

The New School of Psychotherapy and Counselling and
Middlesex University London

**A grounded theory study of existential psychotherapists’
experiences of working with clients with shopping addiction**

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Declaration

This dissertation has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted to both these institutions in partial fulfilment of the requirements for the Degree of Doctor of Existential Psychotherapy and Counselling by Professional Studies (DProf).

I hereby certify that this material is entirely my own work and has not been taken from the work of others, save and to the extent that such work has been cited and acknowledged within the text and in the list of references.

Student signature:

A handwritten signature in dark ink, reading "Simon Kettleborough". The signature is written in a cursive style with a period at the end.

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Cape Town, South Africa

July 2021.

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- Julia. Out beyond ideas of wrongdoing and rightdoing there is a field. I'll meet you there.

Abstract

This study is a response to the growing global phenomenon of shopping addiction and the psychological, emotional, financial, and societal problems it arguably creates. It addresses an identified lack of theoretical and practice-based insights and knowledge to support therapists to work effectively with shopping addiction, particularly in the field of existential-phenomenological psychotherapy.

The study reports on how participating therapists described their ways of working with clients with shopping addiction, why they worked in these ways, and the outcomes that were reportedly created. I used a constructivist grounded theory methodology (Charmaz, 2006, 2008, 2010) embedded in an interpretivist epistemology. Eight experienced therapists who worked with clients with shopping addiction participated in semi-structured interviews, each lasting one hour. The interviews were then transcribed and analysed.

Five main categories emerged from the data analysis, within which lie thirteen sub-categories. Analysis revealed that participants used ways of working that align with so-called 'common factors', the principal elements of therapy that traverse modalities and, according to research, account for much of the improvement in clients (Lambert, 1992; Hubble et al., 2003). Analysis also yielded some idiosyncratic ways of working that are specific to participants' reported experiences of working with clients with shopping addiction.

This research contributes new theory and insights to the fields of therapy with clients with shopping addiction and existential-phenomenological psychotherapy. The study highlights the complex interplay between a shopping addiction phenomenon that stays hidden in therapy and the neoliberal hegemony in which both client and therapist permanently live. Participants suggest that their approaches to working with clients with shopping addiction yield some positive outcomes, although more direct research with clients themselves is required to investigate client experiences of the therapy and of recovery in more depth.

The first outcome from this research is a co-constructed map of the social process that is involved in working psychotherapeutically with clients with shopping addiction, as constructed by myself and the participants. The second outcome is a middle-range theory that can support therapists in their work with this phenomenon.

Keywords: Addiction, shopping addiction, compulsive buying, existential-phenomenological, existential psychotherapy.

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1. Introduction

1.1 Overview

Much has been written in the last half century about the economic, political, social, and environmental outcomes of excessive consumerism and the shopping that fuels it (Daly, 2005; Goodland and Daly, 1996; Meadows et al., 1972; Sheth et al., 2011; Speth, 2008). However, there is a dearth of scholarly endeavour concerning the existential aspects of shopping, which may be seen as somewhat surprising given how central to human existence the activity has debatably become (Baker, 2000; Hamilton and Denniss, 2005; Kaza, 2005; Rittenhouse, 2013).

This apparent lack of existential discourse on shopping presents the opportunity for this research. Given the commentary on the potential ill-effects of over-shopping from economic, political, environmental, and societal standpoints, I believe that it is useful to problematise and study the phenomenon from an existential psychological perspective.

I spent time considering my access point for this research. I could have chosen to interview clients who reported problems in living caused by shopping. Such an approach would have given me access to the subjective experiences from the *client* perspective. However, my deeper fascination as a clinician, coach, and consultant has come to lie with how therapists describe working with shopping addiction, why they say they work in these ways, and the outcomes that they report. I therefore decided that existential therapists would be my entry point into studying this complex phenomenon.

I would like to raise two points around terminology at the outset. First, I use the terms ‘material’, ‘stuff’ and ‘objects’ interchangeably to denote the goods that are purchased while shopping. This is differentiated from the ‘process of buying’ or the ‘process of shopping’, which I define as the thoughts, feelings, and behaviours of engaging in shopping behaviour, from initial trigger through to post-purchase affects. This may also be described as the reported client experiences associated with the activity of shopping.

Second, this study is existential in nature, given that it forms part of a doctorate in existential psychotherapy. For existential philosophers and practitioners, the idea of labelling people or behaviour is problematic. This is because a fundamental tenet of existentialism is that humans are not fixed entities, nor static, nor essential in nature but are dynamic, ever shifting and constantly in process (Du Plock, 2000).

Thus, the idea of conducting research on shopping addiction may not sit comfortably with many existential practitioners, who may not tend to class clients as addicts or their behaviour as an addiction.

For the purposes of this study, however, I chose to use the term ‘shopping addiction’ because I felt able to hold it loosely in a non-pathologising way, at the same time remaining hypervigilant to the danger of essentialising that such a label could create.

I chose to use the term ‘shopping addiction’ over ‘shopaholic’ because this is a study that focuses more on the phenomenon, process, and activity of shopping and the way in which participating therapists made sense of their clients’ shopping-related difficulties with them, rather than a study of a person who frequently engages with excessive shopping (i.e., a shopaholic). I also personally find the term ‘shopaholic’ quite pathologising and demeaning. I preferred the term ‘shopping addiction’ over ‘problematic shopping behaviour’ for two reasons. Firstly, the former is a simpler and more succinct descriptor and is thus a more linguistically deft term to reproduce throughout a thesis. Second, the concept of ‘addiction’ is arguably a more recognised and widely used term than ‘problematic behaviour’ in the field of psychotherapy and therefore is applicable to multiple behavioural and substance use applications. Given that a significant part of the literature review concerns general addiction, this term felt much more relevant than ‘problematic behaviour’. Shopping addiction was also the term preferred by the participants, a detail I checked during the interviews.

In surfacing and writing up how therapists currently say they work with this phenomenon, my hope is for this research to catalyse a wider debate amongst existential therapists on how therapists could work more effectively with clients living with problematic shopping behaviour that can lead to functional impairment in multiple life domains (Spenhoff et al., 2013). Impairments can include financial, social, psychological, and professional aspects of a person’s life. Financial impairment can occur from shopping addiction due to debt from excessive shopping, which in turn curtails an individual’s ability to meet other financial obligations (Benson, 2014). Social impairment can stem from the time taken away from home and from relationships to shop, as well as the deception employed in concealing the spending from other people and the isolation that often ensues from the pursuit of the shopping activity (Murali et al, 2012). Adverse psychological and emotional impacts of shopping addiction can result from increasing feelings of guilt, shame and depression following periods of intensive shopping (Benson & Gengler, 2004). Professional impairment is the outcome of a preoccupation with shopping that impacts on an individual’s capacity to fulfil the requirements of their job (Black, 2007).

1.2 Personal and professional motivation for the study

1.2.1 Personal motivation

My primary personal motivation stems from my own problematic relationship with shopping over my lifetime. Born in the UK in 1973, I have been obsessively fascinated with human behaviour for as long as I can remember. When I was seven years old, my parents divorced and my time was suddenly divided between a father who was on the emotionally less expressive side of life, and an emotionally

unpredictable mother. Out of necessity and from an early age, I developed what I believe to be an astute ability to read people. This self-protective skill doubtlessly helped me survive a radically discombobulating period and yet it also delivered a long-lasting legacy of being externally referenced, other-directed, socially uncomfortable, and detached from any inner rudder providing direction on who I was or what I wanted.

To eschew the gnawing sense of emptiness that enveloped me in my early life, one of my earliest addictions was an infatuation with ‘stuff’, a dependence that was created in a perfect storm of my fractured family and Margaret Thatcher’s neoliberal economics that arguably unleashed a shopping fetish in Britain in the 1980s that shows little sign of abating today (Edwards, 2017). Research supports the story I tell myself about myself; the relationship between an experience of divorced parents and consumerist aspirations is clear (Rindfleisch et al., 1997). My own insatiable hunger for brands, clothes, cars, watches – premium artefacts that could make me feel special, successful, and less empty – began in the first decade of my life. When I was nine, I did not have the money to buy what I needed to feel better about myself and so I stole it, from family members and from school friends. I was caught, of course, in fact by my parents, who decided to tell the school what their son had been up to. What ensued was a shaming period of public punishment meted out by the school and, even more excruciating in the context of my social development, a decade of continuous bullying from other boys in response to my kleptomaniacal actions.

I turned to achievement and success for comfort. Winning, starring, creating an image of success, and being better than the rest became more important than relationships, because I had learned that humans could not be fully trusted, neither at school nor at home. Objects became much more dependable than people. Making friends was subordinated in favour of outperforming friends.

These early life experiences set the pattern for my fascination with stuff. In full flow, my relationship with shopping informed career choices made in my 20s, and a personal debt crisis in my 30s during which I lost most of what I had amassed. Ostentatious car, house and holiday purchases followed, and even a move to a different continent for material gain.

Academically and anthropologically, my lifelong fascination with shopping behaviour has led me to observe it while living and working in five countries on three continents over the last 27 years. I have previously researched conspicuous consumption in my master’s thesis at London University and it led me as far as a PhD proposal in 2013, investigating the link between status consumption and personality type.

1.2.2 Professional motivation

Beyond my desire for personal healing, I have two main professional motivations to pursue this study. Firstly, my literature review revealed a paucity of existential theoretical perspectives on shopping

addiction and of existentially informed psychotherapeutic approaches to working with the phenomenon. Of course, I cannot at the outset assume that existential therapy is the answer to excessive shopping (there may be a good reason for the scarcity of research); however, I am sufficiently inspired to explore whether an existential-phenomenological approach to working psychotherapeutically with shopping addiction could offer something useful and innovative to the field.

Second, through previous research (Kettleborough, 2011), experience in clinical placement, and coaching hundreds of corporate leaders over the past 20 years, I notice that people are increasingly struggling to find meaning in their lives in a consumption-based, advertising-led economic system that pledges to plug a void of meaning with product (Du Plock, 2000; Horne, 2000; Rittenhouse, 2013; Vos, 2020). In such contexts, I have watched humans grapple with problematic shopping behaviour and become fascinated by how therapists formulate approaches to working with shopping addiction against the backdrop of limited theory or research.

For these personal and professional reasons, I chose to investigate how therapists describe working with shopping addiction with the hope of supporting both therapists and clients to navigate more effectively the challenges of today's consumerist world.

1.3 Research aims and question

The objective of this study was to find out how therapists currently describe their work with clients with shopping addiction and to gather their subjective perspectives on how they work, why they say they work in this way, and the outcomes that they report. My aim was to map the social process that is, according to participants, involved in working psychotherapeutically with clients with shopping addiction. I aimed to cast a critical eye over how participants construct their ideas – without necessarily taking their perspectives as ‘the truth’ – to build a middle-range theory that could be useful to therapists working with this phenomenon. A middle-range theory is defined by Charmaz (2006) as an abstract rendering of social phenomena grounded in data.

I used constructivist grounded theory as the research method and, in line with Charmaz (2008), I developed my research questions using sub-questions which address the ‘why’, the ‘how’ and the ‘what’ of the problem under investigation. As a result, I arrived at the following research question:

How do therapists describe their work with clients with shopping addiction, why do they say they work in this way and what are the outcomes they report?

1.4 Clinical relevance and impact

My aim was to gather insights from the reported experiences of existential therapists that could move towards building a theory that informs therapists' work with clients with shopping addiction. The

primary audience for this study is therapists; perhaps mostly practitioners who identify with an existential perspective, although those who work with other modalities may also find this study relevant.

1.5 Outline of chapters

Following this introduction, Chapter 2 presents a systematic, critical review of the literature I believe is most relevant to this study. I then dedicate Chapter 3 to reflexivity, as I believe it to be a vital component of any research study, particularly one of a qualitative nature.

Chapter 4 explores the methodological considerations for this study, including research paradigm, method options, the research process and data collection and analysis. I then outline the main findings in Chapter 5, before discussing the data in Chapter 6. Chapter 7 contains my grounded theories and the implications thereof. Chapter 8 offers a critical evaluation of this study, before I present my concluding insights in Chapter 9.

2. Literature review

2.1 Introduction

2.1.1 *An iterative process*

I have undertaken five iterations of this literature review. First, I reviewed my previous knowledge of the subject, stemming from both my curiosity about shopping addiction throughout my adult life and my master's research project investigating conspicuous consumption across race and class in South Africa (Kettleborough, 2011). For the second iteration, I used feedback from my PAP viva and my research supervision to broaden my knowledge of the relevant literature, particularly the existential perspective on addiction and aspects of addiction and shopping in the therapeutic space.

The third iteration followed the pilot study, which uncovered new themes that I checked against relevant literature. Fourth, during and following data collection and analysis, I returned to the literature for two main reasons. The first reason was that my data had produced new insights which represent additional lines of investigation, so I sought to ascertain how and where such insights were located in the relevant literature. The second reason was that revisiting the literature after data collection enabled me to reflect on my understanding of the field of study both before and after the experience of swimming in the data. I found this a potent way of making sense of both the literature and the data.

Finally, at the end of writing up this study, I made a fifth check of the literature for any new texts published since my fourth review. Charmaz (2006) notes that this iterative approach is appropriate for a study using constructivist grounded theory, where themes emerge from the data and the literature is revisited based on the emerging themes. I found this approach to be supportive of co-constructing with my participants a representation of the social process involved in therapy with clients with shopping addiction, holding the interplay between the emerging data and the existing literature.

2.1.2 *Search criteria*

For this review, I used the online search resources of Middlesex University Library via the 'Library Search' function, the British Library main catalogue, Academia, ResearchGate, EBSCOhost and Google Scholar. I entered many key words/terms individually and in combination, including addiction, shopping, consumerism, existential, psychotherapy, existentialism, compulsive, buying, affluenza, oniomania.

The volume of general addiction literature is vast; just one search on the Middlesex Library database for 'addiction' returned 456,728 results. The term 'shopping addiction' also yielded a wide range of literature across 15,297 entries. A search for 'compulsive buying' (with the term 'compulsive shopping'

included) yielded 6,713 results. Expanding the search with forward and backward citation searching produced further relevant literature. When the search criteria were narrowed to ‘existential addiction’ there was less literature available, and even fewer sources when considering ‘existential psychotherapy and addiction’. A search for ‘existential shopping addiction’ (with the term existential compulsive shopping’ included) yielded only 334 results.

As part of my literature review protocol, inclusion and exclusion criteria were established and are outlined in the table below.

Table 1: Inclusion and exclusion criteria for the literature review

Include		Exclude
General addiction theory	Historical studies	Marketing based studies
	Psychoanalytic studies	Advertising based studies
	Cognitive-behavioural studies	Quantitative pharmacological and psychiatric studies
	Existential studies	Popular literature on shopping addiction
Psychotherapeutic practice in the field of general addiction	Historical studies	Non-English studies (no translation)
	Psychoanalytic studies	
	Cognitive-behavioural studies	
	Existential studies	
Shopping addiction theory	Historical studies	
	Psychoanalytic studies	
	Cognitive-behavioural studies	
	Existential studies	
Psychotherapeutic practice in the field of shopping addiction	Historical studies	
	Psychoanalytic studies	
	Cognitive-behavioural studies	
	Existential studies	

2.1.3 The structure of this literature review

This review is structured to address the main components of my research question, which are (i) **how** do therapists describe ways of working with clients with shopping addiction, (ii) **why** do they say they work in these ways, and (iii) **what** are the outcomes they report?

At its core, this study sets out to describe how practitioners describe how existential psychotherapy interacts with shopping addiction. There are therefore three main components to this literature review, which are psychotherapy, addiction, and shopping addiction.

I will first examine the key literature that provides insights into what psychotherapy is, with particular focus on the existential modality, its phenomenological roots, its theoretical orientation and what it looks like in practice. I will then review the literature in the field of addiction relevant to this study. I focus first on the field of general addiction because shopping addiction arguably exists as a sub-field within the broader category and, as such, a consideration of addiction theory and practice supports an exploration of the niche field of shopping addiction. I will draw on works from across historical, medical, psychoanalytic, and existential-phenomenological fields, examining theory and practice from within these modalities. I will then move into a discussion about shopping addiction, providing definitions of the phenomenon, and showcasing literature that, once again, speaks to both theory and psychotherapeutic practice, considering the phenomenon from historical, psychoanalytic, and existential perspectives.

In the sections on addiction and shopping addiction, I will use the terminology ‘non-existential approaches’ and ‘existential perspectives’. This is not to suggest that such a concrete binary exists; I understand that there may be existential elements in psychoanalytic approaches and vice versa. I do, however, feel a need to differentiate the theory and practice of the existential school from other modalities, and so I have decided to make the distinction clear in this way.

2.2 Perspectives on psychotherapy

2.2.1 Introduction

It is beyond the scope of this study to provide a comprehensive review of all literature relating to psychotherapy. What follows in this section therefore is a brief overview of the main psychotherapeutic modalities to provide broad context for the overall field of study, followed by a more detailed exploration of existential psychotherapy and the phenomenological approach that sits at its core (Van Deurzen, 2015).

2.2.2 Principal modalities

According to Kazdin (2000), psychotherapy can be categorised into five main modalities as follows.

- 1. Psychoanalysis and psychodynamic therapies:** Focuses on unconscious meaning and motivation as a way of addressing behavioural, cognitive and affective problems. Often characterised by a close working partnership between therapist and patient, in which patients learn about themselves by noticing what happens in the therapeutic dyad. Original psychodynamic theory was conceived by

Freud in his psychoanalysis, with ensuing psychodynamic variants proposed by Carl Jung, Melanie Klein, Alfred Adler, Anna Freud and Erik Erikson.

2. **Behaviour therapy:** Focuses on the role of learning in how normal and abnormal behaviours develop and how we develop responses to certain stimuli. One variation is cognitive-behavioural therapy, which focuses on both thoughts and behaviours. The main theorists were Ivan Pavlov, Edward Thorndike, John Watson and Burrhus Skinner.
3. **Cognitive therapy:** Emphasises what people think (thoughts) as opposed to what they do (behaviours), positing that dysfunctional thinking leads to dysfunctional emotions and/or behaviours. This modality believes that clients can change how they feel and what they do by changing their thoughts. The main protagonists were Albert Ellis and Aaron Beck.
4. **Humanistic therapy:** Emphasises the human capacity to make rational choices and develop to their full potential. Respect and concern for other people are central considerations. There are three main types of humanistic therapy as follows:
 - a. **Client-centred therapy:** (also known as person-centred, Rogerian) rejects the idea of therapists as authorities on their clients' inner experiences. Instead, therapists help clients change by emphasizing their concern, care and interest. The main theorist was Carl Rogers.
 - b. **Gestalt therapy:** emphasizes what it calls “organismic holism”, the importance of being aware of the here and now and accepting responsibility for yourself. The principal exponents of Gestalt therapy were Fritz and Laura Perls and Paul Goodman.
 - c. **Existential therapy:** focuses on free will, self-determination and the search for meaning. See below for more detail.
5. **Integrative or holistic therapy:** Many therapists don't tie themselves to any one approach. Instead, they blend elements from different approaches and tailor their treatment according to each client's needs (adapted from Kazdin, 2000).

2.2.3 The theoretical backdrop to existential therapy

In this section, I will provide a brief overview of the theoretical underpinnings of existential therapy, including a definition, its historical roots, the main philosophers informing this approach and an exploration of phenomenology. I will then examine the practice of existential-phenomenological therapy itself.

Defining existential therapy

According to Van Deurzen et al. (2019), an exhaustive two-year consultation process took place in 2014 and 2015 across a global body of existential philosophers and practitioners in a quest to arrive at a definition of existential therapy. What emerged was a seven-paragraph statement detailing the

difficulties in defining it, the richness of philosophical and theoretical inputs into it and the range of ways it can look in practice. Van Deurzen et al. (2019) summarises this in an overall statement on the purpose of existential therapy, which is “to allow clients to explore their lived experience honestly, openly and comprehensively” (Van Deurzen et al., 2019, p. 3).

It is not always solution-focused, in fact some therapists stand deliberately against solutionising client challenges, instead preferring to see such problems in living as inevitable aspects of the human condition. There are no set frameworks or techniques, and the main therapeutic aim is to help clients to embrace their freedom and to take responsibility for making different choices...or not, in which case clients are supported to learn to live with their chosen way of being in the world (Van Deurzen et al., 2019).

Historical roots

The original roots of existential therapy can be found in the healing and philosophy traditions of ancient Greece and Rome, as well as from Persia, India, China, and Japan, residing in the works of Socrates, Plato, Aristotle, Epicurus to the West and those of Buddha, Confucius, and Zoroaster to the East (Van Deurzen et al., 2019). This ancient wisdom fell out of sight and remained dormant for centuries, until the re-emergence of existential philosophy as a guide for living in the nineteenth century. The main protagonists in this period were arguably Søren Kierkegaard (1813–1855) and Friedrich Nietzsche (1844–1900). Kierkegaard is generally considered to be the father of existentialism and is particularly known for his philosophical works on subjectivity, choice, responsibility, and on the role of anxiety and its value in becoming self-reflective. Pertinent to this study is his call to action around becoming true to oneself in *Concluding Unscientific Postscript* (Kierkegaard, 1846) when he says

What is called the secular mentality consists simply of such men who, so to speak, mortgage themselves to the world. They use their capacities, amass money, carry on secular enterprises, calculate shrewdly etc., but [...]. They have no self, no self for whose sake they could venture everything, no self before God – however self-seeking they are otherwise (Kierkegaard, 1846, p. 35).

