sufficient motivation to tackle her shopping. She explained "I've got good credit, but it's going to go if I don't take control of it" (12,7). Arabella described wanting to "take control" of her spending. Encouragingly, she sees herself as having agency over it, rather than experiencing what Peterson, Maier and Seligman (1993) describe as a sense of "learned helplessness".

3.3 VALUES AND TRAITS

Research has suggested that compulsive buyers differ from non-compulsives on certain values and traits; I encouraged my participants to explore how they saw the values of success, aspiration and happiness and the traits of confidence, perfectionism and decision-making. I hoped these answers would clarify the extrinsic or intrinsic nature of their goals and add insight to the model being formed of my participants' experience of compulsive buying.

3.3.1 VALUES

Success

I asked my participants to describe someone successful, either an individual whom they knew personally, or a celebrity. The attributes used to describe the individual would illuminate my participants' interpretation of success and therefore, presumably, their aspirations. Dittmar's (2005b) research links materialistic values with compulsive shopping, while Richins and Dawson's (1992) study suggests that materialistic values relate to the role of goods in success; therefore it seems logical to expect materialism to appear through my participants' choices. However, success

was defined broadly by my participants, who suggested two overriding themes; firstly, being true to yourself and secondly, appearing stylish and confident.

My participants' definition of success included different aspects of authenticity such as finding your niche, achieving your ambitions or having the courage to be unconventional. Phoebe chose two actresses happy to be successful in their area rather than aspiring to Hollywood. Harriet spoke about a friend who has achieved her ambition to be a teacher; "She's got a good life, I think, educated, good job, boyfriend, flat and she's really nice" (35,19). Her words "a good life" resonate with Kasser's (2004) debate concerning the difference between the "good life" (p. 55) (based on growth, relationships and community) and the "goods life" (p. 55) (based upon consumables). Deborah described someone dynamic and successful in a meaningful career, while Kate chose a quirky, opinionated individual who she felt was succeeding against the odds.

The second common theme for success was being confident, attractive and stylishly dressed. Leonie added to these qualities that her chosen individual enjoyed standing out and is determined. Liz's choice was "very successful in her presentation, I think she sounds full of confidence, she speaks well, she's dressed well" (27,7) and further described her as enthusiastic and full of vitality. Looks mattered to Arabella, who chose two women combining glamour with being dedicated wives and mothers; she described "the kind of success that I aspire to is to still look really good but to have that nice family unit" (43,15).

My participants saw success in terms of happiness, stylishness and confidence, plus working in a meaningful career and being true to yourself. Money was not mentioned as a marker of success, with Anthea categorically excluding it from her view of success; "I don't think it's money, I think it's being happy" (37,12).

Three wishes

I asked my participants how they would use three wishes, if granted, in order to discover what they would choose to change about themselves or their life. Some themes recurred while others were specific to individuals.

Faber et al. (1987) asked participants what one thing would make them happy and 56.5% suggested being free of debt while a further 8.7% suggested increased money. One of my participants' most common wishes related to money, although this ranged from Harriet's desired lottery win of four million pounds to Arabella's wish for a debt-free new start. She wanted to "pay off my debts and put it back on an even keel, so what I earn each month is mine, not the bank's" (70,3). Deborah also sought a lottery win, to be able to treat others, but also to remove money worries; this was also a theme for Leonie and Phoebe who sought enough money to prevent financial concerns.

Happiness was a recurrent wish, for both my participants themselves and their families. Both Deborah and Phoebe sought to feel content and accepting of themselves, with Phoebe expanding it to include more authentic living, explaining it as "life becomes a bit more simple, you just know what you need to do and you just do it. And you know what you enjoy" (28,15). That Phoebe aspires to "know what [she] enjoys" suggests how divorced she feels she has become from her genuine pleasures.

My participants also expressed a desire to improve the world, with Kate seeking equality not just for people, but more consideration for plants and animals too. Anthea sought world peace and would choose to win the lottery so that she could help animals, while Phoebe sought to give one of her wishes to charity. This contrasts with O'Guinn and Faber's (1989) research stating that compulsive buyers are not, as a whole, generous, but agrees with Scherhorn et al.'s (1990) finding that compulsive buyers were generous.

Harriet wanted to be really slim, because that would stop others pressurising her about her weight; she also laughingly noted "I could buy more clothes if I was thinner" (64,18). The fact that she would use a wish on becoming slim suggests its importance to her.

Liz's wishes, however, resonated with her gratitude for the impact of others in her life; "I would wish to go on being helped, supported, the way I have been" (55,8). She hoped for continued strength to challenge remaining difficult hurdles; "I would wish that I could deal with issues that have stopped me from saving" (55,14) and "I

would wish that I could provide for myself in old age" (55,16). This was a moving part of the interview both for my participant and myself. Liz's battle to overcome her shopping problem has been long and hard, and accomplished through personal hard work and with much valued support from Debtors Anonymous.

Arabella was smiling as she admitted that she would not be upset to receive a Mini Cooper; however she reported feeling more content with her life than hitherto. She explained "ask me, a few months ago, I would have wanted a car and a new job and something else, and something else and I couldn't have limited it to three" (71,4). Arabella seems to be reflecting on a new-found sense of being at ease.

Happiness

My participants discussed their, widely divergent, representations of happiness. Deborah sought confidence and to feel positive about herself, while worrying less about how she looked. She also sought meaningfulness; "just to feel happy with myself that what I'm about is actually important" (12,7). Frankl (2004) explores this theme of needing meaning in one's life. Vignoles, Regalia, Manzi, Golledge and Scabini (2006) also discuss the importance of the "meaning motive" (p. 311) by which they mean need to find purpose within identity. Phoebe saw happiness as harmony, authentic success and realistic self-acceptance; "even though you can see your flaws, they don't affect you, you can just accept yourself wholeheartedly as you are" (17,25). Phoebe is describing self-esteem, which research (d'Astous, 1990; Elliott, 1994; Hanley & Wilhelm, 1992; Roberts, 1998; Riddy, 2000; Scherhorn et al., 1990; Yurchisin & Johnson, 2004) stresses compulsive buyers often lack.

Kate did not believe that we are entitled to happiness, but disclosed finding it in everyday things such as nature or peace and quiet; "I think you have to find it [happiness] for yourself, not look for it, but it's in small things" (21,6). For Leonie, happiness revolved around calm, people you love and who love you, health and having no worries, particularly about money. Harriet's views were that happiness involved being with those you love, being content and thankful for what you have. Tellingly, she believed that neither money nor possessions were important; she explained "you could be on an island, what would I do, take all my bags, or take one really, really good friend? Even I would pick my friend" (41,19). Despite her

passion for shopping and buying, Harriet is certain of what really matters in her life and that is the people to whom she is close.

Arabella had a mental image of what happiness would look like; "If I picture where I want to be and what makes me happy, it's living in a nice house with nice things around me" (45,13). Arabella describes the "things" that make her happy; she seems to see happiness in tangible items, rather than intangibles, such as relationships. Krueger's (1988) clinical writings note one compulsive buyer wanted to possess or touch love, her very language reflecting her values.

Anthea's happiness involved lack of stress and time for herself when her children were asleep. It could be interpreted that Anthea's upbringing not only made her feel undeserving of desirable possessions, but also unable to give herself nurturing; her time for herself is spent searching for bargains.

Liz said that happiness for her now meant "feeling in tune with the world and feeling that I'm doing the right things" (29,3). When she had a shopping problem she spoke about happiness as something alien and unknown, that she was very unhappy, sometimes suicidal, but could see no alternative. She described brief periods when she thought that she had achieved happiness through shopping or academic success. Elliott (1994) describes how, for some, compulsive buying gives a "way of coping with suicidal tendencies" (p. 169).

3.3.2 TRAITS

Confidence

Confidence was an important issue for my participants with clothes playing a role in their levels of confidence. Deborah felt confident in social situations provided that she felt well dressed, while Liz explained that her first reaction to a social invitation is to wonder what to wear.

Arabella, although generally confident, sometimes suffered image crises; she expressed it "I'll either be super-duper confident, or absolutely on the floor with lack of confidence" (71,12). She explained that one salient factor was how she felt about how she looked. These emotions started early; Arabella remembers being five and

"all my clothes were on the floor and I was saying I had nothing to wear" (17,2). This is a vivid early memory reflecting the importance of clothes to her.

Phoebe and Leonie spoke of other aspects of confidence; Phoebe described herself as quite shy and felt self-conscious if public speaking was required. Leonie found social situations difficult and would feel self-conscious at a party; she explained that it related to concern about her appearance; "It comes down to being attractive, because it's something that I struggle with; whether I am, or whether I'm not and most of the time I don't think that I am" (22,17). Dittmar (2008), discussing symbolic self-completion theory, suggests that, where there is a "chronic identity deficit of feeling unattractive" (p. 23), buying glamorous clothing will not remedy the problem long-term. Lastly, Leonie made an interesting point about wanting the assurance to wear high heels; "I wish I had the confidence to wear them and to do them justice" (16,9). Leonie seeks to feel worthy of her shoes; she seems to interpret the world through what her shoes deserve rather than what she might deserve.

Perfectionism

De Sarbo and Edwards (1996) found evidence for a link between compulsive buying and perfectionism which has been supported by other research (Faber, 2000; Kyrios et al., 2004). My participants also described perfectionist tendencies.

Deborah thought that others would describe her as a perfectionist, and reflected upon having been obsessive about details in a work project. Other participants were perfectionist in some areas but not all; for example, Kate described herself as easy-going about friendships, arrangements and life in general, but not about purchases; "when it comes to food, drink, clothes, so matters of aesthetics, I think I'm a perfectionist" (22,4). Phoebe laughed, expressing the same divide of being easier going with friends, but that people who knew her before she re-evaluated her life would "probably describe me as a bit of a control-freak and a perfectionist" (19,18).

Liz was also a perfectionist, elaborating that it meant "going on and on and on doing something because it can't be good enough how I've done it already" (34,3). This comment exhibits the profound lack of self-belief within Liz's lifeworld that she

could do a good job. Bandura (1982) discusses the importance of an individual's belief in their own efficacy.

Anthea sought her version of perfection and explained how crucial that was to her; "it's all about perfection - if I can't do it properly, then I don't want to do it at all, which stops me from doing things" (44,2). The word "all" underlines how important being able to "do it properly" is; but Anthea also understands the cost, in terms of preventing her from making progress.

In contrast, Leonie said that she was definitely not a perfectionist and was really easy-going about some things. However, she also described procrastinating through fear of failure; both procrastination and fear of inadequate performance are hallmarks of perfectionism.

Participants also sought perfect items, for example, Kate described not buying if she could not find the perfect item. Meanwhile, Anthea did not want to commit to purchases; "rather than just do it, get your curtains, spend £1,000 on them and then get on with your life, I spend my life sourcing the perfect curtains" (16,12). One interpretation is that the advantage of her ebay bargains is that they could be sold again if not perfect. Anthea believed that wearing the right items for each occasion was crucial, which she related to a previous relationship where her then-boyfriend had expressed embarrassment about her appearance. Thus she aspires to always wearing the appropriate garment; a form of perfectionism.

Phoebe questioned the effectiveness of perfectionism, noting that it was an impossible goal and involved disproportionate effort. However, she also recognized its pernicious nature; "I think perfectionist is so strong that even if you're challenging it, there's still a bit of it running through you" (20,10). Phoebe cautions that perfectionism can be so fundamental to your way of being in the world that it is hard to overcome. Baumeister (1991) believes that having high standards leaves one vulnerable to disappointment and negative emotions when one fails to achieve one's goals.

Arabella, although appearing easy-going to others, would describe herself as "quite a perfectionist and I can get quite anal and uptight about things" (48,17). Her rationale

is that an early adulthood illness prevented her from leading a full life then, so she wants to compensate for that now; however, this requires that everything and everyone go perfectly according to time and to plan.

<u>Decision-making</u>

My participants discussed their decision-making style; perfectionists can feel under pressure to make the "perfect decision" which can lead to procrastination. Research by Kyrios et al. (2004) found that compulsive buyers were concerned about controlling their purchasing behaviour and that there were associations between problems with decision-making and compulsive buying. Frost et al. (1998) and Frost et al. (2007) also found links between compulsive buying and decision-making problems.

Harriet said that she was bad at decision-making and Deborah revealed being renowned for her indecisiveness. Leonie said "I can't make a decision to save my life" (50,16) and explained that she found it particularly difficult to decide what to wear. Liz also struggled with decisions, finding it "almost paralysing, to make decisions sometimes, about what brand of toothpaste to buy" (32,4). The words "almost paralysing" give a bodily dimension to her sense of indecisiveness; it could virtually stop her from moving.

Phoebe explained that she was decisive at work but found personal decisions more difficult, because of the emotions and "baggage" (19,3) involved. Harriet felt that the type of decision affected how hard it was to make; she found choosing a university difficult because she felt it important to make a wise decision, whereas shopping decisions were easy; "'Do, I want that? Yes, I'll take it'" (43,7). Shopping decisions are simple for her, buy whatever you want.

Reasons for struggling to make decisions were explored; Phoebe worried about the consequences of decision-making, while Leonie feared the responsibility of making the "wrong" decision and attendant feelings of stupidity. She also worried about being committed to a poor decision, saying "you're stuck with it, and it's better not to make a decision, than to make the wrong decision" (51,11). This suggests that Leonie would rather live in uncertainty than face the possibility of having made a

mistake. Deborah would try and avoid decisions where possible; "I try to get people to make decisions for me" (14,7). Others may, either unwittingly or not, fail to make the best decision for her interests, but Deborah would rather take that risk than face the responsibility of having to make a decision. However, the fewer decisions she makes, the harder she will find it to trust herself to make them in the future.

Liz found the consequences of a poor decision unbearable; "I'd be condemned to live with whatever product I had bought" (33,3). "Condemned" is an emotive word; purchasing the appropriate product is so integral to Liz's lifeworld that it feels like a judgement not to have bought the right thing.

In contrast, Kate and Arabella found decision-making generally straightforward. Kate described knowing what she wanted, while Arabella said that others described her as impulsive and decisive. Anthea described herself as initially impulsive, but she would then deliberate over her decision; she contrasted herself with others who would just decide and buy.

3.4 ACTUAL VERSUS IDEAL SELF

A common theme running through my participants' descriptions was a sense of wanting a different life and hoping to shop their way to that life. Dittmar (2005b) suggests that one cause of female compulsive buying is discrepancy between ideal and actual self. Higgins' (1987) Self-Discrepancy Theory suggests that individuals seek to match their actual self (own viewpoint) with the ideal or ought self (from their own or important other's viewpoint); if they do not match, depression occurs. Cushman (1990) discusses an eternally needy empty self, perhaps with low self-esteem (a self empty of self-worth), which seeks to be soothed by being filled with food, possessions or celebrity culture. He suggests that individuals who feel bleak about their lives are likely to wish for a fresh identity.

Muensterberger (2000) suggests that the item chosen for collection by compulsive collectors is often closely linked to events in childhood and acquires a "magical potency" (p. 166) for alleviating childhood anxiety. One of my interview questions was designed to explore whether participants bought one particular type of item passionately and whether there was an underlying explanation for their choice.

Where there was a favourite purchase, there seemed to be a rich narrative, giving an insight into some compulsive buying issues; these have been explored within this section of the analysis.

An interesting finding to add to my model of my participants' experience of compulsive buying was that some participants seemed to be aiming for an ideal self or life that resembled their actual self, whereas other participants exhibited a desire for an ideal self or life that looked entirely different. This could be expressed as continuous or discontinuous change and this idea will inform the final section of the analysis as it looks at identity implications for each participant. Since identity is unique, each participant has been presented separately because to amalgamate their stories would not do justice to their individual lifeworld.

3.4.1 IDEAL SELF AS IMPROVEMENT UPON ACTUAL SELF

Deborah and Arabella's accounts suggest that they are attempting to shop their way towards their ideal life, but that it is an extension of where they are now, rather than a change of direction. Anthea's shopping is directed towards a life that she aspired to as a child and has tried to create since.

Deborah: Current life versus perfect life

Deborah sought the perfect wardrobe and through it the perfect life; her self-recognised desire was for more confidence which she seemed to hope to buy on a hanger. Deborah wore her purchases and did not aspire towards a self that looked radically different, so the ideal self for which she shopped was an extension of herself, but with more confidence.

Deborah described her, self-confessedly, irrational belief that shopping will be instrumental in changing her life. She was seeking the perfect wardrobe and through it she hoped to find the perfect life, rather like Lucy going through the wardrobe to Narnia in C.S. Lewis's (1950) classic children's story. However, unlike Lucy, Deborah believed that she would find perpetual summer rather than perpetual winter. Deborah had a wish-list of desired clothes and believed that if she were to buy everything on the list, her life would dramatically improve. She said "I always have

a wish-list of things that I want and this sense of accumulation that once I have all of that, then my wardrobe will be perfect, so everything in my life will be perfect" (8,13). "Always" implies that she has never got to the end of her wish-list. It could be suggested that Deborah knows that, were she to get to the end of her wish-list, she would find that possessions do not make her life perfect. She would then have to find another solution for her negative thoughts and feelings. Deborah chooses "perfect" as the standard to aspire towards, both in her wardrobe and her life, and is therefore doomed to failure since nothing and no-one can be perfect. Goldman (2000) discusses compulsive buyer fantasies that buying x, y or z would make life perfect; these dreams fade when the goods are bought and carried home, where they may be ignored.

Deborah knew that if she considered it "rationally" (8,15), neither her career, nor her relationships, nor anything else in her life would change if she possessed everything on her wish-list. However, while "focusing on one thing" (8,16), it seemed as if her life would be different or better if she were to get it; this phrase sounds like the cognitive narrowing of Baumeister's (1991) Escape Theory, where focus on the present blocks out unwelcome thoughts.

Deborah explained the self-perpetuating nature of her wish-list; as one item is bought, other items are added to the list, perhaps generated by the bought item. Her wish-list is "constantly changing, depending on what I've seen, when I've been out and so, once I have things, then it's the next thing, that will go with that" (9,4). One of Elliott's (2000) participants likens one purchase leading to another to painting a picture; each item makes clear what needs to come next to complete the image.

Deborah knows she attributes more power to the transformative effect of shopping than is merited; "I attach more importance to it than it actually has. I have this constant aspiring to have all these things and actually you get them and you just want more things because ultimately nothing's changed" (8,7). Deborah's "constant aspiring" for "all" these things, suggests that she never reaches a sense of contentment. Her wardrobe might be interpreted as a metaphor for how she sees herself, perhaps she never feels content with herself. She twice uses the word "actually" suggesting an implicit contrast between the reality of what "actually" happens and the fantasy. She expresses the futility of her strategy in her phrase

"ultimately nothing's changed", yet her ongoing solution is still to "want more things".

Deborah has a strategy to change her life which she has been applying for several years and she realizes has not worked. Yet, such is her underlying belief in the validity of her solution that she still sees it as the answer to her problem, which is an underlying desire to change her life. The rest of her narrative suggests that it is herself, and specifically her confidence and belief in herself, which she really wants to change. By changing the outside, through the medium of shopping, she is trying to change the inside.

The tragedy is that it will not work and on some level she knows that; but meanwhile she persists with this unhelpful solution whose financial consequences are deepening and which is causing increasing amounts of anxiety for her. The process of discussing her shopping, has led Deborah to realize that her parents sought to help her cope with problems by buying her gifts, and that perhaps she is now using the same technique herself.

Arabella: Modern life versus Fifties glamorous life

Arabella was ill for a few years during her late teen years, when she described there being a lot of Fifties matinees on television. She explained how she came to love and identify with those films, revealing that she became a "big fan of Marilyn Monroe and people like that" (40,5) continuing that "I'm almost one of those people who have been plonked in the wrong era" (40,5). Arabella aspires to a different life of what she described as "old fashioned values" (40,9) and "old fashioned glamour" (40,11); "the modern world doesn't particularly appeal to me, I suppose a more idealised world does; and I like that very feminine, perfect look" (41,3). One interpretation could be that by seeking a Fifties glamorous style, Arabella is emulating the Fifties movies within which she escaped from her own, difficult, teenage life.

She described having a good career, but it was based upon her enjoyment of her role rather than a desire for success. She explained her ideal life; "what I really want to do is have children and be a housewife" (40,17). Arabella revealed the following

purchase preferences "My big favourites are clothes and make-up" (11,6) and "I also have a weakness for home wares; I love kitchenware, bedding, knick-knacks" (11,8). The home wares purchases seem in tune with the Fifties home-maker role and the idealized home that Arabella seeks in the future.

Arabella liked the identity of Benefit make-up because its branding, packaging and humour represent a Fifties glamorous look for her. She described her view of the brand and its impact upon her; "to me, Benefit comes in a big peachy-pinky kind of fuzzy bubble and I like the way it makes me feel" (39,1). Arabella spoke of the importance of appearance to her, saying "if it's not the house, it's my skin or hair or clothes or whatever, so I suppose it must all come down to image" (15,6). The word "all" indicates the omnipotence of "image" for her.

Arabella talked about a tension between the polished style that she likes and a feeling that she should dress in a younger style, more like her student friends. She explained "very occasionally, I maybe feel like, I want to be more like them, but I'm not, that's me, I have to come to terms with it, I'm not like that, this is my style" (23,7). This seems to echo what Bayley and Nancarrow (1998) call "blind impulse" buys (p. 112) which reflect a desire to try out a different identity, but are often regretted.

She said that her illness, when she could not do anything, had made her want to use every moment now that she is well; "I'm always filling up my life and always wanting to be involved in things and nothing's ever enough" (81,14). Arabella spoke of "filling up her life" in terms of activities, but a parallel might be drawn in terms of her possessions as well. One interpretation might be that, as a young teenager, her possessions were restricted by her father and she now seeks to redress the balance through compulsive buying; in the same way, as an older teenager her actions were restricted by her illness and she seeks to redress that by taking on more activities.

Arabella also mentioned how important new sensations were to her; "I think I'm trying to find more things to stimulate me and nice things and designs stimulate me" (81,21). Note that "things" stimulate her, rather than ideas or creativity. De Sarbo and Edwards (1996) found links between compulsive buying and sensation-seeking which seem to fit with Arabella's experience. Faber and Christenson (1996) contend

that compulsive buying might be used to increase arousal level in those who wish for a higher level than they habitually experience.

Arabella described her dream job; "nothing would give me greater pleasure than to be a personal shopper or a stylist or something, because I think things make my life better so things must make other people's lives better" (35,12). Arabella feels that she has found the answer to make her "life better", and so wants to share this with others. However, this answer has led her into debt and has not solved her crises of confidence. Arabella seems to believe that she can make her life right, if she fills it with enough activities and possessions; one interpretation is that if she finds the perfect ones, then everything will be like the "idealised world" of the movies.

Anthea: Real life versus Jilly Cooper Utopia

Anthea read Jilly Cooper (Cooper, 2009) novels to escape from her parents' unhappiness and envied the lifestyle portrayed; she said "I secretly yearn for that kind of lifestyle myself" (33,5). She tries to create a Jilly Cooper existence; "I'm trying to create some ideal Utopia where everything is going to be ok if I have these things" (29,20). The phrase "where everything is going to be ok" suggests that she does not feel happy with life as it is. It could be interpreted that she believes that by having the goods which she did not have as a child, she can soothe the feelings that she experienced then.

Anthea recalls there being a sense of being unworthy of good quality possessions during her childhood; she described it as "a hang up within my maternal family that we don't perhaps deserve nice things" (46,20). She spoke of family values of saving things for best which she seems to have internalised. She reported discussing what to wear around the house with a friend and remembers her initial, and subsequent, thoughts; "'Why aren't you wearing old rubbish round the house?' But, you don't need to wear old rubbish, do you? There's enough clothes to go around that you can wear quite nice things" (46,18). It could be interpreted that the ideal to which she aspires is one where, not only is she living in a Jilly Cooper novel, but where she feels that she does deserve nice things, and that those things need not have been bought at a bargain price to justify them.

Anthea sought stimulation and described creating stressful situations by buying goods and then deciding to return them at the last moment, possibly because the drama would alleviate her boredom. She tired of possessions, reporting starting a collection and then losing interest; "Millennium Waterford crystal, I decided I must have those, so I started collecting them and there's five sets of them and I got to the fourth one, and now I just want to get rid of them" (21,14).

Throughout Anthea's narrative runs a theme of striving to get the best bargain and trying to create a Utopian ideal, in contrast to her own childhood of few material comforts. There is also a theme of chasing something and then deciding she no longer wants it. If she believes that possessions will make "everything ok" then if she allowed herself to be satisfied with her choices, she would have to see whether her strategy succeeded. It could be interpreted that, while she sees her yearning for a Jilly Cooper lifestyle in terms of material possessions, what she actually seeks is a lifestyle that feels secure without anxiety over whether everything cost too much or should be saved for best.

3.4.2 IDEAL SELF AS TRANSFORMATION FROM ACTUAL SELF

In contrast, other participants' accounts suggest that their shopping is directed towards a change of direction, almost a discontinuous effect. Kate used shopping as part of a dramatic change of self-perception, while Liz shopped in the hope of becoming anyone other than herself. Harriet seems to shop for a different body shape and a life of glamorous events that she does not attend. Phoebe was shopping for a different self, but it was one designed to fit in with her work environment and her mother's values, and was in contrast to Phoebe's authentic self. Leonie combines elements of both continuous and discontinuous shopping; she seems to enjoy shopping for her actual self but also shops for her ideal, more confident self.

Goffman (1997) discusses the self as a "performer" (p. 23) which is the motivational centre of an individual and which chooses the performances which the self as a "character" (p. 23) will give. It is these performances which others see as the self. I would argue that when a different self is sought, this is a new character being portrayed and so, for some people, part of trying to act a new role, is ensuring that you are correctly attired for the part that you are hoping to play.

Kate: Androgynous versus attractive self

Kate described herself as a spotty teenager with National Health glasses, who was prevented from dressing trendily by her father who believed that make-up and fashionable clothes were inappropriate for his daughters. Elliott (1994) found positive correlation between compulsive buying and strict teenage parenting, which is supported by Kate's story. Kate explained that she had weight problems when younger and had no sense of femininity or personal appeal; "I was fat and I didn't really dress up; I never really appreciated being a woman when I was in my twenties, and even early thirties, at all. I had absolutely no perception of being attractive as a person" (10,10). This quote shows how alienated Kate was from her female body and from any sense of "being attractive as a person". Murray's (2000) personal account of compulsive buying includes discussing the impact of her mother's issues on her daughter's burgeoning sexuality. Kate's account might be interpreted as being similar, with her father's attitude perhaps influencing her attitude to herself.

Kate remembered the seminal moment when her attitude towards herself changed; it occurred when her sister asked why she insisted on wearing sacks and cropping her hair. Kate described her transformation; "all of a sudden, in my mid-thirties, I found, I grew my hair and I just changed as a person" (10,18). Kate says "I found", it could be interpreted that it was herself that she found. Kate's younger sense of not feeling attractive, not appreciating her femininity and dressing and styling herself in an androgynous fashion, was replaced "all of a sudden". She laughed describing her rebirth; "I suddenly became very interested in clothes and stuff like that. So it was like a whole new experience that perhaps I should have been doing in my twenties" (10,25). Murray (2000) describes buying clothes as a "ritualistic means of claiming" (p. 235) the femininity which her mother had denied her when younger, which seems to chime with Kate's experience.

Kate said that the items which she bought most were shoes, bags, coats and lipsticks. Whilst this list looks fairly wide, it is interesting to note that all the items are those that are simple to find to fit, which may give some insight into Kate's shopping and how she makes sense of her life. It could be suggested that these were the easiest and most visible purchases for someone who had suffered from weight problems and who was engaged in making a seismic shift of image.

One interpretation of Kate's shopping could be that, as she engaged in the inner work of gaining a sense of herself as an attractive woman for the first time, she needed to effect a dramatic change in her appearance in order to feel congruent in her new self. The shopping could perhaps be seen as originally a functional and necessary reflection of her transformation; however, perhaps it then became attractive of itself and self-perpetuated after its initial purpose had been served. Alternatively, the shopping may have become ingrained as part of the new, attractive self and subsequently been fuelled by the competition she feels to keep up with the women she meets at corporate events.

