

November 2011

‘Shop Until You Drop?’ When Retail Therapy Gets Out of Control

By Edith Townsend, MSW, RSW

“I’ve spent \$40,000 on shoes and I have no place to live? I will literally be the old woman who lived in her shoes!”
~ Carrie Bradshaw, *Sex and the City*

This is just one of a myriad of shopping anecdotes from television, movies and books that portray the funny adventures of ‘shopaholics’, depicting the trouble women fall prey to when trying to get the latest pair of Manolo Blahniks. It’s true that many people get an emotional boost from purchasing something new. The commonly coined term ‘retail therapy’ emits the view that shopping will improve your mood, comfort you in



times of distress, or help you escape life’s troubles. For most people, shopping is a normal part of their routine and daily life. However for some, shopping behaviour can

become compulsive and habitual, bringing severe negative financial, emotional, and psychological consequences.

Take the example of Lindsay* who began shopping to cheer herself up after a stressful day at work or an argument with her husband. It was easy for her to go to the mall and find a new dress or a piece of jewellery to perk herself up and avoid the troubles in her real life. She began to really enjoy the momentary lift and sense of euphoria she got, from browsing store aisles to the excitement of the shopping bag in hand after she had made a purchase. Soon, whenever she felt depressed,

... continued P. 2

Bellwood is Going **SOCIAL!**

Social Media is becoming the new place people gather and the new place we search for information.

Through Facebook and Twitter, Bellwood can reach into the vibrant online social community that has come into being. Social Media helps Bellwood meet people where they live. In fact, by providing useful information and promoting online discussion that contributes to people’s well-being, social media becomes an extension of Bellwood’s health care mission.

But we can’t do it without you!

Please take a moment to **LIKE** us on Facebook and **FOLLOW US** on Twitter. It’s a great way to keep current on the latest news and information from the world of recovery and mental health – and be part of our caring community.



BELLWOOD HEALTHY LIVING



@BELLWOODHEALTH

CONTENTS

- 1 Shop Until You Drop? When Retail Therapy Gets Out of Control
- 1 Bellwood is Going SOCIAL!
- 2 Shop Until You Drop? ... cont'd from P.1
- 3 Shop Until You Drop? ... cont'd from P.2
- 3 Who’s New at Bellwood
- 4 Shop Until You Drop? ... cont'd from P.3
- 4 Remembering Dr. Gerry Cooney
- 5 “Innuqatigiinnaq” How’s your Inuktitut?
- 6 Bellwood’s Research Team’s Latest Research Published
- 6 The Many Faces of Addiction 2011 in Review
- 6 “Innuqatigiinnaq” ... cont'd from P.5

1020 McNicoll Avenue
Toronto, ON M1W 2J6

Tel: (416) 495-0926

Fax: (416) 495-7943

Toll Free: 1-800-387-6198

www.bellwood.ca

... Shop Til You Drop? *continued from P. 1*

anxious, lonely or bored, Lindsay would shop to feel that 'rush'. Unfortunately, that good feeling was soon followed by guilt and anxiety when her bills mounted and she began to spend money beyond her means and hide her purchases from her family. To deal with the stress, Lindsay would go on ten-hour shopping binges on weekends and spend her time at work browsing online fashion and shopping websites. This became an endless cycle until a creditor contacted her home and her husband found she had accrued \$17,000 of credit card debt. Lindsay was finally able to admit she felt depressed, lost and 'out of control'.

Originally termed oniomania (from Greek 'for sale' and 'insanity') almost a hundred years ago, compulsive shopping (also called compulsive buying, shopping addiction, and shopaholism) has only been studied in the last two decades. Recent research has shown that 5.8% of the adult population in the U.S. has the compulsive need to shop. In 1989, O'Guinn and Faber defined Compulsive Buying as "the process of chronic repetitive purchasing that becomes a primary response to negative feelings, providing immediate short-term gratification but ultimately causing harm to the individual and/ or others." It has been associated with mood and anxiety disorders (especially depression), substance use disorders, eating disorders and other disorders of impulse control. Compulsive shopping also tends to run in families that have histories of mood and substance use disorders. Many professionals are recognizing and addressing this as a behavioural addiction with severe consequences for the individual. Compulsive shoppers risk feelings of guilt, unmanageable debts, arguments over expenditures with family members, neglecting emotional issues, bankruptcy, and even illegal activities, such as shoplifting.