According to Van Deurzen et al. (2019), Nietzsche was most interested in fate, power, individuality, morality and will and is often seen as the initiator of nihilism and, interestingly, “the healer of the psychoses of capitalism” (Van Deurzen, 2010, p. 22). Indeed, as pointed out by Kilivris (2011), despite his reputation as a bourgeois ideologue, Nietzsche can be viewed as highly critical of the burgeoning capitalist ideology of his time, as revealed in *Thus Spoke Zarathustra* when he comments:

All great things occur away from glory and the marketplace: the inventors of new values have always lived away from glory and the marketplace (Nietzsche, 1883/1961, p. 79).

If Kierkegaard and Nietzsche were the rejuvenators of existential thought in the nineteenth century, then their works informed and inspired twentieth century proponents of existentialism such as Martin Heidegger, Albert Camus, Jean-Paul Sartre, Karl Jaspers, Martin Buber, and Paul Tillich. Scope does not allow for an exploration of these scholars; however specific parts of their works will be cited throughout this study.

Practitioners

In any review of the founding fathers and philosophers of existential therapy, we must also mention the practitioners, as many have made significant contributions to the modality and indeed some continue to practice today. Correia et al. (2014) conducted an international survey of existential practitioners on the most influential writers on existential therapy and, as it happens, many of the writers are themselves also therapists. Responses were received from practitioners in 48 different countries, with 1,085 practitioners identifying the authors that had most influenced their practice, and 853 identifying the most influential texts.

The most influential writers are (with percentage of votes received in brackets); Viktor Frankl (16.6%), Irving Yalom (15.5%), Ernesto Spinelli (10.6%), Emmy van Deurzen (10.0%), Alfried Längle (8.7%), and Rollo May (5.9%). The top four authors also wrote the six most significant texts: *Man's Search for Meaning* (Frankl, 9.4%), *Existential Psychotherapy* (Yalom, 9.2%), *Practising Existential Psychotherapy* (Spinelli, 3.5%), *The Doctor and the Soul* (Frankl, 3.5%), *Everyday Mysteries* (Van Deurzen, 3.4%), and *Existential Counselling & Psychotherapy in Practice* (Van Deurzen, 3.2%). It is important to honour these ground-breaking authors here and to mention their contributions to the field.

Phenomenology

Van Deurzen et al. (2019) suggest that phenomenology is a particular approach to understanding and to creating knowledge which is based on describing the phenomena we meet in everyday life. It is also the basis for existential-phenomenological psychotherapy and as such, is worthy of some consideration here.

Derived from the Greek words *phainómenon* ('that which appears') and *logos* ('word' or 'study') phenomenology is therefore the study of 'that which appears' and only that which appears, i.e., to the exclusion of any unexamined preconceptions, assumptions, prior knowledge, beliefs, biases, or frameworks that may come from elsewhere. In other words, phenomenology compels us to examine how we make meaning, taking care to derive truth only from that which is in front of us.

This is, of course, troubling for scientists and other rational thinkers, who may believe that knowledge can, and should, shape our experience of a phenomenon and 'the truth'. Spinelli (2005) supports this idea when he posits thus:

True reality is, and will forever remain, both unknown and unknowable to us. Instead, that which we term reality, that is, that which is experienced by us as being real, is inextricably linked to our mental processes in general, and, in particular, to our in-built, innate human species capacity to construct meaning (Spinelli, 2005, p. 18).

According to Zahavi (2003), Edmund Husserl (1859–1938) was the pioneer of phenomenology, although Van Deurzen et al. (2019) suggest that the philosopher Franz Brentano (1838–1917) was in fact the original founding father and acted as a source of inspiration to Husserl, who embraced and advanced Brentano’s ideas.

Husserl (1913/1931) was particularly passionate about the concept of intentionality; the way we make meaning out of our connections to the world and then extrapolate those ‘noema’, or blocks of meaning, to other phenomena in the world (Van Deurzen, 2010). Husserl (1913/1931) advocated bringing awareness to how we confer meaning in this indiscriminate way without noticing it, as this takes us away from a direct, unmediated experience of who or what is actually in front of us. We take for reality that which has been constructed from old patterns of meaning making formed elsewhere and this doesn’t help us to know the world.

Van Deurzen (2010) describes what this looks like in practice when we ‘do phenomenology’, suggesting that there are five main rules to follow, as outlined also by Giorgi (1970).

- Suspend assumptions, prejudices, and preconceptions (the act of Epoché)
- Describe an experience or phenomenon (again and again) rather than try to explain it
- Equalise all aspects of the phenomenon; do not ascribe importance to one or another part of it (the act of Equalisation)
- Set the phenomenon in its proper context (Horizontalisation)
- Verify that any conclusions or observations I have relate to what is actually the case.

Kemp (2018) considers how this applies to existential psychotherapy by noting that although Husserl was the first systemiser of phenomenology, it was Martin Heidegger who moved it beyond the transcendental and into the realm of existential phenomenology. This approach “grounds the phenomenon in the lived context of the experiencing subject” (Kemp, 2018, p. 9) and is named *Dasein* by Heidegger (1927/1998).

Dasein literally means ‘being-there’ and can be described as the existence, or being-in-the-world, as it is experienced by a person. Heidegger believed that a person is always in the world and in relationship with a context and with other people. It is therefore “an ordinary everyday phenomenon” (Van Deurzen,

2010, p. 54). These rules and principles of phenomenology inform the practice of existential phenomenological therapy, the topic to which I now turn.

2.2.4 *The practice of existential therapy*

According to Van Deurzen et al. (2019), there are various schools of existential therapy which include:

- ***Daseinsanalysis***: developed by Ludwig Binswanger and Medard Boss, it is a blend of Freudian psychoanalysis and Heidegger's fundamental ontology.
- ***Existential-humanistic/existential-integrative***: Conceived in the US by Rollo May, who was originally a minister and mentored by Paul Tillich, and serves as the modality of choice of Irving Yalom and Kirk J. Schneider. Existential-humanistic blends some aspects of psychoanalysis (e.g., the notion of defending against unconscious anxiety) with existential concepts such as the givens of life
- ***Logotherapy***: Viktor Frankl's existential psychotherapeutic approach to assisting clients to find meaning. According to Frankl (1946/1992), its methods are less retrospective and introspective than, for example, psychoanalysis and is more focused on the future possibilities for clients and the potential they could fulfil.
- ***Existential-phenomenological therapy***: *See next section*

Existential-phenomenological therapy (EPT)

EPT can be seen as Britain's rendering of existential therapy, with R.D. Laing cited as one of the central figures in the emergence of a British school in the 1960s. Interestingly, as well as a radical approach to working with people diagnosed with schizophrenia through attempting to understand the phenomena from the patient's perspective (Laing, 1960), Laing was known to reject the notion of techniques and frameworks for therapy. It is therefore somewhat paradoxical to speak of Laing as a forerunner of EPT when there is no fixed understanding of Laingian therapy *per se*. What can be said is that Laing's directness, acute listening skills, and unstructured way of engaging with clients (Van Deurzen et al., 2019) formed the bedrock of EPT, traits which were taken on by other exponents including Emmy van Deurzen and Ernesto Spinelli, although in perhaps very different ways, as I will describe below.

To illustrate this point further, if we consider the EPT school as operating across a polarity which we might call 'hard/soft' (Cooper, 2017) or 'directive/exploratory' ways of engaging, then Van Deurzen (2010, 2015, 2019) can arguably be found operating at the harder, more directive pole. For example. Van Deurzen (1997) says that the existential-phenomenological approach should help clients to 'wake up from self-deception or alienation' and her way of engaging with clients is to meet them and their challenges head-on. Indeed, to illustrate this further and pertaining to the subject of this study, she comments:

So in spite of today's nihilistic tendencies, the task of learning how to live our lives well has never been more important, more pressing. If we have a choice between buying into a consumerist myth of the positive life as portrayed by the idols of hedonism, or the harsh but real explorations of life as it actually is and works, few people opt for the former. Most of us simply do not realize what we are choosing until it is too late and something goes badly wrong. We do not notice that we have given away our freedom and have become alienated from ourselves. What gets lost is the idea that it is actually possible to work out how to live well without great achievements or loads of money (Van Deurzen, 2015, p. 21).

Spinelli (1994, 2005, 2006), on the other hand, can be seen as advocating more of an exploratory, descriptive therapeutic engagement model. The therapist is non-directive and unknowing with clients and seeks to bracket off all pre-existing assumptions and beliefs about the phenomenon under discussion.

Indeed, this discussion about a polarity in the British existential-phenomenological therapy school invites a brief engagement with the literature that outlines other polarities in EPT. Cooper (2003) suggests several 'dimensions' of EPT, which may also be seen as polarities which aim to hold the rich variety of approaches and diversity of practitioners.

- **Knowing – Unknowing:** Does the therapist come with assumptions or free of them?
- **Directive – Non-directive:** Does the therapist or client take charge?
- **Explanatory – Descriptive:** Does the therapist help the client to 'unpack' experiences or point them out?
- **Pathologising – De-pathologising:** Does the therapist use fixed diagnoses or fluid description of the client's behaviour?
- **Techniques – No techniques:** Does the therapist use models and frameworks or reject them?
- **Immediacy – Non-immediacy:** Is the 'here-and-now' relationship between client and therapist explored as a proxy for other relationships in the world?
- **Psychological – Philosophical:** Is the focus of the work on healing or wisdom? (Van Deurzen et al., 2019).
- **Individualising – Universalising:** Are the client's problems specific to them or wider, human issues?
- **Subjective – Inter-worldly:** Does the therapist focus on the client's inner world or their relationship to the outer world?

These dimensions illustrate just how diverse the forms of existential therapy are and are worthy of consideration in the context of this study, given that the participants are mostly practitioners in this therapeutic tradition. I would also suggest that where a therapist sits in relation to the various dimensions will shape the nature of the therapy, the client experience, and its outcomes. Again, this will be important to bear in mind when considering the findings and analysis.

When considering EPT from a structural perspective, Spinelli (2007) speaks of three distinct phases. Phase One involves the co-creation of the ‘therapy world’ through establishing boundaries, a frame, and the relational and transactional conditions of the contract. This clearly establishes the parameters of therapy. Phase Two focuses on an examination of the client’s worldview as it interacts with the therapy world, exploring how a client’s disposition in the world shapes how they show up in therapy. Phase Three puts Phases One and Two into practice, seeking to establish a new worldview that makes change possible.

Finally, and arguably in contrast to some other modalities, an existential-phenomenological approach is first and foremost a relational pursuit, as Cohn (1997) reminds us:

An existential-phenomenological approach defines existence as relational. We are always in the world with others. The relational field is beset with pitfalls and clouded with anxiety: the temptation to escape into apartness and isolation is great. We can either deny relatedness altogether, or we can see it as a prison from which we can only escape into distraction and addiction. Relational difficulties of various kinds reflect this conflict with an unavoidable aspect of Being (Cohn, 1997, p. 126).

2.2.5 Summary

In this section, I have explored the main psychotherapeutic modalities with a strong onus on existential-phenomenological therapy (EPT). The purpose of this section was to show how EPT has developed and is conducted, the principal philosophers and practitioners behind it, and the key elements of a phenomenological approach. This is important because this is a study on ways of working in existential therapy with shopping addiction. Gaining a clear understanding of the nature of the psychotherapeutic modality at the core of this research is therefore essential to enable robust data gathering and analysis.

2.3 Perspectives on addiction

2.3.1 Introduction

This section will first explore definitions of addiction and provide a brief outline of the historical development of addiction and its etiology. I will then outline ‘non-existential’ approaches to addiction, principally medical and psychoanalytic, describing these from both a theoretical and a practical viewpoint. Finally, I will focus in more detail on the theory and practice of the existential perspective on addiction.

2.3.2 The context for addiction

Definitions

Medical definitions

The American Society of Addiction Medicine (ASAM) defines addiction as follows:

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences (ASAM, 2020).

Smith (2012) offers us an alternative medical definition:

Addiction is a primary, chronic disease involving brain reward, motivation, memory and related circuitry; it can lead to relapse, progressive development, and the potential for fatality if not treated. While pathological use of alcohol and, more recently, psychoactive substances have been accepted as addictive diseases, developing brain science has set the stage for inclusion of the process addictions, including food, sex, shopping and gambling problems (Smith, 2012, p. 1).

Notably, both definitions lead with the brain; however, it is also important to notice the ASAM’s reference to “the environment” and “life’s experiences”, suggesting that for the medical community, there is a contextual element to addiction.

Existential definitions

Finding existential definitions of addiction is challenging because, as discussed above, practitioners and theorists alike orientate themselves away from concrete labels and towards working with the phenomenon at hand. Thus, definitions in the existential realm are regularly descriptive as opposed to explanatory (Westin, 2020), focused on the human and not necessarily the substance or behaviour, emphasising the role of personal choice and responsibility, and related to the struggles of being human.

Kemp (2018) suggests that existential phenomenological theorists who comment on addiction fall broadly into two categories: practitioners who use existential philosophy and psychology to work with addiction psychotherapeutically, and researchers who use qualitative existential-phenomenological methods to explore the lived experience of addiction to understand it more fully. Kemp (2018) argues that whilst the practitioner group may suggest practical interventions by way of addiction ‘treatment’, they have not necessarily advanced the debate on what addiction actually is. According to Kemp (2018), this group includes Du Plock (2000, 2009); Du Plock and Fisher (2005), Lander and Nahon (2005), Wurm (1997) and Smith-Pickard (2004).

In terms of where I place myself and this thesis in the context of Kemp’s (2018) two categories, I suggest that my objective, in life and in this thesis, as both a researcher and a practitioner, is to investigate and to integrate the practical and the theoretical perspectives. That is, to garner insights from practitioners who use existential ideas to work with shopping addiction, as well as to explore the lived experience of shopping addiction from a theoretical viewpoint.

When searching for a definition amongst this practitioner group, Kemp’s comments arguably stand up to scrutiny. For example, Du Plock and Fisher (2005) suggest that “the ‘addict’ is one who self-medicates in a compulsive fashion” (2005, p. 70). This statement is as close as Du Plock and Fisher (2005) come to defining addiction in their chapter, reinforcing Kemp’s assertion that existential practitioners have not necessarily made progress on defining addiction.

Schalow (2017), after having noted the difficulty of identifying the point at which a behaviour trips over the boundary of everyday usage into addiction, suggests a working definition of addiction thus:

It is neither (1) the behavior alone which constitutes the addiction nor (2) the dependence upon a substance, as manifested in the symptoms which arise from abruptly refraining from its use, e.g., “withdrawal.” Rather, it is the wholesale destructive character of the habit, particularly upon oneself but indirectly upon others as well, which distinguishes addiction (Schalow, 2017, p. 150).

This definition is robust because it focuses on the ‘habit’, the recurring and destructive outcome from when a human meets a substance. This definition also locates the addiction neutrally in the space between human and the world, as opposed to focusing the blame squarely on the individual. It does, however, single out substances and does not mention processes or behaviours. My aim around a conceptualisation of addiction is therefore broader than Schalow (2017) is offering here.

Medard Boss offers a succinct yet potent definition of addiction, which acknowledges both the multiplicity of forms in which it can show up and the futility of it as a strategy for finding freedom.

Addiction, whatever its form, has always been a desperate search, on a false and hopeless path, for the fulfilment of human freedom (Boss, 1983, p. 283).

This description from Boss (1983) encompasses so many existential facets of addiction without pathologizing the individual. It is generalisable to substances and/or processes through the reference to “whatever its form” and draws together the intertwined existential challenges of search, hope, inauthenticity (falseness) and freedom. Whilst it is in some ways as unspecific as that of Du Plock and Fisher (2005), it captures the complexity and multifaceted nature of addiction. Indeed, it is the very nature of its complexity that makes addiction so hard to define. Reviewing the literature reveals diverse perspectives on causes, conditions and experiences relating to theoretical and lived experiences of addiction. It is challenging to generalise, and a single definition is hard to consolidate (Batho, 2017). Furthermore, there is an antinomy in the definitional work on addiction that *either* seems to characterise the addict as powerless and deprived from responsibility to stop, *or* able to exert power sufficient for stopping the addiction. In other words, definitions seem to corral themselves around this binary of addict as ‘passive sufferer of addiction’ or ‘active maintainer of addiction’.

Schalow’s definition skilfully addresses this antinomy and resists the temptation for an either/or binary position. In addition, the Boss (1983) definition captures core existential aspects of addiction. For this study, I used a combination of the definitions of Boss (1983) and Schalow (2017) and would therefore articulate my hybrid existential definition of shopping addiction as follows:

Addiction describes the complex interplay between behaviour and dependence centred on one or more substances and/or behaviours. Addiction in any form is a futile search for freedom which can never be attained, often manifesting as a destructive force in people’s lives.

From definitions, I now turn to exploring some of the germane historical, etiological, medical, and psychological perspectives on addiction.

Historical perspectives on addiction

From a historical perspective, addiction to psychoactive substances can be traced back to the earliest of human records (Crocq, 2007). The term ‘addiction’ has reportedly been used since the twelfth century (Du Plock and Fisher, 2005); however, the first academic paper published on the subject was *Medical Inquiries and Observations upon the Diseases of the Mind* (Rush, 1812). Rush was a former surgeon general in the Continental Army during the American Revolution and was arguably the first physician to recognise addiction as a progressive disease that required treatment. In 1934, addiction was classified by the American Psychiatric Association (APA) as a mental illness. Only a year later, William Wilson and Robert Smith met in Akron, Ohio and formed Alcoholics Anonymous (AA). From this point onwards, perspectives on addiction grew across spiritual, medical, professional self-help and socio-cultural realms (Du Plock and Fisher, 2005).

The approach most central to AA's addiction treatment philosophy is the so-called 'twelve steps' programme. This conceptualisation considers addiction to be a 'disease', not in a medical sense but more a disease of spiritual deficiency. As such, twelve-step programmes advocate a spiritual solution to a spiritual problem, manifesting to a great extent as group work focused on identity, life narrative, the importance of community, interpersonal connection (e.g., working with a sponsor) and the power of prayer and meditation (Kemp, 2018). Vaillant (2005) suggests that AA's twelve-step approach has four broad elements, namely external supervision, substitute dependency, new nurturing relationships and greater spirituality.

Given its historical and social presence in the corridors of our bygone years, the literature on addiction is unsurprisingly vast and spans a variety of disciplines and worldviews including medical (psychiatry, neuroscience), psychoanalysis, cognitive-behavioural, sociocultural, popular, political, and existential. Again, whilst it is beyond the scope of this study to complete a comprehensive review of all literature on addiction, it is important to have a sense of how the subject has evolved through time and modalities to bring us to the relationship we have with addiction today, something to which I now turn.

The etiology of addiction

It is worth considering literature on the causes of addiction, as this may be helpful when evaluating approaches to working with shopping addiction in general, as well as the ways in which the participants involved in this study said that they worked with addiction.

A medical perspective on etiology

Smith (2015) outlines the position of the US National Institute on Drug Abuse (2010), which suggests the following basic explanation for how humans become addicted to substances or behaviours.

- **To feel good:** Substances and processes can produce feelings of pleasure, excitement, euphoria, power, self-confidence and greater energy and exhilarating risk.
- **To feel better:** Life is stressful, and substances and behaviours can offer stress-reducing benefits that become more and more central to living life.
- **To do better:** Drugs (e.g., steroids) and activities (e.g., exercise) can be used as performance enhancers.
- **To satisfy curiosity:** People are enticed by the excitement of the unknown experience that pricks curiosity, just to know what it is like to feel the effects of a drug or experience.

Smith (2015) suggests four additional factors that may be instrumental in leading a person to an addicted state. These include genetic factors, micro variations in genetic make-up that could increase a person's vulnerability to addiction (according to Goldstein and Volkow, 2011, 50% of addiction is linked to

genetics); addiction from brain structure and function; environmental factors including social groups, family, socioeconomic status, and cultural norms; and individual development factors such as impulsivity, social exclusion, stress and non-conformity (Smith, 2015).

An existential view on etiology

In terms of presenting an existential perspective on the causes of addiction, it is challenging to find the words ‘existential’ and ‘etiology’ anywhere together in the same sentence, perhaps because etiology is a medical term imbued with motifs of rationality and inferring a cause-and-effect relationship that existentialists may struggle to align with. Nevertheless, there are some clues in the literature as to what existentialists feel may lead to the problematic and repetitive use of substances and/or processes.