Kate spoke of ethical dilemmas, having become aware of not needing so much and more concerned about the environmental and social implications of how clothes are manufactured. Kate reflected upon what she described as her excess shopping and whether it was a good use of the opportunities that she had been given; she was concerned "that I was actually doing anything, not wrong exactly, but so useless" (27,1). She seemed to be doubting the morality of her actions and continued "in quiet moments, I'm actually realising what I've done, as opposed to, in the past, where it never occurred to me" (26,27). There seems to be a sense of culpability in "what I've done", and a deep regret.

Kate pondered whether she was moving out of her shopping phase; "it's really weird, because I think I'm actually coming out of it" (11,3). This may relate to her ethical dilemmas or another interpretation for her "coming out of it" might be that she now has a sense of being secure in her desirability and femininity and no longer needs the same degree of external framework to maintain it. Perhaps she is now ready to embark upon another journey of change.

Liz: Real self versus aspired self

Liz dreamed as a child of going to the dances that her mother attended, but her adult life was different, since she only went to those occasions once a year. She noted her distorted view saying there "wasn't a lot of reality between where I was and where I thought I was" (11,14). Liz held onto her childhood expectations of adult life, even when her own life differed. However, this aspired lifestyle affected her shopping, reflected in her passion for costume jewellery; "I always aspired, secretly, to the

whole going out to dinner, dancing scene and wearing, she [her mother] had some fantastic pieces of, really wonderful, Sixties' costume jewellery" (11,4).   It is interesting that it is a "secret" aspiration for this glamorous life; she also noted that she loved the fact that the jewellery sparkled and attracted attention.   It could be interpreted that part of what Liz was "secretly" seeking was being noticed and given the admiration that perhaps she felt unable to give herself.   Rather like Cinderella (Mayo & Norman, 2002) she felt that with the right accessories she too could go to the ball.

Liz's second reason for her love of costume jewellery was that she had suffered with an eating disorder and her weight would fluctuate dramatically.   Liz expressed having loathed her body and sought something to improve her mood;   "there were times when I really hated my body and I couldn't find anything that I liked that fitted me and therefore costume jewellery was a relatively detached thing that I could buy for myself that made myself feel better" (9,13).   Liz's sense of self was riddled with the hatred that she sometimes felt for its physical manifestation, her body.   She explained the problem with clothes; they "would sit in the wardrobe and reproach me" (9,20).   She is anthropomorphising the clothes, they are saying nothing; she is saying it all to herself.

When she was shopping to excess, Liz suggested that she lacked a clear identity, saying "I had absolutely no idea what I was going to project, I was just all over the shop" (19,16).   One possible interpretation could be that she had no clear idea of herself on the inside, and so struggled to decide who to present on the outside. Baumgardner (1990) provides evidence that the extent to which an individual believes they know themselves affects self-esteem, with lack of self-certainty linked to low self-esteem.   Liz seemed keen to become someone else, but was unsure who that was.   One interpretation might be that she was trying to become anyone, except herself, such was her low level of self-esteem and feeling of not being good enough.

Liz recalled her thoughts when starting postgraduate study; "What does a PhD student look like?" (61,9).   Her language is telling; what does "a" PhD student look like, rather that what do I look like as a PhD student.   The suggestion is of changing herself to fit the mould rather than being happy with whom she is.   Krueger (1988) explains that compulsive buyers are influenced by other's responses and external

comparison. De Sarbo and Edwards (1996) linked dependence with compulsive buying, for example, when an individual chooses their behaviour based upon what others might think. Liz could be seen to be basing her identity upon what her fellow students and her lecturers might think.

Liz laughed, explaining the dichotomy of wanting attention and not wanting it; "I want to fit in and I want to stand out at the same time" (61,15). Vignoles et al. (2006) discuss the importance to identity of standing out from others and being unique. Liz spoke of having thought that "I was fundamentally, in some way, unfit for life" (51,12). One interpretation might be that this unfitness was why she sought to fit in; but perhaps she also sought to stand out to help her work out her identity. Rogers (1951) explains changes in perception of the self, whereby the individual comes to see themselves as someone of worth and their actual and ideal self move closer together. In Liz's case, these were substantial issues, particularly since she perhaps could not identify her ideal self. Even now, after many years of working on her shopping problem, Liz spoke of her fantasy relating to a special occasion she was to attend; "I want to be in this gorgeous dress, and I want to be this gorgeous slim person in this gorgeous dress" (60,1). This resonates with Murray (2000, p. 240) who would "conjure up a fantasy of how I would dazzle people at an event" and then dedicate the intervening period to sourcing the right outfit. Liz, however, showed how far she had come on her personal journey of self-acceptance when she said "I'm going to have to go as I am and, actually, it's alright" (60,8).

Harriet: Real self versus aspirational chiffon self

Harriet buys things that she knows she will not wear, either because they do not fit her lifestyle, or because they do not fit her body. She buys items that "I wouldn't wear it to Uni, couldn't wear to work, couldn't wear it out, I just buy it anyway. Sometimes, I buy things that don't fit." (8,18). There seem to be two possible interpretations for this behaviour; it may be that she buys items for the aesthetic pleasure of owning them, however, she does not talk about items in terms of their beauty, in fact, she appears to forget that she owns them. An alternative interpretation is that she is buying for a different life, one that she aspires to.

Perhaps Harriet seeks stimulation; she described imagining scenarios which allowed her to try on garments and get the attentive service she enjoys. She related going into Monsoon and recruiting the help of a sales advisor in choosing an appropriate outfit for an event; "I'll get someone's help to find me something that will suit and I'll be like 'Oh, I'm going to a ball, I need something' or 'It's my friend's wedding' or 'I'm going to a christening'" (18,1). It could be interpreted that, rather like in the 1970's children's television series Mr Benn (McKee, 2005) where he tries on different clothes and has adventures, Harriet believes that if she tries on the clothes, she will attend the glamorous events. Langrehr (1991) describes shopping centres as "a theatre where consumers can create their own world and fantasize their parts in a play" (p. 428). This is what Harriet appears to be doing.

She also spoke of trying on expensive clothes and then dropping them on the floor. Harriet appears to be trying on an expensive lifestyle and the idea that she can treat the clothes with disdain. Winestine (1985) may be describing the same phenomenon when speaking of a client who fantasized that she was a multimillionaire's wife and could buy anything she wanted.

Harriet described being overweight and the impact that had on her shopping. She reported buying a lot of tops and finding them easy to buy because her size fitted, unlike jeans shopping which she said could be depressing because she could try on 50 pairs and none would work. She bought a lot of shoes and bags, explaining her rationale for choosing to buy bags; "because I'm a bit overweight - they're easier to buy, like bags, you could be a Size 0, you could be a Size 30, a bag's still a bag" (11,17). She spoke of having a passion for buying chiffon in revealing styles which she never wears; "chiffon's not a good look for me and I keep buying things. If it's see through, it's frilly, if it's like up to there, down here. I'm just drawn to it" (17,5). Harriet talks about being "drawn to" buying clothes that are "see through", short and low-cut which she feels do not suit her, perhaps because of her weight. Alternatively, since chiffon is more a special occasion, than an everyday, fabric, this could be another example of buying for events which do not occur in her life.

Harriet's account resonates with her love of shopping and particularly buying but she is less sure about her possessions; "I don't know if the having, not really" (8,14). One possible interpretation is that, while shopping, Harriet can imagine she is a slim

woman who can wear chiffon and goes to glamorous events, provided that she does not shatter the illusion by trying on jeans. However, perhaps when she gets the items home, her dreams have not materialised but rather than dwell on that, she chooses to carry on dreaming and go out shopping again. A psychologist might want to suggest that she engages more with her life and with her friends, and less with shopping, in order that her real life becomes fuller and more satisfying.

Phoebe: Inauthentic versus authentic self

Baumeister (1991) discusses the "paradox of self-destructive behaviour" (p. 238) and cites three types, one of which is where harm to the self is neither anticipated nor wanted. Phoebe's shopping harmed her because, with every purchase, she moved further away from her authentic self and become more entrenched in the self she had internalized from her mother.

Phoebe's upbringing led her to believe that you had to look the part to be the part and so she strove to do that. Chapkis (1986) describes how clothes can be chosen to present an identity which will enable a woman to succeed in her career, achieve the status she desires, or attract the partner that she wants. Phoebe identified what she needed to look the part and get the partner, but did not consult herself whether that was a part or a partner that she wanted.

Phoebe talked about her sense of inauthenticity; she had been "trying to be somebody I'm not" (29,5). Ryan and Deci's (2000) Self-determination Theory suggests that people are more motivated, involved and confident when behaving authentically.

Shopping had given her pleasure in an unhappy life where her deeper needs were ignored. She used shopping as a distraction and got lost in it, because she felt unable to face her problems. She described her life gathering its own momentum; "before you know it, you've got this really demanding role and you think 'How did I get here?' and then you've got this house and this mortgage and this relationship and you think 'I've just reached this point of none of this is making me happy'" (34,15). Phoebe seemed to have a moment of realisation when she saw that she had striven so hard for the wrong thing and thus found her apparent success empty.

Phoebe chose to buy tops more than other items, which gave an insight into her life through the medium of her shopping. She spoke about the choice and variety of style of tops and that she found them easier to buy than trousers; "unless I've got a gap, I think I need a certain sort of trouser, I don't tend to; it's mostly the fit, you try ten on and one might work" (4,5). The significance to Phoebe of wearing something new meant that she chose something easy to buy so that every shopping trip could result in a purchase.

Phoebe felt that new items made you look the part and compensated for lack of confidence; "[if] you look the part, it comes; a bit like my mother, you are, what you look. What you almost get [is] the confidence to be that person" (37,29). In business situations, Phoebe doubted that people would accept her true self, so she used clothes to pretend to be what she believed that others wanted to see. Note "a bit like my mother" which shows Phoebe's awareness of parental influence in her belief that you have to "look the part". It is interesting that Phoebe uses the word "part"; this fits in with Goffman's (1997) interpretation of social life as a drama where individuals play roles. Gergen (1972) sees the self as a series of masks worn for particular social occasions, and wearing a mask, facilitated by the "right" clothes is what Phoebe appears to be doing.

Phoebe's wardrobe does not represent her real self; purchases bought because she liked them form a tiny proportion of the whole, with the remainder bought to play a part. "I've realised that half these clothes I've bought I don't even like, and that they're not actually me, because I've bought them for various jobs'" (39,25). Elliott (1994) identifies "social image benefits" (p. 168) whereby purchases help individuals match their view of the appropriate appearance. Schlenker (2003) reviews work on self-presentation, noting that it involves consideration of the audience, which seems to be what Phoebe was doing. Phoebe likes muted shades, but found herself drawn to buy bright garments; "garish colours, that I don't know whether being forced to or felt some pull to buy, but then never wore" (11,3). Phoebe felt "forced" to purchase bright colours that she did not like, in an attempt to lift her mood, but then felt unable to wear them.

Phoebe described some recent life events, perhaps, she said, triggered by becoming thirty, she "split up with a long-term partner, sold my house and went round the

world, quit my job and just all this major change" (8,20). This led her to some serious reflection about the cost of her previous life; "I've lost, suffocated so much of myself" (34,27). This is a crushing image of having "suffocated" her true self, which she sees as more artistic, and denied it the air it needs to survive, let alone thrive. Phoebe reported feeling unable to access the art that she had enjoyed in the past, because her childhood teaching about the supremacy of image had severed her connection with her true self. Hirschman (1992) suggests that a child who experiences conditional love suppresses their feelings in order to meet the standards of their parents and so gains an inauthentic self.

After reassessing her life, Phoebe laughed, expressing her understanding of the extent of her freedom; "you can do whatever you want to do and that the whole outward, that's all irrelevant" (35,15). This is a major shift in her sense of what matters, she now sees the outward image as "irrelevant", having seen it as fundamental for so long.

Rather than constantly reinventing herself to fit different environments, Phoebe wants to be consistently herself; "getting to this point of harmony, where you are happy being yourself" (26,26). Phoebe reflected that shopping seemed straightforward, but was connected to so many other issues. She wanted to reject materialistic consumerism; desiring "to just disengage with that and in myself and generally, what I want to be doing to rise up and just form what I am, it's my life" (34,4). "It's my life" seems poignant, there is a sense that her life has been overshadowed by the values of others, predominantly her mother, and that she is reasserting her individuality and agency.

Leonie: Normal self-conscious self versus feminine, confident self

Leonie bought two different wardrobes for different facets of her personality; a self-conscious self which was presented to the outside world in safe clothes and a more confident, feminine self whose clothes were predominantly kept unworn at home, and who aspired to the limelight.

Markus and Nurius (1986) developed the idea of possible selves, which can be both the ideal self that we would like to become, or the self we are afraid of becoming.

Leonie is motivated towards becoming a confident, prettily-dressed self and it may be that there have been times in the past when she has been that self, wearing the clothes and acting with confidence. Markus and Nurius (1986) suggest an individual looks at others and imagines becoming like them; Leonie admired a colleague's dress sense and confidence, perhaps suggesting that she would like to emulate her.

Baumeister (1991) talks about escaping a sense of self in a positive, meditative way; while escaping her "ordinary sense of self" (p. 243), Leonie is able to access the other self that she shops for, who is less self-conscious. She explains that if she bought eight items while shopping, four would be worn "to death" (18,12) and she would think they are wonderful, while the remaining four would remain unworn, despite her really liking them. She describes the worn items as "normal and plain and everyday" (18,20), while the unworn are more aspirational items; "things that I wish I could wear, that either I don't have the opportunity to wear or I love them, but they're too fancy, or too smart, or too crazy and patterned and mad" (19,2). She has a particular passion for shoes, which she sees as pretty and girly, relating that at one time "I was going shopping at least once a week, so I was coming back with at least one pair of shoes each week" (12,1). One interpretation is that wearing the "confident" shoes could be a first "step" towards feeling able to dress in the confident wardrobe.

J.D. Campbell's (1990) evidence shows that individuals with low self-esteem may not have a clearly-defined self, thus they may present themselves more tentatively and less consistently than others. Mead (1934), the symbolic interactionist, describes having a self as being dependent upon being able to anticipate and understand another's interpretation of your behaviour and being able to choose your own actions accordingly. Leonie exhibits this uncertainty when describing her thought processes when she is dressing in the feminine clothes she owns; "'Is it a bit much? I don't know, will people be looking at me?' and 'It's really pretty, but, ooh, I don't know. Oh, I'll put my jeans on and a big top and that's alright'" (20,2). This internal dialogue sounds like one side of her is pleading to be a butterfly but the other side fears the attention that the beauty of the butterfly inevitably attracts. The fearful side seems to generally prevail, because that the wardrobe which she wears to death is "not pretty and girly and nice and different, it's just the same" (22,6).

Leonie's "same" clothes could be said to perform the same role as Harry Potter's invisibility cloak (Rowling, 1997); she can disappear in them and feel safe. Leonie explained why she felt unable to wear her pretty feminine clothes; "I wish I was the more confident person who could wear the clothes that I like and the clothes that I buy, but I'm not" (21,4). Schlenker (2003) advises that others believe the self that we present, so that if she were to wear the clothes, others would believe that she was the "confident person who could wear" them. However, she continued to buy them; "So, I don't [wear the clothes I like], but I carry on buying the clothes in the hope that I might be or I buy the clothes at a time where I think that I am" (21,8). Markus and Nurius (1986) propose that the possible self, rather than the current self, can be instrumental in choosing purchases. Leonie has a sense of who she aspires to be and feels liberated enough to buy the clothes she would like to wear while shopping, but this confidence wanes when considering presenting herself to the world in them.

Like Liz, Leonie experiences a tension between wanting and not wanting to attract attention; "I love the fact that they [her heels] make me really tall and it's just such a nice feeling but then I feel like people look at me and I don't want them to, but I do" (15,6). She revealed that, after a drink, she enjoys the attention, but otherwise she feels particularly self-conscious. Leonie explained her fantasy about wearing a new pair of shoes, imagining "how I will look when I wear them. And that they will be wonderful shoes and everyone will comment on them; 'Aren't they beautiful!'" (13,18). One interpretation of this could be a compromise where Leonie's shoes get the attention which she seeks, but feels uncomfortable receiving.

Leonie believes that pretty clothes are chosen to attract male attention which she felt would be inappropriate at work. Leonie thought that if she and a shorter colleague wore the same clothes at work, her colleague would be appropriately dressed while she would not be; "I feel that if I was wearing a skirt and boots, it would be overtly sexual and completely inappropriate" (76,4). She then reconsidered her position; "maybe I'm going to have to have a re-think. Yeah, probably more about me than the clothes" (77,15). It seems that, through the process of explaining her thoughts to someone else, she came to a decision to reconsider how she was creating her lifeworld.

When feeling low, Leonie knew that certain purchases would improve her mood, because they were "pretty" (33,6) and "different" (33,7) but prosaic in nature. "If I'm feeling stressed or down, it will be knickers, pyjama bottoms, make-up, shampoo - that kind of stuff. I suppose it's comfy stuff, it's safe stuff" (33,9). The words "pretty" and "different" are the same as those used for the wardrobe that she buys but does not have the confidence to wear. One interpretation could be that the advantage of pyjama bottoms is that, because they are worn at home, Leonie need not confront her issues around her height, or attracting attention, or her uncertainty about her attractiveness, or whether she has an occasion when she can wear the item. She can simply enjoy wearing the items that she likes.

Leonie explained that, when feeling down, she chose purchases that would not make her feel lacking in some way. These purchases would not make her feel "'I don't have anywhere to wear that' or 'That doesn't suit me' or 'If I was so and so, then I could wear that' or 'If I was shorter, I could wear that' or 'If I was taller, I could wear that'" (33,14). Corbett (2000) describes the self-consciousness generated by this inability to measure up to model standards. Leonie explained the dialogue that goes through her mind, saying that she is always wrong for the pretty clothes; insufficiently confident, too short or too tall; she always sees something wrong with herself.

CHAPTER 4: SYNTHESIS

4.1 INTRODUCTION

This synthesis seeks to draw together the threads of the research and to present some concluding thoughts. The aims of this research were twofold; firstly, to explore the lived experience of female compulsive buyers and secondly, that the insights gained help inform the practice of counselling psychologists and others working clinically with this client group.

There were two key research findings. The first was that compulsive buying is not the fundamental problem. Instead it is a symptom of underlying problems, a flawed attempt to solve or avoid those problems and may cause additional problems which need to be addressed. Thus the role of the counselling psychologist working with a compulsive buying client is to discover what the underlying issues are for that specific client, so that work can be done to address them. Work may also need to be undertaken on the problems caused by compulsive buying.

Dittmar (2008) discusses the idea that compulsive buyers shop to bridge a gap between their actual and their ideal self. My second key research finding goes further suggesting that in some cases that ideal self was an extension or constantly updated version of the existing self, whereas in other cases, the ideal self was fundamentally different. This has important consequences for therapeutic work; thus a counselling psychologist working with this client group could, through discovering more about an individual client's ideal self, have insight into their aspirations and what they were using their shopping to try and achieve. For example, one participant was seeking to feel more confident in themselves as they were, whereas another sought the confidence to express a different, more confident, self. Compulsive buying cannot change the self, so therapeutic work could be focused on either accepting the existing self, or making helpful changes such as increasing confidence.

The synthesis will explore these two key findings in more depth referring to the three superordinate themes of the analysis. It will also discuss three subsidiary ideas; firstly, positive psychology's potential contribution to what might replace compulsive buying in client's lives, secondly, a contribution to the debate

concerning the diagnosis of compulsive buying and thirdly, whether compulsive buying lies along a continuum or not.

Suggestions will be made for future research to increase our understanding of compulsive buyers and my research will be placed in a broader social framework, exploring some implications for community-based psychology. Before that, I will reflect upon the research methodology used and look at the generalizability of the research and its strengths and limitations.

4.2 REFLECTIONS UPON THE RESEARCH METHODOLOGY

I have already shared my reflections upon the recruitment procedure and the interview process within the methodology section. Therefore these reflections will concentrate upon my thoughts about the analysis and writing up of my research, plus my views concerning the IPA methodology and its impacts upon my study. Despite the difficulty in recruiting participants, there was a corresponding benefit that those who volunteered to participate were committed to the process and very generous with the insight which they gave into their compulsive buying. This gave me the advantage of very rich data, which generated many themes to discuss and a plethora of quotes from which to choose when elaborating upon them. The disadvantage was the difficulty I experienced in selecting the very best data to include and regretfully having to decide to exclude the rest.

I chose to use IPA because it enabled a degree of flexibility throughout the process, which allowed me to prioritise the subjective experience of my participants over methodological rigidity and dogma. However, the rigor of the method has been maintained throughout my study. I sought to explore how it was to be a compulsive buyer rather than to formulate a theory explaining the issue and IPA enabled me to do that. The process of analysis is a very personal one, as the researcher seeks to tease out the meanings both overt and covert within the participants' accounts and reflects upon the text and their interpretations thereof. This level of engagement with the participants' lifeworld was particularly rewarding. As Willig (2008) notes, IPA explicitly recognizes that the findings of the research are also inevitably influenced by the researcher's thoughts, attitudes and background, since the double hermeneutic means that, as researcher, I am trying to make sense of my participants

trying to make sense of their world. While this needs to be acknowledged, it does not, in my opinion, detract from the research but adds to the richness. This interpretation of the researcher role enabled a degree of freedom within the analysis which was, however, bounded by making clear what was my interpretation and what was directly from the participant. I believe that IPA was a good fit with my research topic, with the rich nature of the data which my participants gave me and with myself as an individual researcher. I hope and believe that this has enabled the research to do my participants' subjective experience justice.

Generalizability of the research

Since this is qualitative research, with few participants, as Willig (2008) states, it is not generalizable in the same way that statistically significant quantitative research would be. However, as Smith and Osborn (2003) suggest, the rich nature of qualitative data gathered and the insights gained may give indications of the issues that other compulsive buyers might face. The sample was self-selecting, with participants responding to word-of-mouth or other advertising. There is inherent bias in the findings since, as Smith and Osborn (2003) note, members of a group (in my case compulsive buyers) who chose not to participate may have a different lived experience.

While my participant sample is homogenous, being female compulsive buyers, the only true homogeneity comes through their all having met the compulsive buying threshold in the screener completed. Each participant has their own unique story to tell. As Smith and Osborn (2003) discuss, this research aimed to hold the tension between respecting that individuality while also exploring the similarities and differences in accounts.

4.3 SHOPPING IS NOT THE FUNDAMENTAL PROBLEM

This research contends that shopping is not the fundamental problem for compulsive buyers, a position shared by Benson (2008). Compulsive buying appears to be purely about acquiring purchases; but that view misses other underlying aims, emotions and thoughts in the lifeworld of my participants. In line with research findings described earlier, they used compulsive buying to attempt to achieve a

number of objectives, for example; mood repair, compensation for childhood issues, stimulation, provision of security, avoidance of problems and identity-seeking. These issues are located within the individual; therefore using shopping to change the outside will not help. Counselling psychologists must therefore identify, with their client, what the shopping is being called upon to do, an issue explored in depth by Benson (2008), and then work on the underlying problems. This research has highlighted some issues which arise for compulsive buyers and this synthesis will suggest how they might inform clinical practice.

My participants discussed how they experienced their lives as compulsive buyers; the analysis section has presented their account in three superordinate themes; of shopping, values and traits and identity. Each of these gives valuable insights into what compulsive buyers' underlying issues might be.

The shopping process

One question concerns whether compulsive buyers are simply "buyers" or whether shopping and owning purchases are equally important. The shopping process could be divided into three; before, during and after shopping. "Before shopping" indicates common factors in my participants' upbringing and looks at what drives the desire to shop, plus what benefits are hoped for. Thus the accounts start to contribute to a model indicating underlying motives and drivers for compulsive buying.

"During" and "after" shopping encompass the trilogy of shopping, buying and having. Various combinations of these were significant for different participants; any of the three might predominate, and any might be virtually irrelevant, in terms of the contribution made to apparent achievement of that individual's goals.

Shopping provides an opportunity to escape from problems at home or work, either in relationships or in feelings about oneself. Furthermore, shopping provides an escape from loneliness and an opportunity to interact with salespeople without the risks associated with intimacy. The stores do their utmost to make shopping both a sensory pleasure and entertainment. They also, through constant rejuvenation of stock and layout, seek to endow each visit with novelty. Each benefit derived from

shopping could be interpreted as indicating a lack of satisfaction elsewhere in life, thus suggesting fruitful areas for counselling psychologists and their clients to explore.

Research discussed earlier suggests that the act of buying can be important for compulsive buyers. Buying could be the primary goal for participants, providing intense pleasure, the achievement of spotting a bargain or the thrill of the chase. Again, discovering which areas are significant for an individual, gives insight into what shopping achieves for them, and therefore what underlying issues may need to be addressed.

The final part of the shopping trilogy is "having" purchases and some of my participants' purchases were valued and worn, in some cases extensively, in others, a few times. However, my participants also described unworn clothes that did not fit, or were bought for glamorous occasions that did not occur, or were bought when feeling unusually confident. Sometimes purchases were entirely forgotten and accumulated in the wardrobe, having presumably already served their function. The difference between attitudes to purchases, whether they were worn or not and why, gives insight into the underlying problem which may be desire for a different body shape, a life lacking stimulation or low self-confidence.

My participants spoke of feeling overwhelmed by mountains of purchases. Discarding possessions can highlight feelings that each item is needed, because it supplies security or a sense of self, or can mean facing the guilt of purchases long forgotten and unworn. An understanding of the underlying issues would enable a therapist to help their client with the emotional and practical problems related to possessions.

Compulsive buying can cause debt, although this is by no means ubiquitous; not all of my participants had debt and of those that did, it was not always experienced as unmanageable. However, where debt is a problem, a counselling psychologist can support their client in facing their indebtedness and choosing the best financial way forward whether it be through counselling, self-help, Debtors Anonymous or charitable debt counselling agencies.

Compulsive buying behaviour can affect relationships; my participants discussed awareness of a partner's unspoken disapproval and avoidance of relationship problems. Alternatively, it was denied that their compulsive buying had any impact upon their partner. Again, client and counselling psychologist could address an apparent lack of honest communication within these relationships, which may hint at underlying problems.

Values and traits

My participants explored their perceptions of success, how they conceptualised happiness and how they would choose to change the world, or themselves, if granted three wishes. My participants' view of success included qualities open to anyone; confidence, determination, enthusiasm, authenticity and doing personally meaningful work. A therapist could work with their client to achieve these realistic goals. Happiness was sought through a sense of contentment and acceptance of oneself which, again, therapy is well placed to address. A therapist could explore with a client what wishes they would choose and what it would mean to them if they were granted.

An understanding of the client's values ensures that therapeutic goals focus on areas which matter most to the client. Beck (1995) and Frisch (2006) both advocate use of pie charts within therapy to review what the client currently focuses their time, money and energy upon; this is then compared with their ideal allocation. This might be an enlightening process for compulsive buyers.

Literature previously reviewed suggested compulsive buyers may struggle with low self-esteem, perfectionism and difficulty with decision-making, so these areas were explored in interviews. Low self-esteem was mentioned by my participants; so therapeutic work focused on this area, perhaps based upon Fennell's (1999) highly respected approach, could improve life overall and may impact buying behaviours. Anthony and Swinson (1998) identify ways to work upon perfectionism, which might reduce the anxiety which can lead to compulsive buying, plus alleviating pressure to look perfect or belief that looking perfect will achieve a better life. Butler and Hope (2007) describe ways to tackle decision-making problems; these can undermine confidence and can be complicated by perfectionism when it leads to

a desire to make the perfect decision. Indecisiveness can lead to excessive time spent pondering shopping decisions or buying excess purchases so that a decision need not be made between two or more appealing options. Problems with decision-making can also impact choosing what to wear, what to pack and what to discard.

4.4 ACTUAL VERSUS IDEAL SELF

The role of compulsive buying in identity-seeking has been identified by Dittmar (2008). It was through exploring my participants' shopping behaviours that their identity issues emerged, showing them shopping to try and bridge a gap between their actual and another, usually ideal, self or life. This research went further, finding that some of the differences between actual and other were differences of scale while others were changes of direction. These could be thought of as continuous versus discontinuous change or, to use a house building analogy, some participants were building an extension while others were seeking to build a new home.

