

Photo: Dan Hallman



Annie

Glenn

Calen

Jessie

Mattie

PEOPLE TOLD GLENN SHE WAS CRAZY TO DO THIS AD.

SHE SAID, "DEFINE CRAZY."

Glenn Close's sister Jessie and Jessie's son Calen have a disease. And even though their story is their own, it's far from unusual. The fact is, one in six adults has a mental illness. The harder reality is that the ignorance that fuels the stigma associated with mental illness can often be the most painful part of managing the disease.

Glenn and her family chose to be national voices for the first campaign dedicated to fighting the stigma that accompanies mental illness. Because having a disease is difficult enough. Being blamed, or ostracized for having it, well that's just crazy.

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compulsive shopping feature



BUYING trouble

When "shop 'til you drop" is all too real, compulsive spenders pay a heavy price

by Donna Jackel

Diane Esser was 21 when she inherited \$30,000 from her grandmother. Within two months, she had burned through the money. Esser, now 28, has trouble recalling where it all went. There were clothes, accessories, expensive haircuts—and a new wardrobe for her sister.

"[My sister] was conscious of all the money I was spending, but I said, 'No—buy whatever you want,'" says Esser, who now knows the short-lived pleasure of spending was a coping technique for her mood disorders.

About two-thirds of compulsive shoppers have a history of anxiety or depression, says Donald W. Black, MD, professor of psychiatry at the University of Iowa Carver College of Medicine in Iowa City and an expert

on behavioral addictions.

Esser, who lives in the Northwest Territories city of Yellowknife, was only 6 when she experienced her first anxiety attack. "I felt like something in the world had shifted completely," she

recalls. "I used to hide behind the couch and hyperventilate."

She wasn't diagnosed with anxiety and depression until her early 20s, however, and a few more years went by before a therapist helped her see how she used spending sprees to find momentary calm.

"I would wake up in the morning feeling anxious, shower and head straight for the mall," Esser recalls. Once she began shopping, "My anxiety was gone. I felt more in control, even though I was completely out of control."

Afterwards, she says, "The guilt ... was really bad."

Some compulsive shoppers shop for themselves, while others like to buy gifts. There are those who shop daily, while others binge sporadically. (For some people with bipolar disorder,

hypomania or manic episodes trigger spending sprees.)

"Some people do it to feel more in control, to feel better about themselves or to express anger," says April Lane Benson, PhD, a New York City psychologist who specializes in treating compulsive buyers.

She sees low self-worth at the heart of nearly all out-of-control spending.

"It's a little like looking for love in all the wrong places," says Lane Benson, author of *To Buy or Not to Buy: Why We Overshop and How to Stop* (Trumpeter Books, 2008). "You can never get enough of what you don't really need. If you really need love and affection from your spouse, no number of black boots is going to do that for you."

Cruising the stores can also be a means of escape.

"When you're out shopping, you tend to put everything else out of your mind and run away from real-life problems," says Pam Herold, 53, of Hendersonville, Tennessee, a self-described bargain hunter who has been treated for depression.

Buying into heartache

Recreational shopping is a common pursuit in our consumer society—in fact, the term "shopping therapy" salutes the idea that buying things can cheer you up. So how to tell when a passion for fashion or a love of living large crosses the line into compulsive spending? When it causes significant harm or distress to you or your loved ones, says Richard Swinson, MD, medical director of the Anxiety Treatment and Research Centre in Hamilton, Ontario, and a

professor of psychiatry and behavioral neurosciences at McMaster University, also in Hamilton.

"Significant harm" could mean credit card debt, bankruptcy, legal troubles or divorce. Lane Benson had one patient who faced a five-year prison sentence for charging a quarter-million dollars on a company credit

times get neglected.

"Sometimes I leave early in the morning to shop, and return late at night and dinner's not on the table," says Herold, who takes medication for her depression.

Her overspending also leads to clutter all around her home. Compulsive shopping can go hand in hand

Given the devastating consequences that can follow **OVERSPENDING** ... compulsive shopping should be taken more **SERIOUSLY**.

card, and she says overspending has been linked to suicide in college students who run into debt.