One of the first significant existential publications on addiction is *The Addictive Personality* (Van Kaam, 1965). In this work, the author suggests that addiction stems from a withdrawal from daily life due to an imbalance between the two primary modes of existence, labour and play. At work, we are goal-directed, and outcome focused. In play, we break from daily duty and become playful and festive. Van Kaam (1965) suggests that for society and for individuals to feel fulfilled, both modes need to find expression. However, for the addicted person, the fear is that such balance and fulfilment will never be found in the future, which brings about a sense of meaninglessness and a desire to stay rooted in an “eternal present” (Van Kaam, 1965, p. 190) where “time stands still” (Van Kaam, 1965, p. 184). This is where addiction to substances and/or behaviours can be useful; they distract us from this meaninglessness and fear and ensure that we do not need to step up and engage with life, neither in work nor in play. We can thus withdraw from the world. Addiction, then, becomes an ongoing attempt to “keep this satiated, alienated state going” (Kemp, 2018, p. 29).

The existential perspective on addiction developed further from the increasingly materialistic societal context of the 1970s and 1980s. Stack and Farber (1978) explore addiction as an existential phenomenon which is derived from a contemporary culture of materialism, manufactured needs, and the pursuit of happiness, all of which leave us empty and miserable. Addiction thus offers us the “chance to will away the unhappiness that comes from willing ourselves to be happy” (Stack and Farber, 1978, p. 111).

Boss (1975) further reinforces this systemic view, suggesting a close relationship between a developed, materialistic society and growth in addiction.

Because human Da-sein is innately disposed to an extremely broad experience, it is more likely that the masses of industrial workers will react to the attempt to repress their unique natures by showing severely pathological behaviour apt to cripple even the largest industrial giants. This pathological response to deprivation is taking shape as mass criminality and mass addiction, and on a scale that challenges the immense resources of the state itself (Boss, 1975. p. 282).

This perspective is critical to my research; that an increasingly materialist society should find itself devoid of freedom and struggling to engage meaningfully with the world. Boss (1975) is arguably alluding to a spiritual deficit, an existential void which addiction strives to fill, mostly unsuccessfully.

In the realm of the human quest for meaning, Viktor Frankl first noticed the link between low levels of perceived meaning in life and the possibility of turning to addictions as a coping mechanism among drug users in Germany during the 1930s (Frankl, 1946). More recently, Nicholson and colleagues found drug abusers had significantly lower levels of meaning in life when compared to a group of matched, non-abusing control subjects (Nicholson et al., 1994). Shedler and Block (1990) also performed a longitudinal study and found that lower levels of perceived life meaning among young children preceded substance abuse patterns in adolescence.

The difference between the medical view on addiction etiology and the existential is clear, with the latter suggesting a more complex, multi-layered (systemic and societal) dynamic at its core. The medical view locates the addiction problem inside the individual – addiction takes hold because of the deficiencies, wants, or needs of the human. The existential perspective suggests that addiction comes from an intricate interplay between individual, society, environment, time and meaning. This is, I suggest, more aligned with the complexity and antinomy of addiction discussed earlier.

It is important to consider how these different perspectives on etiology could lead psychotherapists to formulate their ways of working with addiction. For example, if the cause of addiction is viewed as being located largely in the individual, then only the individual will be the focus for the therapy. A broader, more systemic view of how addiction forms would arguably bring forth more appropriately multifaceted, contextual ways of working with the phenomenon. This mirrors the challenges raised earlier around definitions of addiction.

Behavioural vs substance addiction

Only recently did the concept of behavioural addiction (as opposed to substance addiction) appear on the radar of the two globally recognised medical diagnostic manuals of mental disorders, featuring in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association [APA], 2013) and the eleventh revision of the International Classification of Diseases (ICD) (World Health Organisation [WHO], 2019). This inclusion of non-substance related addiction signified a departure from the historical belief that addiction existed primarily in the realm of drugs and chemical substances, for example cocaine, alcohol, and tobacco, to include behavioural addictions such as gaming, pornography, sex, and social media (Alavi et al., 2012).

Interestingly, the DSM-V has included gambling in the chapter on substance-related and addictive disorders; however, other behavioural addictions, including compulsive buying disorder, were not deemed to have sufficient research behind them to merit inclusion (Alavi et al., 2012; APA, 2013). As

far as the ICD-11 is concerned, the WHO has decided to include certain behavioural addictions in the category of ‘impulse control disorders’ as opposed to substance addictions. As in the DSM-V, gambling addiction is included in this category, as is compulsive sexual behaviour; however, other non-substance addictions such as internet usage and compulsive buying were considered but excluded, again due to a perceived lack of compelling research data (Alavi et al., 2012; WHO, 2019).

Historically, substance addictions have been given more attention than behavioural (Smith, 2015). However, the recent growth in literature concerning the similarities and differences between behavioural addiction (often an activity) and substance addiction (drug and chemical) is noteworthy in the context of this research.

Smith defines a process addiction as “the high produced by a continued activity or behavior, not a drug” (Smith, 2015, p. 11). Nowlis et al. (1976) were amongst the first to suggest that addiction without drugs is a credible concept, positing that addiction is about being dependent on a particular set of experiences and that substances are only a subset of this wider issue. Holden (2001) highlights the growing acknowledgement amongst clinicians, therapists, and academics of behavioural addictions (e.g., the problematic use of internet, pornography, gambling, shopping, etc.). Indeed, an increasing number of researchers support the theory of Nowlis et al. (1976) that addiction does not necessarily rely on substances. For more on this, see Griffiths (1998, 2000); Widyanto and Griffiths (2006); Young (2004).

As a counterpoint to this view, studies such as Davis (2001), Alavi et al. (2012) and Alavi et al. (2011) argue that the *physical* signs of substance addiction are not present with behavioural addiction. Of greater importance, they suggest, are the psychological markers of behavioural addiction, which include depression, anxiety, and withdrawal (Alavi et al., 2012).

In weighing up the arguments, process addictions are capable of similarly significant negative impacts on human lives and therefore should debatably be approached with the same level of focus and respect. The fact that the physical signs of process addiction may not be as evident, which may lead to the behaviour remaining hidden and therefore less immediately addressable, arguably makes process addiction a dangerous phenomenon. I will return to this perspective later when I discuss aspects of shopping addiction, itself a process addiction.

2.3.3 Non-existential approaches to addiction

Medical and neuroscientific perspectives on addiction

Theory

Underneath the banner of ‘medical’ perspectives on addiction sit the two competing fields of addiction medicine and addiction psychiatry. Addiction medicine came into existence in 1954, founded by the

widow of an alcoholic, Ruth Fox, and the first woman to become free from alcohol due to Alcoholics Anonymous, Marty Mann (Freed, 2010). The field of addiction medicine and the American Society of Addiction Medicine (ASAM), which today has over 3,000 members, grew in part through the membership of doctors who were themselves recovering addicts, or self-proclaimed “addictionologists”.

According to Freed (2010), addiction psychiatry was founded in 1985 by a group of academic psychiatrists from the American Psychiatric Association (APA). Today, this group has grown to over 1,000 members and is known as the American Academy of Addiction Psychiatry (AAAP). The group’s ideological position on addiction is that it is a mental illness that addiction psychiatry could treat more effectively than addiction medicine because the latter’s treatment philosophy is in part derived from the personal experiences of physicians/members as addicts.

Leshner (1997) succeeded in repositioning addiction as a phenomenon that had solid roots in biology, brain chemistry, and neuroscience. As stated by Wise (2000), “brain mechanisms [had] ... become a major focus of addiction research and addiction research [had] become a major focus of modern neuroscience” (Wise, 2000, p. 27). Addiction, Leshner suggests, is a chronic disease triggered by the effect on the brain of excessive and sustained drug use. Leshner (1997) says that addiction seems to occur when “a metaphorical switch in the brain seems to be thrown ... initially, drug use is a voluntary behaviour, but when that switch is thrown, the individual moves into the state of addiction, characterized by compulsive drug seeking and use” (Leshner, 1997, p. 46).

According to Kemp (2018), neuroscience is the dominant scientific paradigm of our time and can be seen to inform the psychiatric perspective on addiction. The neuroscience of addiction is additionally subdivided into three principal areas: the chemistry of neurotransmitters, the “structural location of the effects of addiction processes” (Kemp, 2018, p. 15), and genetics. It is beyond the scope of this study to present the full literature on the neuroscience of addiction. Briefly, the chemistry of neuroscience posits that a select few neurotransmitters are both involved in establishing the effects of drugs and in contributing to the painful side effects of withdrawal. One of the neurotransmitters most associated with addiction is dopamine (Kemp, 2018). When the substance or behaviour is introduced, it creates a flood of dopamine, which increases the craving for the stimulating substance or behaviour. With continued use, more and more of the stimulant is required to achieve the same dopamine ‘high’, thus perpetuating the cycle of addiction. For more on the role of neurotransmitters in addiction, see Everitt and Robbins (2005); Volkow and Li (2004); Koob and La Moal (2001). Importantly, there is much more focus in the literature on the link between neurotransmitters and substance addiction (e.g., alcohol and drugs) than on behavioural addictions (e.g., shopping).

Practice

Neither the scope nor the ontological orientation of this study necessitates more than a passing mention of practical medical treatments for addiction. In terms of the limitations of such an approach, Pickard and Achmed (2019) suggest that any pharmacological treatment should run concurrently with behavioural interventions, for example group or individual therapy.

The most common medical addiction treatments are hospital-based and involve switching a harmful drug with a less harmful substitute to manage a client's withdrawal symptoms. For example, Methadone and Naltrexone are both used to manage addiction withdrawal and detoxification and the anti-attention deficit/hyperactivity disorder drug Ritalin has been used as a cocaine substitute, as Ritalin produces less dopamine and is thus considered to be an effective mechanism for cocaine withdrawal. The goals of pharmacological treatment are typically to reduce cravings, prevent relapse and the restoration of a more natural brain functioning (Smith, 2015).

Psychoanalytic perspectives on addiction

Theory

Kemp (2018) notes that there are several major schools of psychoanalytic thought that hold diverse views (on many topics, including addiction) and it is thus challenging to speak of the phenomenon as if the discipline has a unified identity. In terms of different branches of psychoanalysis, one can differentiate between Freudian, Lacanian, Object Relations and Self Psychology schools, amongst others.

Overall, the field of psychoanalysis is still rooted in the Freudian belief that the mind shapes conscious and unconscious decisions that are made based on psychological drives. Lacanian psychoanalysis differentiates its view of the unconscious from that of Freud, with Lacan (sometimes referred to as 'the French Freud') suggesting that the unconscious is not just a repository for repressed drives, it is structured by language, which in turn shapes human subjectivity. The British school of object relations contains the work of psychoanalysts such as Melanie Klein and Donald Winnicott and focuses on the infant's interactions with another person (object) from the beginning of life, which are seen as core to an infant's overall psychological development. In contrast to drive theory, self-psychology, pioneered by Heinz Kohut, suggests that psychological difficulties are caused by the fragility of the 'self', stemming from a lack of empathy and nurturing from early caregivers.

Regarding psychoanalytic theory around addiction, Abraham (1931), a collaborator of Freud, was arguably the first psychoanalyst to observe and note the regressive oral quality of addiction, particularly concerning alcohol, a theory that is still cited today. Simmel (1928), another Freudian, described addiction as a narcissistic-obsessional neurosis and remarked on the masochistic qualities of addiction

and the notion that the addict derives a form of pleasure from the addiction, including during the pain of withdrawal. Glover (1936) was a British psychoanalyst who was aligned to Freud's ideas and further developed these early theories and suggested three main defining factors that lead to addiction, namely (i) the partial fixation of the addict at oral or anal developmental stages; (ii) the propensity to regress to a narcissistic ego state that triggers early oral mechanisms; and (iii) a disordered superego that led to a greater use of projection as a defence.

Winnicott (1953) outlines how a child's developmental process of separating from the mother is enabled by connecting with transitional objects which are partly real and partly fantasy. In 'normal' development, the child eventually gives up the object and can move into the world separate from both mother and object. If, however, the developmental process is arrested and the transitional object becomes more of a fetish, then it cannot be given up. Winnicott suggested that drugs can take on a similar role, providing a heady *mélange* of part-reality, part-fantasy world. According to Winnicott (1953), this fetishization can lead to an alluring and enduring relationship with drugs. This link between addiction and objects is useful in the context of this study, as it may help to understand how and why shopping addicts might repetitively attach to objects.

Kemp (2018) summarises by commenting that much of the theoretical literature focuses on early deficits (oral, internalised objects, narcissism, self-medication) and the destruction of meaning as central explanatory concepts.

Adams (1978) suggests that there is little evidence of effective psychoanalytic addiction treatment outcomes and cites several conclusions drawn by practitioners about why psychoanalysis may be so ineffective. These conclusions invariably point the blame at the patient, suggesting that addiction patients are too difficult to treat, mostly due to their narcissism or other individual pathologies.

I find this perspective narrow, not least because it takes no cognisance of context, nor does it place any responsibility for effectiveness (or lack thereof) with the therapist. There are many significant contexts, beyond the patient themselves, that could arguably play a key role in perpetuating addiction. Begun (2017) suggests a social ecological model of addiction, which highlights various spheres of context that shape an individual's susceptibility to addiction. These include a person's microsystem (partners, family members, friends), their mesosystem (work colleagues, neighbours, religious community members), and their macrosystem (laws, media, advertising, and the prevailing political and economic systems). I will return to the question of context and, in particular, an individual's macrosystem, later in the discussion about shopping addiction.

Practice

Yalisove (1997) notes that early psychoanalytic contributions to addiction literature were relatively disjointed and lacking in impact within the therapeutic community; however, as drug use became more

widespread in the 1960s and 1970s, a growing number of psychoanalytic practitioners were studying and treating addiction, which led to a swell of literature in the field.

Yalisove (1989) bemoans the lack of success of what he calls ‘unmodified’ psychoanalysis processes of addiction, citing many of the same authors as Kemp (2018) above, and suggests that better outcomes with addiction can be realised with modification of the core psychoanalytic approach. Modifications include a greater element of support and psychoeducation at the outset, an insistence on abstinence, and planning for dangerous behaviour and/or hospitalisation during therapy. Interpretation is minimised at the start of the process. Yalisove (1989) suggests that only after this initial raft of arrangements has been implemented can a more psychoanalytically oriented process ensue and even then, the number of sessions per week is reduced from five to one or two and often the couch is removed from the process. Furthermore, contrary to the use of transference as a cornerstone of psychoanalytic treatment, Yalisove (1989) comments that with addiction, transference should be delayed rather than encouraged and that the therapist should take a more active role than in traditional psychoanalysis.

These modifications suggest that some psychoanalysts realised that addiction needed a more human and a more humane approach. The more active role of the therapists in balancing the polarity of ‘care and objectivity’ is critical and the shift of focus to address the addiction before addressing the underlying condition is clear. Brickman (1988) also partially reinforces this approach, commenting that the disease of addiction must be treated as an entity in its own right and any treatment of an underlying condition first (psychosis, depression, schizophrenia) would be

Analogous to undertaking the treatment of a bleeding peptic ulcer through psychoanalysis alone, without the help of a gastroenterologist or surgeon, based on the theory that the ulcer is caused by a specific conflict over the patient’s oral dependency needs (Brickman, 1988, p. 368).

He adds that often, in practice, the treatment of the addiction and of the underlying psychopathology happen in tandem, often because the addiction remains hidden until the psychoanalytic process unearths it. In addition, Brickman (1988) asserts that the mining of painful feelings through analysis can lead to greater substance use, thus setting up a vicious cycle of pain and addiction as an outcome of psychoanalysis.

Kemp (2018) points out that existential phenomenology has been a long-term and repeated critic of psychoanalysis, lamenting psychoanalysis’s focus on drives (drive theory), internal objects (object relations) and ‘the unconscious’ over lived experience. The central existential argument against the unconscious is that it seems to act independently against the individual, resistant to attempts to take control of it by its owner and therefore limiting in the amount of responsibility that a human can take for their actions and behaviour. The unconscious, argue the existential phenomenologists, is therefore a problem for working with addiction because it gets in the way of exploring ‘being’ and distances the

addiction problem outside of the individual's sphere of influence. Furthermore, psychoanalysis seems to ignore the role of context, culture, society, and time in addiction.

Because of this reification of the unconscious across some schools of psychoanalysis, Kemp (2018) suggests that psychoanalytic perspectives on addiction can never be grounded in the lived experience of the addict. Given the central objective of this research to understand more about the experience of shopping addiction and ways to work with it in an existential therapeutic context, it is important to consider the existential-phenomenological perspective on addiction in greater depth, a subject to which I now turn.

2.3.4 *Existential-phenomenological perspectives on addiction*

This section is again split into theory and practice, with the theory section focused on two main existential thinkers on addiction, Frank Schalow and Anna Westin. Both are contemporary theorists who provide innovative interpretations on addiction by invoking the works of Heidegger, Kierkegaard and Lévinas. There is a dearth of existential practice literature on addiction, possibly because existential practitioners are reluctant to suggest that problems in living should be addressed through therapeutic models of practice, frameworks, or structured approaches. Indeed, as if to illustrate this point, Spinelli's (2007) comprehensive work *Practising Existential Psychotherapy* is 232 pages and features the word addiction just once. For the existential practice section, I draw heavily on the work of psychotherapist and author Ryan Kemp, as he is one of the few practitioners to have written on the practical application of existential theory when working with addiction clients.

Theory

Existential philosopher Frank Schalow's work *Toward a Phenomenology of Addiction: Embodiment, Technology, Transcendence* (2017) looks at addiction phenomenologically and philosophically through bodily, technological, and existential lenses, asserting that such an approach has been missing from existing literature. Schalow (2017) emphasises the heavy influence of the historical-cultural environment on addiction, suggesting that most approaches to the phenomenon centre exploration and recovery firmly on the individual rather than assigning any blame to the context.

Schalow (2017) situates his own philosophical approach to addiction in *Being and Time*, neatly showing how some of Heidegger's (1927/1998) concepts provide the existential conditions for addiction. Indeed, as Heidegger himself says, "Addiction and urge are possibilities rooted in the thrownness of Dasein". (Heidegger, 1927/1998, p. 196). Schalow (2017) suggests that elements of *Dasein*, namely 'everydayness' and 'being-with-others', create fertile ground for addiction. He submits that human existence can be 'owned' (that is to say, individualised and authentic) or 'unowned' (conformity with the masses and thus inauthentic) and that when existence is unowned, it leads to a person losing themselves, their individuality and relationship to self and their separateness from the masses, which in

turn opens up a gap for addiction. Schalow (2017) says that addiction corresponds to a kind of self-evasion, which we might call self-forgetting or denial, often leading to inauthentic ways of relating to others, for example in terms of ‘leaping in’ to co-dependent relationships (Antich, 2018).

Schalow (2017) explores the embodiment of addiction through the notion of addiction as a ‘hook’, or indeed a ‘fetish’, and makes important reference to the conspicuous consumption-based, materialist context in which this takes place:

Within our culture of conspicuous consumption, a fetish becomes an icon to explain the “hook” of addiction, a “hyper extension” of desire, as it were, which traverses the divide between substance and process or behavioral addictions, and thereby points to the phenomenological basis of a distinctive pathology that is culturally as well as individually based (Schalow, 2017, p. 48).

This is a vital recurring point about the power of the societal context and how addiction may be as much a product of society as it is of an individual’s choices.

Schalow (2017) says that when a substance or behaviour becomes disproportionately central to our lives to the exclusion of many other pursuits and when the addiction acquires value beyond its immediate function (i.e., we use it to prop up our self-esteem or for escapism), then we are hooked and being used by it, rather than making meaning from it. He comments:

For a fetish arises when something of a physical origin, i.e., an article of clothing, can signify an additional meaning beyond that, i.e., a further locus of attraction, excitement, or arousal, other than what is “literally” represented by the thing’s primary purpose (Schalow, 2017, p. 53).

This is what Heidegger would refer to as ‘fallenness’; a state in which we are being lived by the world rather than living for ourselves (Antich, 2018). This is a critical theme for this study, as it may be a useful way to conceptualise the meaning we ascribe to objects and shopping. The allure of the object of addiction happens when the object conveys meaning beyond its core use. An extreme example of this would be the purchase of a Ferrari sports car, whereby the basic function of transportation from A to B is supplanted by a myriad of other ascribed meanings, such as wealth, status, and sex appeal.

Schalow (2017) explores the role of technology in addiction, using the Heideggerian notion of ‘enframing’ to describe how technology has taken over our world and how this enframing is clearly linked to addiction in three main ways. First, he argues that technology has created a culture of instant gratification and immediate access to whatever we want, thus creating an environment of low pain tolerance that is primed for addiction. Second, Schalow (2017) suggests that technology has rendered human life boring, stressful, and meaningless and this has led increasing numbers of people to seek out

thrills, stress release, and meaning from addictive pursuits. Third, he expresses the concern about technology mirroring addiction; just as humans seek out control over life through substances or behaviours, so people also seek out a feeling of control through technology, only to find that technology (and the addictions) has quietly and insidiously assumed control of us.