Where the identity shopped for is a constantly updated version of the existing one, it suggests a relatively secure identity with other areas causing the shopping behaviours. For example, for my participants, lack of confidence in the current self seemed to be one explanation while a craving for the security lacking in childhood seemed to be another.

Where my participants shopped for an entirely different self, broader factors seemed to come into play. Goffman's (1997) theory is that we play a variety of roles and that we may either believe in ourselves in the role or not. I suggest that aspiring to change towards portraying an ideal self would be akin to an actor taking on a new role; therefore the actor might be particularly keen to ensure that their costume was appropriate, to give both themselves and their audience confidence in their portrayal. Compulsive buying offers the opportunity to purchase the costume and make-up and therefore is a potent ally in trying to act a different role. It could be suggested that costume helps you act the role that the clothes demand, perhaps becoming more assured in your femininity or attractiveness or behaving like someone who feels as if they are good enough.

Counselling psychologists who understand their client's ideal self, may be able to help unpack what changes shopping can and cannot help with. Different clothes can present a more feminine or more confident self but it is important that internal changes are also made so that congruence is maintained and that once the new self is established, the shopping returns to "normal" levels. It can be problematic, however, when the ideal self clothes remain unworn, but are continuously added to, or when the shopping continues unabated once the new identity has been established. If shopping is asked to change a person, or their life, or how someone feels about themselves, then it is ultimately doomed to failure. This failure will, in turn, have ramifications for that individual's self regard.

When working with an individual shopping for a different identity, a therapist could investigate why that specific identity was chosen and what its important attributes are. The challenge to the client would then be whether they would rather have the attributes or the clothes, for example, would they rather be confident enough to express a different side of their personality or have the clothes of a confident woman? The therapist and client could then work on these underlying issues.

I believe that the fundamental issue for anyone seeking to work with clients who suffer from compulsive buying is to understand what they are using their shopping to achieve and work with the underlying issues. This finding concurs with other therapeutic literature such as that written by Benson (2008), Benson and Gengler (2004), Catalano and Sonenberg (1993) and Krueger (1988). Each of my participants had different issues, for example, Deborah sought more confidence, a way to deal with problems and a meaningful life, whereas Liz needed a sense of being good enough. Harriet might be seeking stimulation, whereas Arabella looked for stimuli, security, a cure for crises of confidence and to soothe childhood hurts. Kate was contemplating the idea that her shopping has done its work and was obsolete. Anthea's underlying work might be to realise that she is worth full-price items and needs compelling interests in her life. Phoebe sought to be authentic, while Leonie wanted to have the confidence to express another side of her personality.

My research proposes that the way to uncover these underlying issues, lies in exploring clients' experience of shopping, understanding their relevant values and

gaining insight into their chosen ideal self. This could lead to ways to resolve the underlying issues rather than clients using new purchases like sticking plaster over a gaping wound.

4.5 OTHER IMPLICATIONS OF THE RESEARCH

Positive psychology

Srivastava et al.'s (2001) research explains that using money to influence others' perceptions (e.g. through possessions) does not make us happy. Positive psychology has suggestions as to what does lead to happiness; according to Seligman, Steen, Park and Peterson (2005) these include using our strengths, pleasure, engagement with others and commitment towards personally meaningful goals. This is a message for counselling psychologists to promote.

Another issue touched upon by participants, is how else the time, money and energy spent on compulsive buying could have been used. Participants alluded to the money spent but the paucity of truly special possessions; they also questioned whether shopping was the best use of the opportunities they had been given or whether it was, in fact, pointless. Additionally, while my participants did not mention shopping as a cause of relationship failure, the other side of the equation is that some relationships may not have developed because of the focus on compulsive buying.

This is where a broader view of the person, and insights from positive psychology might come into play. (For a general review of positive psychology, see Snyder & Lopez, 2005). What hobbies lie dormant, what talents unused, what skills are wasting away, what strengths unrecognised that could be nurtured and flourish were the shopping to take a back seat? Compulsive buying could be reframed so that it is seen in terms of what it takes away rather than what it gives. Might confidence not come from mastering a new skill, travelling to a new country or challenging oneself to perform charity work or get involved in the community? These things might be possible, were the time, energy and money spent on compulsive buying released.

Replacing the addiction

Faber (1992), Goldman (2000) and Harris (2000) all astutely note that, as one issue is resolved, another often takes its place; perhaps an eating disorder replaces compulsive buying or vice versa. Therefore I would advise a therapist to make it a priority to help their client find a healthy and enjoyable alternative to compulsive buying before beginning work on reducing the problem.

Problem, choice or early-warning system

Shopping at levels that others may consider a problem could be seen as a choice, or perhaps an early-warning mechanism. Individuals may move either way along the compulsive buying continuum in response to life events, therefore someone who shops to excess when sad could see increasing temptation to over-shop as a helpful indication of an emotional issue that needs addressing. For example, Leonie described shopping less currently because she is happy, but reported having shopped excessively during a particularly unhappy period.

Categories, continuum and diagnosis of compulsive buyers

Benson and Gengler (2004) identify two categories of compulsive buyer; those who present in a therapist's room and those often recruited within mental health settings for research purposes. Elliot (1994) also suggests that there are two groups of compulsive buyers, one comprising individuals who are generally unhappy and suffer comorbidity with other mental health problems. In contrast, Elliot suggests that the other group are compulsive buyers who function well in all other areas of their lives, but experience this one area where they do not feel in control of their behaviour.

While my participants fell into Elliot's (1994) functioning category and were operating successfully in other areas of their lives, my research disputes that their shopping problems were as isolated as Elliot suggested. My conclusion is that my participants' compulsive buying was a manifestation of everyday underlying problems, such as low self-esteem, feelings of insecurity, perfectionism and issues with decision-making.

There is debate concerning whether compulsive buying is a different phenomenon from "ordinary impulsive buying" as suggested by O'Guinn and Faber (1989) or whether it is the extreme end of a continuum which includes all buying behaviours as both d'Astous (1990) and Dittmar et al. (2007) propose. My research supports the continuum explanation since my participants spoke both of increases and decreases in their compulsive buying, rather than falling into a neat dichotomy of compulsive buying or not.

Goldsmith and McElroy (2000) explore the debate concerning whether compulsive buying is, in fact, "compulsive" or not, whether it is an impulse control disorder or part of an obsessive-compulsive spectrum. Many see it in the light of an addiction. Elliott (1994) makes the interesting point that for some compulsive buyers the purchases and their symbolic meanings act as reinforcement for the shopping behaviour whereas for others it is the act of shopping or buying and the attendant emotions which provide the reinforcement.

My proposal is that different diagnoses might apply to the different areas of shopping, buying and having. The impulse control disorder, where pleasure is experienced, fits the compulsive buyer who seeks stimulation or experiences an overwhelming desire to have an item which they have seen, regardless of the consequences. The obsessive-compulsive explanation might explain when a behaviour, shopping, is a compulsive reaction to an obsession or thought, such as a desire to escape cognitions or feelings. Compulsions are often described as attempts to prevent harm which seems to me to be the case here. However, where the lure is the thrill of buying, the addictive explanation makes sense to me, in that the buying process gives a "high" which the individual then seeks to repeat.

Compulsive buying currently does not have a specific DSM diagnosis and Hollander and Allen (2006) explore the debate regarding its category if it does appear in DSM-V. Diagnosis is a double-edged sword; where a clinical diagnosis exists, research, funding and medical insurance recognition are likely to follow and the problem in question becomes one that will undeniably be taken seriously. These are benefits in an area traditionally lampooned as "retail therapy". However, diagnosis involves labelling, potential loss of idiographic richness and has implications concerning the client's responsibility for their situation. However, as a counselling psychologist,

diagnosis is not my primary focus; my work is with the individual in the room and the issues which they present.

4.6 FUTURE RESEARCH

Future research should examine the three areas of shopping, buying and having to see whether discovery of the primary incentive for an individual compulsive buyer helps to illuminate their behaviour and thereby suggests possible therapeutic interventions. Future research needs to explore the issue of identities in more depth, to increase understanding of why some compulsive buyers look to enhance their existing identities while others seek a more radical change.

Further clinical research on effectiveness of different interventions, to add to Mitchell et al.'s (2006) and Paulsen et al.'s (1977) findings would help professionals choose the most appropriate way to work with clients. I would advocate research testing the effectiveness of a clinical programme to work on the underlying issues faced by compulsive buyers to see whether their shopping behaviours altered. This work should be guided by a framework of client values and include a positive psychology focus on beneficial alternatives to compulsive buying. It would also benefit from inclusion of practical elements to combat lack of financial and media education and cognitive-behavioural therapy on specific problems such as perfectionism, decision-making and low self-esteem.

4.7 THE SOCIAL ENVIRONMENT, AND COUNSELLING PSYCHOLOGY'S ROLE IN EDUCATION

My research has focused on the individual, however, individuals are impacted by their social environment and since my research project started, there has been a dramatic hiatus in the financial world. As Bayley and Nancarrow (1998) explain, excess buying and debt were once seen as socially and morally problematic; in recent years they have become acceptable and even the norm, although the pendulum now seems to be swinging back the other way. If the "credit crunch" causes an individual's normative evaluation to change such that they choose not to move up the compulsive buying continuum towards problematic levels of shopping, that is beneficial. However, if society returns to judging and stigmatising compulsive

buyers, it might become difficult to admit to having this problem and to access help in attempting to solve it. Compulsive buyers might then feel even more isolated and ashamed as they continue to shop, while those around them, who had previously condoned shopping, become increasingly disapproving.

While compulsive buyers need to take responsibility for their actions, I think it appropriate to acknowledge the role of society in the problem. As Kasser, Ryan, Couchman and Sheldon (2004) observe, our economy relies upon sustained consumption. Moreover, advertising fuels feelings of inadequacy for which the only solution appears to be the newest development or latest fashion; Dittmar (2008) argues for "media literacy" (p. 208) to counteract this advertising. She discusses Social Comparison Theory and the psychological problems caused by comparison with others, particularly with models, celebrities and actors. Counselling psychologists need to take an educational role in explaining these problems and instead, promoting the more achievable and rewarding alternative of striving towards more engagement with others and pursuit of meaningful goals.

The increased availability and use of credit (Credit Action, 2009) has coincided with increased temptation through the plethora of shopping channels now available. Now credit is omnipresent, it becomes imperative that its implications are understood; however, my participants' comments illustrate that financial understanding has lagged financial availability, compounded by money remaining a conversational taboo in many circles. Therefore counselling psychologists must ensure that we are comfortable discussing money in the therapy room and have resolved our own relationship with it. Arguably, we also have a responsibility to encourage financial education within schools, workplaces and the home so that the monetary consequences of compulsive buying are understood.

4.8 CONCLUDING THOUGHTS

My research proposes two principal findings, firstly that compulsive buying is not the fundamental problem and secondly, that compulsive buying is used to bridge a gap between the actual self and an ideal self which may be either an improvement upon the actual self or a transformation of it. It also contributes to the debates concerning Elliot's (1994) categories of compulsive buyer, continuum or not and

diagnosis. Furthermore, it allocates a role for positive psychology within the treatment of compulsive buying, makes suggestions for future research and delineates a role for community-based psychology related to compulsive buying. Throughout the synthesis, I have put forward ideas to guide counselling psychologists working with this client group.

My research suggests that compulsive buying is a different experience for each individual so that "off-the-peg" therapy is unlikely to be effective. Instead, as advised by Miltenberger et al. (2003), a "made-to-measure" approach discovering each client's underlying issues and making a realistic appraisal of the problems brought about by compulsive buying, would lead to more appropriate interventions. Strawbridge and Woolfe (2003) note that counselling psychology is based upon humanistic values which, as Mearns and Thorne (1999) explain, involve a holistic view of the person. This view of the person, plus counselling psychology's idiographic approach, ensures that the subjective experience of each individual is valued and the goal of therapeutic work is to identify and address their specific issues. These factors make counselling psychologists well placed to work with a problem as multi-faceted as compulsive buying.

A final question might be why compulsive buying has been used to try and fulfil so many different roles. Perhaps the answer lies in how embedded clothes are in our collective fantasy world. Through stories like Cinderella (Mayo & Norman, 2002) and Mr Benn (McKee, 2005), we learn that wearing the right clothes leads you to glamour and adventure. Harry Potter (Rowling, 1997) teaches us that the right cloak can keep you safe, while as Lucy (Lewis, 1950) discovered, the right wardrobe can take you to a new land, Narnia in her case, or as my participants hope, their ideal life. However, in the real world, where clothes fail to solve deep-seated long-term issues permanently, I hope that this research will inform counselling psychologists so that they are better placed to help their compulsive buying clients.

REFERENCES

American Psychiatric Association. (1994). *Diagnostic and statistical manual for mental disorders* (4th ed.). (DSM-IV). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (2000). *Diagnostic and statistical manual for mental disorders (4th ed. text revision)* (DSM-IV-TR). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (2009). *DSM-V: The future manual.* Retrieved January 22, 2009, from http://psych.org/dsmv.asp

Anthony, M. M., & Swinson, R. P. (1998). *When perfect isn't good enough: Strategies for coping with perfectionism.* Oakland, CA: New Harbinger.

Babin, B. J., Darden, W. R., & Griffin, M. (1994). Work and/or fun: Measuring hedonic and utilitarian shopping value. *Journal of Consumer Research, 20*, 644-656.

Baker, A. (Ed.). (2000). *Serious shopping.* London: Free Association Books.

Bandura, A. (1982). The self and mechanisms of agency. In J. Suls (Ed.), *Psychological perspectives on the self* (Vol. 1, pp. 3-40). Hillsdale, NJ: Erlbaum.

Barth, F. D. (2000). When eating and shopping are companion disorders. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 268-287). New York: Aronson.

Baumeister, R. F. (1991). The self against itself: Escape or defeat? In R. C. Curtis (Ed.), *The relational self: Theoretical convergence in psychoanalysis and social psychology* (pp. 238-256). New York: Guilford Press.

Baumgardner, A. H. (1990). To know oneself is to like oneself: Self-certainty and self-affect. *Journal of Personality and Social Psychology, 58*, 1062-1072.

Bayley, G., & Nancarrow, C. (1998). Impulse purchasing: A qualitative exploration of the phenomenon. *Qualitative Market Research: An International Journal, 1*, 99-114.

BBC. (2006, July 26). *Shiny, shiny bright new hole in my heart.* Retrieved March 28, 2009, from http://www.bbc.co.uk/drama/shinyshiny/

Bearden, W. O., Money, R. B., & Nevins, J. L. (2006). A measure of long-term orientation: Development and validation. *Journal of the Academy of Marketing Science, 34*, 456-467.

Beck, J. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Press.

Belk, R. (2000). Are we what we own? In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 76-104). New York: Aronson.

Benson, A. L. (Ed.). (2000). *I shop therefore I am: Compulsive buying and the search for self.* New York: Aronson.

Benson, A. L. (2008). *To buy or not to buy: Why we overshop and how to stop.* Boston: Trumpeter.

Benson, A.L., & Gengler, M. (2004). Treating compulsive buying. In R. Coombs (Ed.), *Handbook of addictive disorders: A practical guide to diagnosis and treatment* (pp. 451-491). New York: Wiley.

Black, D. W. (2000). Assessment of compulsive buying. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 191-216). New York: Aronson.

Black, D. W. (2007). A review of compulsive buying disorder. *World Psychiatry, 6*, 14-18.

Black, D. W., Monahan, P., Schlosser, S., & Repertinger, S. (2001). Compulsive buying severity: An analysis of compulsive buying scale results in 44 subjects. *Journal of Nervous and Mental Disease, 189,* 123-126.

Black, D. W., Repertinger, S., Gaffney, G. R., & Gabel, J. (1998). Family history and psychiatric comorbidity in persons with compulsive buying: Preliminary findings. *American Journal of Psychiatry, 155*, 960-963.

Boundy, D. (2000). When money is the drug. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 3-26). New York: Aronson.

Bosnak, K. (2004). *Save Karyn: A true-life shopaholic's journey to debt and back.* London: Corgi.

Braun, O. L., & Wicklund, R. A. (1989). Psychological antecedents of conspicuous consumption. *Journal of Economic Psychology, 10*, 161-187.

Brazer, L. (2000). Psychoeducational group therapy for money disorders. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 398-427). New York: Aronson.

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Brickman, P., & Campbell, D. T. (1971). Hedonic relativism and planning the good society. In M. H. Appley (Ed.), *Adaptation level theory* (pp. 287-305). New York: Academic Press.

British Psychological Society. (2006). *Code of ethics and conduct*. Leicester.

Bruckheimer, J. (Producer). (2009). *Confessions of a shopaholic*. Retrieved February 17, 2009 from http://www.thefilmfactory.co.uk/shopaholic/

Burgard, M., & Mitchell, J. E. (2000). Group cognitive behavioral therapy for buying disorder. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 367-397). New York: Aronson.

Butler, G., & Hope, T. (2007). *Manage your mind: The mental fitness guide.* Oxford: Oxford University Press.

Campbell, C. (2000). Shopaholics, spendaholics, and gender. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 57-77). New York: Aronson.

Campbell, J. D. (1990). Self-esteem and clarity of self-concept. *Journal of Personality and Social Psychology, 59*, 538-549.

Carver, C. S., & Baird, E. (1998). The American dream revisited: Is it what you want or why you want it that matters? *Psychological Science, 9*, 289-292.

Catalano, E. M., & Sonenberg, N. (1993). *Consuming passions: Help for compulsive shoppers*. Oakland, CA: New Harbinger.

Chapkis, W. (1986). *Beauty secrets: Women and the politics of appearance.* London: Women's Press.

Charmaz, C. (1990). 'Discovering' chronic illness: Using grounded theory. *Social Science and Medicine, 30,* 1161-1172.

Christenson, G. A., Faber, R. J., de Zwaan, M., Raymond, N. C., Specker. S. M., Ekern, M. D., Mackenzie, T. B., Crosby, R. D., Crow, S. J., Eckert, E. D., Mussell, M. P., & Mitchell, J. E. (1994). Compulsive buying: Descriptive characteristics and psychiatric comorbidity. *Journal of Clinical Psychiatry, 55,* 5-11.

Cooper, J. (2009). Retrieved March 31, 2009 from http://www.jillycooper.co.uk/

Corbett, G. (2000). Women, body image and shopping for clothes. In A. Baker (Ed.), *Serious shopping* (pp. 114-132). London: Free Association Books.

Credit Action. (2009). *Debt statistics – March 2009*. Retrieved March 6, 2009, from http://www.creditaction.org.uk/march-2009.html

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process.* London: Sage.

Csikszentmihalyi, M. (2000). The costs and benefits of consuming. *Journal of Consumer Research, 27,* 267-272.

Csikszentmihalyi, M. (2003). Materialism and the evolution of consciousness. In T. Kasser & A. D. Kanner (Eds.), *Psychology and consumer culture: The struggle for a good life in a materialistic world* (pp. 91-106.) Washington, DC: American Psychological Association.

Cushman, P. (1990). Why the self is empty: Toward a historically situated psychology. *American Psychologist, 45*, 599-611.

D'Astous, A. (1990). An inquiry into the compulsive side of "normal" consumers. *Journal of Consumer Policy, 13,* 15-31.

D'Astous, A., Maltais, J., & Roberge, C. (1990). Compulsive buying tendencies of adolescent consumers. *Advances in Consumer Research, 17*, 306-312

Data Protection Act. (1998). Retrieved
http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1

De Sarbo, W. S., & Edwards, E. A. (1996). Typologies of compulsive buying behaviour: A constrained clusterwise regression approach. *Journal of Consumer Psychology, 5*, 231-262.

Dittmar, H. (1992). Perceived material wealth and first impressions. *British Journal of Social Psychology, 31*, 379-391.

Dittmar, H. (2004). Understanding and diagnosing compulsive buying. In R. Coombs (Ed.), *Handbook of addictive disorders: A practical guide to diagnosis and treatment* (pp. 411-450). New York: Wiley.

Dittmar, H. (2005a). Compulsive buying – a growing concern? An examination of gender, age and endorsement of materialistic values as predictors. *British Journal of Psychology, 96,* 467-491.

Dittmar, H. (2005b). A new look at "compulsive buying": Self-discrepancies and materialistic values as predictors of compulsive buying tendency. *Journal of Social and Clinical Psychology, 24*, 832-859.

Dittmar, H. (2008). *Consumer culture, identity and well-being.* Hove: Psychology Press.

Dittmar, H., & Drury, J. (2000). Self-image – is it in the bag? A qualitative comparison between "ordinary" and "excessive" consumers. *Journal of Economic Psychology, 21*, 109-142.

Dittmar, H., Long, K., & Bond, R. (2007). When a better self is only a button click away: Associations between materialistic values, emotional and identity-related buying motives, and compulsive buying tendency online. *Journal of Social and Clinical Psychology, 26*, 334-361.

Du Plock, S. (2000). Gifts of life: An existential approach to shopping addiction. In A. Baker (Ed.), *Serious shopping* (pp. 73-94). London: Free Association Books.

Eatough, V., & Smith, J. A. (2007). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 179-194). London: Sage.

Edwards, E. A. (1993). Development of a new scale for measuring compulsive buying behavior. *Financial Counseling and Planning, 4*, 67-84.

Elliott, R. (1994). Addictive consumption: Function and fragmentation in postmodernity. *Journal of Consumer Policy, 17,* 159-179.

Elliott, R. (2000). Social power, self-identity and addictive consumption. In A. Baker (Ed.), *Serious shopping* (pp. 183-198). London: Free Association Books.

Faber, R. J. (1992). Money changes everything: Compulsive buying from a biopsychosocial perspective. *American Behavioral Scientist, 35,* 809-819.

Faber, R. J. (2000). A systematic investigation into compulsive buying. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 27-53). New York: Aronson.

Faber, R. J., (2004). Self-control and compulsive buying. In T. Kasser & A. D. Kanner (Eds.), *Psychology and consumer culture: The struggle for a good life in a materialistic world* (pp. 169-189). Washington, DC: American Psychological Association.

Faber, R. J., & Christenson, G. A. (1996). In the mood to buy: Differences in the mood states experienced by compulsive buyers and other consumers. *Psychology and Marketing, 13*, 803-819.

Faber, R. J., Christenson, G. A., de Zwaan, M., & Mitchell, J. (1995). Two forms of compulsive consumption: Comorbidity of compulsive buying and binge eating. *Journal of Consumer Research, 22*, 296-304.

Faber, R. J., & O'Guinn, T. C. (1988). Compulsive consumption and credit abuse. *Journal of Consumer Policy, 11*, 97-109.

Faber, R. J., & O'Guinn, T. C. (1992). A clinical screener for compulsive buying. *Journal of Consumer Research, 19*, 459-469.

Faber, R. J., O'Guinn, T. C., & Krych, R. (1987). Compulsive consumption. In M. Wallendorf & P. Anderson (Eds.), *Advances in consumer research* (pp. 132-135). Provo, UT: Association for Consumer Research.

Fennell, M. (1999). *Overcoming low self-esteem: A self-help guide using cognitive behavioural techniques.* London: Constable & Roberts.

Firat, A. F. (1992). Fragmentations in the postmodern. *Advances in Consumer Research, 19*, 203-206.

Flaubert, G. (1950). *Madame Bovary.* Harmondsworth: Penguin Books.

Frankl, V. (2004). *Man's search for meaning.* London: Rider.

Frisch, M. B. (2006). *Quality of life therapy: Applying a life satisfaction approach to positive psychology and cognitive therapy.* Hoboken, NJ: Wiley.

Frost, R. O., Kim, H-J., Morris, C., Bloss, C., Murray-Close, M., & Steketee, G. (1998). Hoarding, compulsive buying and reasons for saving. *Behaviour Research and Therapy, 36,* 657-664.

Frost, R. O., Kyrios, M., McCarthy, K. D., & Matthews, Y. (2007). Self-ambivalence and attachment to possessions. *Journal of Cognitive Psychotherapy, 21*, 232-242.

Frost, R. O., Steketee, G., & Williams, L. (2002). Compulsive buying, compulsive hoarding, and obsessive-compulsive disorder. *Behavior Therapy*, *33,* 201-214.

Furnham, A. (2005, December 15). *Insight.* Retrieved March 28, 2009, from http://www.telegraph.co.uk/finance/2928378/Insight.html

Furnham, A. (2006a, January 12). *Retailers need to get to grips with why people shop.* Retrieved March 28, 2009, from http://www.telegraph.co.uk/finance/2929929/Insight.html

Furnham, A. (2006b, January 26). *Material change is needed when shopping is a drug.* Retrieved March 28, 2009, from http://www.telegraph.co.uk/finance/2930873/Insight.html

Furnham, A. (2006c, April 28, 2006). *A trip to the shops can have psychological costs*. Retrieved March 28, 2009, from http://www.telegraph.co.uk/finance/2937598/Insight.html

Gardarsdottir, R., Jankovic, J., & Dittmar, H. (2008). Is this as good as it gets? Materialistic values and well-being. In H. Dittmar (Ed.), *Consumer culture, identity and well-being* (pp. 71-94). Hove: Psychology Press.

Gergen, K. (1972). Multiple identity: The healthy, happy human being wears many masks. *Psychology Today, 5*, 31-35, 64-66.

Giorgi, A. P., & Giorgi, B. (2007). Phenomenological psychology. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 165-178). London: Sage.

Glatt, M. M., & Cook, C. C. H. (1987). Pathological spending as a form of psychological dependence. *British Journal of Addiction, 82*, 1257-1258.

Golden, E. (2000). Clothes, inside out. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 133-153). New York: Aronson.

Goldman, R. (2000). Compulsive buying as an addiction. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 245-267). New York: Aronson.

Goldsmith, T., & McElroy, S. L. (2000). Diagnosis, associated disorders, and drug treatment. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 217-242). New York: Aronson.

Goffman, E. (1997). *The Goffman reader*. C. Lemert & A. Branaman (Eds.). Malden, MA: Blackwell.

Hall, A. (2008). *In the red*. Cambridge: Icon Books.

Hanley, A., & Wilhelm, M. S. (1992). Compulsive buying: An exploration into self-esteem and money attitudes. *Journal of Economic Psychology, 13*, 5-18.

Harre, R. (1979). *Social Being*. Oxford: Blackwell.

Harris, M. (2000). Shopping for an addiction. In A. Baker (Ed.), *Serious shopping* (pp. 199-220). London: Free Association Books.

Heatherton, T. F., & Baumeister, R. F. (1991). Binge eating as escape from self-awareness. *Psychological Bulletin, 110*, 86-108.

Heatherton, T. F., & Vohs, K. D. (1998). Why is it so difficult to inhibit behaviour? *Psychological Inquiry, 9*, 212-215.

Henwood, K., & Pidgeon, N. (2006). Grounded theory. In G.M. Breakwell, S. Hammond, C. Fife-Schaw, & J. A. Smith (Eds.), *Research methods in psychology* (3rd ed., pp. 342-365). London: Sage.

Herzog, T. (1989). A cognitive analysis of preference for urban nature. *Journal of Environmental Psychology, 9*, 27-43.

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*, 319-340.

Hirschman, E. C. (1992). The consciousness of addiction: Toward a general theory of compulsive consumption. *Journal of Consumer Research, 19*, 155-179.

Holden, C. (2001). "Behavioral" addictions: Do they exist? *Science, 294*, 980-982.

Hollander, E. (Ed.). (1993). *Obsessive-compulsive related disorders*. Washington, DC: American Psychiatric Press.

Hollander, E., & Allen, A. (2006). Is compulsive buying a real disorder, and it is really compulsive? *American Journal of Psychiatry, 163*, 1670-1672.

James, W. (1890). *Principles of psychology: Vol. I*. New York: Henry Holt & Co.

Kasser, T. (2004). The good life or the goods life? Positive psychology and personal well-being in the culture of consumption. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 55-67). Hoboken, NJ: Wiley.

Kasser, T. & Kanner, A. D. (Eds.). (2004). *Psychology and consumer culture: The struggle for a good life in a materialistic world*. Washington, DC: American Psychological Association.