How can shopping behaviour get so out of control? For many, if not most compulsive shoppers, buying is a reaction to stress or

unpleasant situations. People find that shopping behaviour lifts their mood - they feel happy, excited, fulfilled - and makes them feel better, often providing a momentary escape from reality. Unfortunately, this satisfaction of needs is fleeting and the shopper often gets caught in a cycle of highs and lows common with other addictive behaviours. Uncontrollable urges to shop are ways to distract people from negative emotional states and difficult issues in their real lives. People begin to depend on shopping behaviour as a primary means of coping. The problem is, these problems are only postponed and then exacerbated when debts get out of

Uncontrollable urges to shop are ways to distract people from negative emotional states and difficult issues in their real lives. People begin to depend on shopping behaviour as a primary means of coping.

control or arguments begin with family members about bills and expenditures.

A shopper needs to ask herself, 'how much is enough?' Frequently, the answer is elusive, especially for someone who cannot set limits or feels they have been unfairly treated in another area of their life and uses shopping to comfort themselves. Many underlying core beliefs about entitlement and money drive some of this behaviour. As with other compulsive and addictive behaviours, denial is common. Compulsive shoppers do not see how much money and time they have spent on shopping and it can be easy to rationalize the many unneeded items one can buy. As the behaviour worsens, shopping is done alone and in secret and purchases are concealed from others.

Where does it start? Many compulsive shoppers are able to link their problem to childhood behaviours and emotional ties to money. Some grew up in a family where

money was withheld or unavailable, while others had no controls placed on excessive spending which continued into adulthood. Shopping is also a socially acceptable and often encouraged activity. These behaviours can take shape at an early age when young girls go shopping with their mothers and girlfriends. Compulsive shopping has also been linked with depression, lack of impulse control, excitement seeking, and the ability to fantasize, but most significantly with low self-esteem. Compulsive shoppers often use shopping as a way to boost their self-worth. In Lindsay's experience, she felt doted on by the salesgirls who constantly told her how attractive she looked and discussed the fabulous places she could wear her new outfits. Lindsay felt important and admired, something she did not experience in other areas of her life so she looked forward to these social interactions with salespeople.

The role of advertising and mass media deserves some attention when it comes to compulsive buying habits, specifically in promoting the belief that consumption will lead to happiness and increased self-worth. It is no surprise that those driven to compulsively spend are vulnerable to messages that their needs for success, social acceptance and self-identity will be satisfied with the latest designer heels. These images can give buyers a false sense of hope that their self-esteem can be increased for the price of a new pair of shoes. But for people who really struggle with self-image issues, one pair of shoes will lead to another, and another, on an endless quest to feel better by buying. It's why often, tags are never taken off clothing and purchases are shoved in storage bins and forgotten once the momentary emotional boost has abated ... *continued P. 3*

The Bellwood News is edited by the Bellwood Marketing Department. Written authorization must be obtained for the reprint of any material in this newsletter.

If you have comments, or wish to have your name removed from the mailing list, please contact (416) 847-0752, or email jlzcano@bellwood.ca.

... Shop Til You Drop? continued from P. 2

and another shopping 'fix' is needed. This is an important factor in distinguishing compulsive buyers from other buyers; studies have shown that their motivation for buying is the shopping experience itself rather than the item bought. This is evident in the sometimes dissociative states compulsive shoppers may experience, where they cannot even remember what they have purchased. The ease and availability of credit and the Internet, where people can shop 24 hours a day and make purchases with the click of a mouse, all add temptation to the endless shopping experiences one can have.

What can a person concerned with their shopping behaviour do? As with other compulsive behaviours, compulsive shopping can cause untold financial and emotional consequences if left untreated. Having an awareness of one's own behaviour and its implications is important. Shoppers need to examine when and why they are driven to shop to help reduce the loss of control they feel regarding their behaviour.