Schalow (2017) spends the rest of the book exploring approaches to recovery, using the twelve-step programme model as the starting point. He points out that most approaches to addiction recovery are overly focused on mind-body dualism, emphasising physiological treatment or psychological interventions via individual or group talking therapies. Schalow makes a compelling case for existential-phenomenological approaches to recovery to address that dualism, with actions aimed at the addicted individual such as “adopting new life-contexts” (Schalow, 2017, p. 147) and showing some ‘resoluteness’ in the Heideggerian sense – an authentic existential attitude of the self to the self.

Schalow (2017) demonstrates an abundance of experience and skill in much of this book, particularly through (a) his integration of diverse Heideggerian ideas with addiction, (b) a clear presentation of how phenomenology and addiction go together, and (iii) his commentary on neoliberalism and technology (although I would have liked to see more data to back up his assertions).

It can be argued, however, that Schalow (2017) again places an undue burden of responsibility on the individual. In positioning ‘resoluteness’ as a requirement for recovery, Schalow (2017) is suggesting that failure to recover from addiction could be construed as laziness on the client’s part because he/she has not demonstrated sufficient resoluteness and taken enough responsibility. This position is contradictory to Schalow’s (2017) earlier point about technology’s ability to override human resistance, for even the most resolute individual would likely be no match for the omnipotence of technology and the heavy weight of the societal context.

The second recent text on existential approaches to addiction that I find particularly relevant to this study is by Anna Westin, a British philosopher and lecturer. Westin (2020) delivers a detailed account of existential-phenomenological ways of understanding and describing addiction, using the works of Kierkegaard and Lévinas. Westin stresses that her approach focuses on the meaning of, rather than solutions for, addiction and she builds on the view of Schalow (2017) in asserting that there are basic existential predicaments, such as being-in-the-world and being-with-others, that confront addict and non-addict alike, and yet people with addictions respond markedly differently to such challenges. Here, Westin is laying out a similar perspective on addiction to Schalow, i.e., that addiction arises from problematic relationships to self and to others.

Westin, like Schalow (2017), also points to some troublesome aspects of twelve-step programmes, including the inherent assumption about the powerlessness of the addict in this context, something that existentialism with its focus on responsibility could address.

Where Westin (2020) takes a different path to Schalow, though, is in her introduction and exploration of the concept of hope. Choosing Kierkegaard and Lévinas as the key philosophers backing her narrative, Westin (2000) analyses how both philosophers' treatment of relational subjectivity can open up hope for a different future. For the addict, this means a future in which they may not continue a damaging relationship with a substance or process that may be impeding their life.

Westin (2020) suggests that it is helpful to discuss addiction through Kierkegaardian and Levinasian understandings of subjectivity, which is very much as “an extended relation between the self and the other” (Westin, 2020, p. 17). Westin uses Lévinas's work skilfully to show how a fundamental pattern of infinite relationship is helpful to describe addiction. In essence, in a human-to-human relationship, Lévinas says, there is an infinite desire for the other. The addict also relates to ‘an other’; however, in this case, the other is a substance or process; an object, not a human. The desire is therefore for an object, which is problematic because we get confused about how to explain our experience of desiring an object, and it interferes with how we relate to real humans who are not objects.

Westin (2020) adroitly employs the work of Kierkegaard to demonstrate how humans wrestle with the polarity of entanglement and freedom and how a person can change by exercising free choice continually and moving towards self-becoming. This, argues Westin (2020), is a hope-giving experience and can thus take a person beyond the anxiety and despair that can give rise to addiction. A person who chooses themselves, “despite the experiences of despair and anxiety, is also choosing an experience of self-love. This relation of self-love becomes a useful way of exploring how we understand a person's relation to his or her addiction” (Westin, 2020, p. 22).

By way of conclusion, Westin (2020) argues that the concept of human as ‘addict’, as found in twelve-step and disease models of addiction (see section 2.2.2), should be replaced with the free and relational identity of subject as ‘addicted’. Unfortunately, there is little indication in the book of how this could be implemented. Furthermore, Westin's treatment of the important theme of self-love, a key concept for moving towards recovery, could have been expanded and explored more fully.

More broadly, whilst Westin (2020) clearly states at the outset that she is more interested in experience than in solution, some more obvious hints at what might be different in the world as a result of the research would have been welcome. As with Schalow (2017), I found myself with more questions than answers, particularly about existential approaches to working with addiction psychotherapeutically.

In conclusion, there are rich and profound ideas in existential theoretical literature on addiction. Schalow (2017) highlights the power of social context as a catalyst for addiction and his discourse on the role of technology and neoliberal consumerism in spawning addiction is compelling. Westin's discussion of the polarity of the power and powerlessness of the addict and the shortcomings of twelve-step programmes in helping people to take responsibility are also useful to my formulation of a theoretical

position. That said, this literature arguably offers an abundance of ‘why’ theories of addiction (multiple reasons why humans become addicted) but provides less insight into the ‘how’ (how we work with it, as humans and as practitioners). This reinforces the notion that there is a dearth of research on how to work existentially with addiction, and that this study therefore has the potential to make a useful and innovative contribution to this under-researched field.

Practice

Du Plock and Fisher (2005) note that there is a relative paucity of existential literature on addiction, suggesting that this is due to the existential modality not necessarily aligning with the linear and limiting constructs of diagnosis, treatment, and cure. They suggest that one of the ways existential therapists can explore issues of addiction with clients is through the ‘self-construct’ and the ways in which peoples’ self-constructs open up and close down ways of being-in-the-world. Du Plock and Fisher (2005) note that the main function of an existential therapist is to enable a client to clarify, reflect on ‘what is there’, and decide what, if any, changes they want to make.

In this 10-page chapter, the authors promise to illustrate an existential way of working with addiction through a case vignette involving a client who described himself as a ‘shopaholic’. What follows is a rich description of the client, his situation and how he had come to shop excessively. Missing from the case study is how the therapist worked with this client, beyond being deeply curious about the client and his life. Towards the end of the chapter, Du Plock and Fisher (2005) provide some practical advice for therapists working with addiction, which includes entering the client’s world, clarifying the self-construct, and gaining an understanding of the client’s relational field. However, the authors then immediately note that therapists might also adopt these approaches “with other clients with other presenting problems” (Du Plock, 2000, p. 76). They conclude by noting that there is an urgent need for more existential-phenomenological research on ways of working with addiction.

Wurm (1997) offers insights into working existentially with clients with addiction challenges, stating that an existential approach is as valid as solution-focused therapy, particularly when an existential engagement reminds clients of their role and choice in the addiction pattern. Wurm (1997) argues that labelling a person an ‘addict’ takes away their agency and incentive to change. Addiction can be a disempowering narrative. And whilst this point might offer yet another explanation for the dearth of literature on existential practice, it once again contributes little to a picture of how existential therapists actually work with addiction.

An existential practitioner who arguably offers specific, practical insights into how to work with addiction is clinical psychologist Ryan Kemp. Kemp (2011) puts forward a variety of innovative philosophies, including that addiction can be understood through the concept of ‘worlding’. He defines

worlding as “a lived-out set of ecological relations ... the matrix of meanings inherent in the things, space, and relations lived out by the subject” (Kemp, 2011, p. 338). He summarises:

The addict is caught in vicious push-pull cycle. They are pushed out to partake in their addictions, while simultaneously pulled in to avoid the contingencies of the world. With this, the horizon of possible lived experience starts to shorten. The horizon then becomes very near The impact of this is to deaden the imagination and the freedom and hope of possibility (Kemp, 2011, p. 343).

Kemp goes on to describe how addicts close down their own relational worlds, self-selecting out of relationships and from being in the world, apart from those movements and relationships that are necessary to procure their substance or process of choice.

If we explore the themes previously outlined, perhaps the most important is that of withdrawal from the world. This is not merely having little contact with others, which is explored later, but little contact with the world as the stage on which life’s drama unfolds. It is, in fact, an existence characterized by withdrawal from all things. The addict withdraws into an inner fantasy world (Kemp, 2011, p. 341).

Kemp (2011) suggests that getting addicts to stop using substances or processes is not the main challenge; it is getting them to continue to stop, and he asserts that a focus on worlding is central to achieving that goal and stresses how important it is to encourage clients to climb out of their inner fantasy world and back into the outer physical world. I find this a useful insight for practitioners.

Kemp and Butler (2014) offer one of the few sources of ‘tips for practice’ available in the literature. Their thesis is constructed around how the interplay between love, hate and the self-construct shape the initiation, maintenance, and transcendence of addiction. This element of their work is interesting, but it is their application of this theory into a way of working with addiction that is most impressive. Kemp and Butler (2014) point out that their insights on psychotherapeutic practice with addiction are to be held lightly, less as a formula and more as useful insights that could be helpful to other practitioners. They provide solid insights for therapists working with addiction clients, which are summarised below.

- It is important for therapists and clients to explore the story of how the self developed historically. The ability to tell one’s story is a function of self, i.e., narrating one’s past until it is coherent generates a capacity to choose a new self in recovery. The therapist therefore needs to attend to the past and the future. Supporting the client to look backwards towards self and identity issues may be necessary, but not to the exclusion of opening up a path towards the future and recovery.
- Therapists are encouraged to ‘hold the hope’ for clients who cannot hold it for themselves, even when clients do not immediately act upon insights generated in therapy, instead choosing to

perpetuate the problematic behaviour. Love the client until they love themselves, because recovery is a process of learning to self-love.

- Addicts may lie and self-deceive; however, the therapist should try to model the openness that they would like to see from the client. Roll with the lies, do not retaliate or shame the client when they lie, instead move through it.
- Try to see beyond the wrongdoing of the addicted client, meet the human and look at their potential. Consider bringing family members into the process to gain new perspectives on their addiction and potential for recovery.
- Compassion saves the self and moves a client towards recovery. Stick by the client, especially when they cannot stick by themselves.
- Recovery needs to occur in the social world and thus the cycle of self-alienation that is often born out of the addiction needs to be broken. The therapist needs to encourage the client to get back into the world and back into everyday relationships with others.

In essence, Kemp and Butler (2014) advocate that therapists demonstrate deep humanity, offer compassionate relationship, and focus on the client's self-construct and their connection to others. Some of these elements are universal existential psychotherapeutic 'givens', for example a compassionate disposition and the display of encouragement and hope. What appear to be specific existential approaches to addiction are the focus on tolerating deception and acting out to avoid invoking the client's likely strong undercurrent of shame, and the widening out of the client's social domain to erode isolation and separation from the world.

In later work, Kemp (2018) expands on this guidance to therapists working with addiction. He presents the central issues that a therapist may meet when working with a client with addiction problems via an engaging interplay between theory and case material aggregated from several previous clients into a fictitious individual named Francis. Kemp (2018) advocates up-front assessment of the client, starting with an audit of self and self-cohesion markers which include early life deprivation, childhood psychological problems, education and employment patterns, psychotic episodes, relationship patterns and precedents for addictions in the family. He suggests that the therapist work actively with the personal, societal, familial, and addiction-specific discourses the client may hold. He encourages practitioners to explore the notion of time, with a view to mourning lost time to the addiction, as well as shifting perspective from 'the now' of addiction to imagining the possibility of a future in recovery.

Kemp (2018) underlines the importance of the addicted client moving back into the world, forging relationships, and carefully navigating a social-economic environment that is arguably set up to encourage addiction. This final point builds on the same author's work on worlding mentioned above (Kemp, 2011).

Kemp's (2018) approach to addiction is insightful and combines what might be defined as non-existential concepts like assessment and an exploration of early life events with more existential aspects of addiction. The notion of the 'worlding' of the addict and the way in which an expanding social sphere is portrayed as a positive move towards recovery is also interesting. Arguably though, such an approach might not always be safe for shopping addicts, given the ubiquity of shopping in the world.

Section conclusion

In this section I have explored perspectives on addiction, beginning with definitions of the phenomenon before sharing historical, medical, psychoanalytic, and existential viewpoints. Whilst there are some diverse and useful existentially informed philosophical texts about addiction spanning centuries, there are also gaps in the literature, particularly around existential ways of working with addiction and notions of recovery that do not place all the responsibility with the 'addict' but include some acknowledgement of the contribution of the broader societal context. I therefore speculate that if there are gaps in the body of knowledge on the general topic of addiction, then pertinent literature on working with shopping addiction might be even more sparse. It is to this subject that I now turn.

2.4 Perspectives on shopping addiction

2.4.1 Introduction

The body of knowledge on shopping addiction examines the phenomenon through an assortment of lenses including those of consumer research, marketing, advertising, self-help, popular psychology, measurement, psychiatry, psychoanalysis, economics, politics, sociology, religion, and existentialism. Scope does not allow for a full exploration of every avenue of academic and popular endeavour in the field of shopping addiction and, frankly, such an enterprise would not be appropriate for a constructivist grounded theory (CGT) study. This is because, as outlined in Charmaz's (2006) vision for CGT, a systematic connection and reconnection with the *relevant and emerging* literature throughout the research process has been ongoing.

Following a discussion of definitions in this field, I outline the context for the phenomenon and briefly mention popular works on shopping addiction, mostly to indicate the quantity and 'feel' of this literature. I will then explore the key aspects of shopping addiction that I choose to be relevant to this study. These include shopping and the self, shopping and relationships with others, and some approaches to recovery. I will then unpack the existential literature on shopping addiction.

2.4.2 The context for shopping addiction

Defining shopping

It is challenging to find a working definition of the activity of shopping in the academic domain. Studies focused on shopping addiction tend to start by defining ‘shopping addiction’ and appear to assume that readers will know what ‘shopping’ is. For the purposes of this study, shopping is defined as “a number or collection of articles purchased”, or “the act or an instance of making purchases” (Collins English Dictionary, 1994).

Expanding on this definition, Rose and Dhandayudham (2014) suggest that shopping comprises several stages, including the gathering of product information, the evaluation of diverse product options, as well as the actual act of purchase. Shopping is seen as both a functional activity as well as a social or leisure pursuit from which humans derive entertainment and pleasure (Hirschman and Holbrook, 1982).

Rose and Dhandayudham (2014) point out that the enjoyment aspects of shopping have increased in recent times, driven in part by the construction of large-scale shopping malls housing a variety of entertainment activities sitting alongside the retail outlets. This has led to a heightened felt sense of benefit and enjoyment as shopping has become an experiential and sensory process rather than just a utilitarian event (Langrehr, 1991).

Definitions of shopping addiction

Shopping addiction goes by other names in the literature, for example oniomania, compulsive buying disorder, compulsive shopping, addictive buying, excessive buying and spendaholism (Dell’Osso et al., 2008). There is much ambiguity in the literature about, for example, the terms compulsive buying disorder (CBD) and shopping addiction, with both straddling the fields of psychology, sociology, neuroanatomy, psychiatry, marketing, and consumer behaviour. These two terms are often used interchangeably; however, they offer distinct perspectives and so it is important to define and differentiate between them.

Compulsive buying disorder (CBD) arguably has a psychopathological feel and is principally used in the fields of psychiatry and psychoanalytic psychotherapy. CBD is defined as “excessive or poorly controlled preoccupations, urges, or behaviours regarding shopping and spending which lead to adverse consequences” (Black, 2007, p. 14). This definition is somewhat punitive of the individual, as it seems to locate all the responsibility for the behaviour with the person alone. Elliott (2000), however, suggests that the word ‘compulsion’ intimates outside pressure to do something against a person’s will and that excessive shopping should be referred to as an ‘addiction’ rather than a ‘compulsion’ because some elements of control are possible.

According to O’Guinn and Faber (1989), compulsive buying is “chronic, repetitive purchasing that becomes a primary response to negative events or feelings” (O’Guinn and Faber, 1989, p. 155). This definition can be viewed as somewhat one-dimensional, as it suggests that compulsive buying is only present when something negative happens. A broad cross-section of the literature suggests that there are many more triggers than just a negative feeling.

Turning to the term ‘shopping addiction’, there is debate as to whether shopping addiction should be described as an impulse-control (unable to control the behaviour), obsessive-compulsive (a fixation on repeated routines or thoughts), or addictive disorder (the overuse of a behaviour or substance) (Andreassen et al., 2015) and this makes any definition problematic. Several theorists support defining shopping addiction from a physiological addiction perspective (see Albrecht et al., 2007; Davenport et al., 2012; Hartston, 2012), not least because some psychoanalytic and psychiatric literature points to evidence of addiction-like embodied symptoms (e.g., cravings, withdrawal, loss of control) amongst people with difficulties related to shopping behaviour (Black, 2007; Workman and Paper, 2010).

Andreassen (2014, p. 198) defines shopping addiction as “being overly concerned about shopping, driven by an uncontrollable shopping motivation, and to investing so much time and effort into shopping that it impairs other important life areas”. This definition does not pathologize the person who engages in the behaviour and it speaks into the notion of impairing ‘other life areas’, thereby taking a systemic view of the phenomenon and its impact across a whole life. It is also less punitive than some definitions of shopping addiction, which blame the person shopping. That said, the notion of an ‘uncontrollable motivation’ does not leave much scope for personal choice.

It therefore seems that definitions are either overtly punitive, or too blaming of the individual, or else devoid of any possibility of free choice and responsibility. Furthermore, I am unable to locate any clear-cut *existential* definition of shopping addiction. For this reason, I am left with a range of definitions that are all partially unsatisfactory. I resolve to modify Du Plock and Fisher’s (2005) statement for the purposes of a working definition for this study and say that “the ‘shopping addict’ is one who self-medicates in a compulsive fashion with purchases”.

The discussion of definitions also raises the notion of the difference between compulsory shopping activities (e.g., shopping for food, which, arguably, most people in the world do) vs. shopping excessively for items that might be described as ‘unnecessary’ goods (e.g., superluxury cars or items of expensive jewellery). Some theorists suggest that shopping addiction largely pertains to the purchase of items that are not needed (Williams & Grisham, 2012), whereas others focus more on the frequency and quantities of purchase, regardless of whether the items bought are deemed to be basic goods or ‘friperies’ (Mandeville, 1714). For the purposes of this study, I chose to focus more on the meaning implicit in the Andreassen (2014) definition above, which speaks to the significant motivation, time and effort expended on shopping which leads to impairments in life, rather than distinguishing between

categories of goods which may or may not qualify as items relating to shopping addiction. The reason for this is that I believe that shopping addiction can manifest in grocery shopping as much as it can with so-called superfluous goods. Furthermore, any definition of an ‘unnecessary’ item is largely subjective, as one person’s necessity may be another person’s luxury purchase.

A brief history of shopping addiction

For much of our history from pre-historic times until around 1700, most of the population amassed very little in terms of wealth. Then, in the early eighteenth century, industrialisation precipitated economic and philosophical transformations. Economically, the industrial revolution initiated the process of turning poor citizens into wealthier consumers, mostly in Northern European societies, with increased access to goods driving higher wages and thus a rapid growth in consumption (Fine and Leopold, 1990).

At the same time, philosophers of the era started to comment on this increased focus on consumption and shopping and what it could mean for societies. One of the earliest intellectual theses on consumerism can be found in *The Fable of the Bees* (Mandeville, 1714), a seminal work which suggests that society should throw off its age-old, non-secular shackles of virtuous restraint and embrace the values of decadent shopping. Mandeville proposes that countries could generate wealth only through the creation of a demand for non-essential, superfluous ‘friperies’, in effect a call to action for a more consumerist orientation. And despite opposing theorists like Jean-Jacques Rousseau (1755) imploring a return to a life defined by simplicity and spirituality, the ensuing centuries appear to have succeeded in positioning shopping at the core of what is perceived as a meaningful life today (Rittenhouse, 2013).

Literature and scholarly discussions on shopping addiction *per se* go back over one hundred years, with the first academic authors being widely accepted as Emil Kraepelin (1915) and Eugene Bleuler (1924). Both referred to the phenomenon as oniomania, from Greek ὄνιος ὄνιος, meaning ‘for sale’ and μανία mania, meaning ‘insanity’.

The subject attracted very little research or attention for the next 60 years until the 1980s, when O’Guinn and Faber (1989) picked up the mantle and sparked renewed impetus across diverse disciplines such as psychology, sociology and psychiatry. This was perhaps due in part to the growth of consumerism driven by the rise of a 1980s neoliberal agenda. The academic literature has grown slowly and steadily over the past 30 years, establishing shopping addiction as a category of addiction in its own right.

The social and economic context for shopping addiction

Shopping addiction has not developed in a vacuum and Hunter (2018) describes the way in which the economic system, via advertising and marketing, encourages people to partake in ‘retail therapy’. This more positive spin on the activity is purported, either anecdotally or empirically, to fulfil a variety of personal and social roles (Bauman, 2007), e.g. to relieve stress, bolster self-esteem, define socio-

economic status (Deutsch & Theodorou, 2010), qualify people as human (Diversi, 2006) and govern behaviour (Giroux, 1994).