Kasser. T., Ryan, R. M., Couchman, C. E., & Sheldon, K. M. (2004). Materialistic values: Their causes and consequences. In T. Kasser & A. D. Kanner (Eds.), *Psychology and consumer culture: The struggle for a good life in a materialistic world* (pp. 11-28.) Washington, DC: American Psychological Association.

Kellett, S., & Bolton, J. V. (2009). Compulsive buying: A cognitive-behavioural model. *Clinical Psychology and Psychotherapy, 16*, 83-99.

Kinsella, S. (2000). *The secret dreamworld of a shopaholic*. London: Black Swan.

Kinsella, S. (2001). *Shopaholic abroad*. London: Black Swan.

Kinsella, S. (2002). *Shopaholic ties the knot*. London: Black Swan.

Kinsella, S. (2004). *Shopaholic and sister*. London: Black Swan.

Kinsella, S. (2007). *Shopaholic and baby*. London: Black Swan.

Koran, L., Faber, R., Aboujaoude, E., Large, M., & Serpe, R. (2006). Estimated prevalence of compulsive buying behavior in the United States. *American Journal of Psychiatry, 163*, 1806-1812.

Krueger, D. W. (1988). On compulsive shopping and spending: A psychodynamic inquiry. *American Journal of Psychotherapy, 42*, 574-584.

Kwak, H., Zinkhan, G. M., & Crask, M. R. (2003). Diagnostic screener for compulsive buying: Applications to the USA and South Korea. *Journal of Consumer Affairs, 37*, 161-169.

Kwak, H., Zinkhan, G. M., & DeLorme, D. E. (2002). Effects of compulsive buying tendencies on attitudes towards advertising: The moderating role of exposure to TV commercials and TV shows. *Journal of Current Issues and Research in Advertising, 24,* 17-32.

Kwak, H., Zinkhan, G. M., DeLorme, D. E., & Larsen, T. (2006). Revisiting normative influences on impulsive buying behaviour and an extension to compulsive buying behaviour: A case from South Korea. *Journal of International Consumer Marketing, 18*, 57-80.

Kwak, H., Zinkhan, G. M., & Roushanzamir, E. P. L. (2004). Cultural comorbidity and its psychological antecedents: A cross-cultural comparison between the US and South Korea. *Journal of Consumer Marketing, 21*, 418-442.

Kyrios, M., Frost, R. O. & Steketee, G. (2004). Cognitions in compulsive buying and acquisition. *Cognitive Therapy and Research, 28*, 241-258.

Langrehr, F. W. (1991). Retail shopping mall semiotics and hedonic consumption. *Advances in Consumer Research, 18*, 428-433.

Lawrence, L. (1990). The psychodynamics of the compulsive female shopper. *American Journal of Psychoanalysis, 50,* 67-70.

Levine, B., & Kellen, B. (2000). Debtors anonymous and psychotherapy. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 431-454). New York: Aronson.

Lewis, C. S. (1950). *The lion, the witch and the wardrobe.* London: HarperCollins.

Losee, J. (2001). *A historical introduction to the philosophy of science* (4th ed.). Oxford: Oxford University Press.

Manolis, C., & Roberts, J. A. (2008). Compulsive buying: Does it matter how it is measured? *Journal of Economic Psychology, 29*, 555-576.

Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist, 41*, 954-969.

Marshall, G. (Producer). (1990). *Pretty Woman.* Retrieved March 9, 2009, from http://www.amazon.co.uk/Pretty-Woman-15th-Anniversary-Special/dp/B000ARFNNM/ref=sr_1_1?ie=UTF8&s=dvd&qid=1236605444&sr=8-1

May, T. (2006). Reflexivity and Sociological Practice. In M. Williams (Ed.), *Philosophical foundations of social research methods: Vol. III* (pp. 283-297). London: Sage.

Mayo, M., & Norman, P. (2002). *Cinderella.* London: Orchard Books.

McCall, K. (2000). Financial recovery counseling. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 455-484). New York: Aronson.

McElroy, S. L., Keck, P. E., Pope, H. G., Smith, J. M. R., & Strakowski, S. M. (1994). Compulsive buying: A report of 20 cases. *Journal of Clinical Psychiatry, 55*, 242-248.

McElroy, S. L., Pope, H. G., Keck, P. E., & Hudson, J. I. (1995). Disorders of impulse control. In E. Hollander & D. J. Stein (Eds.), *Impulsivity and Aggression* (pp. 109-136). Chichester: Wiley.

McGrath, M. A. (2000). Giving until it hurts. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 168-188). New York: Aronson.

McKee, D. (2005). *Mr Benn*. Retrieved March 9, 2009 from http://www.amazon.co.uk/Mr-Benn-Complete-DVD/dp/B000ART9VY/ref=sr_1_1?ie=UTF8&s=dvd&qid=1236605837&sr=1-1

Mead, G. H. (1934). *Mind, self and society*. Chicago: University of Chicago Press.

Mearns, D., & Thorne, B. (1999). *Person-centred counselling in action* (2nd ed.). London: Sage.

Mellan, O. (2000). Overcoming overspending in couples. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 341-366). New York: Aronson.

Merleau-Ponty, M. (1992). *Texts and dialogues*. H. Silverman & J. Barry (Eds.). New Jersey: Humanities Press International.

Miller, G. (2009). *Spent: Sex, evolution, and the secrets of consumerism.* London: Heinemann.

Miltenberger, R. G., Redlin, J., Crosby, R., Stickney, M., Mitchell, J., Wonderlich. S., Faber, R., & Smyth, J. (2003). Direct and retrospective assessment of factors contributing to compulsive buying. *Journal of Behavior Therapy and Experimental Psychiatry, 34*, 1-9.

Mitchell, J., Burgard, M., Faber, R., Crosby, R., & de Zwaan, M. (2006). Cognitive behavioral therapy for compulsive buying disorder. *Behavior Research and Therapy, 44*, 1859-1865.

Mitchell, J. E., Redlin, J., Wonderlich, S., Crosby, R., Faber, R., Miltenberger, R., Smyth, J., Stickney. M., Gosnell, B., Burgard, M., & Lancaster, K. (2002). The relationship between compulsive buying and eating disorders. *International Journal of Eating Disorders, 32*, 107-111.

Mowen, J. C., & Spears, N. (1999). Understanding compulsive buying among college students: A hierarchical approach. *Journal of Consumer Psychology, 8*, 407-430.

Mueller, A., Mitchell, J. E., Mertens, C., Mueller, U., Silbermann, A., Burgard, M., & de Zwaan, M. (2007). Comparison of treatment seeking compulsive buyers in Germany and the United States. *Behaviour Research and Therapy, 45*, 1629-1638.

Mueller, A., Mueller, U., Albert, P., Mertens, C., Silberman, A., Mitchell, J., & de Zwaan, M. (2007). Hoarding in a compulsive buying sample. *Behaviour Research and Therapy, 45*, 2754-2763.

Muensterberger, W. (2000). Collecting as reparation. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 168-188). New York: Aronson.

Murray, F. (2000). Shame on credit. In A. Baker (Ed.), *Serious shopping* (pp. 221-241). London: Free Association Books.

Nataraajan, R., & Goff, B. G. (1991) Compulsive buying: Toward a reconceptualization. In F. W. Rudmin (Ed.), To have possessions: A handbook on ownership and property. [Special Issue]. *Journal of Social Behavior and Personality, 6*, 307-328.

Nataraajan, R., & Goff, B. G. (1992). Manifestations of compulsiveness in the consumer-marketplace domain. *Psychology and Marketing, 9*, 31-44.

Nelson, M. L., & Quintana, S. M. (2005). Qualitative clinical research with children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 34*, 344-356.

Neuner, M., Raab, R., & Reisch, L. A. (2005). Compulsive buying in maturing consumer societies: An empirical re-inquiry. *Journal of Economic Psychology, 26*, 509-522.

O'Guinn, T. C., & Faber, R. J. (1989). Compulsive buying: A phenomenological exploration. *Journal of Consumer Research, 16*, 147-157.

Park, T., Cho, S., & Seo, J. (2006). A compulsive buying case: A qualitative analysis by the grounded theory method. *Contemporary Family Therapy, 28*, 239-249.

Paulsen, K., Rimm, D. C., Woodburn, L.T., & Rimm. S. A. (1977). A self-control approach to inefficient spending. *Journal of Consulting and Clinical Psychology, 45*, 433-435.

Pearmain, R. (2000). The ecology of shopping – A transformational experience. In A. Baker (Ed.), *Serious shopping* (pp. 133-153). London: Free Association Books.

Peterson, C., Maier, S. F., & Seligman, M. E. P. (1993). *Learned helplessness: A theory for the age of personal control.* New York: Oxford University Press.

Ponterotto, J. G., Kuriakose, G., & Granovskaya, Y. (2007). Counselling and psychotherapy. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 455-471). London: Sage.

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour.* London: Sage.

Prendergast, G. P., Poon, D. T. Y., Tsang, A. S. L., & Fan, T. Y. (2008). Predicting premium proneness. *Journal of Advertising Research, 48*, 287-296.

Punch, K. F. (2000). *Developing effective research proposals.* London: Sage.

Rawson, D. (1999). Planning, conducting and writing up research. In R. Bor & M. Watts (Eds.), *The trainee handbook: A guide for counselling and psychotherapy trainees* (pp. 219-252). London: Sage.

Richards, A. K. (2000). Clothes and the couch. In A. L. Benson (Ed.), *I shop, therefore I am: Compulsive buying and the search for self* (pp. 311-337). New York: Aronson.

Richins, M. L. (1994). Valuing things: The public and private meanings of possessions. *Journal of Consumer Research, 21*, 504-521.

Richins, M. L., & Dawson, S. (1992). A consumer values orientation for materialism and its measurement: Scale development and validation. *Journal of Consumer Research, 19*, 303-316.

Riddy, P. (2000). Addictive shopping as a form of family communication. In A. Baker (Ed.), *Serious shopping* (pp. 154-182). London: Free Association Books.

Ridgway, N. M., Kukar-Kinney, M., & Monroe, K. B. (2008). An expanded conceptualization and a new measure of compulsive buying. *Journal of Consumer Research, 35*, 622-639.

Rindfleisch, A., Burroughs, J. E., & Denton, F. (1997). Family structure, materialism and compulsive consumption. *Journal of Consumer Research, 23*, 312-325.

Roberts, J. A. (1998). Compulsive buying among college students: An investigation of its antecedents, consequences, and implications for public policy. *Journal of Consumer Affairs, 32*, 295-319.

Rogers, C. R. (1951). *Client-centered therapy*. London: Constable & Company.

Rook, D. W. (1987). The buying impulse. *Journal of Consumer Research, 14*, 189-199.

Rook, D. W., & Fisher, R. J. (1995). Normative influences on impulse buying behavior. *Journal of Consumer Research, 22*, 305-313.

Rose, P. (2007). Mediators of the association between narcissism and compulsive buying: The roles of materialism and impulse control. *Psychology of Addictive Behaviors, 21*, 576-581.

Rowling, J. K. (1997). *Harry Potter and the philosopher's stone*. London: Bloomsbury Publishing.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*, 68-78.

Saad, G. (2007). *The evolutionary bases of consumption*. New Jersey: Erlbaum.

Scherhorn, G. (1990). The addictive trait in buying behaviour. *Journal of Consumer Policy, 13*, 33-51.

Scherhorn, S., Reisch, L. A., & Raab, G. (1990). Addictive buying in West Germany: An empirical study. *Journal of Consumer Policy, 13*, 355-387.

Schlenker, B. R. (2003). Self-presentation. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 492-518). New York: Guilford Press.

Schlosser, S., Black, D. W., Repertinger, S., & Freet, D. (1994). Compulsive buying: Demography, phenomenology, and comorbidity in 46 subjects. *General Hospital Psychiatry, 16*, 205-212.

Schwartz, B., & Ward, A. (2004). Doing better but feeling worse: The paradox of choice. In P. A. Linley & and S. Joseph (Eds.), *Positive psychology in practice* (pp. 86-104). Hoboken, NJ: Wiley.

Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*, 410-421.

Shrum, L. J., O'Guinn, T. C., Semenik, R. J., & Faber, R. J. (1991). Processes and effects in the construction of normative consumer beliefs: The role of television. *Advances in Consumer Research, 18*, 755-763.

Silverman, D. (2006). *Interpreting qualitative data: Methods for analyzing talk, text and interaction* (3rd ed.). London: Sage.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51-80). London: Sage.

Snyder, C., & Lopez, S. (Eds.) (2005). *Handbook of positive psychology*. New York: Oxford University Press.

Spinella, M., Yang, B., & Lester, D. (2007). Development of the executive personal finance scale. *International Journal of Neuroscience, 117*, 310-313.

Srivastava, A., Locke, E. A., & Bartol, K. M. (2001). Money and subjective well-being: It's not the money, it's the motives. *Journal of Personality and Social Psychology, 80,* 959-971.

Strawbridge, S., & Woolfe, R. (2003). Counselling psychology in context. In R. Woolfe, W. Dryden & S. Strawbridge (Eds.), *Handbook of counselling psychology* (2nd ed., pp. 3-21). London: Sage.

Tauber, E. (1972). Why do people shop? *Journal of Marketing, 36*, 46-49.

Uzzell, D. L. (1995). The myth of the indoor city. *Journal of Environment Psychology, 152*, 299-310.

Valence, G., d'Astous, A., & Fortier, L. (1988). Compulsive buying: Concept and measurement. *Journal of Consumer Policy, 11*, 419-433.

Vignoles, V. L., Regalia, C., Manzi, C., Golledge, J., & Scabini, E. (2006). Beyond self-esteem: The influences of multiple motives on identity construction. *Journal of Personality and Social Psychology, 90*, 308-333.

Wicklund, R. A., & Gollwitzer, P. M. (1981). Symbolic self-completion, attempted influence and self-depreciation. *Basic and Applied Social Psychology, 2*, 89-114.

Wiener, R. L., Holtje, M., Winter, R. J., Cantone, J. A., Gross, K., & Block-Lieb, S. (2007). Consumer credit card use: The roles of creditor disclosure and anticipated emotion. *Journal of Experimental Psychology: Applied, 13*, 32-46.

Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method* (2nd ed.). Maidenhead: Open University Press.

Winestine, M. C. (1985). Compulsive shopping as a derivative of childhood seduction. *Pyschoanalytic Quarterly, 54,* 70-72.

Yurchisin, J., & Johnson, K. K. P. (2004). Compulsive buying behaviour and its relationship to perceived social status associated with buying, materialism, self-esteem and apparel-product involvement. *Family and Consumer Sciences Research Journal, 32*, 291-314.

Appendix I: Flyer

IS SHOPPING TAKING OVER YOUR LIFE?

DO YOU SPEND MORE TIME OR MORE MONEY SHOPPING THAN YOU WANT TO, BUT CAN'T SEEM TO STOP?

WOULD YOU BE PREPARED TO TAKE PART IN RESEARCH ABOUT COMPULSIVE BUYING?

If you are female, aged 18 or over and not currently in therapy please contact H.Sparrow@city.ac.uk

The research will take approximately 1 to 1 ½ hours.

It is being supervised by Dr Don Rawson at City University. Don.Rawson.1@city.ac.uk

Appendix II: Information sheet for participants

Thank you for agreeing to take part in this research about Compulsive Buying.

My name is Helen Sparrow

I can be contacted at H.Sparrow@city.ac.uk or

Helen Sparrow

Counselling Psychology

Department of Psychology

School of Social Sciences

City University

Northampton Square

London EC1V 0HB

The research which you are participating in forms part of my doctoral degree in counselling psychology which I am reading at City University, London. The research is being supervised by Dr Don Rawson who can be contacted on Don.Rawson.1@city.ac.uk .

The aim of the research is to learn more about compulsive buyers.

The procedure will be to ask you to sign a consent form and a digital recording consent form.

Then you will be asked to complete two questionnaires:

- demographic and topic related information
- a compulsive buying screener

Lastly you will be asked to participate in an interview.

The researcher does not anticipate that participation in this research project will involve any risks of harm any greater than those involved in daily life, and has taken all possible safeguards to minimise any potential risks.

There will be a chance to ask questions about the research at the end of the interview.

There will also be a debriefing session at the end of the interview.

Appendix III: Consent form

I consent to participate in the research project entitled: "What does it mean to be a compulsive buyer? An interpretative phenomenological analysis" conducted by Helen Sparrow, a Counselling Psychologist in training at the Department of Psychology, City University, London and supervised by Dr. Don Rawson, Don.Rawson.1@city.ac.uk .

The research will be conducted in accordance with the Code of Ethics and Conduct of the British Psychological Society.

The purpose of the study is to explore compulsive buying from the point of view of the compulsive buyer and to explore which goods they choose to buy. The research project is expected to increase our understanding of the psychology of compulsive buying.

I understand that the only requirement will be for me to complete a basic information questionnaire, complete a compulsive buying screener and participate in an interview which will take approximately one to one and one half hours.

I understand that research data will be coded and no identifying details will be attached to the information which I submit. The key giving the code and my identity will be kept securely and separately from the research data and will be destroyed upon completion of the research. I understand that the purpose of the research is to investigate compulsive buyers as a group and not specific individuals.

I understand that the results of this research may be published in psychological or other scientific books or journals or otherwise reported to scientific bodies, but that my identity will not be revealed.

I understand that my participation is voluntary, that there is no penalty attached to refusal to participate and that I may withdraw my consent and discontinue participation at any time.

I understand that participation in this research project is not expected to involve any risks of harm any greater than those involved in daily life, and that all possible safeguards will be taken to minimise any potential risks.

If I have any further questions about any procedure in this project, I understand that I may contact the researcher at H.Sparrow@city.ac.uk

Signed (Participant)

………………………………………………………………………….

Name (Block Letters)

………………………………………………………………………..

Date

………………………………………………………………………………….

Appendix IV: Digital recording confidentiality agreement

This agreement is designed to clarify the confidentiality conditions of the use of digital recording by Helen Sparrow for the purposes of psychological research. The participant gives Helen Sparrow permission to record the research interview on condition that:

- the permission may be withdrawn at any time
- the recording is used solely for analysis by Helen Sparrow
- the recording will not be heard by anyone other than Helen Sparrow
- the recording will be stored securely and destroyed at the appropriate conclusion of their use

This agreement is subject to the Code of Ethics and Conduct of the British Psychological Society and the law of the land.

I understand that transcripts of the recording may be read by colleagues who are bound by the same code of ethics.

I agree that the recording becomes the property of the researcher.

I have read and understood the above conditions and agree to their implementation.

Signed (Participant) …………………………………………….

Date …………….

Name (Block Capitals)

………………………………………………………………

Signed (Psychologist)…………………………………………..

Date …………….

Appendix V: Demographic questionnaire

I would like to get some background information about you and your shopping. This information will be used to give the readers of our research some idea about the range of participants whom we have recruited.

The information will not be used to identify you since the research is confidential.

If you would rather not answer any of the questions, please do not feel that you have to.

How old are you?   ___ Years

Please tick your highest educational qualification

    None   ___

    GCSEs/O levels/CSEs   ___

    A Levels   ___

    Diploma   ___

    Degree   ___

    Postgraduate qualification   ___

What is your current/ most recent occupation?   _____

What are your household earnings (please tick)

    £0-£4,999   ___

    £5,000-£9,999   ___

    £10,000-£19,999   ___

    £20,000-£29,999   ___

    £30,000-£39,999   ___

    £40,000-£49,999   ___

    Above £50,000   ___

What, approximately, is your level of non-mortgage debt?   _____

Are you currently (please tick)

      Married/ Living with a partner   ___

      In a long-term relationship   ___

      Single   ___

How many children do you have,   ___

How often do you go non-food shopping in a typical week?   ___

What is your average spend per trip?   ___

Thank you for completing this questionnaire

Appendix VI: **Diagnostic scale for compulsive buying**

Please express the extent to which you agree or disagree with each of the following statements. Please place an X on the line which indicates how you feel about each one.

	Strongly agree	Some-what agree	Neither agree nor disagree	Some-what disagree	Strongly disagree
	5	4	3	2	1
When I have money, I cannot help but spend part or all of it.					
I am often impulsive in my buying behaviour.					
For me, shopping is a way of facing the stress of my daily life and relaxing.					
I sometimes feel that something inside pushed me to go shopping.					
There are times when I have a strong urge to buy.					
At times, I have felt somewhat guilty after buying a product, because it seemed unreasonable.					
There are some things I buy that I do not show to anybody for fear of being perceived as irrational in my buying behaviour.					
I often have an unexplainable urge, a sudden and spontaneous desire, to go and buy something.					
As soon as I enter a shopping centre, I have an irresistible urge to go into a shop and buy something.					
I have often bought a product that I did not need, while knowing that I have very little money left.					
I am spendthrift.					

<u>Valence, d'Astous and Fortier, (1988): Diagnostic scale for compulsive buying</u>

Calculating the score:

Each X placed corresponds to a number: 5 for "strongly agree", 4 for "somewhat agree", 3 for "neither agree nor disagree", 2 for "somewhat disagree", 1 for "strongly disagree". Add together the 11 numbers to get the total scale score.

If the score is 36 or higher, the participant is classified as a compulsive buyer. (Elliott, 1994).

Note:

Extract from "Compulsive buying: Concept and measurement" (Valence, d'Astous, & Fortier, 1988, *Journal of Consumer Policy, 11*, p. 426. Copyright 1988, G Valence, A. d'Astous, and L. Fortier). The scale as published in the source above contains five additional items, three of which were later deleted. D'Astous, Maltais, and Roberge (1990) reduced the scale from 13 to the 11 items above and simplified some of the questions (simplifications not included above).

Scale and narrative taken from Dittmar, H. (2004) Understanding and diagnosing compulsive buying. (p. 423). In R. Coombs (Ed.) (2004) *Handbook of addictive disorders: A practical guide to diagnosis and treatment* (pp. 411-450).

The researcher obtained appropriate permissions before using the scale.

Appendix VII: Questions used in the semi-structured interview

Shopping, buying or having

Do you have a favourite shop? If so, please could you describe it?

Do you often browse the shops – just to see what's there?

How long would your average non-food shopping trip take?

Given the choice, would you rather be able to buy cheaper items frequently or specific, very desirable items occasionally? Why is that?

Do you buy different things on different days or is there one type of item that you choose to buy most often?

If so, what is it about these particular items that draw you to purchase them – how does the purchase make you feel?

Say you have just bought a lovely (their item) – what do you do with it when you get it home? Do you feel the same about your purchases when you get them home?

Do you often buy things, and then take them back and if so why?

Do you often daydream about what you would like to buy? How long might this take per day?

What emotion is most likely to make you want to shop and how do your emotions change during and after shopping?

Do you ever feel guilty or ashamed when you get purchases home and do you ever hide them from yourself or others?

Attitudes

If you could only buy one brand, which would it be and what is it about it that is so appealing?

Think of a successful person you know personally or from the media. Please tell me about them.

How would you define happiness?

<u>The shopper</u>

How hard is it for you to make decisions?

Would your friends describe you as a perfectionist or easy going?

What sort of shoppers are the family you grew up in?

Can you tell me about your family background?

When did your shopping become a problem to you? How old were you and do you have any idea what prompted you to start over-shopping or what enabled you to do it?

<u>Identity</u>

If you were given three wishes, how would you use them?

How do you feel in social situations e.g. a party or a business meeting?

What would be different about your personal relationships if you shopped less?

Please describe the life you think you would lead if you did not shop so much.

Appendix VIII: Prompts used for debriefing participants

Thank you for participating in this research project.

Your participation is now complete.

How do you feel having taken part in this research?

Now that you have taken part in the research, I can explain more fully what the purpose of it is. The aim is to find out about the experience which compulsive buyers have with regard to shopping and buying. In general, the research was looking at factors which might have influenced participants to become compulsive buyers. There was also a focus on the items bought and whether they had any particular significance for the buyer.

Do you have any questions?

Would you like to have a summary of the research findings?

If you would, we can make arrangements for that now.

If you would like, I will give you a list of services which will be able to help you if participating in this research has left you with any uncomfortable thoughts or feelings that you would like to explore further. If this interview has brought up particularly painful issues for you, please tell me and I will arrange a session or two for you with a counselling psychologist in training so that you can explore these issues further.

Appendix IX: List of support groups and agencies

Debtors Anonymous

    Answerphone on 020 7117 7533

    http://www.debtorsanonymous.org.uk

Spenders Anonymous

    http://www.spenders.org

    This site provides information only.

Citizens Advice Bureau

    To find your local Citizens Advice Bureau go to:

    http://www.citizensadvice.org.uk/index/getadvice.htm

Consumer Credit Counselling Service

    FREEPHONE helpline is open from 8am to 8pm Monday to Friday

    0800 138 1111

    http://www.cccs.co.uk/

    Consumer Credit Counselling Service
    Wade House
    Merrion Centre
    Leeds
    LS2 8NG

Credit Action

    This is a national money education charity with information about debt on its website:

    http://www.creditaction.org.uk/startpage.html

    Its helpline is shared with the Consumer Credit Counselling Service

Careline UK

    0845 122 8622: Monday to Friday 10am to 1pm and 7pm to 10pm

    http://www.carelineuk.org/

Samaritans

08457 90 90 90   Or to find your local branch:
http://www.samaritans.org/talk_to_someone/find_my_local_branch.aspx

British Association for Counselling and Psychotherapy

To find a therapist: http://www.bacp.co.uk/

0870 443 5252

UK Council for Psychotherapy

To find a therapist: http://www.psychotherapy.org.uk/

020 7014 9955

British Psychological Society

To find a psychologist:

http://www.bps.org.uk/ Tel: +44 (0)116 254 956

Appendix X: An example of a quotation

The original transcript for a section of Harriet's interview is as follows:

Harriet: *when I have more responsibilities, there is going to be more of a struggle*

Researcher: *Mm*

Harriet: *You know: Should I buy shoes? Should I buy dinner? Shoes? Dinner? Shoes? Shoes win.*

Researcher: *Mm*

Harriet: *But at the moment, I mean, you know, I think, I mean, I don't think it's a problem.*

This became the text below when included in my analysis

Harriet: *"when I have more responsibilities, there is going to be more of a struggle: Should I buy shoes? Should I buy dinner? Shoes win; but at the moment, I don't think it's a problem" (80,10).*

The alternative below with (…) substituted for any missing words was deemed too cumbersome for easy reading and I felt that the (…) distracted from the meaning which my participant was trying to convey.

Harriet: *"when I have more responsibilities, there is going to be more of a struggle. (...) Should I buy shoes? Should I buy dinner? (...) Shoes win (...) but at the moment, (...) I don't think it's a problem" (80,10).*

Appendix XI: Highlighted sections within a transcript segment

Arabella   It's hard to say, I would almost say *it's almost in the back of my mind almost constantly, the thing is, if I'm thinking about us moving house next month*

Researcher: Right

Arabella: *I'm thinking about what furniture I can buy*, what home wares I can buy, what cushions, what curtains, that kind of thing, what food I'm going to cook so that then I start thinking about ingredients

Researcher: Right

Arabella: I..I do like nice food and cooking, that kind of thing

Researcher: Right

Arabella: Um, *if I'm thinking about going somewhere I'm thinking about what I can wear,* kind of, I've already started thinking about, we'll be going to a dinner in September, which we go to annually

Researcher: Right

Arabella: I was … I'm thinking already "What kind of dress do I like and what will I start looking for?

Researcher: Right

Arabella: So*, everything that I think about or daydream about for the future comes with a look and that look goes onto what I can buy to create that look.*

The italicised sections were highlighted during the analysis process and will appear in Appendix XII. The last italicised section will appear in Appendix XII and XIII.