If you are concerned about your shopping or buying behaviours, ask yourself these questions:

- Do I ever feel my shopping is out of control or excessive?
- Do I often buy things I don't need or cannot afford?
- Do I often buy myself something to make myself feel better?
- Do I feel my shopping is overly time consuming?
- Do I lie to others about my spending?



- Does my shopping behaviour ever make me feel upset or guilty?
- Has my shopping behaviour led to financial or relationship troubles?

If you've answered 'yes' to any of these questions, there are support and resources available for those worried about their compulsive shopping. Debtors Anonymous is a 12-Step self-help group patterned from Alcoholics Anonymous that provides support and action plans for people with substantial debts. Many compulsive shoppers with financial problems may also benefit from credit counselling. Individual,

marital and group therapy is also available at treatment

centres such as Bellwood Health Services to help compulsive shoppers gain control over their behaviour, work on the underlying symptoms of their compulsive habits and learn healthier coping skills. Ultimately, all compulsive shoppers have the power to come out of the closet and break free of the long-standing tradition of linking shopping with emotional therapy.

** name has been changed*

Edith Townsend is a therapist in the Problem Gambling Program at Bellwood Health Services and works with people suffering with compulsive shopping, shoplifting, spending, and most recently, Internet addictions including video game addictions.

Originally published in the Fall 2011 issue of Moods Magazine, www.moodsmag.com.

References:

- 1) Black, Donald. A review of compulsive buying disorder. 2007 World Psychiatry February;6(1):14-18.
- 2) Koran et al. Estimated Prevalence of Compulsive Buying Behaviour in the United States. Am J Psychiatry 2006;163:1806-1812.
- 3) O'Guinn, T.C & Faber, R.J. Compulsive Buying: A Phenomenological Exploration. Journal of Consumer Research. Vol 16. September 1989.

Who's New At Bellwood

Wendy Cope - Therapist; Heather Dunlop - RN; Norman Mulligan - Healing Circle Counsellor/Elder; Kathryn Riley - Transcriptionist; Lana Robson - Addiction Counsellor; Steven Sam - Financial Analyst.

We Say Goodbye ...

Rhona Charney is retiring from Bellwood at the end of November in order to spend more time with family and to enjoy travel to warmer climates. Rhona has worked at Bellwood since 1992. She is a highly skilled therapist and educator, who provided engaging teaching sessions. She has shared her expertise generously with staff and clients and is particularly

remembered for her skills in solution-focused therapy and drama therapy. Rhona has published a number of articles and presented seminars and workshops at a variety of conferences. In addition to her many other responsibilities, she also supervised the Eating Disorders Recovery Program, was the Peer Leader for Bellwood's group therapists and directed Bellwood's Internship Program for social work and psychology graduate students. On top of all this, she is a very classy dresser!

We wish Rhona all the best while she explores more leisure activities and are hopeful that she continues to spend some time at Bellwood in a less demanding capacity.

What Can People Do To Reduce Their Urge To Shop?

Some useful tips include:

- Stay away from shopping centres and stores
- Cancel eBay and online shopping accounts
- Use cash instead of credit and debit cards
- Keep a spending diary and track all your purchases
- Set limits and keep to a budget
- Learn to differentiate needs vs. wants
- Be wary of 'bargains' and sales
- Take an inventory of what you have
- Don't shop when you're angry, sad, lonely or bored
- Be accountable to someone for your spending
- Find other healthier ways to spend your leisure time
- Identify the negative thoughts and situations (called triggers) that underlie the urge to shop
- Ask for help; there are several resources and professionals to help compulsive shoppers and their families

Remembering Dr. Gerry Cooney

By Dr. Janice Hambley and M. Linda Bell



We met Dr. Gerald Cooney in 1990 when we took him out for dinner. Our dear friend and colleague, Dr. Sid Folb, had recommended Gerry to us for the position of Medical Director. Bellwood was in its relative infancy and this was a new position. Aside from a delightful evening, this was a rather unconventional job interview. The end result was that this very energetic, knowledgeable, responsible physician joined the Bellwood Team in a newly created role. Thus began over 20 years of working together. He

assumed administrative control of medical services as well as providing medical and clinical care to our clients.