Running counterpoint to that, there is a burgeoning raft of literature highlighting the destructive, addictive and shameful aspects of shopping addiction (Baker, 2000; Benson et al., 2010; Benson & Gengler, 2004; Benson, 2008; Dittmar, 2004, 2007). What Hunter (2018) deftly explores is the tension between these two positions; seeing shopping as both a therapy that provides personal agency and an addiction that should be curtailed may be inherently confusing. The author points to the dissonance between the master narratives of neoliberalism which encourage shopping and the personal inner narratives that know it's a problematic pursuit. At the intersection of these two narratives, people must make sense of the activity of shopping. This is reminiscent of Double Bind theory (Bateson et al., 1956), in which conflicting messages from two parties can lead to schizophrenia and mental illness.

Hunter (2018) invokes the work of Foucault to explain how shopping can also be used as a dispersed governance tool, combining elements of agency and subjectivity to coerce people into changing their identity to suit the prevailing system. Put another way, shopping is held up as a means for humans to participate meaningfully in society and is sold as a giver of personal agency. However, what Hunter (2018) and Foucault (1975) suggest is that the agency is illusory and that shopping ultimately only serves the system because it doesn't end up bestowing the promised benefits (happiness, excitement fulfilment) to individuals at all. In fact, the emotional dissonance caused by the competing narratives only exacerbates greater life dissatisfaction, which in turn only leads to more shopping.

Humans are thus governed and ruled by this dynamic. I find this perspective intriguing and a valuable contribution to my consideration of how the context has sway over humans and may interfere in individual attempts to change unwanted shopping behaviour. This, in turn, has significant implications for psychotherapeutic ways of working with shopping addiction, implications to which I will return later.

Authors citing an explicit link between social context and shopping addiction are rare, however the causality is occasionally mentioned. Dittmar (2004) says

Taken together, this points strongly toward the importance of social context and social causation for an understanding of compulsive buying. While it is individuals who suffer from compulsive buying, they do so in societies that are characterized by mass consumption, materialism, and an obsession with "to have is to be" (Fromm, 1976). We have to understand compulsive buying as an addictive disorder that is embedded in the major economic, social, and cultural changes that have transformed consumer behavior in Western developed economies. (2004, p. 415)

I am surprised by the dearth of literature covering the way in which shopping addiction is influenced by the prevailing neoliberal socio-economic context and the resulting existential impacts on humans. This represents a potential gap that needs to be addressed through further research.

Online vs offline shopping environments

I do not propose to present a far-reaching review of the similarities and differences between, and characteristics of, internet and in-person shopping. However, brief mention of some properties of online shopping is appropriate for this study, as this helps to conceptualise the variety and accessibility of the shopping channels that are available today.

Overall, the literature about addictive online shopping behaviour is limited, and continues to sit within the broader category of technology addiction (Rose and Dhandayudham, 2014). Indeed, many studies suggest that online shopping addiction stems from an internet dependence as opposed to an addiction to shopping. For example, Sun and Wu (2011) suggest that the compelling nature of the internet alone stimulates impulsive shopping and that certain traits (emotional instability, materialism) are activated by the internet and then show up secondarily as spontaneous shopping behaviour. Other studies have focused upon the outcomes of online shopping addiction, for example Lo and Harvey (2012), who examine how addicted and regular shoppers differ in their buying process and their emotional responses to the consequences of their buying.

It is clear from the literature that the significant growth in global internet penetration has enabled an exponential increase in online retailers and the availability of seemingly limitless product and service options. This growth has met consumer expectations for instant gratification, emotional enhancement and identity gain (Müller et al., 2019), which in turn has given rise to higher levels of shopping addiction. In short, the literature on online shopping addiction suggests that the internet makes shopping highly accessible (24 hours a day, 7 days a week), provides a platform for more spontaneous shopping, and may be a medium that encourages and even creates a new strain of shopping addiction (Rose and Dhandayudham, 2014).

2.4.3 Non-existential approaches to shopping addiction

In this section, I will outline the theory and practice in non-existential approaches to shopping addiction, which are popular literature, medical, and psychoanalytic.

Popular and self-help literature

Popular literature, most of which draws from modifications of dialectical behaviour therapy (CBT)-type process approaches to addiction, can be split into four broad groups, namely solutions offering a cure, memoirs of reformed shopping addicts, programme-based texts (e.g., a one-month programme to stop shopping) and women-specific literature.

Scope does not warrant a full exploration of these texts; however, there are many ‘ultimate guides’, ‘simple solutions’ and ‘free yourself cures’ within the popular literature. It can be argued that the way in which this literature is positioned perhaps mirrors the shopping itself, packaged in an alluring and enticing way, promising instant recovery and salvation from shopping addiction in the same way that objects may promise salvation from life.

Medical and cognitive behavioural perspectives

Theory

For reasons of scope and relevance, I provide here only a brief overview of key medical and CBT-based studies.

From a diagnostic perspective, there is no mention of any shopping-related disorder or addiction in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-4) (APA, 1994) or the Fifth Edition (DSM-5) (APA, 2013); for this reason, shopping and buying behaviours are often diagnosed as impulse control disorders.

Whilst there has been much discussion about shopping addiction’s potential inclusion in diagnostic publications, it has been resisted on the grounds that it is (a) seen as a moral problem rather than a medical concern (Frazier, 2015), and (b) because there is insufficient clarity about the number and nature of behaviours that lead to shopping addiction, which would make diagnostic classification problematic (Hartston, 2012). From an existential perspective, I support the outcome of diagnostic ruminations about the inclusion or exclusion of shopping addiction, whilst at the same time I find the reason for its exclusion (that it is a ‘moral problem’) somewhat problematic.

Frazier (2015) highlights the studies that suggest a link between shopping addiction and other Axis I (mental health, social/generalised anxiety, or substance use) or Axis II (anxious/impulsive personality) disorders. For example, Mueller, Claes et al. (2010) conclude that people with shopping addiction have a much higher incidence of anxiety, eating disorders, obsessive-compulsive behaviour, and other affective disorders. Faber and O’Guinn (1992) report that shopping addicts also report lower self-esteem, which can lead to major depressive disorder. Mueller, Mitchell et al. (2010) looked at previous studies of comorbidity and investigated the link between severity of shopping addiction and extent of psychiatric comorbidity. They found that from 171 participants, nearly 90% of those described as shopping addicted reported having Axis I disorder at some point, 51% had a current Axis I diagnosis and 21% reported a history of impulse control disorders other than shopping addiction.

These studies indicate a strong link between shopping addiction and other so-called disorders. It is not clear from these investigations whether the shopping addiction led to the other conditions, or vice versa, or whether there is some other form of idiosyncratic relationship between these conditions. It can be

concluded, though, that many people who are described as addicted to shopping present with other problems in living too.

Benson and Gengler (2004) provide a comprehensive overview of the main medication-based studies for shopping addiction up to 2004 and Frazier (2015) builds on this work with additional, more recent studies. I do not propose to dwell on psychopharmacological ways of working, except to say that based on my research, the primary approach of psychiatry to treatment has been to deploy selective serotonin reuptake inhibitors (SSRIs) such as fluvoxamine and fluoxetine or opioid inhibitors such as Naltrexone, which are also used to quell cravings in alcoholics. Some of the more interesting cases involve a blend of medication and psychotherapy; for example, Bernik et al. (1996), Marčinko et al. (2006) and Tavares et al. (2008).

In most cases, researchers can point to a level of cessation or reduction in shopping behaviour amongst people taking medication. However, a golden thread running through many of these studies is the warning of relapse once the drugs are discontinued. Furthermore, there is widespread disagreement amongst practitioners about whether the medication helps overall mood elevation (and thus impacts on shopping behaviour coincidentally and secondarily) or whether the drugs directly reduce buying thoughts and behaviour. In my opinion, outcomes from pharmacological studies are mixed and lack substantial longitudinal aspects that could point to long-term behaviour change as a direct result of medication, particularly after withdrawal of the treatment.

Practice

As the issues relating to shopping have grown both in notoriety and adverse consequences (including financial), so CBT has developed a range of treatment solutions, many of them involving group therapy. Mitchell et al. (2006) tested the treatment of shopping addiction with a six-step group therapy process which included problem identification, cash management and getting rid of credit cards, and restructuring thoughts. The group of 28 women met for twelve 90-minute sessions over ten weeks and at the end of the programme, twelve women reported complete abstinence from excessive shopping behaviour, ten of whom had remained abstinent six months later. The authors conclude that this indicates some level of success, although they also point out that the sample is small, female only, and that the sample was not random.

Kellett and Bolton (2009) produced a CBT-based model for intervention that involved a single female participant. This model has four phases: (i) factors that encompass the early life experiences of the client; (ii) internal emotional and external triggers; (iii) the act of buying; and (iv) post purchase emotional, behavioural, and financial factors. The authors note that the model is cyclical because the post purchase emotional factors become the trigger for the repeat purchasing. I note that this study appears to suffer

from the same limitations as many other CBT studies; that is, a small sample (in this case, one person) of a single gender.

In summary, some CBT practical interventions seem to have met with some short-term success; however, it is unclear how sustainable the changes in participant behaviour were, as many CBT studies do not appear to report checking on any recurrence of behaviour beyond six months following the end of treatment. Size of sample and gender diversity also present challenges to the robustness of their findings.

Psychoanalytic perspectives on shopping addiction

Theory

The 'Baker compendium'

Adrienne Baker edited a compendium of essays (Baker, 2000) containing several chapters written by therapists (many with psychoanalytic training) who have experience of working with shopping addicted clients. In her introduction, Baker (2000) discusses the integral role of shopping in society, pointing out that the activity is both important to the survival of the economic system and that 'shop till you drop' is often worn as a humour-inspiring badge of honour. This is refreshing from a psychotherapist. From exploring the literature on shopping addiction, mention of the influence of the economic context by therapists is quite uncommon.

Baker's own chapter cleverly explores aspects of our relationship with objects, both inside and outside ourselves. In the marketplace, she says, we buy objects in the hope that they will repair hurtful or dysfunctional relationships with our inner-world objects, for example with our mother or ourselves (Baker, 2000). The author suggests that what the person really wants from an object is not what they really want at all: "the yearning, which the shopping cannot bring, is for the ever-hoped-for relationship – past, present or future" (Baker, 2000, p. 4). This idea is psychodynamic rather than phenomenological in orientation. The latter would not necessarily position the therapist as 'knowing' what the client really wants and the client as 'not knowing'.

In the same book, Rosalind Minsky (2000) reflects on our brittle sense of self, our fragile identity, which in more recent times has struggled to get the support it needs to grow from within the family and so instead has turned to consumerism for affirmation. The author uses Freudian and object relations theory to suggest that shopping is an attempt to seek out substitutes for the perfect idealised self we fantasised about when we were merged with our mothers, an attempt which of course is thwarted in reality.

Marsha Taylor offers a different take on the acquisition of objects in her exploration of shoplifting amongst women, pointing to anxiety, depression, and despair as the catalytic emotions for shoplifters as

well as addicted shoppers. Taylor (2000) suggests that in a society that values objects so highly, women with no money are almost forced to shoplift to take part in consumer culture, and then the resulting shame from the theft only exacerbates the same negative affect that caused the shoplifting in the first place.

Rosalind Pearmain's chapter on the sensory aspects of shopping is important, as it explores the lived experience of the shopper while they are engaged in the act. This more phenomenological perspective offers fascinating insight into the role of acquisition in short-lived soothing of dissatisfaction with life and an attempt to fill oneself up to combat inner emptiness, thus rendering shopping transformational. Pearmain (2000) presents a more spiritual angle on shopping, suggesting that the items absorb the atmosphere in which they were purchased and so the more the shopper appreciates the atmosphere, the better they feel about the purchases.

Paula Riddy's chapter ostensibly covers the difference between collecting and hoarding (Riddy, 2000). Importantly, Riddy uncovers the propensity for addictive shoppers' behaviour to remain hidden in therapy. In the light of Schlosser et al.'s (1994) assertion that shopping addicts prefer to shop alone, Riddy (2000) suggests that this enables the behaviour to stay secret, with the shoppers themselves also able to disappear into the crowd of other shoppers. One shortcoming of Riddy's study is that it is based on a sample of only 27 participants, all of whom are from the UK, and therefore its generalisability is limited.

Baker (2000) also includes several chapters written by shoppers and by psychoanalytic therapists who have worked with patients presenting with kleptomania, feelings of body dissatisfaction, guilt, loss, and emotional deprivation. This collection remains one of the most authoritative and comprehensive explorations of shopping from a psychotherapeutic viewpoint, even twenty years after its original publication. The mix of contributors is eclectic, the angles and perspectives are exciting and highly diverse, and the style of writing is both academically credible and yet accessible.

That said, what is missing is a clear sense of how these therapists work in practice with clients with shopping addiction. The collection of case studies is descriptive of the client and of the phenomenon, but there is little in the way of practical guidance for how the therapists 'do therapy' with these clients.

Psychoanalytic insights on the motivations for shopping

I now turn to the psychoanalytic theory on the reasons and motivations for shopping addiction. I choose to include this section in the literature review because 'motivation' is the area in which much of the psychoanalytic theory is concentrated. Dittmar (2004) suggests three main dimensions of motivations for buying goods: functional and utilitarian, identity-related (the self), and emotional-social (relationships). The functional and utilitarian aspects of shopping are perhaps less important to a psychological study on shopping addiction, for they refer more to the practical, day-to-day aspects of

buying goods required for living. Arguably more relevant are the psychological aspects of shopping in relation to the self and to other people, and so I will explore those below.

Shopping and the self

There is a wide range of theory on shopping addiction and its interaction with the self, particularly around the themes of identity and self-esteem. Dittmar (2004, p. 413) refers to these as “identity-related motivations” for shopping. These two themes also emerged from the data in this study, as described by participants who worked with clients with shopping addiction.

Self-discrepancy in identity refers to when a person is unhappy with particular aspects of themselves and seeks ways to compensate for the gap between the actual self and the yearned-for self. Braun and Wicklund (1989) suggest that this gap can be filled with premium brands or other manifestations of impressive objects. Dittmar (2005) reinforces this notion, asserting that shopping addicts have high self-discrepancies, low self-esteem and are thus susceptible to the influences of marketing, advertising, and consumerism to banish these unwanted feelings. To note, one limitation of Dittmar (2005) is that it is based on a small UK-centric sample group.

People who lack ontological security in their own identity are prone to buying objects to address an inner sense of lack (Sparrow, 2008). This links with some of the existential commentary on authenticity, for example Sartre's (1943) notion of existence preceding essence and the responsibility incumbent upon humans to forge their own identity. In a shopping culture, humans can bypass the responsibility of creating a self from scratch by incorporating a purchased object into the self. In this way, the pressures of a shopping culture mixed with ontological insecurity can conspire to lead people to live inauthentically (Bradley, 2017).

About identity, Krueger (1988) notes that excessive shopping episodes are triggered by “the absence of a stable internal self-image” (Krueger, 1988, p. 581) and a subsequent desperate and overwhelming desire to feel real. Whilst the case study elements of Krueger’s paper are compelling, it only offers case study material as evidence and is not grounded in any other theoretical concepts, nor does it make practical suggestions for working with shopping addiction.

In later work, Dittmar (2007) builds on her argument about the impact of the consumerist culture, pointing out that our choice of purchase is not free choice at all – it is shaped by marketing visions of the perfect, aspirational life and we are nudged towards making purchases that will deliver us a self-concept that is a source of pride. Dittmar (2007) suggests that the way in which identity is conveyed has changed in recent years; identity was once ascribed by class, gender, race, etc. and now it is earned by the success of our interactions with the marketplace and the shopping mall. This, Dittmar posits, leaves us highly anxious because every time we buy something, we are betting on adding value to our identity, rather than detracting from it. Elliott (2000) emphasises this dynamic, saying that for some consumers

shopping excessively is all about constructing and maintaining an identity, rather than easing difficult feelings like anxiety or depression.

Elliott (1994) conducted a landmark study involving over 60 women to investigate the relationship between addictive shopping and self-esteem. The study found that there is no uniform picture of the addictive shopper, and that the behaviour manifests in idiosyncratic ways and fulfils different functions for different people. That said, the two primary and common functions across the participants are repairing mood (inner world) and fulfilling external requirements around aspirational identity (outer world). The same study also found a two-way relationship between self-esteem and shopping addiction. Low self-esteem was found to be both the catalyst for, and the response to, shopping addiction. According to Elliott (1994), the “postmodern condition is a pathology of personal identity” (Elliott, 1994, p. 164), suggesting that image in the eyes of others has become a significant human vulnerability of our time.

Other studies to find a strong relationship between shopping addiction and low self-esteem are Riddy (2000), d’Astous (1990) and Hanley and Wilhelm (1992). Riddy (2000) will be covered below; however, the Hanley and Wilhelm paper is interesting because it compares shopping addicts with so-called ‘normal’ shoppers and finds that excessive shoppers have, relatively speaking, much lower self-esteem and use beliefs about money as a source of self-esteem enhancement. Hanley and Wilhelm (1992) suggest that purchases are either “congruent with one’s self-image or congruent with an image that one wishes to portray” (Hanley and Wilhelm, 1992, p. 8) and so the shopper’s subjective experience of those congruences being addressed (or not) by the purchases dictates the resulting impact on self-esteem.

Shopping and relationships

The following section presents literature that is useful to understand the dynamics at play between shoppers, shopping, and other people, or what Dittmar (2004) calls ‘emotional-social’ motivations for shopping addictively.

Attachment theory and shopping addiction

Originally developed by John Bowlby, attachment theory is a relationally based theory developed in the 1960s which suggests that from birth, infants develop attachment seeking and signalling behaviours with their caregivers that form the basis for that child’s socioemotional development through to adulthood (Bowlby, 1969, 1973, 1980, 1982). The theory has also been employed to investigate emotional distress and regulation, depression, anxiety, and other forms of psychopathology including, critically for this study, addiction and shopping addiction (De Rick et al., 2009; Fletcher et al., 2014; Norris et al., 2012; Norberg et al., 2018).

Scope does not allow for a more exhaustive exploration of attachment theory, as it has since developed far beyond the focus on early infant-parent bonds and is used to explain and explore how adults function in relationships throughout their lives. I also assume that the main audience for this study is therapists, who likely know something about this theory.

In terms of a specific link between attachment and shopping, Norris et al. (2012) say that anxiously attached people may find it particularly difficult to forge social connections and so may turn to material possessions as a substitute. Indeed, this is confirmed by Kasser et al. (2004), who suggest that an insecure childhood is a primary driver of materialistic values. The same authors conclude, through two separate studies, that anxiously attached people develop relationships with material goods to compensate for the isolation resulting from a lack of stable relationships.

Norberg et al. (2018) suggest that both avoidant and anxious attachment patterns struggle with interpersonal relationships, and that avoidant styles tend to dismiss social relationships whereas anxious styles may engage in attention-seeking behaviours to attract attachments from others. Norberg et al. (2018) say that when attention seeking fails as a strategy for relationship, anxiously attached people turn to objects to relieve their distress (see also Mikulincer, 1998) and engage in a process of anthropomorphism – the ascribing of human-like qualities to objects. Anthropomorphism may have begun in early life because of the dynamics that led to anxious attachment patterns, namely a lack of parental consistency or availability (Gjersoe et al., 2015). The paper concludes that anxiously attached people develop stronger anthropomorphic tendencies and these lead to excessive and compulsive shopping. This paper presents a strong academic argument, as it contains elements of existing theory and primary research to substantiate its claims.

A seemingly innocuous paragraph is buried in the discussion section of the same paper. It contains a potentially valuable insight into therapeutic interventions for shopping addiction.

Although acquiring and discarding therapy sessions may build up distress tolerance as they provide repetitive opportunities to confront cues ... and to resist acting on the emotions that those cues elicit, these sessions may not be enough. Emotions elicited during these sessions tend to be quite high and many individuals drop out of treatment either before or during these sessions (Norberg et al., 2018, p. 176).

This is important in the context of how therapists engage with clients with shopping addiction, as it suggests that the emotional aspects of individual therapy may be scary for people who have an anxious attachment style. Furthermore, the notion of clients ‘acquiring and discarding’ therapy, as if it were an object in the shopping mall, is interesting and an idea that may emerge as relevant to this study as it progresses.

Problematic relationships past and present

To continue the theme of attachment and relationships, other theorists also find both current and historical relationship difficulties with people who shop addictively. For example, Rindfleisch et al. (1997) point to evidence that adults from broken homes and otherwise disrupted families are more likely to shop addictively than those raised in intact family units. Riddy (2000) conducted a small study of 27 self-classifying shopping addicts, all of whom spoke about experiencing childhood problems including absent parenting, shopping obsessed mothers, rejection, or a highly conflictual family system. All but one of those participants in a current relationship were having relational difficulties and were using shopping to offset emotional disconnection, rejection, and a lack of control in the relationship.

The author concludes that the participants experienced shopping as a “reward, a compensation or an escape” (Riddy, p. 180), which she relates to a void or unhappiness in their relationships. Whilst this is a useful and interesting study, it has limitations both from the small number of participants (27) and the location of the research (UK only).