Appendix XII: Cluster of sections for one participant

Name	Superordinate theme	Theme	Sub theme	Heading	Comment	Quote	Page	Line
Arabella	Shopping	Before shopping	Desire to shop	Daydreaming		(Do you daydream about shopping?) Always	29	1
Arabella	Shopping	Before shopping	Desire to shop	Daydreaming		I'm always thinking about what I could buy, what … what I'd like … to wear, what I'd like … what make-up I'd like to go for, what hair I'd like to go for, what colour nail extensions I'm going to have next, so I'll alw…I'll think about it a huge amount of the day. Like hours each day probably	30	3
Arabella	Shopping	Before shopping	Desire to shop	Daydreaming	reaction to anything is to shop	it's almost in the back of my mind almost constantly, the thing is, if I'm thinking about moving house next month (Right) I'm thinking about what furniture I can buy	30	7
Arabella	Shopping	Before shopping	Desire to shop	Daydreaming		If I'm thinking about going somewhere I'm thinking about what I can wear	30	15
Arabella	Shopping	Before shopping	Desire to shop	Daydreaming		everything that I think about or daydream about for the future, comes with a look and that look goes onto what I can buy to create that look	31	1

Appendix XIII: Cluster of sections for all participants

Lines have been excluded to show how all participants views on a topic can be displayed on the spreadsheet

Name	Superordinate theme	Theme	Sub theme	Heading	Comment	Quote	Page	Line
Deborah	Shopping	Before shopping	Desire to shop	Daydreaming	Future things to buy	I sit in my bedroom and think quite a lot about clothes, but, you know, particularly about things that I have in mind that I want to buy (Mm hm) and what they might look like and where I would wear them	6	16
Liz	Shopping	Before shopping	Desire to shop	Daydreaming		I didn't specifically daydream about a particular item; what I was daydreaming about was how getting this new whatever would make me feel. (Uh huh) so, it was more about, you know, I'm gonna buy a new dress and it's gonna make me feel fantastic.	17	3
Arabella	Shopping	Before shopping	Desire to shop	Daydreaming		*everything that I think about or daydream about for the future, comes with a look and that look goes onto what I can buy to create that look*	31	1
Anthea	Shopping	Before shopping	Desire to shop	Daydreaming		I don't really daydream	25	2

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Appendix XIV: Table of themes (spread over two pages)

Superordinate Theme	Theme	Subordinate theme	Heading
Shopping	Before shopping	Upbringing	Parental attitudes towards shopping
			Childhood experiences of shopping
			Childhood possessions
			Effects of childhood experiences
		Desire to shop	Creating demand
			Daydreaming
			Reasons to shop
			Shopping solving problems
	During shopping	The shopping experience	Mood
			Favourite shop
			Duration
			Enjoying shopping
			Browsing and experience
		The buying experience	Addiction
			Buying
			Bargains, quality and quantity
			Not missing out
	After shopping	Purchases	Returning home with purchases
			Returning purchases
			To wear or not to wear
			The lure of the new
			Stuff

Superordinate Theme	Theme	Subordinate theme	Heading
Shopping continued	After shopping continued	Relationships	Hiding, shame and guilt
			Couples
			Shopping: A problem or not?
			Shopping less
		Finance	Spending and debt
			Naivety about money
			Opportunity cost of spending
			Financial constraints upon spending
Values and traits	Values	Success	
		Three wishes	
		Happiness	
	Traits	Confidence	
		Perfectionism	
		Decision-making	
Actual versus ideal self	Ideal self as improvement upon actual self	Deborah: Current life v perfect life	
		Arabella: Modern life v Fifties glamorous life	
		Anthea: Real life v Jilly Cooper Utopia	
	Ideal self as transformation from actual self	Kate: Androgynous self v attractive self	
		Liz: Real self v aspired self	
		Harriet: Real self v aspirational chiffon self	
		Phoebe: Inauthentic self v authentic self	
		Leonie: Normal self-conscious self v feminine confident self	

Appendix XV: Results of the demographic questionnaire

A decision was taken not to include participant pseudonyms in order to protect anonymity.

Participant	1	2	3	4	5	6	7	8
Age	27	42	31	27	54	23	24	39
Highest educational qualification	Postgraduate qualification	A levels	Postgraduate qualification	Postgraduate qualification	Postgraduate qualification	Degree	GCSEs/O levels/CSEs	A levels
Occupation	Charity campaigner	Reinsurance underwriter	Change management consultant	Trainee psychologist	Scientist	Student/ part-time retail supervisor	Skills broker	Business analyst/ (currently homemaker)
Household income	£20,000-£29,999	Above £50,000	N/A	£0-£4,999	Above £50,000	£0-£4,999	£20,000-£29,999	Above £50,000
Non-mortgage debt	£15,000	£15,000	£0	£15,000	£0	£0	£25,000	£0
Relationship status	Single	Married/ living with partner	In long-term relationship	In long-term relationship	Single	Single	In long-term relationship	Married/ living with partner
Children	0	0	0	0	0	0	0	2
Non-food shopping trips weekly	2	1	2.5	1	1.5	6	4	Online
Average spend per trip	£70	£250	£30	£100	£23	£100	£225	Depends

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Appendix XVI: Results of the compulsive buying diagnostic scale

Scoring: A score over 36 is deemed to be that of a compulsive buyer

	Deborah	Kate	Phoebe	Leonie	Liz	Harriet	Arabella	Anthea
When I have money, I cannot help but spent part or all of it.	5	5	4	3	4	5	5	3
I am often impulsive in my buying behaviour.	5	5	5	5	4	5	5	5
For me, shopping is a way of facing the stress of my daily life and relaxing.	5	3	5	5	4	5	5	5
I sometimes feel that something inside pushed me to go shopping.	4	3	4	4	4	4	5	4
There are times when I have a strong urge to buy.	5	5	5	5	4	5	5	5
At times, I have felt somewhat guilty after buying a product, because it seemed unreasonable.	5	5	5	4	4	5	5	4
There are some things I buy that I do not show to anybody for fear of being perceived as irrational in my buying behaviour.	4	4	5	2	4	5	4	4
I often have an unexplainable urge, a sudden and spontaneous desire, to go and buy something.	4	5	5	5	4	5	5	4
As soon as I enter a shopping centre, I have an irresistible urge to go into a shop and buy something.	4	2	4	5	4	5	5	3
I have often bought a product that I did not need, while knowing that I have very little money left.	5	3	5	5	4	5	5	2
I am spendthrift.	4	3	4	1	4	4	1	1
Total	**50**	**43**	**51**	**44**	**44**	**53**	**50**	**40**

SECTION C:

PROFESSIONAL PRACTICE

FINDING A BALANCE BETWEEN PERFECTION AND "RUBBISH": A CLIENT STUDY USING COGNITIVE-BEHAVIOURAL THERAPY

1. INTRODUCTION

Rationale for the choice of the case

I have chosen to present this case because I feel that it shows the many facets and impacts of perfectionism. Additionally, I found the case both rewarding in terms of the shift in the client's behaviour and rich in learning for my clinical practice. Furthermore, it shed light on my own issues with perfectionism, so reflecting upon the work was useful self-development.   Lastly, I enjoyed working with this client and felt that we established and maintained a good therapeutic alliance.

Rationale for the choice of therapeutic model

I chose to use cognitive-behavioural therapy (CBT) with this client because it lends itself to short-term work. The client presented with anger and major depression, mild as measured by the Patient Health Questionnaire PHQ-9 (Kroenke, Spitzer & Williams, 2001). The NICE (National Institute for Health and Clinical Excellence) guideline (2004) on depression includes brief CBT as a treatment which should be considered for mild and moderate depression. CBT also provides a model for working with the specific presenting problem, which transpired to be perfectionism, and also gives insights into how to work with anger.

In this client study the cognitive-behavioural model was used in working with a young woman's struggles with perfectionism. Section 2 provides an overview of the theoretical framework. Section 3 introduces the client and the therapeutic setting. Section 4 continues by looking at the assessment process, including information about the presenting problem and related formulation. Section 5 discusses the therapeutic work undertaken and finally, section 6 reflects upon the ending and evaluates the work of, and learning for, the therapist.

2. SUMMARY OF THE THEORETICAL ORIENTATION

Cognitive-behavioural therapy

Cognitive therapy, which was developed by Aaron Beck in the 1960's (Beck, 1995), suggests that dysfunctional thinking about the self, the world and the future

influences both emotions and behaviour and causes psychological disturbance. Trower, Casey and Dryden (1988) discuss Ellis's (1977) ABC model which suggests that an individual's Beliefs (B) affect which emotional and behavioural Consequences (C) are brought about by Activating event (A). Trower et al. (1988) explain that dysfunctional beliefs focus on what must, should or ought to be done or to happen. Below this level of underlying assumptions rest core beliefs which Beck (1995) describes as perceived to be absolute and are "global, rigid and generalized" (p. 16). While assumptions are essential for making sense of the world, when too rigid, they are problematic. Trower et al. (1988) continue by explaining that CBT works to change maladaptive thinking either through verbal means, imagery or using evidence from behavioural tasks. CBT provides a framework for looking at cognitive, behavioural, emotional and physiological implications.

Case formulation is an important part of the CBT process and Bruch (1998) describes it as driven by hypotheses which, in turn, guide the therapist's work. It is assumed that maladaptive behaviours can be understood in cognitive-behavioural terms, helped by experimental testing. An idiographic approach is taken and the assessment interview is used to formulate the problem using predisposing, precipitating and maintaining factors. The interview seeks to collect appropriate information to enable creation of an explanatory model and hence suggest what factors can drive change. Bruch's (1998) overarching question is why and how this person has developed this problem now, what caused it and what is the effect.

Curwen, Palmer and Ruddell (2000) contend that therapy should be "parsimonious and pragmatic" (p. 3), not aiming to transform the entire client character, but to change certain areas which will then impact upon other areas, possibly after therapy has ended.

Perfectionism

Fennell's (1999) definition of a perfectionist is someone who believes that "everything they do should be done to the highest standard, regardless of circumstances and personal cost" (p. 119). Antony and Swinson (1998) summarize common features of perfectionism as having standards that are very hard to achieve and which often interfere with performance. They also state that other problems

such as anxiety and depression are frequently found with perfectionism. Shafran and Mansell (2001) explore the consensus among researchers that parental influence is implicated in the development of perfectionism via high expectations, demanding standards or modelling behaviour.

Hewitt and Flett (1991) add to the understanding of perfectionism by suggesting that three types exist; self-orientated perfectionism (overly high personal standards), other-orientated perfectionism (expecting too much from others) and socially-prescribed perfectionism (believing that others have high expectation of self). Antony and Swinson (1998) note that depression is closely linked to the first and third types of perfectionism, and anger with the second. Burns' (1999) view is that perfectionism can be considered in terms of several unrealistic and "self-defeating attitudes" (p. 121) while Shafran and Mansell (2001) explain that these are often rigidly held.

3. THE CLIENT AND THE THERAPEUTIC SETTING

Context for the work and referral

The context for the work is a city GP practice, where several counsellors (both qualified and in training) work in whichever orientation they think most appropriate with individual clients. The surgery has shown their commitment to counselling in dedicating a spacious, welcoming room to it.

The GP had not prescribed medication and referred the client with a presenting problem of anger and low mood. The client had written that, over the past year, she often got angry or felt low and was unable to focus on her schoolwork.

Summary biographical details of the client

All names and identifying details have been changed in order to protect client confidentiality. The client, Katriona, was very attractive, of average height and healthy weight. She was creatively dressed and clearly took pride in her appearance. She maintained eye contact, was articulate and willing to talk about most of her problems. At the time of the therapy, she was 18, had a boyfriend but no children and was in her final year at school, studying art, music and history. She lived with

her mother, stepfather and two sisters. She spoke to her father and visited him on an irregular basis. (See genogram, Appendix I).

4. ASSESSMENT AND FORMULATION

Convening the first session

At the GP practice, therapists were responsible for contacting clients and I telephoned to arrange an assessment session approximately one month after the referral was made. At the beginning of that session, use of supervision and confidentiality and its limits were explained.

The assessment session

The assessment session was used to gain an understanding from Katriona of her presenting problems and to undertake a functional analysis including looking at stimuli, responses and consequences. In addition, information was sought about her family, educational and social history. Relevant medical and psychiatric information was noted, as were current lifestyle factors. Mood and risk assessment were undertaken. The sum of this information was used to create an initial case formulation which was amended throughout the course of the therapy (Appendix II).

While history taking is an important part of the assessment, the session was additionally used firstly, to evaluate whether CBT was an appropriate model for working with Katriona and her concerns and secondly, for us to decide what goals to work towards in therapy. The assessment was the first meeting for Katriona and I, so it also provided my first face-to-face opportunity to begin building the strong therapeutic alliance which so influences the progress and outcome of therapy. It was therefore important that I listen carefully and exhibit Rogers' (1957) core conditions which are a key underpinning for any therapeutic relationship, regardless of model.

Contract

At the end of the assessment, an initial contract was agreed upon for six further weekly sessions of 50 minutes. The surgery's policy was that this could be reviewed

and extended, if necessary. Towards the end of the first six sessions, Katriona and I decided to extend for a further six sessions.

Formulation of the problem

Katriona described herself as experiencing anger and low mood; she also spoke of feeling panic about being behind with schoolwork. My hypothesis was that she was suffering from low self-esteem and was worried about not being good enough; this was manifesting itself in perfectionist standards for herself (causing procrastination, lack of schoolwork completed, plus time spent in trying to achieve a flawless appearance) and perfectionist standards for others (leading to anger if, for example, they let her down by being late). Furthermore, she felt that others set unreasonably high standards for her, expecting her to be able to work more quickly than she felt she could.

Predisposing factors

The client disclosed that her mother was very organised and a perfectionist concerning tidiness and cleanliness. Katriona's parents had divorced when she was five; I hypothesised that this might have contributed to her issues, in that sometimes small children erroneously blame themselves for their parents' divorce. However, the client did not believe this to be true in her case. Her father moved away and then returned to live in the same city as them until Katriona was 14, before finally moving to a town several hours away. Additionally, she had been bullied while at primary school sufficiently for her to be moved to a different school; I hypothesised that this might have caused her to want to fit in, perhaps fearing being mocked if not perfect, for example, in terms of appearance. However, the client again felt that this incident had not affected her. A psychodynamic therapist might fruitfully have pursued the effect of these two incidents upon Katriona further, but, in accordance with the CBT model, and bearing in mind the time-limited nature of the work, I decided not to do this.

Due to her early experience, Katriona formed a core belief of "I am not good enough" and then learned ways (intermediate beliefs) to help her manage this difficult belief. These intermediate beliefs included the ideas that "I must be perfect"

and "I should be able to do things perfectly" and that others will be pleased if she did things perfectly. In addition, she gained a belief that others should also behave as she wants them to and an all-or-nothing assumption that if something is not perfect, then it is "rubbish".

Precipitating factors

The precipitating factors for the issues coming to a head were that the client was facing the pressure of final school exams which can be a stressful and difficult time, even without underlying issues such as perfectionism. Katriona was also experiencing problems with a close friend who had recently experienced a traumatic event which she had chosen to discuss with others, predominantly strangers, rather than with Katriona. Additionally, Katriona's boyfriend (whom she described as the only person she felt she could really talk to) had recently gone away to college.

Maintaining factors

Factors maintaining the problems included getting criticised at school for having completed insufficient schoolwork and her mother being concerned about her school performance. In addition, she had a difficult relationship with her stepfather (although her relationship with her mother and sisters was generally good).

Cognitive and behavioural implications

The factors above led to Katriona having negative automatic thoughts such as "If I can't do it perfectly, better not to do it at all" and thoughts that her appearance must be flawless. She also had thoughts about her teachers, that they were making her do things that she could not and that they were always angry with her.

The consequences of this were that Katriona would do little school work and found it difficult when her plans had to be changed. She felt depressed, angry and frustrated. Her emotions were expressed by angry outbursts and crying; Katriona had also attempted to manage her emotions by self-harm before the therapy started. Physically, Katriona became prone to feeling nauseous and to symptoms associated with stress and panic.

The formulation as described is shown in Appendix II. Dudley and Kuyken (2006) note that a formulation provides a "framework for intervention planning" (p. 18). The formulation suggested that Katriona was trying to combat the problem of low self-esteem expressed as "I am not good enough" through perfectionism and so that was where the intervention became focused. The area where the perfectionism was most damaging was identified as being in her art work so that became the place to target the initial interventions. The formulation also indicated that work could usefully be done on anger management, stress and on her relationships with her previously close friend, her boyfriend and her father. Had the work been longer-term, it would have been useful to work on Katriona's core belief that she was not good enough. As it was, the focus remained upon the issues which were causing most concern for Katriona in daily living. The formulation was updated throughout the therapy as more information became available.

5. THE DEVELOPMENT OF THE THERAPY

Therapeutic aims and justification

Collaboratively chosen goals are important in providing an agenda for the therapy and in providing something against which to measure the success, or otherwise, of the work. The first agreed goal of the therapy was to look at reasons underlying Katriona's problems with schoolwork and her attendant feelings of panic. Another aim was to enhance her understanding of anger and to find ways in which she could manage it appropriately. The third goal was to look at her low mood to see what steps could be taken to improve it.

The result of resolving these issues would be that she would perform better at school during the vital final term and would feel more in control of herself and her emotions. If Katriona succeeded in managing her anger, she would experience fewer arguments and difficulties with people. An improvement in her mood would increase her enjoyment of life. A measure of the success of the therapy would be whether she managed to catch up with her school work and learned time-management skills, thereby reducing the feelings of panic. If the work on anger was successful she would at the end of therapy be able to report more harmonious

relationships at home and at school. If her low mood improved, she would report more positive affect than at the beginning of therapy.

The justification for the work was that these issues were those that were at the forefront of her mind and that her A level performance would impact upon her future. Additionally, the therapy would aim to teach skills which would help her in her everyday life, including college and working life thereafter.

The pattern of the therapy

Katriona was on time for each appointment to which she came. Twelve sessions (in addition to the assessment) were attended and three sessions were cancelled; the fifth, ninth and fifteenth. The fifth and fifteenth were cancelled in advance due to A level coursework deadlines (fifth) and being in an A level exam (fifteenth). The client did not attend the seventh, so a letter was sent, noting that fact and inviting her to the next session. When Katriona returned, she said that she had not realised she was supposed to attend that week. The session fell near a Bank Holiday and during the school holidays, so I decided not to pursue further why she thought she was not supposed to attend. It seemed plausible to me that someone at school may believe that therapy stopped during the holidays. Furthermore, I did not want to pursue an issue which might make the client feel unreasonably criticised and hence might damage our relationship. I did, however, reflect upon the issue and made a mental note to be particularly clear with future clients in the same situation.

The therapeutic plan and the main techniques used

The treatment plan was based upon the formulation of Katriona's presenting problems and the therapeutic goals agreed with her.   CBT is focused on the present and works primarily with the client's current issues and the cycles maintaining them. The therapeutic techniques used were a combination of cognitive and behavioural plus some psychoeducation, both about the CBT model, and about other helpful psychological tools. In addition, I also sought to discover helpful behaviours which Katriona was already utilising and encouraged their continued use. Appropriate between-session tasks were agreed with Katriona, either to reinforce the work done together or to progress the therapy.

Antony and Swinson's (1998) text was used to provide a helpful cognitive-behavioural protocol for working with perfectionism, which could be then be individually tailored to working with Katriona's specific presenting problems as expressed in the formulation. Interventions were also used from other texts where they seemed helpful or relevant; these include Leahy's (2003) cognitive therapy work, Fennell's (1999) low self-esteem work and Powell's (2000) assertiveness chapter.

Antony and Swinson (1998) stress the importance of both cognitive and behavioural change and the inter-related nature of the two. An anglicised version of Burns' (1999) ten dysfunctional cognitions was discussed with the client, and she was encouraged to review, during the week, those to which she felt particularly prone. She identified "all-or-nothing thinking" (Burns, 1999, p. 8), "labelling" (p. 10) and "jumping to conclusions" (p. 9). Antony and Swinson (1998) identify certain thoughts as prevalent in perfectionism, particularly highlighting the role of all-or-nothing thinking. The formulation shows that this is an issue for Katriona and she summarised it saying "I feel under pressure all the time to make sure that everything is ok and everything's perfect".

A perfectionism maintenance cycle was identified from the formulation whereby Katriona believed "I am not good enough", so attempted to address that by believing that "I must do everything perfectly always" which she failed to do (because it is impossible) but which reinforced her belief of inadequacy. This was challenged by asking Katriona to create a costs and benefits of perfectionism schedule (based upon Powell's exercise 2000, p. 92) during our session and discussing it. Katriona agreed to review and add to it during the week, resisting the temptation to write it up neatly. This exercise involved both a cognitive element (completing the schedule) and a behavioural element (tolerating the schedule's messiness); Katriona later reporting keeping it on her pin-board for reference.

An avoidance maintenance cycle related to perfectionism was also identified from the formulation whereby Katriona thought "If I can't do it perfectly then it is better not to do it at all". She would therefore avoid doing tasks if she thought that there was insufficient time to complete them to her own high standards. The intervention chosen to challenge this maintenance cycle was an exposure-based strategy as

recommended by Antony and Swinson (1998) who emphasize the importance of behavioural change when working with perfectionism. Fennell and Jenkins (2004) suggest that perfectionists be exposed to "testing the consequence of lowering standards" (p. 422).

As a behavioural experiment, I asked Katriona to draw "Love" and gave her four minutes to do so. She reported feeling unhappy with the quality of the result and angry that she could not immediately think of what to draw. We discussed whether the standard could be seen as an achievement in the time not "rubbish" as she felt and also explored viewing the exercise as fun with no consequences except to see what learning might transpire. The exercise was repeated using "Champagne". This time Katriona said that she approached the drawing like a friend of hers who worked quickly and she reported feeling more free and relaxed. We discussed the ability to give a creative impression, rather than her usual detailed style, as adding a new skill to her repertoire. Further perfectionism work included Leahy's (2003) cognitive techniques "Enhancing curiosity, challenge and growth rather than perfection" (p. 82) and "Distinguishing progress from perfection" (p. 76).

The formulation identified a belief relating to others whereby "Others should behave as I expect/want". This belief led to Katriona experiencing problems with anger when friends or her boyfriend did not behave in accordance with her expectations. The advantages, disadvantages and consequences associated with anger and its physiological effects were discussed. Then situational analysis was undertaken to help understand in what circumstances Katriona became angry, before alternative strategies were reviewed. The fundamental questions that Katriona was encouraged to ask herself were, whether her anger was a reasonable reaction to the situation and whether her actions were functional in helping resolve it or managing her response to it. Reading homework included Powell's (2000) work on understanding and managing anger (p. 152) and Butler and Hope's (2007) chapter "Anger in relationships".

The link between anger and assertiveness was examined, in that prolonged passivity may find an outlet in a burst of aggression out of proportion to the final small triggering event. Additionally, the benefits gained by expressing honestly how you think and feel, such that others are not left to mind-read were explored. Powell's

(2000) straightforward assertiveness training chapter was used as a guide for psychoeducation and given as homework reading to consolidate the work.

One of Katriona's beliefs identified in the formulation was "I should be more intelligent, argue less and be slimmer". The intervention driven by this self-critical belief was to ask "What is the evidence?" as suggested by Fennell's (1999, p. 115) low self-esteem text. When the evidence was examined, it was discussed that her talents were creative and that she had, in fact, got into her first choice of art college, which other, more academic, people may envy. It was decided that there was no evidence that she was overweight and she was in the process of working with her anger issues.

The formulation suggested that the relationships in Katriona's life, particularly those with her boyfriend, the friend who was attacked and her father were precipitating and maintaining factors for her presenting problems. Therefore some sessions were spent exploring these relationships within Katriona's life since they were hypothesised to be implicated in her low mood and anger issues.

Key content issues

Katriona's perfectionism manifested itself in several ways. She discussed wanting her artwork to be perfect, such that if she did not have time to complete a piece of work perfectly, she would not do it at all, leading to insufficient work completed to the detriment of her grades. She spoke about leaving spelling mistakes in written work, rather than correcting them but making the piece appear, to her eyes, messy. During the therapy, she received her predicted A level grades and reported her mother's disappointment; perfectionism's role in this was discussed. Katriona mentioned becoming angry if, for example, her eye make-up did not go on evenly, exhibiting her appearance perfectionism. Katriona also wanted to buy increasingly special presents for her family and partner. This provoked anxiety in terms of the pressure to select something perfect and, since she saw expensive gifts as better, the associated worry of how to afford them.

Katriona also reported struggling with choice; if you need to be perfect, you also need to make perfect choices which can become overwhelming, leading to

procrastination. Antony and Swinson (1998) suggest that perfectionists struggle with decisions, since they fear making an "irreversible and potentially catastrophic" (p. 74) mistake. Butler and Hope (2007) reframe this as "categorical thinking" (p. 451) where the individual mistakenly believes that there is only one "right" choice.

One of the client's closest friends had been attacked the previous year and had not talked with the client about it, despite discussing it with others. The client felt angry with, and hurt by, this friend and the friendship has cooled considerably. The client's mother had pointed out that it was at approximately this time that Katriona's anger issues had started.

During the course of the therapy, Katriona's boyfriend, who was away at college, split up with her which she found very difficult. She had described him as the only person to whom she could talk. They were subsequently reunited, but shortly afterwards, Katriona split up with him.

Katriona also explored her relationship with her father. She said that he does not seem like a "real" father because he does not impose boundaries and is not involved with her life. Also, being located elsewhere, he is not available to see at short notice. She also expressed her anger with his choosing to move away when she was 14. She had enjoyed spending time with him and missed the contact and she felt it suggested that he does not care about her and her sisters.

The client disclosed that she had self-harmed in the past, cutting herself with scissors, although she was not currently doing it. This was explored and monitored throughout the work, with alternative strategies and a contact list of resources given. However, it was deliberately not made the focus of the work, since resolving the underlying frustrations would both reduce inclination to self-harm and bring other benefits.

The therapeutic process

Counselling psychology is based upon what Strawbridge and Woolfe (2003) describe as the "authentic meeting of equals" (p. 11) and values this therapeutic

alliance over the expert and patient-based medical model. The reflective-practitioner therefore marries use of psychological theories and techniques, with recognition of the importance of a strong therapeutic relationship in promoting change. Gilbert and Leahy (2007) stress the centrality of the relationship in the therapeutic process in CBT. I also felt the importance of communicating what Greenburg (2007) describes as "genuine acceptance" (p. 53) and suggests helps prevent a client from feeling shame. As a perfectionist, I hypothesized that Katriona might try to be a perfect client and could feel uncomfortable if she could not remember something or struggled to express herself.

Within the person-centred model, Rogers (1957), the pre-eminent writer in the field, suggested six core conditions which were "necessary and sufficient" (p. 95) for therapeutic change to occur. Within CBT, Scott and Dryden (2003) observe that a good therapeutic alliance is seen as necessary, but not sufficient of itself, to bring about change. Trower et al. (1988) believe that the most important Rogerian conditions for the cognitive-behavioural therapist to exhibit are unconditional positive regard for, and empathetic understanding of, their client and that the client experiences these. Trower et al. (1988) also stress the importance of a confident manner designed to reassure the client that the therapist has the expertise to help them.

The process within the client sessions was focused on providing a space where Katriona felt valued as an adult and able to explore her issues without feeling judged or patronized. I needed to exhibit enthusiasm in facilitating her work towards our agreed goals but also showing my belief in her ability to take responsibility for change.

I thought that it was important that Katriona did not feel labelled by me as a self-harmer, that instead that was seen as a past behaviour. I hoped that a positive experience of therapy would make that a resource that she would turn to, should the need arise in the future.

An important part of our process occurred during the behavioural drawing experiment. Katriona, though prepared to participate, was not enthusiastic and appeared to doubt its utility. My part in our process was to be positive about the

potential for useful learning and firm about time boundaries, while making it clear I saw it in terms of a nothing-to-lose experiment.

Blatt (1995) states that perfectionists find it hard to enter an effective therapeutic relationship, because of the negative images they have of self and others. Hewitt et al. (2003) identify perfectionist self-presentation which involves how the individual appears to others and can involve presenting an image of perfection or avoiding showing faults either verbally or behaviourally. They suggest links with socially-prescribed and self-orientated perfectionism and suggest that this can make it hard for clients to disclose personal problems. Katriona did say that she dislikes talking about her feelings, so I am both surprised and pleased that she succeeded in being so open with me and was prepared to explore her thoughts and let me see her non-perfect side.