Esser was sporadically in debt in her early 20s, at one point owing \$7,000.

Her compulsive shopping began early, at age 15, when she got her first job at a fast-food restaurant. She would spend her entire paycheck on dining out, sometimes treating friends. "I would buy three or four things off the menu, just to spend money," says Esser.

Next Esser began splurging on clothes, shoes and knick-knacks.

"I'd feel bad, but the next paycheck I'd do it again," she says. Eventually, the teenager was spending about \$1,000 a month, and dodging people she owed money to.

Herold has been spared insolvency because her husband earns a comfortable living. However, responsibilities such as housework and cooking some-

with hoarding, an emotional need to cling to belongings.

"If I could only buy what I need, I wouldn't have so much stuff lying around," she says. "There are some things in my pantry I know I'll never use, but I won't throw them out because they were a good deal."

'The smiled-upon addiction'

Experts are divided as to whether compulsive shopping is a form of obsessive-compulsive disorder, an impulse control disorder similar to substance abuse or gambling, or just an extreme form of consumerism. One distinction is that impulsive shoppers typically find their pursuit pleasurable, at least initially, while people with OCD are driven by fear and anxiety, says Swinson.

There has been little research into

what causes compulsive shopping, but existing evidence points to several factors, experts say.

"There is speculation that the areas of the brain that regulate pleasure and reward, and involve the neurotransmitter dopamine, may be involved," says Black. Brain centers that mediate decision-making may also play a role.

While compulsive shopping tends to run in families, it is unknown whether this reflects a genetic component or learned behavior, says Black. It's estimated to affect between 2 percent to 8 percent of adults in the United States. Onset typically occurs in the late teens or early 20s, and the disorder tends to be chronic.

Some experts, including Black, say the condition predominantly affects women, but Lane Benson says she treats almost the same number of men as women.

Given the devastating consequences that can follow overspending, she says, compulsive shopping should be taken more seriously.

"It is the smiled-upon addiction because it fuels our economy.... [Yet] it is a chronic issue that really deserves medical attention," she says.

Even the medical community is divided. According to Black, the condition is not taught in most medical schools. In any event, he adds, compulsive shoppers may not seek professional help because they don't want to stop the behavior.

"You really have to see the real downside of the disorder before you can engage in treatment," he says.



If you really need **LOVE** and **AFFECTION** from your spouse, **NO NUMBER** of black boots is going to do that for you.

Getting help

Some compulsive shoppers who turn to treatment are prescribed SSRI antidepressants, but no hard data exists to confirm whether, or to what degree, the medication helps, Black says. Psychotherapy and 12-step programs such as Debtors Anonymous can be effective, he adds, although for many "the addiction never [completely] goes away. People have to work at controlling themselves."

Lane Benson uses a variety of therapies with her clients, including

cognitive behavioral therapy, dialectical behavior therapy, and mindfulness meditation. Patients identify the roots of their problem, triggers for overspending and techniques to resist spending urges.

In addition, Lane Benson asks clients to envision the life they would like to be living and how they would rather be using their money. They review their "financial fitness" and learn to track daily expenditures, scoring how necessary each purchase is.

road to **RECOVERY**

Warning signs that spending is out of control include using shopping as a "quick fix" for emotional distress, not being able to curb your buying, and feeling shame after spending, says psychologist April Lane Benson, founder of Stopping Overshopping.

Here are some steps that can help you regain control over your spending:

CUT OFF YOUR CREDIT. Destroy all credit cards, except for one to be used for emergencies only. Pay for purchases by cash, check or debit card.

AVOID TEMPTATION. Stay away from discount warehouses, TV shopping channels and other spending meccas.

FIND A SUBSTITUTE. When the urge to shop comes on, distract yourself with a positive activity like taking a walk or exercising.

STICK TO A PLAN. For necessary purchases, make a shopping list and buy only what's on it.

TRACK YOUR SPENDING. Write down what you buy each day, including every cup of coffee and pack of gum.

BE HONEST. Make a point of showing new items to your spouse or other family members. Hiding purchases is a danger sign.