Shopping as a means of human connection

Consistent with the attachment and relationship theory discussed earlier in the context of shopping addiction, O’Guinn and Faber (1989) note that addictive shoppers shop partly to meet their need for interaction and relationships, and sometimes, the social connection with shop assistants and the resulting boost to self-esteem far outweigh the utility of the purchased item. They comment:

Shopping for clothes, cosmetics, and gifts creates an interaction in which the salesperson dotes, telling buyers how attractive they look, what a good parent they are, or how much someone will appreciate them for giving this gift. These interactions provide the compulsive buyer with enhanced feelings of self-esteem. The qualitative data is illuminating in this regard. It suggests that the most rewarding aspect of shopping, and thus a significant motivational factor, is the attention the compulsive buyer receives (O’Guinn and Faber, 1989, p. 154).

O’Guinn and Faber (1989) say that a person’s craving for connection with shop assistants is linked to a dysfunctional social world elsewhere in their lives and that sometimes close connection with those involved in the shopping experience, e.g., delivery people, would be cherished as it would be the shoppers’ main source of attention.

Some compulsive buyers indicated they received little positive attention from other people outside of the shopping environment. Interaction with sales personnel while buying serves an important compensatory function. Salespeople were referred to by some of the informants as if they were very close friends. “I know the UPS drivers in my neighborhood real well. They all wave and say hello by first name” (O’Guinn and Faber, 1989, p. 154).

Elliott (1994) also comments that attention from in-store salespeople could deliver significant social value to addictive shoppers by making them feel more important and thus contributing to their self-esteem. This feels like a vital point, and I am surprised that social interaction with salespeople is not cited more often in academic studies of the outcomes of, and motivations for, addictive shopping.

Lawrence (1990) makes several claims about the role of shopping for women through a psychoanalytic lens. First, she suggests that addictive shopping arises from a need for nurturing and that the shopper who self-gifts is proving to themselves that they are worthy of love, particularly a father's love. Second, the author posits that purchases fill an inner void and provide short-lived pleasure that needs continually repeating to maintain their effect. Third, shopping mitigates existential death anxiety, as the "object lends the individual a future" (Lawrence, 1990, p. 68) by offering everlasting existence and usage. It is hoped that the object is solid and concrete, rather than transient and uncertain like life, and so the object brings a perceived sense of durability to the owner and extends the possibility of life.

Finally, Lawrence (1990) suggests that the distractive qualities of repetitive shopping and continuous giving back to self could be an attempt to offset delayed castration anxiety, with the purchased object assuaging the sadness of castration that has already occurred. This sadness disappears at the moment of purchase, only to reappear immediately following payment, hence the need to repeat addictively.

In general, the psychoanalytic literature holds much in the way of an exploration of what shopping addiction is and why people do it. It suggests that shopping is in part about a relationship with self and in part about relationships with others. The link between attachment patterns and shopping behaviour is a fascinating one, as this theory indicates how early in life the seeds of the phenomenon may be sown.

At the same time, the challenge with this tranche of the literature is, once again, around the location of the problem in the individual, whereby the shopping addicted person is the dysfunctional one and is therefore the sole source of their own problems. Aside from an infrequent nod in the direction of environmental factors (see, for example, Dittmar, 2007), the influence of our modern-day materialist context is mostly absent from the psychoanalytic literature on shopping addiction. Whilst this is understandable, given that the modality was developed in the 1800s and was founded on Freud's central notion that adult problems generally stem from childhood difficulties and not from the outside world, it leaves a sense that when it comes to shopping addiction, psychoanalysis only addresses part of the phenomenon.

Practice

One-to-one therapy

Benson and Gengler (2004) suggest that psychotherapy needs to focus on the deeper issues of meaning and purpose around shopping addiction, as well as create heightened client awareness of the behaviour

itself. This is achieved through curiosity, interest, and a thorough exploration of the behaviour to establish what is particularly meaningful to the client about shopping.

To build this kind of internal structure, the therapist needs to communicate genuine interest and curiosity about the most specific and concrete details of what is most important to the client. With compulsive buyers, this often means attending to every aspect of the actual shopping behavior. Not only is this a way of letting the client know that his or her compulsive buying is purposeful and meaningful; in addition, this very detailed and specific focus can also lead the client to pay focused, mindful attention to his or her own experience, to connect with self in an unprecedented way (Benson and Gengler, 2004, p. 460).

In addition to exploring the phenomenon, Benson and Gengler (2004) suggest that the therapist explore early childhood experiences of objects, money, and relationships, seeking to address some possible childhood scenarios, including

- A family history of emotional neglect and/or abuse and how gifts may have been used to compensate.
- The use of objects or money by parents to reinforce good behaviour in children.
- Parents who were obsessed and absorbed in the acquisition of material goods and distracted from the emotional aspects of parenting.
- Financial reversals, bankruptcies and experiences of financial hardship or poverty.
- Experiences of early life emotional starvation which lead to the adult avoiding re-experiencing the same difficult feelings by shopping excessively.

Benson (2014) builds on her work from a decade before, bemoaning the enduring paucity of guidance available for practitioners of any modality working with shopping addiction and observing how difficult it is to find therapists working with the phenomenon. Benson suggests that this is because it is rare for clients to present at therapy with a shopping problem. She says:

It is unusual for someone to refer himself or herself for treatment for a compulsive buying problem. Much more frequently, a compulsive buying problem reveals itself in the course of ongoing psychotherapy, either directly, in the context of financial independence and responsibility issues, relationship or parenting problems, or difficulties at work. Compulsive buying may also present itself indirectly in therapy: a patient may wear something new or different to every session, arrive with shopping bags week after week, repeatedly give gifts to the therapist, or fall behind in paying the bill. Often, a patient will enact several of these behaviors simultaneously. Unless a therapist thinks to ask relevant questions, he or she is very likely to miss the problem altogether (Benson, 2014, p. 10).

This summarises a fundamental aspect of working psychotherapeutically with shopping addiction and is thus important to this study. Most of the time, the problematic shopping behaviour remains concealed. Indeed, Murray (2000) reports that it took one year to tell her therapist about her shopping issues, partly due to shame and partly fearing that the therapist would remove her credit cards.

Benson (2014) argues that part of the reason shopping addiction remains hidden in therapy may be a therapist's own lack of reflexivity about shopping and money. The author suggests that a lack of enquiry may be due to the practitioner's inability or avoidance of interrogating their own money scripts and shopping patterns, their own self-limiting money behaviours that keep the therapist blind to their clients' problems (Klontz et al., 2008). Benson (2014) points out the strong possibility that a therapist who is themselves shopping addicted may overlook, or even collude with and support, a shopping addicted client. Furthermore, a non-reflexive therapist who experienced poverty or financial scarcity early in life might unconsciously punish a free-spending and/or wealthy shopping addicted client. She says:

We may feel hostility toward a client who treats us as an "object" or just another "hired hand," rather than a collaborator. [.....] Feelings of envy, jealousy, competitiveness or idealization may be inevitable when a client is wealthy or more comfortable around money than we are. We might silently belittle and judge a client as shallow and superficial, all the while denying our distaste for the parts of ourselves that wish we had the client's financial resources. We need to remember that we don't always adhere to the more enlightened values that we would like to help our clients move towards. The opportunity to discover our own feelings and motivations contributes to making this work (Benson, 2014, pp. 10-11).

This point around reflexivity is crucial: the extent to which therapists can work unencumbered from their own preconceptions and economic, political and social lenses will undoubtedly shape the direction, efficacy and outcome of the therapy.

Benson and Gengler (2004) also stress the importance of a shopping addiction programme running parallel to any individual therapy process. A programme, these authors argue, can monitor and control the behaviour through the use of templates, exercises, skills development and mindfulness practices that can break the cycle of addiction shopping.

Group interventions

According to Frazier (2015), group interventions show the most consistent results for treating shopping addiction. This is because:

- Groups assuage feelings of loneliness, isolation and alienation and can increase experiences of being understood.

- In-the-moment feedback from group members struggling with similar issues can lead to an immediate addressing of maladaptive behaviour.
- People with shopping addiction know how one another thinks and this can enable denial to be named, surfaced, and worked with actively.
- Members can see others at distinct stages of recovery and can walk the path towards recovery with them, having experienced the stages themselves.

Group work can also reinforce the development of skills and strategies to break the pattern of shopping addiction and of other non-shopping related pursuits (Benson and Eisenach, 2013). For more detail on programmatic interventions, see Benson and Eisenach (2013) and Benson et al. (2014).

Having discussed the theoretical orientation and practical interventions stemming from non-existential approaches to shopping addiction, I now turn to exploring the way in which the existential school treats theory and psychotherapeutic practice relating to shopping addiction.

2.4.4 Existential perspectives on shopping addiction

Theory

Existential literature on shopping addiction is sparse in comparison with other perspectives on the phenomenon. As suggested previously, this may be because the existential psychotherapy school does not tend to recognise ‘addiction’ *per se*; it rather works with problems in living and does not categorise addiction in a fixed way (Van Deurzen et al., 2019).

Elliott et al. (1996) describe “The Existential Addict”, the person who uses shopping to create a meaningful life from achieving a state of *flow* (Csikszentmihalyi and LeFevre, 1989). This arguably positions shopping addiction in a more positive frame than much of the literature, which make sense, given that the author of this study is one of the founders of Positive Psychology. Considering excessive shopping leading to a state of flow, the authors suggest that any behaviour change away from the addictive shopping may prove challenging.

Csikszentmihalyi's (2000) paper *The Costs and Benefits of Consuming* starts by reflecting on Hannah Arendt's words of warning about technology and progress consuming the world.

That ... consumption is no longer restricted to the necessities but, on the contrary, mainly concentrates on the superfluities of life ... harbors the grave danger that eventually no object of the world will be safe from consumption and annihilation through consumption (Arendt, 1958, cited by Csikszentmihalyi, 2000, p. 267).

Csikszentmihalyi (2000) locates shopping in the context of Maslow's hierarchy of needs framework, mapping how each level of need is in some way satisfied by shopping, thus meeting existential needs. He next discusses 'experiential needs' – needs relating to meaning, purpose and staying away from boredom. He says, "in everyday life, people often find themselves in an existential vacuum where no clear need suggesting a specific goal presents itself to consciousness" (Csikszentmihalyi, 2000, pp. 269-270). This insight around staying meaningfully engaged in life is useful and summed up as follows:

Thus, consuming is one of the ways we respond to the void that pervades consciousness when there is nothing else to do. Shopping and surrounding ourselves with possessions is a relatively easy way to forestall the dread of nonbeing, even though it may have serious consequences in terms of increasing entropy (Csikszentmihalyi, 2000, p. 270).

One of the most significant existential shopping texts is Rittenhouse's (2013) *Shopping for Meaningful Lives: The Religious Motive of Consumerism*. Rittenhouse is an American philosopher, lecturer in ethics and professional economist, and he weaves all these interdisciplinary qualities into an engaging treaty charting the rise of consumerism, providing perceptive analysis supported by the skilful use of Paul Tillich's philosophical tenets as a backdrop for his arguments.

At first glance, this book appears to be rooted in ethics and religion. Rittenhouse announces his philosophical home base in the first sentence of the book, declaring that "consumerism is a moral problem that has broad negative consequences for society" (Rittenhouse, 2013, p. 1). He laments the lack of scholarly exploration of what consumerism really is, suggesting that the vast majority of theorists who have engaged in the topic over centuries have done so without acknowledging peer thinking, and thus the drives and motivations that sit underneath this ubiquitous phenomenon have been only superficially explored.

Rittenhouse (2013) describes the role of shopping as "a pattern of behaviour that characterizes an individual life, but a way in which an individual organizes his or her particular life to seek to give it meaning" (Rittenhouse, 2013, p. 3). This suggests that shopping is an existential response to the existential threat of meaninglessness, a phenomenon that he says Christians believe can only be addressed through faith and Christ. Herein lies the central message of the book; that if consumerism is an existential form of life and is damaging, then it can only be overcome through replacement with another existential commitment that offers a greater capacity for healthy meaning making. This, he argues, should be the Christian faith, suggesting that only the Church can plug the existential void that shopping has failed to address.

With the help of multi-disciplinary theorists, Rittenhouse (2013) explores outcomes of shopping that appear to map closely to core existential themes. He draws on the work of Kasser (2002) to confirm that shopping-addicted people report less self-actualization and vitality and that people with highly

materialistic tendencies prioritise ‘obtaining rewards’ over existential choice and freedom. Rittenhouse (2013) refers to the work of Lane (2000) regarding the detrimental social impact of excessive shopping, suggesting that it erodes the quality of civic engagement, friendship, child-rearing, and marriage. Rittenhouse (2013) also cites the theories of Cohen and Cohen (1996), who suggest that shopping gives rise to higher rates of conduct disorder, alcohol and drug abuse, anxiety, depression, borderline, narcissistic, passive-aggressive, dependent, avoidant, and obsessive disorders. Whilst from an existential perspective we may not fully support this categorisation and pathologization, his data compellingly reinforce other theories about the damaging effects of excessive shopping.

In the spiritual domain, Rittenhouse (2013) harnesses the work of Tillich (1952, 1959) to explore the religious and spiritual significance of shopping addiction, suggesting that it subverts an authentic encounter with the divine ground of meaning. Tillich (1959) reminds us that true religion is the experience of the unconditioned, unmediated reality which comes from knowing the state of absolute nothingness. According to Rittenhouse (2013), addictive shopping diverts humans away from the pain of nothingness with promises of existential salvation, but instead we are distracted away from the central task of securing our individual version of meaning by the purchase of objects, and we end up in a cycle of constant disappointment.

Two valuable contributions are embedded in Rittenhouse’s work. The first is a comprehensive examination of existing consumerism and shopping theories which is novel and fresh, sorting them into five categories according to their underlying motivation. These are (i) greed theories (consumers’ materialistic pleasure-seeking); (ii) status signalling theories (Veblenesque conspicuous consumption to display wealth); (iii) manipulation theories (marketing and advertising related); (iv) imaginative hedonism theories (consumers seeking pleasure through fantasy identities and lifestyles); and (v) parental concern theories (parents purchasing education and housing for children to maximise their wellbeing). This innovative treatment of existing theory enabled me to look at shopping addiction through fresh eyes.

The second contribution is an exploration of the spiritual dimension of shopping. Much is made of approaches to consumerism grounded in economics, marketing, and psychology; however, Rittenhouse (2013) rightly contends that there is a profoundly spiritual aspect to shopping too, and any attempt to explain its power, to understand the motivations for the behaviour and/or to shift its problematic hold on humans must include a spiritual component. As such, Rittenhouse (2013) successfully introduces new and intellectually enlivening perspectives on shopping that sharpen our understanding of this complex, omnipresent phenomenon.

Exploring the spiritual aspects of shopping segues into a consideration of how a spiritual perspective on shopping is but one possible existential take on the phenomenon. Van Deurzen (2008) suggests a framework known as ‘The Four Dimensions of Existence’ as a way of conceptualising how people

encounter the world and make choices about how to live in it. These dimensions are the physical, the social, the psychological, and the spiritual.

The applicability of this framework to shopping and shopping addiction is important to explore. In the physical domain, we relate to and make sense of our environment through our bodies, our concrete surroundings and through material possessions. Van Deurzen (2008) notes that people gravitate towards security and self-preservation on this dimension through health and wealth; however, people grow to experience such security as temporary. The implication is that the physical artefacts of shopping may be used to create safety and even the possibility of cheating or delaying our meeting with death, and yet somehow there is a knowing that the objects are at best a temporary solution to these physical dilemmas.

The social domain reflects how we relate to other people, including the ways in which we vie for status in the group, how we compete with others, and the extent to which we withdraw and/or engage with the outside world and those in it. Shopping is used as a way of signalling status and rank within a group and of finding public acceptance (Horne, 2000; Rittenhouse, 2013; Vos, 2020) and to meet other people (Dittmar, 2004; O'Guinn and Faber, 1989; Elliott, 1994). In this way, shopping may be used to acquire power, position, or superiority within a group, as well as to connect to others socially. Again, as Van Deurzen (2008) suggests, such strategies only lead to an eventual confrontation with failure and isolation.

On the psychological dimension, our way of relating to ourselves creates a personal world inhabited by issues of identity, character, a sense of self, and our past experiences and future possibilities (Van Deurzen, 2008). In this realm, shopping for objects can be seen as a way to bolster low self-esteem (Krueger, 1988; Elliott, 2000; Dittmar, 2005, 2007) and to address the gap between the ideal self that we want and the flawed self we discover we have. See also Braun and Wicklund (1989) and Dittmar (2005).

Adding to the commentary on the spiritual aspects of shopping presented in Rittenhouse's (2013) work above, Van Deurzen (2008) suggests that the spiritual dimension relates in part to the human search for meaning and our quest for the eternal in the face of the void and the possibility of nothingness. As discussed earlier, it can be argued that shopping helps to fill the void and to avoid the nothingness inherent in our existence (Horne, 2000). However, despite our valiant attempts to use objects to fill this vacuum, it can be argued that a search for meaning in shopping does not bear fruit (Horne, 2000; Vos, 2020). Shopping promises meaning but does not deliver.

Practice

Noteworthy is the lack of any published existential psychotherapeutic approach to working with shopping addiction. This is understandable, in view of the existential paradigm's aversion to fixed methodologies and treatment processes; however, it is also curious, given the significant literature

outlining existential ways of working with addiction *per se*. I therefore now turn to practice-related existential psychotherapeutic perspectives on shopping addiction.

As mentioned earlier, Baker (2000) offers various perspectives on shopping addiction ranging from the psychoanalytic to the existential-phenomenological. There are two chapters that blend existential themes with case study material, written by Simon Du Plock and David Horne who are both practising existential psychotherapists.

Du Plock (2000) initially offers a compelling debate about the meaning and appropriateness of the term ‘addiction’, both from a psychopathological and an existential perspective, and how the role of an existential therapist might be to reintroduce the notion of responsibility to clients who present with an ‘addiction’. Du Plock (2000) is clear: a therapeutic approach to working with anything begins with seeking to discover what the client is experiencing when they speak of engaging in a behaviour, including something they describe as an addiction. Indeed, central to Du Plock’s approach is the rejection of any label, including addiction, that may categorise and thus hinder a client from stepping into greater autonomy and responsibility. As such, Du Plock (2000) advocates a way of working that seeks to explore “the behaviour the client describes to me ... and to increase their awareness of their way of being in the world” (Du Plock, 2000, pp. 76-77).

To provide theoretical context to his way of working, Du Plock (2000) includes a brief overview of an existential-phenomenological psychotherapeutic approach before introducing his case study, a young man who compulsively buys gifts for family members to maintain close ties with them and to avoid stepping into his adult life. Du Plock (2000) suggests that the ongoing shopping may be a strategy to avoid death, both his own and those of his family members. Du Plock (2000) reports the client saying, “somehow shopping was keeping people alive, it was keeping people I wasn’t with, couldn’t watch over safe.... this was highly self-congratulatory ... it implied I had the power of life and death over other people and it was keeping me alive too because if you shop you survive” (Du Plock, 2000, p. 90).

Du Plock (2000) portrays a therapeutic process characterised by space, exploration, and support for the client to find his own way through profound experiences of loss, alienation, and death anxiety. He argues that clients often have an inherent knowing, a deep understanding of their own patterns, structures, and behaviours, and all that he did for this client was to help him “unravel his old, sedimented, way of living and clarifying the possibilities for the new” (Du Plock, 2000, p. 91).

The next chapter in Baker (2000) is by David Horne and provides an existential-phenomenological perspective on how the world of shopping can provide a structured and predictable container for life away from the messy and meaningless world outside. Horne (2000) delivers a chapter packed with diverse existential ideas, motifs, solid philosophical theory and three case studies, perhaps to the point where the reader is left feeling quite overwhelmed by the density of the content.

At the outset, Horne (2000) states his intention of addressing several issues concerning shopping as a weapon against existential crisis, against death/anxiety, guilt, meaninglessness, nothingness, a way of constructing a self, avoiding the existential void, and a means of coping with chaos in the world. This is a wide range of profound topics and potentially impossible to do justice to in only 18 pages. That said, what follows is a rich dance between theory and practice that represents a valiant attempt to answer, at least in part, many of the author's initial ponderings.

Like du Plock, Horne (2000) initially focuses on existential anxiety and death (using Heidegger as theoretical support) to explain shopping addiction, suggesting that shopping may be a way of avoiding the troublesome feelings that arise when we contemplate our inevitable state of non-being or experience ontological lack. Horne (2000) segues into a discussion about the inauthenticity of the world, again calling on Heidegger to bemoan man's 'fallenness' because of being-with-others and the excessive materialism in a world that takes us away from ourselves.