Difficulties in the work

Although, in general, Katriona was willing to contemplate change, there were certain areas where she was less flexible. I had hoped that our therapeutic relationship might give her an experience which might increase her willingness to discuss her feelings with friends and family. However, she remained unwilling, explaining that she feared being pitied and patronized as a "charity case" or seen as a dependent child. She reported feeling uncomfortable talking about her issues and thinks that others will not come to her for support if she has admitted to having problems. She described being willing to tell people when she was angry, but not when upset. She explained that she wanted people to spend time with her because they want to, not out of pity; she does not believe that anyone would want to be with her when she is sad. Katriona expressed concern that, after their reconciliation, her boyfriend was with her out of pity. I wish I had explored whether that was a factor in her deciding to end their relationship.

The link between wanting to seem entirely in control and perfectionism was discussed. Also, it was explored whether people would want to discuss their issues with someone who appeared either never to have problems or was unwilling to discuss them.

The cognitive-behavioural model is strongest when working with problems that can be helped by either different actions or a different way of thinking. However, Katriona's idea that others would feel sorry for someone who was upset and her feeling of revulsion at being an object of pity was not amenable to working in a cognitive-behavioural way since she did not see it as a problem.

CBT does not have a model of the self; instead it looks at different levels of cognitions (from automatic thoughts, through intermediate beliefs to core beliefs) and at behaviours. A person-centred therapist might have prioritised work on understanding the self, and, in this case, Katriona's self in relation to others, over interventions to address the practical problems of perfectionism and anger. However, in line with the agreed goals, and with the time-limited nature of the work in mind, although this area was addressed, it did not form the primary focus of the work.

<u>Making use of supervision</u>

Supervision was very supportive of my work and invaluable in encouraging me to focus on the relationship and the case formulation in the first couple of weeks in order to maximise the opportunity for a successful outcome. Supervision was immensely useful in working with this client in terms of understanding the extent of the impact of her perfectionism on all areas of her life (personal, social and academic) and in suggesting ways to explore and challenge her behaviour. For example, many problems which could have appeared discrete; such as lack of completed school work, anger and unwillingness to confide in others, were all facets of perfectionism. Supervision was also instrumental in suggesting that an appropriate behavioural experiment for Katriona would involve drawing, since art was her passion and hence the area where her procrastination and perfectionism were most prevalent and problematic.

Supervision was helpful in discussing disclosure to the GP about Katriona's self-harm; it was important to respect confidentiality, while keeping the health professional responsible for her care informed. The fact that Katriona consented to my disclosing her self-harm to her GP made this situation easier. It was rewarding,

with my client's consent, to report the progress that had been made by the end of the work.

Changes in the formulation and the therapeutic plan

Bruch (1998) describes the case formulation approach as goal-focused and evolving, with new information used to generate hypotheses for behavioural testing, informed by the principles of CBT. One area which gained in significance during therapy was stress, Katriona having contracted a stress-related skin condition. Her physical ailment responded well to the dermatologist's treatment, but we decided to work on the underlying stress in our sessions.

The Curwen, Palmer and Ruddell (2000) multimodal relaxation method was utilized and recorded for use when necessary; Katriona described its leaving her feeling relaxed and sleepy. Then sources of, and ways of coping with, stress were discussed using Powell's (2000) "Managing stress" chapter as a model. Katriona said that she neither recognized causes of stress, nor anticipated it, and disclosed that she struggles to adopt a problem-solving approach, because she sees the stress as coming from everything and so tries to solve it all simultaneously. We discussed varying levels of stress, for example that the previous week she had powered through her practical exams at optimum level but then tipped over to unhealthy levels. We reviewed the need for a balanced life and that overemphasising one area (for example, her boyfriend) makes her more prone to stress when that area experiences problems, than if there were several equally valued areas of work, home and social life. The Powell chapter provided helpful psychoeducation concerning improving problem-solving, goal-planning and time-management plus tackling procrastination.

Towards the end of the therapy there was increasing emphasis on looking forward and reinforcing learning which would be useful after therapy ended. There was also frequent reflection throughout the work to encourage Katriona to review and congratulate herself on her achievements. Hardy, Cahill and Barkham (2007) believe that use of positive feedback about facets of the client's behaviour helps develop the therapeutic relationship. For example, Katriona reported having improved her time-management and having completed all set work plus doing additional schoolwork to try and enhance her marks; it was important to

acknowledge and celebrate that progress. However, she mentioned completing some of her coursework over the course of one very long and panic-stricken night. I suggested that, once her exams are over, she might like to paint her emotions then and use it to motivate her to work at a steadier pace when at college. Katriona gave a presentation for the school, and although reporting being scared, was congratulated on doing a good job. The learning which I encouraged was the evidence that she can do well if faced with a presentation again.

Changes in the therapeutic process over time

This was Katriona's first experience of therapy and having just turned 18, it was also, perhaps, one of her first experiences of a non-hierarchical relationship with an adult. It was important to emphasize the collaborative nature of the work and that, while I had expertise in techniques and theory, she was the expert in terms of her life.

As the work progressed, Katriona took more charge of the therapy, for example suggesting which areas would be most productive to work on. As an adjunct to that, she had asked early on in the therapy whether her mother could discuss the work with me. Since I needed to take this to supervision, I suggested that we note the issue and discuss it in a later session to which Katriona agreed. Having taken advice, I felt that this was, firstly, in danger of breaching confidentiality and furthermore, counter-productive in terms of helping Katriona experience a sense of agency and responsibility for herself. I also felt that it would have been inappropriate, since she was legally adult and about to leave the childhood realm of school to make her own way in the adult arena of college and then work. I suggested to Katriona that since she had done the work in the room, she could disclose to her mother what she chose to about what she felt had been achieved and she agreed.

I also explained to her that the overriding judgement of the therapy was whether she had experienced it as helpful, rather than how I thought she was doing. My intention was to provide differentiation between a teacher marking a student's work and two people who had collaboratively worked together on a common goal; one through being willing to be open to the possibility of change and the other suggesting strategies and experiments, plus giving information and encouragement.

6. THE CONCLUSION OF THE THERAPY AND THE REVIEW

The therapeutic ending

The therapeutic ending was a managed and collaborative process. I felt that it was particularly important for this young woman to experience a different model of ending compared with those in her early life over which she had no control such as the ending of her parents' relationship and her father moving away. Also, during therapy, there had been two sudden endings, her boyfriend suggesting a break in their relationship and, shortly after their reconciliation, her deciding to end their relationship. I felt that it might be helpful to be part of an ending which occurred as planned and was not related to a relationship gone awry, but more a celebration of the achievements of the work which now meant that the relationship could end, although hopefully the benefits and learning would continue.

A significant proportion of the final session was used to summarize, reflect upon and celebrate the work performed together; firstly, on the perfectionism that was in the way of her schoolwork, then on her anger issues, plus looking at the benefits of assertive communication and at the effects of stress. We also reviewed the work done in exploring her relationship with her boyfriend, her close friend and her father. We discussed how Katriona had found her first experience of therapy, including what had been successful, and what had been less useful. I expressed how much I had enjoyed working with her, and respected her for being so committed to the therapy and change processes, and that I hoped she could use what she had learned in the future. She thanked me for all my help.

Evaluation of the work

I believe that the acid test of therapy's success or otherwise is whether the client thinks that the work has met their needs and achieved the mutually agreed goals. Katriona said that she was happy that she was now completing all the schoolwork required, and more, within the required timeframes, thus her interrelated problems with procrastination and perfectionism were under control. She reported that her teachers had commented with favourable surprise on the change. Additionally, she reported less anger and that she "no longer flies off the handle about nothing" with

the consequence that there were far fewer arguments at home and she was now enjoying spending time with her mother and sisters. She reported feeling far more tolerant of others; stating that she behaved in one way and they may behave in another, but that was just because people are different. This was in contrast to finding others' behaviour intensely irritating in the past. Recognising that you cannot control everyone and everything gives freedom to allow standards to drop below an unrealistic perfect. Katriona felt that, although talking about her relationship with her father had been therapeutic in terms of "getting it off her chest"; she did not feel that there had been any changes, but she thought that might be because she had not taken any further action.

Therapeutic effectiveness has been described based upon client feedback. It could be suggested that this is not a sufficiently objective measure of progress. Some services routinely use measures with clients such as the PHQ-9 (Kroenke et al., 2001) to measure depression and the GAD-7 (Spitzer, Kroenke, Williams & Lowe, 2006) to measure generalized anxiety disorder; these would have enabled a more objective evaluation of the outcomes described. However, although PHQ-9 was used at referral stage, it was not a requirement within the service to use outcome measures and they were not used with this client. In addition to general measures, use of a specific measure of perfectionism, such as the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) at the beginning and end of the therapeutic work would have enabled a more objective evaluation of the work. However, it could be suggested that these measures are not wholly objective because a client might manipulate them for a variety of reasons, for example, to get more sessions or to please the therapist.

Although it might have been a useful objective measure of the outcome of the therapy, it would have been a breach of client confidentiality to ask others (e.g. Katriona's mother or teachers) whether they had noticed changes in her behaviour. Katriona said that her procrastination had reduced, leading to an increase in the work she submitted for her A levels and it could be assumed that this may have improved her final grades above those predicted. However, the therapeutic work ended before those grades were known, and a number of confounding variables would have meant that this measure would not have been objective.

My clinical opinion was that Katriona had changed through the process of therapy. Towards the end of the work, Katriona had advised pupils in the year below "to get the work done"; this was in sharp contrast to her earlier view of doing things perfectly or not at all. At the end of therapy, her tone of voice when explaining her view that other people were different from yourself was relaxed rather than the repressed anger tone which had accompanied her earlier description of when she felt that others had let her down by changing plans or being late. Perfectionists can desire to be the perfect client and so might be expected to say that therapy had worked even if, in their opinion, it had not. However, Katriona was prepared to tell me that parts of our work, for example, relating to her relationship with her father, had not changed anything, which increased my belief in her statements about the positive changes which she had made.

I was pleased with our work; Katriona achieved notable success with her perfectionism. This reduced her frustration, leaving her anger issues more amenable to being worked upon. Her self-harm risk had been appropriately managed. I was pleased with the amount of ground that we had managed to cover within a coherent framework and particularly gratified to have been able to create a sound therapeutic relationship with a perfectionist, a group who can find it challenging to reveal their non-perfect side in therapy.

I wished that there had been more time to work on low self-esteem and, in retrospect, it might have been useful to introduce the relaxation technique earlier, although I had suggested a muscular relaxation earlier which Katriona had not seemed particularly enthusiastic about. Perhaps it needed the severe bout of stress to lead her to value relaxation. It might also have helped with Katriona's problem of feeling nauseous during the day (although she ate healthily at night); however, this issue was being managed by her GP using indigestion remedies.

Liaison with other professionals and arrangements for follow up

Since the work was conducted in a GP surgery, it was appropriate to keep the GP informed. When the client disclosed her previous self-harm, I sought her permission to disclose this to the GP which was granted. Additionally, after discussing the content with her and obtaining Katriona's consent, as part of the discharge back to

the care of her GP, I gave details of the number of sessions attended and a brief summary of the work achieved.

No arrangements were made for follow-up sessions because the goals of the therapy had been achieved. I hoped that Katriona's experience of therapy had been sufficiently useful that should she, as she forges her way in adult life, encounter problems that seem overwhelming, she might seek therapeutic help again.

What I learned about psychotherapeutic practice and therapy

Purves (2003) observes that, implicit in time-limited work, is the impossibility of treating all of the client's underlying issues. Instead, the client chooses to work on their most pressing problems, in the knowledge that they can return to address other issues later, if they so choose. I learned a lot about perfectionism through working with this client in terms of how pernicious it can be, but also how responsive it can be to CBT. In retrospect, I wonder whether it might have been beneficial to ask her to complete a perfectionism screener which may have identified more about her perfectionism.

I learned that there are sometimes serendipitous coincidences in a client's life which give an ideal opportunity to practice what has been learned in therapy. For example, having completed the behavioural experiment to show Katriona that she could complete drawings in a fixed time, she went to a parents' evening and was berated for having done insufficient art work. This, together with her experience of speed-sketching, led her to successfully complete five pages of art in an evening, a feat that would have previously taken two weeks. The following week we explored the experience and the consequent positive feedback, in contrast to the negative feedback to which she had become accustomed.

I learned that, even in a largely successful piece of work, there may be areas where there is less progress than one might like. In Katriona's case, I was concerned that she was unwilling to share her issues with others and therefore whether she might suppress her feelings when trying to cope with future problems. However, my supervisor felt that Katriona has a valid point that people may have limited capacity for interest in another's problems. Hopefully, however, Katriona's experience of

therapy is sufficiently positive, that, should the need arise, she would access help again.

As therapist, I was very conscious of forming a collaborative alliance with Katriona, guiding her discovery and helping her to find evidence to corroborate her new-found helpful ideas. However, I was also aware of the potential for psychoeducation with her, so I was keen to balance that with facilitating. If she could learn some useful tools, such as looking at costs versus benefits, timetabling and affirmations, they could stand her in good stead in the future. I hope that I managed this balancing act appropriately.

Learning from the case about myself as a therapist

My most important learning from this case was that, despite the time limitations of brief work, building the relationship and case formulation must take precedence over precipitate use of techniques. I also learned the advantage of creative and client-specific behavioural experiments and homework, seeing them in terms of a successful desired outcome rather than given mechanisms.

One requirement of therapy is for the therapist to reflect upon her own feelings and the issues which arise through working with the client and their material. This promotes both self, and professional, development. It has been interesting to work with a client who struggled with starting tasks for fear of failure, since this is an area which I have taken to therapy. I think that it makes it easy for me to empathize with her and also makes her learning of personal interest. I am also aware of the fact that, to an extent, we, as therapists, model behaviour for our client, so it seemed important to me that, when I made a mistake, I acknowledged it, apologised and moved on without agonising or being overly self-critical.

It is interesting to realise another issue with perfectionism; namely that it can be hidden by procrastination, and therefore misconstrued, resulting in unhelpful and demoralising negative feedback. For example, Katriona's teacher did not see her low productivity as due to her anguish about getting everything perfect but instead saw no work and assumed it was due to laziness.

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In summary, working with Katriona, listening to her feedback and writing this client study has helped me learn more about theory and its application to practice. I have also had the opportunity to build a strong therapeutic alliance and the chance to benefit from reflecting upon what I have gained, both in terms of personal growth and in experience as a counselling psychologist.
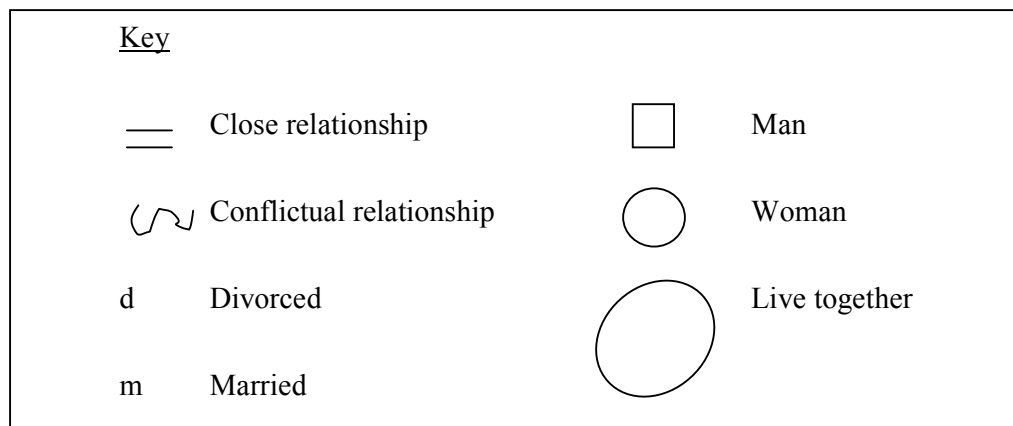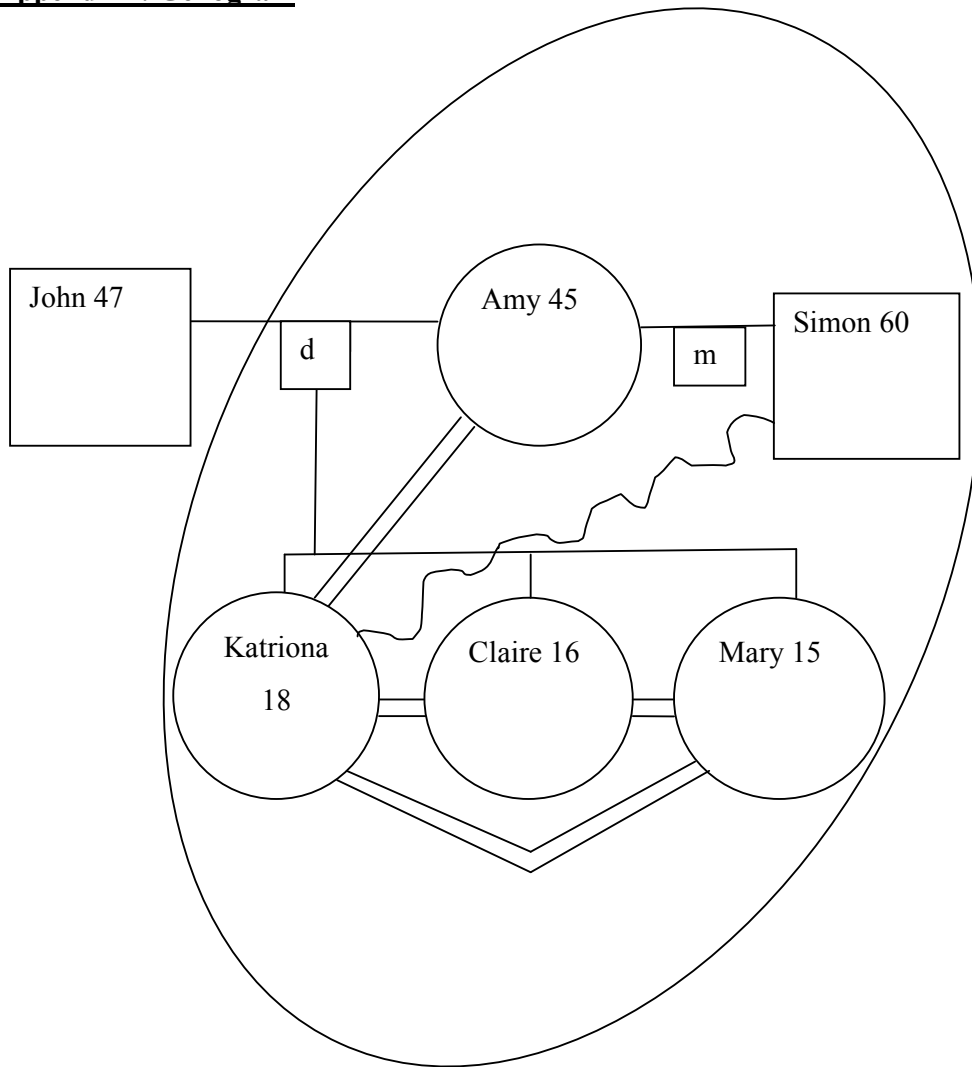
REFERENCES

Antony, M., & Swinson, R. (1998). *When perfect isn't good enough.* Oakland: New Harbinger.

Beck, J. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Press.

Blatt, S. J. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. *American Psychologist, 50,* 1003-1020.

Bruch, M. (1998). The UCL case formulation model: Clinical applications and procedures. In M. Bruch & F. Bond (Eds.), *Beyond diagnosis: Case formulation approaches in CBT* (pp. 19-41). Chichester: Wiley.

Burns, D. D. (1999). *The feeling good handbook* (Rev. ed.). New York: Plume.

Butler, G. & Hope, T. (2007). *Manage your mind: The mental fitness guide* (2nd ed.). Oxford: Oxford University Press.

Curwen, B., Palmer, S., & Ruddell, P. (2000). *Brief cognitive behaviour therapy*. London: Sage.

Dudley, R., & Kuyken, W. (2006). Formulation in cognitive-behavioural therapy: 'There is nothing either good or bad, but thinking makes it so'. In L. Johnstone & R. Dallos (Eds.), *Formulation in psychology and psychotherapy: Making sense of people's problems*. Hove: Routledge.

Ellis, A. (1977). The basic clinical theory of rational-emotive therapy. In A. Ellis & R. Grieger (Eds.), *Handbook of rational-emotive therapy*. New York: Springer.

Fennell, M. (1999). *Overcoming low self-esteem*. London: Constable & Robinson.

Fennell, M., & Jenkins, H. (2004). Low self-esteem. In J. Bennett-Levy, G. Butler, M. Fennell, A. Hackman, M. Mueller, & D. Westbrook (Eds.). (2004). *Oxford guide to behavioural experiments in cognitive therapy* (pp. 413-430). Oxford: Oxford University Press.

Gilbert, P., & Leahy, R. (2007). Introduction and overview. In P. Gilbert & R. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies* (pp. 3-23). Hove: Routledge.

Greenburg, L. (2007). Emotion in the therapeutic relationship in emotion-focused therapy. In P. Gilbert & R. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies* (pp. 43-62). Hove: Routledge.

Hardy, G., Cahill, J., & Barkham, M. (2007). Active ingredients of the therapeutic relationship that promote client change: A research perspective. In P. Gilbert & R. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies* (pp. 24-42). Hove: Routledge.

Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment and association with psychopathology. *Journal of Personality and Social Psychology*, *60,* 456-470.

Hewitt, P. L., Gordon, L., Sherry, S. B., Habke, M., Parkin, M., Lam, R. W., McMurtry, B., Ediger, E., Fairlie, P., & Stein, M. B. (2003). The interpersonal expression of perfection: Perfectionistic self-presentation and psychological distress. *Journal of Personality and Social Psychology, 84*, 1303-1325.

Kroenke, K., & Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*, 606-613.

Leahy, R. L. (2003). *Cognitive therapy techniques*. New York: Guilford Press.

NICE (National Institute for Health and Clinical Excellence). (2004). *Depression national clinical practice guideline number 23*. Retrieved March 27, 2009, from

http://www.nice.org.uk/nicemedia/pdf/CG23fullguideline.pdf

Powell, T. (2000). *The mental health handbook* (Rev. ed.). Brackley: Speechmark Publishing.

Purves, D. (2003). Time-limited practice. In R. Woolfe, W. Dryden & S. Strawbridge (Eds.), *Handbook of counselling psychology* (pp. 518-535). London: Sage.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.

Scott, M., & Dryden, W. (2003). The cognitive-behavioural paradigm. In R. Woolfe, W. Dryden & S. Strawbridge (Eds.), *Handbook of counselling psychology* (pp. 161-179). London: Sage.

Shafran, R., & Mansell, W. (2001). Perfectionism and psychopathology: A review of research and treatment. *Clinical Psychology Review*, *21*, 879-906.

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Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*, 1092-1097.

Strawbridge, S., & Woolfe, R. (2003). Counselling psychology in context. In R. Woolfe, W. Dryden & S. Strawbridge (Eds.), *Handbook of counselling psychology* (pp. 3-21). London: Sage.

Trower, P., Casey, A., & Dryden, W. (1988). *Cognitive-behavioural counselling in action*. London: Sage.

Appendix I: Genogram

Key

⎯⎯	Close relationship	☐	Man
〰	Conflictual relationship	◯	Woman
d	Divorced	◯	Live together
m	Married		

Appendix II: Case formulation

Adapted from Curwen, Palmer and Ruddell (2000, p. 173)

Personal Development	Cognitive development
Predisposing Factors (early experiences) • Perfectionist mother • Parents' divorce when client was 5 (not relevant per client) • Bullied at primary school (not relevant per client)	Assumptions and core beliefs formed • I am not good enough • I am under pressure to perform • I must be perfect • I should be able to do things perfectly • Others should behave as I expect /want • If I do things perfectly then others will be pleased • If something is not perfect, then it is "rubbish"
Precipitating factors (A) (critical incidents) • Pressure at school, final year exams looming • Friend being attacked and not confiding in client • Boyfriend away at college	Intermediate and core beliefs activated • As above • I must do everything perfectly always • I must not show faults or weakness • I must be a perfect friend • I should be more intelligent, argue less and be slimmer
Maintaining factors (current situation) • Being criticised at school • Mother concerned at poor school performance • Difficult relationship with stepfather and father distant	Negative automatic thoughts (B) • If I can't do it perfectly then better not to do it at all • My appearance must be perfect • I have to buy perfect presents • I can't meet my teachers' expectations
Emotions (C) • Low mood/ depression • Anger and frustration Behaviour (C) • Insufficient schoolwork • Previous self-harm • Anger if plans change • Crying or angry outbursts Physiology (C) • Feelings of nausea • Panic and stress symptoms	

SECTION D:

CRITICAL REVIEW OF LITERATURE

"NOTHING'S EVER ENOUGH": CAN COUNSELLING PSYCHOLOGISTS USE POSITIVE PSYCHOLOGY TO CHALLENGE HEDONIC ADAPTATION?

1. INTRODUCTION

Definition of hedonic adaptation

Frederick and Loewenstein's (1999) comprehensive chapter describes hedonic adaptation which suggests that humans adapt to both positive and negative life events and return to a fixed point of happiness or subjective well-being. The model contends, therefore, that no change in life circumstance or material wealth can make an individual permanently happy or unhappy.

Brickman and Campbell (1971) first proposed the idea of a "hedonic treadmill" (p. 300) whereby individuals are initially emotionally affected by life events, but gradually return to a hedonic neutral. Empirical evidence for this concept was offered by Brickman, Coates and Janoff-Bulman (1978) wherein they suggest that lottery winners were not significantly happier than non-winners and suggested that those paralyzed by accidents were not significantly less happy than control participants.

Diener, Lucas and Scolon (2006) questioned the interpretation of the above study, suggesting that the accident victims were less happy than the controls; furthermore, they suggested five amendments to the hedonic treadmill model. These are; firstly, that individuals are generally happy rather than neutral, secondly, that different people have individual set points influenced by their personality. Thirdly, they suggest that each individual's set point is affected by positive and negative emotions and life satisfaction which all vary independently of one another. Fourthly, they suggest that these set points can change, and lastly, that individual's responses to events differ, such that for some the set point may change, while for others it does not.

Evolution and hedonic adaptation

Evolutionary psychology examines the evolutionary challenges which our brains were designed to overcome. Nettle's (2005) convincing evolutionary explanation of the hedonic treadmill proposes that natural selection forced our ancestors to seek out food, security and mates to survive and procreate, so we seek the modern equivalents

of high status, large income and better partners. We experience brief pleasure in these achievements, but evolution programs us to adapt to what we have and seek something better. Nettle cautions, however, that we seek things that don't make us happy, like a pay rise, while not investing the same energy in that which will make us happy, for example, relationships and community. Evolution programmes us to adapt to difficult circumstances, so that physiological responses better fitted for real physical danger are conserved. While evolutionary psychology provides an interesting explanation of hedonic adaptation, it does not lend itself to empirical testing.

Diener and Biswas-Diener (2008) identify three benefits of hedonic adaptation; firstly, it reassures us that we will become accustomed to most difficult events, secondly, it allows us to embrace change knowing that we can adapt and lastly, it ensures that we remain motivated to strive towards new goals through adaptation to positive events.

2. DEFINITIONS OF HAPPINESS

That the public want to be happier is evident from the number of self-help books available on the topic and by the interest in television series such as Making Slough Happy (BBC, 2005) and The Happiness Formula (BBC, 2006). Psychologists divide what the layperson calls happiness into two elements; the hedonic tradition, often called happiness or subjective well-being (SWB) and the eudaimonic tradition which can be called psychological well-being or flourishing.

Ed Diener, the most respected researcher in the field of SWB defines it as an individual's positive and negative emotions, plus their thoughts about their life satisfaction, about, for example, their work, relationships and health (Diener & Biswas-Diener, 2008). Gilbert et al. (2008) have recently argued that positive affect (PA) could be divided into three types; activated PA, relaxed PA and safe/content PA.