Gerry was a compassionate, charismatic, caring, complex man with a delightful sense of humour. He was a man with vision, passion and a very strong work ethic. He was loved by clients and staff and impacted us all greatly because of his genuine interest in others and his sensitivity, care and concern.

Dr. Bell always said you need a physician who is a good diagnostician. This describes Gerry to the core. After 20 years of Emergency Medicine, he was very astute clinically and developed and managed our excellent Medical Department. He established standards for care to ensure a safe environment, created the policies and procedures for the Medical Department and developed a 36-topic lecture cycle for physician presentations. Gerry was an excellent educator and provided very dynamic teaching sessions. Clients stated: *"Dr. Cooney blows it out of the water every time he talks."*

As Medical Director, Dr. Cooney worked closely with an all female (except for him) management team. He related to this team with humour and grace. He assumed the lead in the development of our comprehensive Quality Assurance (QA) program. He wrote a four course QA manual that started with appetizers and ended with dessert. When Bellwood received Accreditation with Distinction in 1995, the surveyors were so impressed with Gerry's manual they suggested it should be published. Gerry was rightly very proud of this comment. Gerry talked with pride about his wife Barb's Master's Degree and shared that he had studied along with her. Bellwood benefited many times from Gerry's and Barb's administrative knowledge and skills.

We have been privileged to have Gerry work with us for the past 20 ½ years. He was dedicated to Bellwood, to the clients we serve and to our staff. He helped so many people over the years. We will miss him very much and are sad that he is no longer going to be coming in and sharing his witticisms.

We are sorry for the loss of Gerry, particularly for Barb, his sons, his family and loved ones. Life with Gerry was never dull. It's important that we keep things interesting and carry on the Gerry tradition.

“Innuqatiginnaq” How’s your Inuktitut? By M. Linda Bell

Over the years, Bellwood has had the privilege to work with Canadians from across the country and from a diverse cultural background. We have also provided treatment to people from all over the world. Within this mix, there is one culture that has taken my heart. It is the Inuit from Canada’s far north.

This relationship began in 1986 when the Government of the Northwest Territories sent Bellwood our first Inuit client. What an experience this was for everyone. The client flew into Toronto, never before having travelled out of the Eastern Arctic. He had never seen a tree or encountered the traffic on Hwy. 401. Talk about courage! Fortunately, he spoke English because the Bellwood staff certainly had no clue of the Inuktitut language.

This man did very well in both the treatment program and in his recovery back home. Bellwood’s 1-800 phone number was a key link in this success. Access was available 24 hours a day, 7 days a week. After regular office hours, Bellwood’s phone goes directly to the fourth floor nursing station and everyone knows who is on the other end of the line. Bellwood’s Recovery Counsellors and Mini Treatment Programs guided the recovery process, helped problem solve issues and get through triggers that threatened sobriety.

Then, a second client was referred, and another and another. At one point, the Premier of the Northwest Territories came for a visit. He told my father, Dr. Bell, and me that he wanted to see first hand what we were doing because our holistic approach to care resonated so well with the Inuit culture. Bellwood became the designated addiction treatment centre for the Eastern Arctic. The story of our work travelled across the country and soon 20% of our clients were either Inuit or First Nations.

After six years, the Government of the Northwest Territories asked me to work with a group of Elders from various communities on Baffin Island. Our goal was to realize a dream that had been in the making for ten years: to open the first culturally appropriate Inuit addiction treatment program in the Eastern Arctic. What a challenge; what an opportunity. My father used to say, “what others say is impossible, just takes us a little longer!” The flight alone is five hours north of Montreal and it’s a cold commute!