The second case study explores freedom in a consumer society through the story of a client who has lung cancer and uses shopping to express her freedom in the world to develop a sense of self, perhaps for the first time in her life, and with cancer as the catalyst. There is a sense here of shopping as a useful balm, enabling a terminally ill human to find meaning and identity amongst the anxiety and pain of impending death. Horne (2000) briefly raises religion, suggesting that human anxiety was traditionally mitigated by faith but nowadays religion has been replaced by shopping. Echoes of Rittenhouse's work (2013) abound.

Horne's final brief case study covers a client ensnared by conspicuous consumption, and the image-creation role of shopping as a means of gaining social status. The client's investment in their external brand, however, had led to a crisis of identity, a sense of disconnection from the authentic ownership of her own body (it had been metaphorically cut off from her being and sent out into the world to procure status), and a fall into an existential despair characterised by loneliness, alienation, and anxiety.

Horne (2000) covers much ground in his chapter and the interplay between philosophy and case material is well choreographed. I am, however, left wanting more around ways of working with shopping addiction beyond an exploration of existential themes and a description of the clients' main issues. There is also little mention of what changed during the therapy process and what outcomes, if any, were observed. Du Plock and Horne's chapters, however, arguably still represent the closest any literature comes to describing existential-phenomenological therapy with shopping addicted clients.

2.4.5 Shoppers' perspectives on shopping addiction

As a counterpoint to the academic and professional perspectives on shopping addiction, there are also studies on that describe the experiences of shoppers themselves. Pearmain (2000) explores shopping and its allure from an embodied perspective, highlighting the sensory-affective aspects of the shopping

environment as reported by shoppers. She posits that it is perhaps the transformational qualities of the embodied shopping experience, rather than the purchases themselves, that perpetuates an excessive and ongoing relationship with shopping. Pearmain (2000) ends with a plea for more research into how the environmental and experiential landscape, which is core to the shopping experience, can play a central role in keeping shoppers hooked. Hunter (2018) creatively reports on the inner tension experienced by shoppers between the empowering effects of shopping and the addictive qualities of the activity, exploring the conflicting messages of encouragement to shop from the prevailing neoliberal system and the shame experienced inside the shopper when the addiction has, once again, compelled them to purchase. Murray (2000) narrates her courageous journey with shopping, investigating addiction from an intergenerational perspective in her family and describing how money, presents and clothes were substitutes for maternal care in her own life. She also reports on how therapy enabled her to understand the powerful attraction of shopping, and recounts how that understanding empowered her to move beyond shopping towards deeper meaning in life.

2.5 Why investigate an existential approach to shopping addiction?

Following a review of the literature, I suggest that an investigation of how existential-phenomenological psychotherapists in particular work with shopping addiction may be useful for several reasons. Firstly, an existential approach would theoretically enable the inclusion of a client's social, cultural, and economic surroundings more fully through an exploration of existential concepts such as *being in the world*. This goes beyond the reach of other modalities like psychoanalysis, which tends to be overly focused on the individual. Secondly, existential theory suggests that day-to-day life is laced with an existential void and that shopping is a response to this. Existential-phenomenological therapy, with its capacity to help clients to explore the existential void, is theoretically well positioned to address this phenomenon.

Finally, I assert that it is existential thought that outlines with most clarity the extent to which our modern-day, technologically saturated culture may be priming humans for addiction and, in particular, shopping addiction. Schalow's (2017) suggestion that technology and materialism have stripped life of meaning and purpose and assumed control of our existence is compelling, and points to the possibility that perhaps only an existentially based response is appropriate for such an existential crisis. It is this assertion that I aimed to explore in this research.

2.6 Gaps in the literature

There are some clear gaps in the existing body of knowledge that this study aimed to address. Many of these literature gaps can be clustered together in a group I would call 'the how'. These include:

- How existential practitioners actually work with shopping addiction.

- How to deliver therapy that works actively with socio-economic context.
- How therapy can actively ease the burden of blame or fault on the individual.
- How *both* existential case material *and* existential theory/philosophy could work in closer concert to inform existential psychotherapeutic practice with shopping addiction. Currently, most of the existential literature is *either* case-based *or* theoretical.
- How existential-phenomenological therapy can move clients with shopping addiction towards recovery or change.

2.7 Section conclusion

This review has sought to present important scholarly works across the fields and disciplines relevant to this study on shopping addiction. I have explored definitions of addiction and shopping addiction across medical, psychoanalytic, and existential spheres. I have highlighted the core works and themes in the theoretical literature about addiction and shopping addiction. I have also presented current ways of working psychotherapeutically with addiction and shopping addiction. From this, I suggest that an existential way of working with this phenomenon may be valuable and the paucity of literature indicates that there is, at the very least, merit in investigating this further.

This review therefore presents the body of knowledge as it currently stands, identifies gaps in the literature and seeks to provide a framework for understanding the findings of this study (Ramalho et al., 2015). This is the ‘state of the art’, *but only presented from my perspective*, a concept to which I now turn as I consider the vital importance of reflexivity to the integrity and validity of this constructivist study.

3. Reflexivity

3.1 Introduction

I experienced an epiphany in how I relate to the notion of reflexivity during the creation of this thesis. I have a range of examples to draw from; however, in this section I have chosen to focus on the six most profound ways in which I experienced insight from reflection. These were (i) the shift of my orientation on reflexivity from theoretical to existential; (ii) uncovering the reason why I wanted to rush through the research process; (iii) my own relationship with shopping addiction and how it came into this study; (iv) my relationship to uncertainty and what this meant for my research paradigm; (v) power in the interviews and (vi) reflections and learning from my pilot interview.

I undertook multiple reflexivity activities and sought to reflect on my research experience in a variety of fora. Techniques included journal writing, musical composition, mind mapping, creative writing (e.g., turning all the code categories into a story), brain dumping, photographing shoppers and shopping malls, and free association writing. Fora included individual therapy, couples therapy, clinical supervision, research supervision, formal peer supervision, informal peer group conversations, professional communities (e.g., local therapist networks), and discussions with my team of therapists at work.

3.2 From a theoretical to an experiential perspective

My perspective on reflexivity has shifted fundamentally during this research, moving from a theoretical outlook towards a more embodied, visceral, lived experience of the value of reflexivity in research.

Before I embarked upon this study, I felt aligned with Bryman's (2008) definition of reflexivity, which is:

A term used in research methodology to refer to a reflectiveness among social researchers about the implications for the knowledge of the social world they generate of their methods, values, biases, decisions and mere presence in the very situations they investigate (Bryman, 2008, p. 698).

I was previously drawn to this definition on account of its clarity and its focus on the implications of the very presence of the researcher at the centre of the research, a phenomenon that I feel is often underestimated in qualitative research. As Denzin and Lincoln (2011) state, the biography of the researcher is of paramount importance, as each researcher comes from a particular class, race, gender, culture and ethnic community perspective and they bring those characteristics to bear in their research. These theoretical perspectives felt enough to me, at least prior to initiating this study.

I was thoroughly unprepared for the impact of writing this thesis on my appreciation for, and experience of, reflexivity. My experience of conducting this study exposed the narrowness of the Bryman (2008) definition, overly focused as it arguably is on the more ‘rational’ characteristics of the researcher such as ‘methods’ and ‘decisions’. In a myriad of ways, the thesis writing process has continually revealed my own ‘non rational’ attributes (e.g., emotions, personality traits, fixations, habits, fears, desires, and shortcomings) and how they have been in play every moment I am interacting with my research, including the way in which I am currently writing about reflexivity in this chapter.

By experiencing first-hand the process of watching myself and how aspects of me have interacted with the research process, reflexivity moved from being a detached abstract concept to a concrete experience (Segal, 2010). The need for daily and constant reflexivity grew and grew, moving beyond a simple understanding of it from a theoretical perspective.

For example, I grappled with coding and the categorisation of the data for months, having procrastinated on getting started for some time before. I know that I find ‘blank sheet of paper’ tasks (like coding) incredibly anxiety provoking because they bring uncertainty with no instant outcome, and I have struggled with these types of open-ended, undefined, non-linear tasks my whole life. I spent considerable energy unpacking and journaling about this experience because it had an acute effect on how I conducted the coding phase.

I noticed myself pushing for answers early in the coding process, eager to just get it done and to move on. I noticed how feelings of relief and anxiety ebbed and flowed as I moved the data in and out of categories, often taking one step forward and three back. In hindsight, this three-month cloud of uncertainty impacted adversely on my personal relationships, my day-to-day work, and my ability to carry out routine tasks in the world.

I find aspects of Heidegger’s *Being and Time* (1927/1998) useful to explain this experience. Heidegger spends much of the second section of *Being and Time* discussing how disruptions and breakdowns can jolt us out of our day-to-day task orientation and expose ways of being-in-the-world. The concept of breakdown as an opportunity for reflexivity resonates with me, for the existential anxiety I experienced as a result of the disruptive uncertainty emanating from coding revealed to me this way I have of being-in-the-world. In confronting this, I was able to embrace the Heideggerian concept of resoluteness, which was an ability to sit in the feelings of helplessness and powerlessness that enveloped me during this anxious time. Rather than panic, I tried to just sit and watch and learn and be attentive to being-in-the-world. Rather than something to be avoided, the breakdown became a lived part of the research experience itself, thus constituting a truly existential stance on reflexivity, as opposed to a solely theoretical one.

In fact, I experienced similar episodes of breakdown throughout the research process, although none as powerful as the coding incident. From all these disruptions, I realise that there exists inside of me a strong relationship between competence and confidence. When I am engaged in activities in which I feel I have some competence, I can be effective, strong, fast, and self-assured. Conversely, when I find myself outside my competence bubble, I can lose confidence and my ability to stay focused, efficient, and resolute can wane. As this is my first (and hopefully only) doctoral endeavour, I had never experienced the demands of a thesis of this nature. Master's degrees do not begin to prepare doctoral candidates for this level of scholarly undertaking and so I found myself continually navigating new and ever-deepening experiences of incompetence. Under such conditions, the feelings that rise up in my body are of panic, frustration and fear. Adrenaline is released into my system in bulk doses, and I am not able to think clearly or produce much meaningful output. This is what I mean when I describe a bodily, visceral relationship with reflexivity; now, when I feel myself moving towards this zone of breakdown, I can stop and bring heightened attention to the breakdown as it is happening. This has enabled me to navigate episodes of uncertainty and incompetence with increasing skill as the research process has unfolded.

3.3 Wanting to rush the study

At various points during the write-up, I became aware of a powerful impulse to get this job done and move on. As I mentioned above, my levels of frustration and anxiety at moments of periodic breakdown were at times quite unbearable and I experienced an intense desire to be rid of these feelings. I initially responded by pushing even harder to get the thesis done, treating it as a task to endure, rather than a process to be savoured. I created tight (unrealistic) milestones and deadlines and resolved to do whatever it took to hit them. I wanted rid of these difficult feelings; at the same time, I wanted the kudos of the qualification and the thrill of completion – and I wanted it immediately.

I spoke this through with my supervisor, who invited me to ponder on this dynamic. I realised that this machine-like pursuit of achievement that was manifesting in the doctorate was yet another incarnation of a recurring meta-narrative from my life. Rather than relishing the full emotional glory of experiences and journeys, I have tended to focus mostly on outcomes, using whatever expedient means are available to achieve and then move on to the next task. In something akin to what alcoholics may refer to as a 'moment of clarity', I asked myself whether I wanted to adopt the same approach to my thesis as I had with so many other experiences in my life. I decided I wanted to do this differently; properly, thoughtfully, uncertainly, without hard deadlines, and hopefully with some lightness and fun as part of the experience.

I think I have done a reasonable job. I found many moments of joy once I had embraced the simple experience of learning without fixation on the outcome, and I am convinced that less pushing has enabled me to have a richer and more fulfilling doctoral experience.

In ruminating on this dynamic, I also realised that there was something of a parallel process in play between my functional, task-driven relationship with my thesis and my past relationship with shopping, particularly in the realm of what I expected out of those activities. In the same way that I used to think that my life would be OK if I could just have that Prada raincoat, so I noticed the same thoughts of being OK if I could just get this thesis done. Instead of sitting in the painful emotions of the time, I sought to go around the pain by romanticising how fine life would be, either with the raincoat or without the thesis (and with the title of Doctor). I realised that this is a flawed strategy that delivers fleetingly temporary respite and, ultimately, disappointment.

3.4 Insights into my own shopping addiction

Important also in any consideration of research reflexivity is one's own relationship with the phenomenon under study. I have my own experience of shopping addiction and I have my ideas about what enabled me to change my relationship with it. In retrospect and having worked on this in personal therapy for the last nine years, I believe that the allure of shopping for me stemmed from a *mélange* of a lonely early life where I did not fit in, experiences of rupture, emptiness, guilt, and shame because of my parents' divorce, and a growing climate of consumption and materialism in 1980s Great Britain. Buying expensive brands made me feel like someone; cared for, special, important. The items on the outside seemed to make up for deficiencies on the inside. I filled up my basket trying to fill up an inner void.

What enabled me to move beyond using shopping as an emotional filler was relationships. I began to repair relationships with my parents; I made new friends, not just through my work but through music and sport and my children and other social pursuits. I had glimpses of me being enough for people just as I am, without the badges of achievement and brands that had hitherto offered an illusion of status and 'good enoughness'.

These ideas and experiences, whilst vital to my own understanding of my interaction with this phenomenon, needed to remain in the background and called into action only with care and awareness as I focused on gathering perceptions from other people about working effectively with shopping addiction.

3.5 Research paradigm

Throughout the study, I became more aware of how often my penchant for order and structure would direct me towards a positivistic approach where truth and reality can be known and away from my stated desire to explore the lived experience of my participants and to co-construct a representation of the social process under investigation.

I noticed my initial gravitation early in this process towards a more positivistic research paradigm through a desire to seek out ‘best practice’ for working with shopping addiction. Journaling and peer supervision helped me to uncover two main insights about this. Firstly, this positivistic inclination was another expression of a quest for certainty. The production of a best practice model, or even the notion that such a thing can exist, represents a yearning for straight lines and solidity that is inappropriate for a constructivist study. But secondly, I love the notion of constructivism, remaining open and flexible to emergent themes, not knowing where the study could go and what data may be co-created in the process, and yet this way of being is not my principal way of doing life. Remaining attentive to this inner tension and the possibility that it could hijack my paradigmatic position was increasingly vital as this research process progressed.

3.6 Power in the interviews

In my daily job as a corporate facilitator and executive coach, particularly when standing before an audience or facilitating a group, I can often feel the power bestowed upon a person in this position. There is a part of me that likes the status. I am at the same time mindful of occupying the ‘expert’ role in the eyes of others and, whilst I try to remain self-effacing when such power is conferred, I am sometimes lured into reigniting my inner world relationship between competence and confidence under these circumstances.

At the start of the interview phase, I felt no such confidence. My first two interviews were with shopping addiction subject matter experts. I had to actively manage my sense of inferiority, at times bordering on feelings of stupidity, which emanated from stepping into the student-researcher role. I was stripped of the cloak of expertise that I often wrap myself in at work, required to take up a position of naïve curiosity, eager to learn from people who genuinely and objectively knew much more about my chosen research field than I did.

The anxiety that initially came from this was intense and could have dampened my sharpness and cognitive function. There was the possibility of limbic overload, or amygdala hijack (Goleman, 1995) which could have interfered with the questions I asked and the data I gathered. The power resided with the participant, and I found this uncomfortable. It provoked several questions for me. What does this mean for how the participants’ clients feel, and indeed how my clients feel? What impact does power have in the therapeutic dyad? If I am feeling discombobulated from occupying the less powerful role in the research context and it is interfering with my ability to think and feel, what does this mean for the way in which clients represent themselves and their lives to the therapists?

As I gained experience with participants, read more widely, started to see themes and patterns in the interview data, and explored this theme in therapy and supervision, so I relaxed into the role of student-researcher, and I began to enjoy it. I reminded myself that this was an exercise in co-creation, and I too

had insights and experience to bring to the process. I believe that with a heightened sense of awareness around this dynamic, I was able to see it when it arose and manage it with some competence.

3.7 Reflections and learning from the pilot interview

Linked to the previous point, during the pilot interview with Florrie I noticed that my own self-consciousness in interviewing a recognised thought-leader in my research topic led to some anxiety, which curtailed the natural flow of the conversation. I reflected that perhaps my interview schedule needed to be slightly more structured to provide a solid framework in the event of nerves coming in. I discussed this issue with my supervisor, as well as my student and professional peers and restructured the schedule.

Following the pilot interview, I realised that my knowledge of the literature was not sufficient when interviewing a thought leader. I resolved to revisit the literature review and to widen still further the base of my search. In particular, I wanted to search more widely for literature about addiction/shopping addiction linked to shame, emotional lack, and a narrow relational world. In reviewing the pilot transcript, I noticed that I was trying to be amusing and to connect relationally with Florrie using anecdote and story. Whilst I believe that some level of relational engagement is necessary, I felt that it sometimes got in the way of collecting the data and I therefore decided to keep a closer eye on that dynamic in future interviews. I also learned that I could usefully brief the participant more fully and so I resolved to send the interview schedule to participants in advance and to underscore my measures to ensure confidentiality in the pre-interview information I sent.

Finally, I recommitted myself to remaining open to all emerging data and alive to the possibility that this research might take surprising turns in different directions depending on what came out of future interviews.

Having outlined five ways in which reflexivity made a significant and positive contribution to this research, the next chapter explores the methodology that enabled me to complete this study.

4. Research methods

4.1 Introduction

This research investigates therapists' reported experiences of conducting psychotherapy with clients with shopping addiction. It is a grounded theory study based on individual, semi-structured interviews with eight psychotherapists who had worked with one or more clients with shopping addiction. The interviews were audio and video recorded on Zoom, transcribed, coded, and analysed according to constructivist grounded theory (CGT) methodological guidelines as outlined by Charmaz (2008).

This chapter outlines the decisions I made about my research paradigm (ontology, epistemology, methodology), the method options I considered and why I chose CGT, the research process I followed (including ethical considerations, sampling, advertising, and the interviews themselves) and my approach to data collection and sense-making. As part of my consideration of research methods, I first reflected on the purpose of conducting a literature review and considered its role in this study. This was an important phase of the research process, particularly as I sought greater clarity on the specific role of the literature review in a grounded theory study.

4.2 Literature review reflexivity

Before and during the literature review process, I explored the theory about literature reviews to clarify the function of it, the procedures for it, and the desired outcome of it.

In considering the overarching function of a literature review, it is also vital to locate this in the context of a study utilising constructivist grounded theory specifically, as literature reviews serve different purposes and have varied goals, depending on a study's research methodology (Baumeister and Leary, 1997). This point is reinforced by Bloomberg and Volpe (2019), who say that "depending on the research tradition you have adopted, there are subtle differences in the interplay between prior knowledge and discovery" (Bloomberg and Volpe, 2019, p. 252). Moreover, as Vos (2018) points out, different stages of the research process require a different way of reviewing the literature and so an effective literature review needs to cater for the lifespan of the research journey, from identifying a research topic through to defining hypotheses and the design, from data collection and reporting through to analysis and conclusion.

Finally, in further service of conducting this review, I identified and read a variety of doctoral dissertations with similar methodologies to learn how other scholars execute what is, to most researchers, a daunting task (Bloomberg and Volpe, 2019).

Literature reviews and grounded theory

In the field of qualitative research, and particularly relating to the use of grounded theory (GT) as research method, polemic and impassioned debate proliferates about the use of existing literature (Dunne, 2011). Indeed, according to Bryant and Charmaz (2012), “ever since the publication of *The Discovery of Grounded Theory*, concerns have arisen regarding how students and researchers should approach and use the existing literature relevant to their research topic” (Bryant and Charmaz, 2012, p. 19).

When using GT, as this study does, it is suggested by some theorists that pre-existing knowledge or use of literature is problematic and can be a constraining exercise rather than a guiding one (Ramalho et al., 2015). I believe this to be partly true, however an answer to the ‘chicken or egg’ question relating to which comes first, the literature or the data collection, may depend on which of the three main approaches to GT (‘traditional’, ‘evolved’ or ‘constructivist’, see Section 4.3.2) is selected for use.

Traditional and evolved variants of GT, both of which have Barney Glaser and Anselm Strauss as their main protagonists, generally advocate staying away from the literature before data collection; their advice is “literally to ignore the literature of theory and face on the area under study, in order to assure that the emergence of categories will not be contaminated” (Glaser and Strauss, 1967, p. 45). The rationale for this is to allow for theory to emerge purely from the data, unimpeded by the researcher’s prior knowledge or the prevailing literature. This more positivist worldview suggests that the researcher can somehow maintain him/herself and his/her influence outside of the research.

However, Kathy Charmaz’s constructivist approach to GT (Charmaz, 2006; 2012) posits that the researcher’s presence in the research is both inevitable and indeed desirable (Ramalho et al., 2015). Moreover, Charmaz (2006) suggests that part of the researcher’s value in the process is to bring insight through previously acquired knowledge and an understanding of existing theory and literature, which may indeed have shaped the decision to engage with this research topic in the first place.

As such, I confirm that the literature review in this study is characterised by a constructivist approach, whereby I bring existing knowledge and initiate an early, ongoing, and systematic connection and reconnection with the literature throughout the research process.