Deci and Ryan (2008) describe SWB as more associated with hedonic than eudaimonic well-being. They relate eudaimonic well-being with autonomy, one of the three fundamental psychological needs in their Self-determination Theory (SDT)

(the others are relatedness and competence). They note the importance of considered reflection within choice and they note Aristotle's focus on making virtuous choices, rather than indulging in excess, for example, of material goods. Ryan, Huta and Deci (2008) link SDT and eudaimonic well-being, with four motivational concepts of eudaimonic well-being proposed; these are that intrinsic rather than extrinsic goals are striven for, that behaviour is autonomous rather than controlled, that life is lived mindfully and that the three needs of autonomy, relatedness and competence are satisfied. They suggest that the first three motivational concepts enhance eudaimonic well-being because they facilitate achievement of the three fundamental needs. Ryff's (1989) important work suggested six components of psychological well-being; "self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth" (p. 1069).

King (2008) discusses Aristotle's definitions of eudaimonia as involvement in meaningful action and self-actualization, while hedonism concentrates on positive affect; however, she draws attention to Aristotle's belief that pleasure forms part of eudaimonia. She points out the quantity of research literature that exhibits the close relationship between eudaimonia and hedonism, and further observes that SWB, or happiness, increases when a good, by eudaimonic standards, life is lived.

Kashdan, Biswas-Diener and King (2008) controversially suggest that hedonic and eudaimonic well-being have conceptual overlap and that eudaimonic well-being is hard to measure. They suggest that eudaimonic well-being is not better happiness but leads to greater happiness or hedonic well-being. Their preferred way forward is to concentrate on individual concepts rather than on a divide, which they see as artificial, between hedonic and eudaimonic well-being. Waterman (2008) rebuts Kashdan et al.'s (2008) argument, cautioning that the two concepts need to remain distinct, since hedonia can arise when an individual meets their desire in any way, whereas eudaimonia requires that those desires are met in a virtuous and self-actualizing way.

This debate is informative and interesting, but having presented an overview, this literature review will continue with the questions of interest to a counselling psychologist working with a client who seeks to become happier.

3. WHAT ARE THE BENEFITS OF HAPPINESS AND CAN IT BE CHANGED?

Lyubomirsky, King and Diener (2005) performed a comprehensive meta-analysis to analyse whether happiness leads to success. They make a strong case for the benefits of happiness, finding that happy people are likely to have better relationships, earn more, have more work success, be more engaged in their community, be healthier and live longer. They also posit a link between happiness and being more social, optimistic, energetic, creative and altruistic. The definition of happiness for their study relates to positive affect, which has the advantage that it may be amenable to deliberate intervention, unlike dispositional happiness. However, the research which they analysed comes predominantly from Westernized nations and so lacks generalizability; in addition, many of the studies rely on self-report which could be prone to bias effects.

Is there a happiness set point?

Lyubomirsky, Sheldon and Schkade's (2005) influential article suggests that there is evidence that happiness varies approximately 50% by genetic determination, roughly 10% by life circumstances and that therefore 40% may be affected by intentional activity. Lykken and Tellegen's (1996) research into heritability, based on evidence from twins, suggests that well-being may be 80% heritable, although Lyubomirsky, Sheldon et al. (2005) proffer 50% as a more widely held view.

The effect of personality on happiness

Part of the set point includes the effect of stable personality factors; Diener and Lucas (1999) suggest the most salient of these for happiness are extraversion and neuroticism. Costa and McCrae (1980) found evidence that extraversion (with related traits of sociability and energy) predisposes people towards positive emotion while neuroticism (and related levels of anger, fear, emotionality and impulsivity) predisposes them towards negative emotion. Their study also lent evidence to the notion that personality is stable. Chamorro-Premuzic, Bennett and Furnham (2007) add to the evidence with their findings that four of the Big Five traits of Stability, Extraversion, Conscientiousness and Agreeableness were all positively related to

happiness and to trait emotional intelligence (EI), with EI mediating some of these relationships. Furnham and Christoforou (2007) found that high EI and Extraversion predicted general happiness and many happiness sub-types.

Life circumstances

Lyubomirsky, Sheldon et al. (2005) identify life circumstances that affect happiness; these are generally stable and include location and culture, demographic factors like age, gender and ethnicity, personal history and life status variables such as marital and employment status, income and health. They review research that suggests that people are happier if they are paid more rather than less, married rather than unmarried, middle rather than working class and healthy rather than sick. However, they rightly observe the weak associations found and that life circumstances as a whole account for only approximately 10% of variation in happiness, which they contend is due to hedonic adaptation to any change in circumstances.

4. HOW DO INDIVIDUALS BECOME HAPPIER?

Lyubomirsky, Sheldon et al. (2005) explain, therefore, that approximately 40% of happiness is activity-based and can be lastingly influenced by cognitive and behavioural strategies and conscious striving towards intrinsic goals. They consider that these activities will not be subject to adaptation if variety of execution is involved and also recommend that the activities fit the individual concerned. They note the paucity of information concerning how to improve well-being, proposing that the reason lies in the difficulty in conducting intervention studies of suitable duration. Peterson and Park's (2009) alternative explanation for the dearth of studies aiming to increase well-being, is that historically psychologists did not believe that happiness could be increased and so did not attempt to do so.

A methodological issue is raised by Sheldon and Lyubomirsky (2004) discussing Fordyce's work (1977, 1983) which found that successful strategies for increasing happiness differed between individuals. Fordyce's research suggests that individuals should choose their interventions in order to gain maximum effect; however that impacts on the rigor of future scientific study.

Happy or happier?

Diener and Biswas-Diener (2008) argue that "happiness is a process, not a place" (p. 14) and that it relates to an individual's way of being in the world as well as their life circumstances. They posit that it is important to enjoy the time invested in reaching goals, rather than just enjoying the moment of success, because that is short-lived. They also counsel that the effort involved adds to the sense of achievement.

Ben-Shahar (2007) reiterates this point, with his view that individuals are better advised to aim to be happier rather than happy. His view is that life is a journey to be enjoyed rather than waiting for pleasure at the destination (or goal achievement). He astutely notes that success is often experienced as relief and any pleasure may be subject to adaptation.

5. POSITIVE PSYCHOLOGY

While the majority of psychological research has focused on problems, there is a history of study of well-being going back to Aristotle studying virtue (cited in Jorgensen and Nafstad, 2004). Other research in this field includes: Jahoda's (1958) work on positive mental health, Allport's (1961) theory of personality growth, Rogers' (1961) emphasis on the fully functioning person and Maslow's (1968) work on self-actualization. Diener has been interested in happiness research for thirty years (Diener & Biswas-Diener, 2008) and these researchers have recently been joined by positive psychology which aspires, among other goals, to help individuals become happier; this review will now examine the aims and achievements of positive psychology.

Seligman (2003), the founding father of positive psychology, suggests that it has four aims; to help protect against mental illness by bolstering mental health, to facilitate therapists in nurturing their client's strengths, to challenge a medical model view of patients and lastly, to move from self-absorption to community spiritedness. Seligman, Steen, Park and Peterson (2005) state that positive psychology involves "the study of positive emotions, positive character traits and enabling institutions" (p. 411) and continue that the field seeks both academic understanding and practical application of interventions. Seligman and Csikszentmihalyi (2000) add that

positive psychology interests itself in contentment about past experiences, involvement and happiness in the present and hope and optimism for the future. Seligman et al. (2005) divide happiness into the "pleasant life" (positive feelings and enjoyment), "engaged life" featuring involvement and the "meaningful life" and suggest that the happiest people work on all three, emphasizing the last two.

One important positive psychology development was Peterson and Seligman's (2004) creation of the VIA Classification of Strengths, or CSV (Character Strengths and Virtues), which proposes six virtues (wisdom, courage, humanity, justice, temperance and transcendence) with 24 sub categories of character strengths. Park, Peterson and Seligman (2006) investigated the comparative prevalence of these strengths in different countries finding correlations between nations ranging between .64 and .9. It must be noted that their sample self-selected and had only the 24 strengths to choose from. Peterson, Ruch, Beermann, Park and Seligman (2007) found that the strengths most strongly related to life satisfaction were love, hope, curiosity and zest, with gratitude important for Americans and perseverance for the Swiss. They also found that the strengths most closely linked with life satisfaction were also related to pleasure, engagement and meaning; the three life types mentioned above, although love and gratitude had stronger direct than indirect paths.

Frederickson's (2001) Broaden-and-build Theory of positive emotions has been influential, providing a framework within which later researchers have explained their findings. It looks at both present and future; suggesting that positive emotions have long-term, in addition to transitory, benefits and serve to build physical, intellectual, social and psychological resources.

Positive psychology research has focused on studying many concepts such as happiness, wisdom, meaningfulness, optimism, creativity, self-determination, forgiveness and gratitude and has considered diversity, life-span and societal issues. Positive psychology texts give an excellent overview of different aspects of the field (Aspinwall & Staudinger, 2003; Huppert, Baylis, & Keverne, 2005; Keyes & Haidt, 2003; Linley & Joseph, 2004; Snyder & Lopez, 2005).

6. INTERVENTIONS

A review of the positive psychology and other happiness literature shows more study devoted to the concepts of well-being and the underlying factors, than to testing efficacy of interventions designed to improve clients' happiness. As a clinician seeking to use evidence-based practice to help clients, this is disappointing. However, this review will now consider the empirical evidence that does exist relating firstly, to specific interventions and secondly, to research where a well-being factor was manipulated, suggesting potential for an intervention to be devised. Interventions designed to increase well-being can be predominantly behavioural (seeking to change actions), predominantly cognitive (seeking to change thoughts) or, often, a combination of the two. The interventions are described and critiqued below and summarized in Appendix I. This review will continue by looking at the importance, in happiness terms, of choosing one's priorities carefully.

Goal-related interventions

There is evidence to suggest that happiness can be influenced by the way an individual chooses to use their time and energy; this encompasses both the idea of goal-setting, such that desired goals are pursued, and the theory that intrinsic, rather than extrinsic, goals lead to greater happiness.

Ben-Shahar's (2007) opinion is that carefully chosen goals give a set of directions to follow, such that a fresh decision need not be made at every turning. He suggests that this facilitates enjoyment of life's journey because you know where you are going and that the destination is one that you value. Working towards a specific, chosen goal was the focus of Green, Oades and Grant's (2006) cognitive-behavioural, solution-focused group life coaching study. They found evidence of improvements in participants' goal-striving, hope, SWB and psychological well-being compared with a control group. Many of these gains were maintained 30 weeks post-intervention which is an encouraging result from a 10 week group intervention. The research could be criticised for using volunteer participants, who were therefore motivated towards goal-achievement and for self-report measures where social desirability and overestimating good results may have been an issue. These methodological issues are of less relevance to a clinician who would only seek

to use goal-focused interventions on clients who wanted to achieve a goal and would consider self-report to be a useful monitor of therapeutic effectiveness.

Kasser and Ryan (1996) found evidence that pursuit of intrinsic goals (relatedness, helpfulness, health and growth) were associated with more vitality and self-actualization and less depression and physical symptoms than extrinsic goals (money, fame and image). The research was limited by the participants' use of self-report and therefore response tendencies may have affected the results, additionally the research was based in the USA, and so may not apply cross-culturally. Sheldon, Kasser, Smith and Share (2002) implemented a goal-training programme with mixed results, whereby those individuals whose goals were value-based, and whose daily activities were motivated by those goals, gained more from the programme than others with less personality integration. The research could be criticised because the participants were all American students and so the results are not generalizable. Additionally, the research was conducted over a short time frame so it is unknown whether benefits gained would last.

Kasser (2004) summarizes the research for different populations and different countries examining the effects of 'extrinsic' goals (which depend upon tangible rewards or praise from others) and 'intrinsic' goals (which are satisfying in themselves, such as personal development, love, friendship and community involvement). The intrinsic goals address important psychological needs and thus positive psychologists believe they will create greater happiness and well-being than extrinsic goals. As a clinician, the sum total of these studies is useful in that it suggests that it would be helpful to psychoeducate a client seeking to be happier about the usefulness of goals and specifically the benefits of pursuing intrinsic versus extrinsic goals.

Cognitive - behavioural interventions

Thus, intrinsically-motivated goals seem to be the first step towards happiness; the next step might be to think and act in ways that enhance well-being. In terms of research designed to test the effectiveness of happiness interventions, Fordyce (1977, 1983) performed some of the first, and in many ways, some of the most robust, research. He found evidence, through a total of seven studies, that participants could

improve their happiness through a programme of education about happiness and a series of suggested cognitive and behavioural changes. His research could be criticised because the participants were all American students so is not generalizable and because the programmes were all introduced by one lecturer whose enthusiasm may have impacted the results. However, he did compare his participants with control groups, use a variety of measures and follow up after 9-18 months to see whether the interventions were still having an effect.

The importance of active involvement in seeking to live a happy life rather than simply being a passive recipient of good fortune is implied in Sheldon and Lyubomirsky's (2004) work. Their study showed that students' well-being increased through both improvements in life circumstances and engagement with positive activities when measured at half-term; however, only the positive activities continued to increase well-being at the end of term. They found that positive activity was associated with greater variety of experience and thus less hedonic adaptation. Although the results found are interesting, the time frames of 6 weeks or less, and the fact that the participants were students, compromise the research's utility for clinicians seeking to use them with clients, since the long-term effects are unknown and the studies are not generalizable.

Seligman et al. (2005) make explicit their belief in the importance of engagement for living a fulfilled life. They could not find a measure for all three types of happiness (feelings, involvement and meaning) and hence the three kinds of life (pleasant, engaged and meaningful) which they wanted to monitor, so they created one; the Steen Happiness Index (SHI), modelled on the Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961). Their pilot study of the SHI showed convergence with other happiness measures but it was designed to measure weekly fluctuations. The SHI would therefore be of utility to a therapist who wanted to monitor the immediate effectiveness of their work with a client seeking a goal of increased happiness. Seligman et al. (2005) used internet-recruited, adult participants and found that discovering and using signature strengths in novel ways increased happiness and decreased depressive symptoms for six months. In contrast, the placebo and an intervention to identify signature strengths (but not acting upon the knowledge) had only short-term benefits. The fact that using signature strengths

was found to have an effect lasting six months lends credibility to its potential as a clinical intervention. Seligman et al. (2005) rightly acknowledge that the results may be due to participants wanting, and expecting, to feel happier. They also highlight a methodological criticism in that their sample self-selected, but they rationalized it as appropriate to perform happiness-increasing interventions with a population desiring greater happiness. This has implications for the generalizability of the findings in academic research terms, but is of less concern to a clinician who would only seek to use such interventions with a client who desired to feel increased well-being.

One author who seeks to present a complete therapy designed to increase well-being is Frisch (2006) whose cognitive therapy text is designed to help increase life satisfaction in clinical and non-clinical populations. The work is based upon his model of Quality of Life Therapy wherein he suggests that therapists work with their clients on "inner abundance, quality time and find[ing] a meaning" (p. 78). Diener, Peterson and Snyder, all eminent in the field of well-being and positive psychology, wholeheartedly recommend Frisch's text on its back cover, giving it authority. Grant, Salcedo, Hynan, Frisch and Puster (1995) researched the effectiveness of quality of life therapy and found that all participants who completed the therapist-led group discussion and bibliotherapy intervention moved from depressed to non-depressed status and showed significant increases in quality of life both immediately after and at one month follow-up. However, the research could be criticised for the short follow-up timeframe and because there were only 16 participants and they had been selected as being suitable for, and motivated towards, bibliotherapy.

Cognitive interventions: general

Some of the research has studied interventions which focus more on changing the way that individuals think in order to increase their well-being. Ruini and Fava (2004) describe Well-being Therapy (WBT) which is based upon Ryff's (1989) cognitive model of psychological well-being and stresses promotion of well-being rather than reduction of distress. Ruini and Fava describe WBT as "structured, directive, problem-orientated and based on an educational model" (p. 374). It involves clients diarizing situations where they feel a sense of well-being. If clients report they don't have any, this is worked upon in therapy, as are any thoughts that short-circuit well-being. This process is similar to that used to tackle automatic

thoughts in cognitive therapy (Beck, Rush, Shaw & Emery, 1979). Ruini and Fava (2004) believe that WBT may develop to include cognitive restructuring, using Ryff and Singer's (1996) framework, plus more behavioural elements such as scheduling fun or skill-enhancing activities, assertiveness training and problem-solving.

Ruini and Fava (2004) detail a number of studies where WBT has been successfully used, for example, in the residual phase of affective disorders, to help treat recurrent depression and in combination with CBT for generalized anxiety disorder. One general criticism of these studies is the small sample sizes used, however the findings are interesting.

Another proposed cognitive intervention is suggested by Levine (2007) who proposes that Pollyanna's Glad Game be used by therapists within a CBT framework as an inspiration to help clients seek positive interpretation and pleasure within a situation. He believes that the game has the advantage of being easy to teach to clients; however, although interesting, the intervention has not been empirically tested.

Cognitive interventions: writing

Many cognitive interventions involve writing one's thoughts down to gain clarity; this review will continue by exploring research studies which have examined the impact of writing on well-being. Pennebaker's (1997) often-quoted research, reviewed evidence that writing about emotional experiences can lead to an impressive range of physical and mental health benefits. These include; reduction of visits to the doctor, improved immune functioning, better college grades, speedier re-employment after redundancy, plus reduced absenteeism, distress and depression. Pennebaker's work has been developed in the positive arena by the following research.

King (2001) found significant psychological, as well as health, benefits when participants wrote about their best possible selves (BPS), and suggest that this may be related to the opportunity to learn about the self and to rationalize life experiences into a coherent framework. However, as their sample consisted of American students, who were predominantly young, healthy and from a relatively privileged

background, the benefits may not be replicated in other samples where participants could potentially not foresee the same opportunities ahead. Seligman et al. (2005), however, found only short-term effect from writing about "you at your best". Similarly, Sheldon and Lyubomirsky (2006), who used students as participants to research an intervention to imagine and write about one's BPS, found that it increased positive affect significantly but the effect was short-lived. Until further research has been performed to see whether there are positive effects with non-student participant groups, and whether these results are sustained, clinicians might be advised to be cautious in their use of the BPS intervention.

Lewandowski (2009) surveyed the literature on writing about events both positive and negative. His interesting research examined the effect of writing positively, negatively or neutrally on emotions relating to pre-marital relationship breakdown. His study suggested that positive writing fosters positive emotions, perhaps through a process of reinterpretation, or consideration of a different perspective, and could be used as a means of coping with this issue. The research examined immediate effect on emotion and would be improved by adding a follow-up to see whether there are lasting changes in emotion. As a clinician, the intervention would be more convincing if future research repeated these findings with different issues.

Watkins, Cruz, Holben and Kolts' (2008) research shows that writing about the positive outcomes of a negative open memory was associated with significantly more closure and better memories of the event at follow-up, and less intrusive thoughts at both post-test and follow-up. The researchers note that not all open memories are suitable for "grateful reappraisal" (p. 98) and that since the sample was students, the results cannot be generalized. This intervention has potential for the practising clinician, although it would be more compelling if the results were to be replicated with different populations and with diverse subject matters.

Cognitive interventions: gratitude

Another area where research has investigated whether focusing explicitly on thinking in certain ways, and writing it down, could help increase happiness, is in the area of gratitude. Emmons and McCullough's (2003) often-cited three-study research found evidence that writing down things that participants were grateful for, either daily or

weekly, led to greater well-being than writing about inconveniences, downward social comparison or neutral events. Strengths of the research include that it was conducted with both adults and students and there was objective reporting from others as well as self-report in one study. However, the time frames used were short, so the longevity of effect is unknown. Seligman et al. (2005) included gratitude interventions in their study and found that a gratitude visit only raised happiness briefly, but noting three positive occurrences daily, increased happiness and decreased depressive symptoms for six months. This longer time frame adds weight to this potentially being a useful tool for clinicians.

Sheldon and Lyubomirsky (2006) proposed that counting one's blessings may reduce hedonic adaptation because individuals are less likely to take good things for granted, thus giving a possible explanation for the positive effects on well-being of gratitude. However, the gratitude intervention in their research did not generate significant effects on positive affect. A possible explanation which they offered was that their chosen measure of happiness favoured vigorous positive emotions (e.g. feeling excited) rather than gentler positive emotions (e.g. feeling content).

Lambert, Fincham, Stillman and Dean (2009) linked the practice of gratitude with the goals seen as meaningful by the individual. Their research indicates that life satisfaction fully mediates the relationship between gratitude and materialism, which they believe may be because gratitude is linked with intrinsic rather than extrinsic motivation. The researchers link this with the finding that individuals with intrinsic goals experience more life satisfaction than those with extrinsic ones (Kasser & Ryan, 2001). They also relate their finding to Self-determination Theory (Deci & Ryan, 2000) which suggests that competence, relatedness and autonomy are vital to intrinsic motivation and that individuals who are grateful will experience more relatedness.

Lambert et al.'s (2009) second study found evidence that inducing gratitude reduces materialism when compared with inducing envy. They ally their results with Frederickson's (2001) Broaden-and-build Theory since the positive emotion gratitude could be said to build positive thoughts that increase life satisfaction. These two studies start to provide a convincing rationale for a virtuous circle explaining how different factors interact to increase happiness.

Cognitive interventions: forgiveness

While the grateful, or other, nature of our thoughts affects how we are affected by positive occurrences, our ability to forgive, or not, affects the impact which negative occurrences have on our well-being. McCullough and Witvliet (2005) observe that forgiveness is central to the teaching of many religions and consider its place within positive psychology. Freedman and Enright (1996) studied the results of a forgiveness intervention with female survivors of incest and found that, post-intervention, participants showed increased forgiveness and hope, and significantly decreased anxiety and depression, compared with a control group. Coyle and Enright (1997) used a forgiveness intervention with men hurt by their partner's abortion; participants showed increases in forgiveness, and reduced grief and anxiety, compared with the control group. Both studies could be criticised for the small samples used and, since both issues to be forgiven were specific, results are not generalizable; however, the studies suggest that forgiveness interventions may help foster well-being.

Cognitive interventions: focus of attention

Mindfulness meditation is another area where research suggests that cognitive change, through learning a new skill, might lead to increased well-being. Davidson et al. (2003) taught participants mindfulness meditation over eight weeks to explore what changes could be found in healthy participants. Their results showed that, compared with a control group, their participants' left-side anterior brain activation increased, (an effect which research has linked with increased positive affect and better adaptation to negative events) and their immune function was stronger. The study suffered from a relatively small sample size of 25 and so would benefit from replication with a larger sample; also, although readings were taken four months after the intervention, a longer period would add weight to the merit of the intervention. Additionally, no change in self-report positive affect was found and the intervention was demanding in terms of time. However, the evidence suggests that mindfulness meditation may be a useful intervention for counselling psychologists seeking to increase the well-being of their clients.

In addition to mindfulness, another description of a focused mind is one which is in flow, a topic explained in Czikszentmihalyi's (2002) influential book. Nakamura and Czikszentmihalyi (2005) describe flow as complete involvement in a current activity, such that time flies and the individual feels in control of their actions and devoid of self-consciousness. When in flow, they suggest that an individual's motivation is intrinsic and relates to enjoyment of the activity, rather than being focused on task completion. Nakamura and Czikszentmihalyi note that flow can occur when challenges are appropriate to the individual's ability, feedback on achievement is immediate and goals are proximal. They identify two types of flow intervention; those designed to increase the possibilities for flow by altering activities or environments and those designed to assist the individual in finding flow. A description of flow is useful in that it may help the practising clinician draw out from their client what activities they really enjoy. These can then be added to their weekly schedule and the effect upon mood monitored.

Another aspect of cognition which research has suggested impacts upon happiness is that of how much attention is focused on making the "right" choice, a field in which Schwartz's work (2005) has been influential. Schwartz and Ward (2004) discuss the "paradox of choice" (p. 86) whereby too much choice can lead to misery, indecisiveness and regret. They describe "maximisers" (p. 91) who focus their energy and time on always trying to make the best choice and "satisficers" (p. 91) who are happy once a threshold has been met. Schwartz et al. (2002) performed a series of studies which found maximizing negatively related to being happy, optimistic, having high self-esteem and satisfaction with life, but positively correlated with depression and perfectionism. They additionally found maximisers less happy with their purchases and more prone to social comparison and to regret. Some of these studies could be criticised for having only student participants, or being laboratory-based tasks rather than real life situations.

Schwartz and Ward (2004) make recommendations which could form the basis for therapeutic interventions although it is disappointing, from a practitioner's viewpoint, that they did not choose to test these empirically. Their suggestions include; deciding when to invest energy in choosing and when not to, a commitment to satisficing more and maximizing less, thinking less about opportunity cost and

regret, reducing overly high expectations and social comparison, and seeing restricted choice as liberating.

Cognitive attitudes to self

Another area where research has suggested that cognition affects well-being is in self-perception. Linville (1985, 1987) researched self-complexity, finding that a more complex representation of the self provided a cushion to reduce the emotional impact of negative events and was associated with less overall variation of mood. The research could be criticised because, as it was completed with students, it cannot be generalized and, as the time frames used were short, a longer trial would be preferable.

Linville's (1985, 1987) well-respected theory suggests that self-complexity consists of the number of roles in which the individual sees themselves and the relatedness between them. Where the number of roles is high, but the perceived relatedness between them is low; if one area goes awry, another area is likely to be going well to balance it out. Linville suggests useful clinical interventions to encourage individuals to develop cognitive distinction between self-aspects and to focus on areas that are going well, despite problems in other roles. Another possible behavioural intervention, not suggested by Linville, would be to encourage individuals with few roles to invest in others, for example, be involved with friends, community and hobbies rather than only work.

An individual's self-esteem is based upon their cognitions about themselves. Cheng and Furnham (2003) found that, in positive situations, self-esteem and attributional style were significant predictors of happiness. This research is helpful in that it implies that interventions to increase self-esteem or to help clients perceive positive situations as related to internal, stable and global factors should increase happiness, which is an interesting idea for a clinician to explore with their clients.

Fleeson, Malanos and Achille (2002) suggest that acting extraverted (state extraversion) may increase positive effect just as being an extravert by trait leads to higher positive effect than being introvert. They found evidence that both introvert and extravert participants were happier at specific times, and during weeks, when

acting extraverted rather than introverted. They performed an experimental study asking participants to act initially either extraverted or introverted in a ten minute discussion and then alternate, before rating their own and others' behaviour and affect. Both introverts and extraverts showed higher positive affect when acting extraverted, although the gains were higher for introverts if they acted introvert first.

These results could be used as a basis for a therapist intervention that suggests that clients act extraverted to see whether they experience increased positive affect. However, the samples were American students so may not replicate elsewhere. The research was predominantly based upon self-report; however, the within-subject design meant that individuals were compared to themselves, ameliorating concerns relating to bias. This research would be of potential use to a clinician seeking to help a client increase their happiness if the same results were found with other participant groups.

Other areas

A final area which may have implications for well-being, although not one where interventions as such would be appropriate, is religious practice. Myers (2008) reviews the evidence that the actively religious are happier and have higher life satisfaction than the irreligious. Their explanations include that this may be due to a religious community offering social support and encouraging a sense of meaning, higher self-esteem, greater hope and positive virtues. Lewis and Cruise's (2006) comprehensive meta-analysis distinguishes between psychological and subjective well-being, finding that religion improves the former but not the latter, although they call for further work to clarify the situation. Van Dierendonck and Mohan (2006) make a case that spirituality, independent of religion, can have mental health benefits in terms of self-actualization and recommend its inclusion in work aiming to enhance psychological health. While a therapist would not propose that a client embraces religion, where a client mentions religious or spiritual beliefs, a therapist could discuss the potential benefits that these beliefs and practices may confer.

Lastly, it is worth noting that Fordyce (1983) found that a partial set of his interventions targeted at individuals' weakest (i.e. least happy) areas were as effective as his full set of interventions. Grant et al. (1995) suggest the importance

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of intervention modalities which match participant ability and motivation. Sheldon and Lyubomirsky (2006) also stress the importance of "fit" (p. 80), between intervention and participant, in generating the best results in terms of increased happiness. They also note that effects that endure require lasting effort. These are useful pointers for the practising clinician to note when working with clients.

7. COUNSELLING PSYCHOLOGY AND HAPPINESS

Woolfe (2006) observes that counselling psychologists are reflective-practitioners while the Division of Counselling Psychology (2009) emphasizes the importance of the therapeutic relationship and the values of the profession. Strawbridge and Woolfe (2003) suggest that the perspective of counselling psychology is particularly influenced by humanist and existentialist thinking. It values the subjective world of the client, sees the individual holistically and aims to help clients live more fulfilled lives. Woolfe (1990) also stressed the centrality of the relationship in counselling psychology and felt that helping to increase client well-being should be more prevalent than dealing with pathology; he expressed concern about the medicalization of the profession.