THINK TWICE. Review items in your shopping cart before you buy to decide if you really need them. If you second-guess your purchase after you get home, return it immediately.

SEEK PROFESSIONAL HELP. Therapy may help you address the root cause of your overspending. Treating underlying depression and anxiety may reduce shopping urges.

FOCUS ON YOUR FINANCES. A nonprofit credit counseling agency can help you set a realistic budget or develop a debt management program; look for one accredited through the National Foundation for Credit Counseling.

Sources: Consumer Credit Counseling Services and Indiana University, Department of Applied Health Sciences.

Pam Herold continues to bring home bargains she doesn't need, but she also looks for opportunities to shed some of her unwanted purchases in ways that help others. She gave fellow church members unused wool that they crocheted into caps for hospitalized newborns. Likewise, her quilting materials were turned into blankets for women who give birth in jail.

For Esser, depression and anxiety medications have lessened the frequency and intensity of her need to shop. Therapy continues to help her make positive life changes. She maintains a mood chart to monitor depression and anxiety. To resist shopping urges, she always carries an assortment of cards that list positive activities, like going for a walk, knitting, or taking a bath.

While she does not consider herself "cured," she shops less, is no longer in debt and avoids borrowing money. And now she uses some of her money for a practical pursuit: college tuition.

She counts opening her first bank account and leaving money in it for a week before spending it as another milestone.

"That small step is huge for me," says Esser, who used to spend her paycheck in a day.

While she admits she would like to spend even less money, Esser is pleased with her progress.

"Five years ago, I was a mess—I didn't like myself at all. Now, I feel more of a responsible adult." **e**

Donna Jackel is a regular contributor to esperanza and bp Magazine. Her work has also appeared in Rochester magazine, Bark and Cat Fancy.

"Every time I think about losing my family, I lose my mind."

—**Hugo Emmanuel** of Port-au-Prince, one of countless Haitian earthquake victims suffering emotional trauma without access to psychological treatment.

"Mr. Rudd is going to fail in reaching that target unless he realizes that preventing homelessness for people with mental illness involves addressing the mental illness."

—**Australian mental health advocate Laura Collister**, on Prime Minister Kevin Rudd's goal to slash homelessness by half over the next decade.

"I had a very high anxiety level. The playground and park was no longer a fun place to go to."

—**Marny Hersenhoren**, a Toronto mother whose 4-year-old son shattered his elbow falling off a play structure at a public playground. A recent study found more than one in three parents suffer symptoms of acute stress disorder or post-traumatic stress disorder after their child is injured.



"[Depression is] part of who I am, but it doesn't prevent me from getting up every day and exercising and going to work and doing my best work."

—**Former U.S. Sen. Mark Dayton**, now a candidate for governor of Minnesota, disclosing his illness to voters.

"It's the most transient, fluid, unsettling work environment on the planet, so why wouldn't people be anxious and in distress? They are human beings."

—**Bill Wilkerson**, founder of the Global Business and Economic Roundtable on Addiction and Mental Health, on high rates of depression among Canada's public servants.

"So just like a combat veteran, these young people suffered emotional wounds—nightmares, flashbacks."

—**John Rich, MD**, of Drexel University School of Public Health, on how the constant threat of violence affected the young black men he treated at Boston City Hospital.

"Don't sit down and write only about the negative stuff—that makes you more anxious. Most of the journaling needs to be on what's going well in your life and what you have to be thankful for."

—**Don Hafer, PhD**, a Dallas neuropsychologist, on daily activities that benefit mental health.

"I have to use mental health benefits no matter what. This is going to make it more affordable for me."

—**Denise Camp** of Baltimore, who has depression, praising Mental Health Parity Act regulations that reduced her co-pays for therapy and medications.

"Any time OCD gets in the media, it's a chance to educate people about it ... But when family members see these three-day clean-outs, they think they should go in and do the same thing."

—**Jeff Szymanski, PhD**, executive director of the International OCD Foundation, explaining that the A&E series *Hoarders* cannot show the ongoing support and treatment required for long-term change.