Meetings with the Board of Elders were monthly and five days long. We communicated through simultaneous translation. We started in January and the centre was opened in November of the same year. The staff was primarily Inuit, some of them had a primary education, others more. A couple had some college experience. They came to Bellwood for training under the guidance of my sister, Dr. Janice Hambley, and the clinical staff. When they returned, they were enrolled as part-time students in the addiction counsellors program at Arctic College in Iqaluit. In time, they would graduate with both a diploma and work experience.

As for me, I learned things too. I was stranded on the land for four days on a caribou hunt, I learned how to eat it raw and to cut a piece off a frozen leg lying on a rock. I even learned how to make Inuit ice cream. But that is a story for another day.

The treatment centre operated for five years and then, sadly, it was closed. However, there is a saying “what goes around comes around”, and, “lessons from the past can help create the future”. Today, Bellwood has once again been designated as one of the addiction and trauma treatment providers for the new Government of Nunavut. This time there are many new tools at our disposal.

Today, telemedicine is in all the Nunavut communities. In the past, telephone communication worked more like a CB radio. When one person talked you had to wait until the other person had completely finished before responding. Otherwise the line would go blank. Technology is changing the delivery of services in so many ways.



The format of our new relationship with Nunavut is that people with addictions and trauma will be referred to our centre in Toronto for the initial part of the treatment process. Traditional Healing Circles and teachings are being incorporated into the program. Ongoing support, continuing therapy, family work and community education will be done via telemedicine. Telemedicine allows us to work with individuals or groups either from one community or a variety of communities at the same time. This technology is vital because, as most of your know, research shows that the people who stay connected and participate in an after-care program are the most successful.

... continued P. 6

Latest Published Paper by Bellwood Research Team Discusses the Outcomes of Treating Eating Disorders with Substance Abuse

Eating Disorders and Addiction: Comparing Eating Disorder Treatment Outcomes Among Clients With and Without Comorbid Substance Use Disorder

by

Victoria Ho, BA., Simone Arbour, Ph.D.,
Janice M. Hambley, Ph.D., C.Psych.

Published in *Journal of Addictions Nursing*,
September 2011, Vol 22, No. 3

Abstract: Studies have shown that eating disorders and substance use disorders often co-occur and share common clinical and biological substrates. Given the high prevalence of co-occurring eating and substance use disorders, it is important to explore the impact of the dual-diagnosis on treatment outcomes. The present study compared individuals with an eating disorder only (ED) to those with a comorbid eating and substance use disorder (ED-SUD) on several factors related to 6-month post-treatment outcomes in eating attitudes and behaviour and quality of life. Results show that both ED and ED-SUD clients experience significant improvements in self-reported eating disorder symptoms and concerns, as well as quality of life functioning. There were no significant differences in outcomes between ED and ED-SUD clients, which suggests that the two conditions can be successfully treated together.

The Many Faces of Addiction 2011 in Review

On October 5th and 6th, over 200 professionals participated in Bellwood's third annual addiction education symposium at the Ontario Science Centre.

Keynote speakers included Dr. Mark Menestrina (Addiction Treatment in the New Millennium), Dr. Carolyn Coker Ross (Integrative Medicine and the Power to Heal), and Dr. Peter Selby (Smoking Cessation in Patients with Addiction).

Delegates also attended a series of corporate and healthcare professional focused workshops that provided valuable education and hands-on tools.



**Watch your email and bellwood.ca
for information about
The Many Faces of Addiction 2012.**

... “Innuqatigiinnaq”

continued from P. 5

From a Government investment point of view, we also know that for every \$1.00 spent on treatment there is a \$5.00 return to the community in reduced health care costs, incarceration, job performance and productivity.

It has been over fifteen years since Bellwood last provided care to people from the far North. It is a privilege to be working with the Inuit again. They have a wonderful, interesting culture that includes the seriousness of survival on many fronts and a light heartedness and delightful laughter. They have moved from a hunter-gatherer culture to the high-tech modern age faster than any other community. Their interaction with the Qallunaat (the white man) began after the Second World War.

Innaqatigiinnaq is the name of Bellwood's new service for the Inuit from Nunavut. It means:

“Living Better Together”