Counselling psychologists' work is informed by a wide variety of different models; the author will now look at the relationship of the three major traditions, cognitive-behavioural, phenomenological and psychodynamic with positive psychology.

Cognitive-behavioural therapy

Cognitive behaviour therapy (CBT) involves active collaboration between therapist and client to identify and change unhelpful core beliefs and uses completion of client assignments to enhance in-session work. CBT practitioners can use WBT and other interventions to increase client well-being and build up client resilience to future problems, through focusing equally on useful thoughts/behaviours and unhelpful thoughts/behaviours. Therefore most of the well-being interventions explained above would fit seamlessly into a CBT therapist's practice since they involve participants thinking or doing something differently in order to achieve a change. Counselling psychologists who work from a CBT perspective may have most to gain from positive psychology since there is a good fit with the existing practices of being

encouraging, asking the client to perform assignments and always ending the session on a positive note.

Phenomenological: Person-centred and existential

Person-centred theorists advocate a positive model of individuals striving to be the best they can be e.g. Maslow (1968) and Rogers (1961). Joseph and Linley (2004) argue that therapists' underlying assumptions about their clients determine whether a therapy is positive or not. They consider that therapies which emphasize Rogers' organismic valuing process (OVP) (1964) and his actualizing tendency (1959) can be considered positive. Joseph and Linley believe that research techniques can test the OVP noting that Sheldon, Arndt & Houser-Marko (2003) found support for OVP in terms of participants' movement towards well-being through a shift from extrinsic towards intrinsic goals

Bretherton and Orner (2004) consider existential psychology to be positive psychology because it sees the possibility of human development despite irreversible adversity. The existential model is concerned with whatever is brought by the client; thus the client's potential strengths are as attended to as their flaws. Positive psychology interests itself in the meaningful life (Seligman, 2003). Bretherton and Orner point out that, within existential psychology, Yalom (1980) discusses meaningful engagement with life while Frankl (2004) suggests that through choosing their response, individuals can endow even death and suffering with meaning.

Though not an existential theory, Kelly's (1955) Personal Construct Theory suggests that individuals have no choice but to try and make sense of their world. To summarize, for person-centred and existential counselling psychologists, positive psychology may well be just "business as usual".

Psychoanalytic and Psychodynamic

Little has been written about positive psychology in the context of the psychodynamic model which suggests that the two may not be fundamentally compatible. One explanation may lie in Freud's (1893-1895) view of humanity: "I have found little that is 'good' about human beings on the whole" (cited in Hubble &

Miller, 2004, p. 335). Gelso and Woodhouse (2003) suggest that modern psychodynamic practitioners seeking to work positively identify client strengths including those submerged in defences, and explicitly comment when they emerge in therapy.

In which settings would counselling psychologists use positive psychology?

Counselling psychologists are found in a range of settings; they work in the National Health Service, other health care organizations, in business, prisons, educational establishments and private practice. Research suggests that positive psychology can be used with a variety of presenting problems and in a variety of settings.

Ruini and Fava's (2004) work shows applications for positive psychology within mental health problems such as depression, generalized anxiety disorder and affective disorders. Dunn and Dougherty (2005) are enthusiastic about the potential for a positive psychology of rehabilitation. Mcloughlin and Kubick (2004) discuss the benefits of focusing on children's strengths rather than their pathologies. Ahmed and Boisvert (2006) report their experience of group and individual work with schizophrenics, where the emphasis was on strengths and interests. Steck, Agrams, and Phelps (2004) discuss the role of positive psychology in the prevention of eating disorders. Cartensen and Charles (2003) suggest that our entire concept of old age is negative and discuss positive factors about aging. Chen (2001) focuses on the importance of meaningful work, a central positive psychology concept, within career counselling. Linley and Harrington (2006) suggest a strengths-based approach to coaching that is based on positive psychology.

The impacts of positive psychology upon counselling psychologists.

One of the ethical responsibilities of psychologists is to "monitor their own personal and professional lifestyle in order to remain alert to signs of impairment" (British Psychological Society, 2006, p. 16). Psychologists owe it to themselves and their clients to actively look after their own subjective and psychological well-being.

Linley and Joseph (2007) review research concerning the positive and negative effects of being a therapist and suggest that the benefits to well-being of being a

therapist be further researched. Their study explored the relationship between therapy work and positive and negative well-being in therapists. In addition to other variables, they examined the relationship between theoretical orientation and therapist well-being, but did not ask whether therapists used positive psychology in their work. This omission seems strange given their interest in the realm of positive psychology (Linley & Joseph, 2004). The research sample was those who chose to respond to a questionnaire, which impacts the generalizability of the findings. However, their research does suggest factors which correlate with positive therapist well-being or personal growth and could therefore be actioned; these include having, or having had, personal therapy and receiving formal supervision. The best overall predictor of therapist well-being was found to be the quality of the therapeutic bond with clients.

8. CONCLUSION

This literature review has looked at whether counselling psychologists can use positive psychology to counteract hedonic adaptation and to help clients who want to become happier. Positive psychology matters to counselling psychologists because they live in a market economy and the public, their clients, are interested in their own well-being as proved by the proliferation of self-help books.

The literature suggests that positive psychology can be used in a variety of settings and fits well within the practice of CBT, person-centred and existential therapists. Counselling psychologists see the person holistically, therefore focusing entirely on problems and weakness cannot be fulfilling this remit. Currently, counselling psychologists help clients with difficulties and educate them to be better able to cope with future problems (CBT) or accompany them on their route towards self-actualization (PCT) or development of human potential (existential therapy). If positive psychology facilitates counselling psychologists in helping their clients increase their subjective well-being this is good in itself and may inoculate against future problems.

Lampropoulos (2001) notes that positive psychology must demonstrate its efficacy to get a foothold in the NHS; however, he suggests that treatment evaluation should

include both reduction of pathology and increase in well-being for comparison to be effective. Results from this may facilitate a move to balanced psychology.

In 1969, APA president George Miller famously urged psychologists to "give psychology away" so that the public could use it to benefit their daily lives (cited in APA Monitor Online, 1999). The public appears to seek ways to make their lives happier; counselling psychologists are uniquely placed, due to the breadth of their practice and their guiding ethos, to be in a position to help them.

Interest in helping clients increase their well-being need not lead to what Held (2002) fears, namely an abandonment of therapy as a place where individuals can have their problems listened to. Nor does it mean advocating optimism, regardless of situation as Norem and Chang (2002) worry. However, it might meet a need for clients who do wish to be happier.

This literature review has aimed to inform a counselling psychologist how they could potentially help clients who wanted to improve their happiness. The counselling psychologist might first want to explain the hedonic treadmill whereby achievements and possessions do not lead to long-term happiness. The client may also benefit from knowing that personality affects part of their quota of happiness and life circumstances a further smaller part, but that part of their happiness is amenable to interventions. A CBT therapist could then progress using empirically tested interventions whereby cognitions and behaviours could be amended to increase positive affect, and also by encouraging the client to work towards mindfully chosen goals which cohere with their overall values. An important point to share with the client is that happiness lies in the journey, not the destination, thus choosing intrinsic goals should mean that the steps on the journey are more likely to be enjoyable.

REFERENCES

Ahmed, M., & Boisvert, C. (2006). Using positive psychology with special mental health populations. *American Psychologist, 61*, 333-335.

Allport, G. (1961). *Pattern and growth in personality*. New York: Holt, Rinehart & Winston.

APA Monitor Online. (1999). *Giving psychology away*. Retrieved March 28, 2009, from

http://www.apa.org/monitor/may99/rc.html

Aspinwall, L., & Staudinger, U. (Eds.). (2003). *A psychology of human strength: Fundamental questions and future directions for a positive psychology*. Washington, DC: American Psychological Association.

BBC. (2005). *Making Slough happy*. Retrieved March 27, 2009, from

http://news.bbc.co.uk/1/hi/health/4436482.stm

BBC. (2006). *The happiness formula*. Retrieved March 27, 2009, from

http://news.bbc.co.uk/1/hi/programmes/happiness_formula/4783836.stm

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Beck, A. T., Ward, C., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4,* 561-571.

Ben-Shahar, T. (2007). *Happier: Learn the secrets to daily joy and lasting fulfilment*. New York: McGraw-Hill.

Bretherton, R., & Orner, R. (2004). Positive psychology and psychotherapy: An existential approach. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 420-430). Hoboken, NJ: Wiley.

Brickman, P., & Campbell, D. T. (1971). Hedonic relativism and planning the good society. In M. H. Appley (Ed.), *Adaptation-level theory: A symposium* (pp. 287-302). New York: Academic Press.

Brickman, P., Coates, D., & Janoff-Bulman, R. (1978). Lottery winners and accident victims: Is happiness relative? *Journal of Personality and Social Psychology, 36*, 917-927.

British Psychological Society. (2006). *Code of Ethics and Conduct.* Leicester.

Cartensen, L., & Charles, S. (2003). Human Aging: Why is even good news taken as bad? In L. Aspinwall & U. Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology*. Washington, DC: American Psychological Association.

Chamorro-Premuzic, T., Bennett, E., & Furnham, A. (2007). The happy personality: Mediational role of trait emotional intelligence. *Personality and Individual Differences, 42*, 1633-1639.

Chen, C. (2001). On exploring meanings: Combining humanistic and career psychology theories in counselling. *Counselling Psychology Quarterly, 14*, 317-330.

Cheng, H., & Furnham, A. (2003). Attributional style and self-esteem as predictors of psychological well being. *Counselling Psychology Quarterly, 16*, 121-130.

Costa, P. T., & McCrae, R. R. (1980). Influence of extraversion and neuroticism on subjective well-being: Happy and unhappy people. *Journal of Personality and Social Psychology, 38*, 668-678.

Coyle, C. T., & Enright, R. D. (1997). Forgiveness intervention with postabortion men. *Journal of Consulting and Clinical Psychology, 65*, 1042-1046.

Csikszentmihalyi, M. (2002). *Flow: The classic work on how to achieve happiness* (Rev. ed.). London: Rider.

Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., Urbanowski, F., Harrington, A., Bonus, K., & Sheridan, J. F. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine, 65*, 564-570.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry, 11*, 227-268.

Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia, and well-being: An introduction. *Journal of Happiness Studies, 9*, 1-11.

Diener, E., & Biswas-Diener, R. (2008). *Happiness: Unlocking the mysteries of psychological wealth*. Malden, MA: Blackwell.

Diener, E., & Lucas, R. E. (1999). Personality and subjective well-being. In D. Kahneman, E. Diener, & N. Schwartz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 213-229). New York: Russell Sage Foundation.

Diener, E., Lucas, R. E., & Scollon, C. N. (2006). Beyond the hedonic treadmill: Revising the adaptation theory of well-being. *American Psychologist, 61*, 305-314.

Division of Counselling Psychology. (2009). *The history of the division*. Retrieved March 26, 2009, from http://www.bps.org.uk/dcop/aboutdcop/history.cfm

Dunn, D., & Dougherty, S. (2005). Prospects of a positive psychology of rehabilitation. *Rehabilitation Psychology, 50*, 305-311.

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84*, 377-389.

Fleeson, W., Malanos, A. G., & Achille, N. M. (2002). An intraindividual process approach to the relationship between extraversion and positive affect: Is acting extraverted as "good" as being extraverted? *Journal of Personality and Social Psychology, 83*, 1409-1422.

Fordyce, M. (1977). Development of a program to increase happiness. *Journal of Counseling Psychology, 24*, 511-521.

Fordyce, M. (1983). A program to increase happiness. *Journal of Counseling Psychology, 30*, 483-498.

Frankl, V. (2004). *Man's search for meaning*. London: Rider.

Frederick, S., & Loewenstein, G. (1999). Hedonic adaptation. In D. Kahneman, E. Diener, & N. Schwartz (Eds.), *Well-being: The foundations of hedonic psychology*. (pp. 302-329). New York: Russell Sage Foundation.

Frederickson, B. (2001). The role of positive emotions in positive psychology: The broaden-and–build theory of positive emotions. *American Psychologist, 56*, 218-226.

Freedman, S. R., & Enright, R. D. (1996). Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology, 64*, 983-992.

Frisch, M. B. (2006). *Quality of life therapy: Applying a life satisfaction approach to positive psychology and cognitive therapy*. Hoboken, NJ: Wiley.

Furnham, A., & Christoforou, I. (2007). Personality traits, emotional intelligence, and multiple happiness. *North American Journal of Psychology, 9*, 439-462.

Gelso, C., & Woodhouse, S. (2003). Towards a positive psychotherapy: Focus on human strength. In W. B. Walsh (Ed.), *Counseling psychology and optimal human functioning.* Mahwah, NJ: Erlbaum.

Gilbert, P., McEwan, K., Mitra, R., Franks, L., Richter, A., & Rockliff, H. (2008). Feeling safe and content: A specific affect regulation system? Relationship to depression, anxiety, stress, and self-criticism. *Journal of Positive Psychology, 3*, 182-191.

Grant, G. M., Salcedo, V., Hynan, L. S., Frisch, M. B., & Puster, K. (1995). Effectiveness of quality of life therapy for depression. *Psychological Reports, 76*, 1203-1208.

Green, L. S., Oades, L. G., & Grant, A. M. (2006). Cognitive-behavioral, solution-focused life coaching: Enhancing goal striving, well-being and hope. *Journal of Positive Psychology, 1*, 142-149.

Held, B. (2002). The tyranny of the positive attitude in America: Observation and speculation. *Journal of Clinical Psychology*, *58*, 965-992.

Hubble, M., & Miller, S. (2004). The client: Psychotherapy's missing link for promoting a positive psychology. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 335-353). Hoboken, NJ: Wiley.

Huppert, F., Baylis, N., & Keverne, B. (2005). *The science of well being.* New York: Oxford University Press.

Jahoda, M. (1958). *Current concepts of positive mental health.* New York: Basic Books.

Joseph, S. & Linley, P. A. (2004). Positive therapy: A positive psychological theory of therapeutic practice. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 354-368). Hoboken, NJ: Wiley.

Jorgensen, I., & Nafstad, H. (2004). Positive psychology: Historical, philosophical and epistemological perspectives. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 15-34). Hoboken, NJ: Wiley.

Kashdan, T. B., Biswas-Diener, R., & King, L. A. (2008). Reconsidering happiness: The costs of distinguishing between hedonics and eudaimonia. *Journal of Positive Psychology, 3*, 219-233.

Kasser, T. (2004). The good life or the goods life? Positive psychology and personal well-being in the culture of consumption. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 55-67). Hoboken, NJ: Wiley.

Kasser, T. & Ryan, R. (1996). Further examining the American dream: Differential correlates of intrinsic and extrinsic goals. *Personality and Social Psychology*, *65*, 410-422.

Kasser, T., & Ryan, R. (2001). Be careful what you wish for: Optimal functioning and the relative attainment of intrinsic and extrinsic goals. In P. Schmuck & K. Sheldon (Eds.), *Life's goals and well-being: Toward a positive psychology of human striving* (pp. 116-131). Goettingen, Germany: Hogrefe & Huber.

Kelly, G. A. (1955). *The psychology of personal constructs: Vol. 1 & 2*. New York: Norton.

Keyes, C., & Haidt, J. (Eds.). (2003). *Flourishing: Positive psychology and the life well lived*. Washington, DC: American Psychological Association.

King, L. A. (2001). The health benefits of writing about life goals. *Personality and Social Psychology Bulletin, 27*, 798-807.

King, L. A. (2008). Interventions for enhancing subjective well-being: Can we make people happier and should we? In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 431-448). New York: Guilford Press.

Lambert, N. M., Fincham, F. D., Stillman, T. F., & Dean, L. R. (2009). More gratitude, less materialism: The mediating role of life satisfaction. *Journal of Positive Psychology, 4*, 32-42.

Lampropoulous, G. (2001). Integrating psychopathology, positive psychology and psychotherapy. *American Psychologist*, *56*, 87-88.

Levine, M. (2007). Pollyanna and the glad game: A potential contribution to positive psychology. *Journal of Positive Psychology, 2*, 219-227.

Lewandowski, G. W. (2009). Promoting positive emotions following relationship dissolution through writing. *Journal of Positive Psychology, 4*, 21-31.

Lewis, C. A., & Cruise, S. M. (2006). Religion and happiness: Consensus, contradictions, comments and concerns. *Mental Health, Religion and Culture, 9*, 213-225.

Linley, P. A., & Harrington, S. (2006). Strengths coaching: A potential guided approach to coaching psychology. *International Coaching Psychology Review*, *1*, 37-46.

Linley, P. A., & Joseph, S. (Eds.). (2004). *Positive psychology in practice*. Hoboken, NJ: Wiley.

Linley, P. A., & Joseph, S. (2007). Therapy work and therapists' positive and negative well-being. *Journal of Social and Clinical Psychology, 26*, 385-403.

Linville, P. W. (1985). Self-complexity and affective extremity: Don't put all of your eggs into one cognitive basket. *Social Cognition, 3*, 94-120.

Linville, P. W. (1987). Self-complexity as a cognitive buffer against stress-related illness and depression. *Journal of Personality and Social Psychology, 52*, 663-676.

Lykken, D. & Tellergen, A. (1996). Happiness is a stochastic phenomenon. *Psychological Science, 7,* 186-189.

Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin, 131*, 803-855.

Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology, 9*, 111-131.

Maslow, A. (1968). *Toward a psychology of being* (2nd ed.). New York: Van Nostrand Reinhold.

McCullough, M. E., & Witvliet, C. V. (2005). The psychology of forgiveness. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 446-458). New York: Oxford University Press.

Mcloughlin, C. & Kubick, R. (2004). Wellness promotion as a life-long endeavor: Promoting and developing life competencies from childhood. *Psychology in the Schools, 41*, 131-141.

Myers, D. G. (2008). Religion and human flourishing. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 323-343). New York: Guilford Press.

Nakamura, J., & Csikszentmihalyi, M. (2005). The concept of flow. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 89-105). New York: Oxford University Press.

Nettle, D. (2005). *Happiness: The science behind your smile.* Oxford: Oxford University Press.

Norem, J., & Chang, E. (2002). The positive psychology of negative thinking. *Journal of Clinical Psychology, 58*, 993-1001.

Park, N., Peterson, C., & Seligman, M. (2006). Character strengths in fifty-four nations and fifty US states. *Journal of Positive Psychology, 1*, 118-129.

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science, 8*, 162-166.

Peterson, C., & Park, N. (2009). Increasing happiness in lasting ways. *Psychologist, 22*, 304-307.

Peterson, C., Ruch, W., Beermann, U., Park, N., & Seligman, M. (2007). Strengths of character, orientations to happiness, and life satisfaction. *Journal of Positive Psychology, 2*, 149-156.

Peterson, C., & Seligman, M. (2004). *Character strengths and virtues: A handbook and classification*. New York: Oxford University Press.

Rogers, C. (1959). A theory of therapy, personality and interpersonal relationships as developed in the client–centered framework. In S. Koch (Ed.), *Psychology: A study of a science: Vol. 3. Formulations of the person and the social context.* (pp. 184-256). New York: McGraw-Hill.

Rogers, C. (1961). *On becoming a person: A therapist's view of psychotherapy.* London: Constable.

Rogers, C. (1964). Towards a modern approach to values: The valuing process in the mature person. *Journal of Abnormal and Social Psychology, 68*, 160-167.

Ruini, C., & Fava, G. (2004). Clinical applications of well-being therapy. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 371-387). Hoboken, NJ: Wiley.

Ryan, R. M., Huta, V., & Deci, E. L. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies, 9*, 139-170.

Ryff, C. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, *57*, 1069-1081.

Ryff, C. & Singer, B. (1996). Psychological well-being: Meaning, measurement and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, *65*, 14-23.

Schwartz, B. (2005). *The paradox of choice: Why more is less.* New York: HarperCollins.

Schwartz, B., & Ward, A. (2004). Doing better but feeling worse: The paradox of choice. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 86-104). Hoboken, NJ: Wiley.

Schwartz, B., Ward, A., Monterosso, J., Lyubomirsky, S., White, K., & Lehman, D. (2002). Maximizing versus satisficing: Happiness is a matter of choice. *Journal of Personality and Social Psychology, 83*, 1178-1197.

Seligman, M. (2003). Foreword: The past and future of positive psychology. In C. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well lived*. Washington, DC: American Psychological Association.

Seligman, M. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14.

Seligman, M., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*, 410-421.

Sheldon, K., Arndt, J., & Houser-Marko, L. (2003). In search of the organismic valuing process: The human tendency to move toward beneficial goal choices. *Journal of Personality, 71*, 835-886.

Sheldon, K. M., Kasser, T., Smith, K., & Share, T. (2002). Personal goals and psychological growth: Testing an intervention to enhance goal attainment and personality integration. *Journal of Personality, 70*, 5-31.

Sheldon, K., & Lyubomirsky, S. (2004). Achieving sustainable new happiness: Prospect, practices and prescriptions, in therapy. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 127-145). Hoboken, NJ: Wiley.

Sheldon, K. M., & Lyubomirsky, S. (2006). How to increase and sustain positive emotion: The effects of expressing gratitude and visualizing best possible selves. *Journal of Positive Psychology, 1*, 73-82.

Snyder, C. R., & Lopez, S. J. (Eds.). (2005). *Handbook of positive psychology*. New York: Oxford University Press.

Steck, E., Agrams, L., & Phelps, L. (2004). Positive psychology in the prevention of eating disorders. *Psychology in the Schools, 41*, 111-117.

Strawbridge, S., & Woolfe, R. (2003). Counselling psychology in context, In R. Woolfe, W. Dryden & S. Strawbridge (Eds.), *Handbook of counselling psychology* (2nd ed., pp. 3-21). London: Sage.

Van Dierendonck, D., & Mohan, K. (2006). Some thoughts on spirituality and eudaimonic well-being. *Mental Health, Religion and Culture, 9*, 227-238.

Waterman, A. S. (2008). Reconsidering happiness: A eudaimonist's perspective. *Journal of Positive Psychology, 3*, 234-252.

Watkins, P. C., Cruz, L., Holben, H., & Kolts, R. L. (2008). Taking care of business? Grateful processing of unpleasant memories. *Journal of Positive Psychology, 3*, 87-99.

Woolfe, R. (1990). Counselling psychology in Britain: An idea whose time has come. *Psychologist, 3*, 531-535.

Woolfe, R. (2006). A journey from infancy to adulthood: The story of counselling psychology. *Counselling Psychology Review, 21*, 2-3.

Yalom, I. (1980). *Existential psychotherapy*. New York: Basic Books.

APPENDICES

Appendix I: Table of positive psychology interventions

This table summarizes interventions designed to increase well-being which have been implemented and empirically tested. It excludes e.g. surveys where no intervention as such was made.

Intervention	Researchers	Evidence for interventions' efficacy	Criticisms of research
Goal-related Cognitive-behavioural solution-focused group life coaching	Green et al. (2006)	Evidence of improvements in participants' goal-striving, hope, subjective and psychological well-being compared with control group. Many gains maintained 30 weeks post-intervention.	Sample consisted of volunteers which may affect the generalizability of the results. Self-report measures used where social desirability and overestimating good results may be an issue.
Goal-related goal-training programme	Sheldon et al. (2002)	Results were mixed: participants whose goals were value-based and whose daily activities were motivated by those goals gained most from the intervention.	The participants were all American students, so the results cannot be generalized. The research time frames were short so the longevity of the benefits is unknown.
Cognitive-behavioural Education about happiness plus cognitive and behavioural changes	Fordyce (1977, 1983)	Participants' happiness improved. The results were compared with control groups. A variety of measures was used. There was a 9-18 month follow up to ascertain the longevity of the effects.	Suggests that individuals choose their interventions for maximum effect, but this affects the rigor of the study. American student participants, so not generalizable. Programme introduced by one lecturer, so may not replicate with another instructor.

Intervention	Researchers	Evidence for interventions' efficacy	Criticisms of research
Cognitive-behavioural Interventions relating to positive aspects of self and character strengths	Seligman et al. (2005)	Using signature strengths in novel ways increased happiness for six months. Identifying, but not acting upon, signature strengths raised happiness briefly.	Their sample self-selected, although this can be rationalized as appropriate to perform happiness-increasing interventions with a population who desire greater happiness. The effects may be because participants wanted, and expected, to feel happier.
Cognitive-behavioural Quality of life therapy: therapist led group discussion and bibliotherapy	Grant et al. (1995)	Participants moved from depressed to non-depressed state and showed significant increases in quality of life.	Only 16 participants were used. Follow-up was only one month post intervention. Participants selected based upon being capable of, and motivated towards, bibliotherapy.
Cognitive Well-being therapy: diarizing, cognitive challenge and educational intervention	Ruini & Fava (2004)	Successful results in residual phase of anxiety disorders, recurrent depression and, with CBT, for generalized anxiety disorder.	Sample sizes were small in all studies.
Writing about best possible self	King (2001)	Significant well-being benefits (three weeks post intervention) and health benefits (five months post intervention).	Sample consisted of American students (young, healthy and relatively privileged) so results are not generalizable.
Writing about best possible self	Seligman et al. (2005)	Positive effects, but only short-term.	As above.
Writing about best possible self	Sheldon & Lyubomirsky (2006)	Significant increase in positive affect, but effect was short-lived.	US student participants so not generalizable. Study only 4 weeks long.

Intervention	Researchers	Evidence for interventions' efficacy	Criticisms of research
<u>Writing</u> positively, negatively or neutrally on emotions relating to pre-marital relationship breakdown	Lewandowski (2009)	Positive writing fosters positive emotions. Lewandowski suggests this may be through a process of reinterpretation or consideration of a different perspective.	Results were immediate, but no follow-up undertaken to see whether they last. The subject was a specific issue so may not be generalizable to other issues.
<u>Writing</u> about positive outcomes of a negative open memory	Watson et al. (2008)	More closure, better memories and fewer intrusive thoughts at follow-up.	Not all memories are suitable for "grateful reappraisal" (p. 98). The sample was students so the results are not generalizable.
<u>Gratitude</u> noting down things to be grateful for, either daily or weekly	Emmons & McCullough (2003)	Writing down things that the participant was grateful for led to greater well-being than writing about downward social comparison, inconveniences, or neutral events.	Time frames used were short, so longevity of effect is unknown.
<u>Gratitude</u> noting three positive occurrences daily and gratitude visit	Seligman et al. (2005)	Gratitude visit raised happiness briefly. Noting three positive occurrences increased happiness/ decreased depressed symptoms for six months.	As above.
<u>Gratitude</u> intervention "counting one's blessings"	Sheldon & Lyubomirsky (2006)	Did not generate significant effect on positive affect compared with control.	Their chosen measure focused on vigorous positive emotions (e.g. excitement) rather than gentler (e.g. contentment). Participants were American students so results are not generalizable.
<u>Gratitude</u>	Lambert et al. (2009)	Inducing gratitude reduces materialism by increasing satisfaction with life when compared with inducing envy.	American student participants so results are not generalizable.

Intervention	Researchers	Evidence for interventions' efficacy	Criticisms of research
Forgiveness intervention with female survivors of incest	Freedman & Enright (1996)	Increased forgiveness and hope and decreased anxiety and depression compared with a control group.	Small sample used and very specific issue covered so not generalizable.
Forgiveness intervention with men hurt by their partner's abortion	Coyle & Enright (1997)	Increased forgiveness and reduced grief and anxiety compared with the control group.	Small sample used and very specific issue covered so not generalizable.
Focus of attention Mindfulness meditation course	Davidson et al. (2003)	Increased left-side anterior brain activation which research links with increased happiness.	Small sample size was used. There was no self-report of effect. Follow-up period longer than 4 months would be preferable.
Attitudes to self acting extraverted	Fleeson et al. (2002)	Participants showed higher positive affect when instructed to act extraverted than when instructed to act introverted.	Participants were American students so the effects may not replicate with more diverse participant groups. Causality was not established between acting extraverted and positive affect.