The goals of a literature review

Baumeister and Leary (1997) suggest that there are five main goals of a literature review, and each has different implications and potential outcomes. These are (i) theory development, (ii) theory evaluation, (iii) cataloguing the state of knowledge on a topic, (iv) problem identification and (v) providing a historical account of the development of theory on a particular subject.

When considering which goal would be appropriate for this study, I chose a combination of (i), (iii) and (iv) above. Whilst this is not a positivist study seeking to generate a single-approach model for working with shopping addiction, I do aspire to produce research that makes a new contribution to the body of theoretical knowledge about the phenomenon. It is a developmental piece of research in this regard. Furthermore, I also believe that there is value for me, and hopefully for the reader, to present prevailing knowledge in all the areas associated with my research question. These are therefore the twin goals of my literature review.

Common flaws

Baumeister and Leary (1997) point out some common mistakes that many researchers make when conducting a literature review and there are three that particularly resonate with me. Firstly, they assert that scholars neglect to provide an adequate introduction that structures the endeavour robustly and introduces key concepts and theoretical ideas early on. I take note of this and will seek to provide clear, upfront signposting of the proposed journey through the literature.

Another error committed by many researchers is to provide “inadequate coverage of evidence” (Baumeister and Leary, 1997, p. 317). I interpret this as a need to present enough critique and analysis about the meaning, outcome, and relative strength of the literature in question, as well as a succinct distillation of the main operational aspects and impacts of the reviewed studies.

Finally, Baumeister and Leary (1997) describe the potential for a ‘lack of integration’ in a literature review, a failure to hold the literature together in a compelling narrative, or what Sternberg (1991) calls a ‘take-home message’. I therefore resolve to ensure that my review of the literature is an integrative endeavour which frequently reminds the reader how blocks of literature relate to the broader story of the research.

Realism and trustworthiness

Vos (2018) draws scholars’ attention to the functioning of the hermeneutic circle (see below) when conducting research.

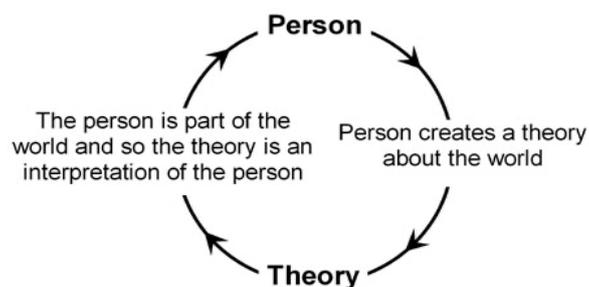


Figure 1: The hermeneutic circle

Source: Vos, 2018.

Reference to the Hermeneutic Circle stretches back as far as St Augustine of Hippo, through to theorists such as Schleiermacher and Dilthey (Gadamer, 1988). However, the concept was explored in depth by Heidegger (1927/1998; 1950/2008) who, particularly in his work *The Origin of the Work of Art* (1950/2008), explored the concepts of being and truth through the lens of the artist. Heidegger argues that artists and their works can only be understood when they are in concert with each other and that neither can be understood when separated from ‘art’, which also cannot be understood when apart from the artist and their work.

Vos (2018) suggests that the same is true for researchers, saying,

We cannot prevent being in the circle. The question is how we are in the circle: do we obscure the circular process by pretending there is no person, or do we recognise the circle and analyse it so that we understand it? The circle can become a negative spiral where you lose touch with reality (positivist epistemology) and with trustworthiness (relativist and constructivist epistemologies) if you do not use a systematic analytic method (Vos, 2018, p. 12).

Vos (2018) goes on to say that realism and trustworthiness in the context of a literature review emanates from three ‘ingredients’, the extent to which it is **systematic**, **critical**, and **self-reflective**.

Systematic

A systematic research literature review is a systematic, explicit and reproducible method for identifying, evaluating, and synthesizing the existing body of completed and recorded work produced by researchers, scholars, and practitioners (Fink, 2020, p. 2).

In the literature review chapter, I outlined how I have approached the review in a systematic way in order to avoid logical bias and to ensure a well-integrated, methodical, comprehensive review of the appropriate scholarly evidence in my field.

Critical

Baumeister and Leary (1997) stress that in social and behavioural sciences in particular, conclusions are limited by weaknesses in the evidence and thus it is vital for researchers to identify and present those flaws. The same authors state that providing a critique of the evidence is an integral, even a central part of the job of reviewing literature. This means I need to be vigilant for methodological rigour, clarity of conclusions and well-founded arguments in the literature I review.

Self-reflective

According to Ramalho et al. (2015), when adopting Charmazian constructivist GT, the researcher’s role is deeply embedded inside the research and the notion that a researcher can be expunged from his/her study is anathema to scholars with a constructivist paradigm. As such, this draws my attention to how

essential ongoing reflexivity will be, both in conducting the literature review and throughout my study. I will remain alive to how my own experiences, life story, voice, culture, personality, and context will shape how I choose, explore, critique and synthesise the literature in this study.

4.3 Methodological considerations

There are many paradigms of research, ranging from positivist approaches that seek ‘one truth’ and suit quantitative, deductive research (i.e., moves from theory to data) to the more phenomenological, qualitative methods that are more inductive (data to theory) in nature. A positivist definition of research might be, “research is a systematic and organized effort to investigate critically and solve a specific problem” (Sekaran, 1992, p. 4), whereas a more phenomenological, qualitative definition would be “an approach based on different methodologies aiming to describe people’s lives as closely as possible to the meaning they give to their innermost life experience of reality” (Schurink, 2013, p. 14).

From these definitions alone, I believe the nature of this research invited me to follow a qualitative path. There are, of course, multiple methodological approaches available to the qualitative researcher and no approach dominates over another. Qualitative research has no exclusive underlying theory or paradigm, and it crosscuts disciplines, subjects, and research fields (Denzin and Lincoln, 2011).

4.4 Research paradigm

Creswell (2012) suggests that there are several philosophical beliefs that locate a research study paradigmatically, providing a unique blueprint for the approach taken by a researcher (i.e., the research paradigm) and I will outline these in the following sections.

4.4.1 Ontology

A researcher’s ontological position is determined by whether they believe in one reality or truth that is independent of social actors (objectivism) or whether social entities should be considered as social constructions built by the perceptions and worldview of the social actors themselves (a position known as constructionism).

In respect of my own ontological position, my life and career experiences have led me to resonate with a constructionist position. In line with Krauss and Putra's (2005, p. 760) belief that qualitative research is based on “a relativistic, constructivist ontology that posits that there is no objective reality”, I do not believe in the existence of a single, objective truth. Instead, I believe that people behave in response to changes in the environment around them and that every person builds their reality and their ‘truth’ with their own meaning-making architecture.

4.4.2 Epistemology

A researcher's epistemological approach is shaped by their definition of knowledge and how they come to acquire knowledge, or to 'know the world'. According to Bryman (2008), there are three main epistemological approaches; positivism, realism and interpretivism (sometimes referred to as constructivism). Positivism contains elements of both a deductive approach (using theory to generate hypotheses), and an inductive approach (gathering data to provide the basis for theory) and it reinforces the notion of research as an objective, scientific activity that is value-free (Bryman, 2008). Realism sits between positivism and interpretivism and contains elements of both epistemological approaches.

The interpretivist/constructivist position rejects the notion of a scientific lens through which to study the social world. It states that for analysing and understanding humans and human systems, one must adopt a research procedure that makes a distinction between the human and the natural order and interpret the social world through the study of its participants.

Worthy of mention is the paradigm of new materialism, particularly in the context of a study investigating the process of shopping, an activity involving the purchase of material goods with money. New materialism has been developed by multiple theorists, amongst them Karen Barad, Rosi Braidotti, and Donna Haraway. Whilst their approaches are differentiated, these thinkers all insist on the importance of matter when considering social and cultural practices (Maclure, 2015). As Barad (2012, p. 59) said, "Matter feels, converses, suffers, desires, yearns and remembers".

When specifically pointed at qualitative research, new materialism poses challenging questions for scholars about a human researcher's capacity to stand apart from the world and make meaning about organisms or systems as bounded units of study (Maclure, 2015). The notion of the researcher imposing their worldview on data to 'make sense' of it is questioned. The research process contains "the bodies, things and abstractions that get caught up in social inquiry, including the events that are studied, the tools, models and precepts of research, and the researchers" (Fox & Alldred, 2015, p. 400). Barad's (2007) notion of ethico-onto-epistemology is pertinent, as it suggests that ethics, what we know and how we know, are inseparable. Crapanzano's (2014) suggestion that we must all be epistemologists because we have to assume what the other is thinking and feeling is particularly relevant to a consideration of the research process.

This theory, especially in the context of an interpretivist/constructivist study which is investigating a process explicitly involving 'matter' (shopping, objects, artefacts, money, systemic power) is important. Whilst this study has constructivist grounded theory as its method, which sits in the constructivist methodological camp, the notion that there exists an inseparability of politics, theory, methodology, participant, and researcher must be held firmly in mind throughout the research process, particularly when making claims of sense-making about the world through human-to-human encounters. The wider

context of shopping addiction must be acknowledged beyond the interviews and beyond the participants' descriptions of client interactions in the therapy room.

Because, however, this is a CGT study, my epistemological 'centre of gravity' is an interpretivist/constructivist approach, researching, capturing, and interpreting people's lived experiences by engaging with their meaning making perspectives via qualitative methods as best I can. In such a method, the researcher and participant come together to co-create the data, as opposed to the researcher discovering an objective truth by studying the participant. In this method, participants are assumed not to offer neutral, objective descriptions and researchers are assumed not to be neutral, objective observers (Hayes and Oppenheim, 1997; Pidgeon and Henwood, 1997). This is described by Giddens (1993) as the double hermeneutic in which the findings of the researcher are constructed partly by the beliefs and worldviews of the researchers themselves. To acknowledge the double hermeneutic is to acknowledge the active role of the researcher in the portrayal of the participant's world. This heightens the need for constant reflexivity on the part of the researcher.

What, then, does this epistemological position mean for the types of claim I can make about my research? Given a belief that knowledge is socially constructed, and that a positivistic, sole 'truth' cannot be known about the world, the idea of best practice is illusory, and we cannot ever really know what is true, false, effective, or ineffective. In the context of this research, given that I was interviewing therapists, I can only report the ways in which I experienced the participants saying that they worked with their clients with shopping addiction. I can never know how they actually worked with these clients, neither can I truly know the impact of the participants' work from the clients' perspectives because, as the researcher, I am removed from the direct client experience.

This notion has been critical in how I designed my research and the claims I feel confident of making about my data and what they mean. A model of best practice is inappropriate and, frankly, impossible. What I *can* do is report my version of how participants said they worked psychotherapeutically with the phenomenon of shopping addiction.

This is not to say that if a researcher rejects the notion of objective truth and adopts an interpretivist/constructivist paradigm they cannot offer solid evaluation of different perspectives on the social world. Charmaz (2005) suggests four criteria against which CGT studies can be evaluated. These are *credibility* (the extent to which the analysis is supported by the data); *originality* (the breadth of new insight the data bring to an existing problem); resonance (how much the data provide insights into the social world under study), and usefulness (the extent to which the study brings change to the social world). I will return to these criteria in my evaluation chapter to assess the overall contribution of this study.

4.4.3 Methodology

A researcher's methodology is the process through which they capture and bring forth knowledge about the world. Note that this is separate to, and distinct from, a researcher's method, which can be defined as the toolkit of procedures and processes used to gather and analyse data (Wahyuni, 2012).

Those with a constructivist/interpretivist approach to research will be predisposed to a methodological process that draws out the distinctiveness of humans from the natural order (Bryman, 2008). Such an approach is likely to rely on interviewing and observation and will prioritise balanced dialogue between the researcher and participants to co-create a meaningful reality (Angen, 2000).

My natural methodological position resonates most strongly with a constructivist approach, in which I am drawn to exploring the idiosyncratic ways in which humans experience the world (myself included in the process). This would perhaps imply utilising a method that goes beyond the use of primary interview data alone, to perhaps include other sources of insight about how people make sense of the world, such as observations, diaries, images, past literature, and research (Charmaz, 2006; Gelling, 2011).

4.5 Method options

4.5.1 Comparison of possible methods

Denzin and Lincoln (2011) suggest that qualitative, constructivist/interpretivist research methods could include case study (single or multiple), thematic analysis, ethnography, participant observation, grounded theory, life history, biography, phenomenology, action research and clinical research (Cassell and Symon, 2004; Denzin and Lincoln, 2011).

In choosing a research method, it was important to consider what methods are best placed to meet the study's requirements, given the unique blend of the topic, the researcher, and the overall field of study. This means that the chosen method should be able to:

- support the exploration of the subjective experiences of therapists working with clients with shopping addiction.
- encourage innovation, new understanding, and theoretical interpretations of the phenomenon under study.
- offer an academically credible and rigorous approach.
- allow the researcher to bring in a variety of sources of data, e.g., observations, journals, images, literature, and past research.

- cater to the geographical challenges inherent in living in South Africa and needing to recruit and interview existential psychotherapists with a certain level of experience and qualifications.
- include a full consideration of the contribution of the cultural, environmental and contextual complexities of the lives of the participants and of the researcher.
- enable the development of a theory about therapists' experiences of working with shopping addiction that moves beyond description.

I considered three different research methods for this study, namely action research (AR), interpretive phenomenological analysis (IPA), and constructivist grounded theory (CGT). I will now outline my understanding of each method and the rationale for my choice.

4.5.2 Action research (AR)

According to some theorists (Holter and Schwartz-Barcott, 1993; Kemmis and McTaggart, 1988; Zuber-Skerrit and Fletcher, 2007), AR originates from the work of Kurt Lewin in the 1940s and came to prominence in the UK in the 1970s. It is defined by Bryman (2008) as “an approach in which the action researcher and members of a social setting collaborate in the diagnosis of a problem and in the development of a solution based on the diagnosis” (Bryman, 2008, p. 382). An alternative definition positions AR as a “systemic inquiry that is collective, collaborative, self-reflective, critical and undertaken by participants in the inquiry” (McCutcheon and Jung, 1990, p. 148). I am drawn to both definitions as they together emphasise the collaborative and reflective nature of AR.

According to Masters (1995), there are five main circumstances under which it is particularly appropriate to use AR:

- when collaboration between researcher participant/practitioner is sought or appropriate – the researcher may be seen as a co-participant or co-worker.
- when finding a solution to a real-world problem is important. The problem is defined in relation to a specific situation and setting determined by the research community.
- when a change in practice is sought (Zuber-Skerrit and Fletcher, 2007). The change in practice will depend upon the nature of the problem identified (Holter and Schwartz-Barcott, 1993).
- when an intended outcome is also a theoretical contribution in a particular field. The evidence gathered and the critical reflection which occurs in AR help to create a ‘developed, tested and critically-examined rationale’ for the practitioner's area of practice (Kemmis and McTaggart, 1988, p. 25).
- when the results can be publicised to participants and across a wider community of practice (Zuber-Skerrit and Fletcher, 2007).

My original research proposal for this study presented AR as the chosen research method. However, once I began to operationalise the research, I reflected on the practical challenges of convening eight existential therapists in London for at least two, possibly three, focus group sessions, as well as conducting one-to-one interviews by Skype or face-to-face. As a result of these conversations with myself and others, I came to realise that AR would be too demanding to execute, particularly with a participant group based in London and my own base in South Africa. I had planned for focus groups to take place during my study trips to London, a strategy that relied on participant availability during a relatively brief time window. It became clear that I would be unable to offer participants the certainty and solidity that I thought they deserved, both from an ethics perspective and from a common courtesy standpoint. I therefore rejected AR as a possible method for this study.

4.5.3 Interpretive phenomenological analysis (IPA)

IPA is an integrative hermeneutic phenomenology introduced by Smith (1996) to make a case for a more experiential approach to psychological research than was available at the time. Further, its qualitative orientation and structured characteristics resulted in it becoming a preferred method amongst other disciplines beyond psychology, including social and healthcare research. It has two main objectives: to provide a detailed explanation of how humans account for life experiences, and to provide a meticulous interpretation of how this account can help to understand the experience in question (Tuffour, 2017).

IPA focuses on understanding the lived experience of research participants by integrating the works of four philosophers: Husserl, Heidegger, Merleau-Ponty and Sartre. With a focus on what is being said, rather than the processes behind what is being said, IPA seeks to understand experiences without necessarily explaining why they occur. In line with Husserl's mode of engagement, researchers seek to gain insight into participants' experiences by bracketing their prior knowledge and detaching themselves from prejudice, forethought, and historical engagement with the phenomenon under study (Smith et al., 2009).

IPA's phenomenological orientation and the possibility of deriving detailed descriptions from therapists of how they work with clients with shopping addiction attracted me to its use in this study. However, several weaknesses rendered the method less appealing to me. First, some theorists believe that it is beset with ambiguities from a lack of standardisation (see Giorgi, 2010). Second, my objective in this study was to go deeper than harvesting the descriptions of participants and move beyond the descriptive towards the interpretative. According to some academics, a limitation of IPA is that it struggles to move beyond mere description (see Brocki and Wearden, 2006; Hefferon and Gil-Rodriguez, 2011; Larkin et al., 2006). I like McKinney's (2014) metaphor to explain this, who says that grounded theory sees "the participant as a vessel containing precious liquor in which the researchers will immerse themselves" (Mills et al., 2006, p. 4), whereas IPA arguably examines how participants experience the cork and the label.

Third, my objective in this study was, in part, to explore and report on the links and associations between different participants' experiences and to show potential theoretical connections between participants' ways of working with shopping addiction. I was striving to develop 'an abstract theoretical understanding of the studied experience' (Charmaz, 2008, p. 6), which may also be termed a grounded theory about participants' experiences of working with shopping addiction.

The table below shows my selection criteria for choosing the most appropriate research method:

Table 2: Research requirements and method evaluation

Research requirements	IPA	CGT	AR
Supports the exploration of the subjective experiences of therapists working with clients with shopping addiction	Yes	Yes	Yes
Encourages innovation, new understanding, and theoretical interpretations of the phenomenon under study	Yes	Yes	Yes
Offers a credible and rigorous approach	Yes	Yes	Partly
Allows the researcher to bring in a variety of sources of data, e.g., observations, diaries, images, past literature, and research rather than just relying on interviews	No	Yes	Yes
Caters to the geographical challenges inherent in living in South Africa and needing to recruit and involve existential psychotherapists with a certain level of experience and qualifications	Yes	Yes	No
Includes a full consideration of the contribution of the cultural, environmental, and contextual complexities of the lives of the participants and of the researcher	Yes	Yes	Yes
Enables the development of a theory about therapists' experiences of working with shopping addiction that moves beyond description.	No	Yes	No

As a result of this comparative evaluation process, CGT was chosen as the most appropriate method for this study and the following section describes the method in more detail.

4.5.4 Grounded theory

Grounded theory is a well-established and credible framework that moves from data to theory (Bryman, 2008). It is primarily an interpretivist mode of enquiry with roots in symbolic interactionism in which discourse, gestures, expressions, and actions are all considered primary to the experience (Goulding, 2002) and it is renowned for its application to the study of human behaviour (Glaser, 1992).

There are three main approaches to grounded theory, which may be labelled 'classic' or 'traditional', 'Straussian' or 'evolved' and 'constructivist'. The 'classic' method is viewed as positivist/post-positivist

in nature and was first published in 1967 by Glaser and Strauss in *The Discovery of Grounded Theory*. This approach pioneered sound methods which had flexibility; however, Glaser and Strauss arguably largely ignored how the researcher themselves had an impact on the research set-up, on interactions with participants, and on the collection and analysis of data. The researcher was seen as ‘objective’ and with a devout belief that theory would always emanate from the collected data. Glaser and Strauss (1967) strongly believed in the notion of ‘one single truth’ waiting to be uncovered.

Soon after their seminal publication, Glaser and Strauss started to part ways, both ideologically and methodologically, as Strauss teamed up with Juliet Corbin and became more focused on creating an approach founded on symbolic interactionism (known as the ‘Straussian’ approach), a perspective that concentrated more on the symbolic meaning participants ascribe to social interaction, objects, conversations, or events, based on what they believe is true (Chun Tie et al., 2019).

At the same time, Strauss and Corbin (1998), perhaps counterintuitively, went beyond offering flexible guidelines for conducting GT and became quite prescriptive in their application of procedures. These were fastidiously followed by GT practitioners working in very concrete ways that arguably diluted the more progressive social constructionist elements intended in their approach.

Kathy Charmaz (1990, 1996, 2005, 2006, 2008, 2012, 2017) then further developed existing GT theories to produce what is known as constructivist grounded theory. Charmaz is a symbolic interactionist and thus her theory focuses on how participants construct meaning in relation to the area of inquiry. A constructivist researcher therefore co-constructs experience and meanings with participants. I resonate with a constructivist approach to GT because of the following aspects:

- Charmaz positions ‘reality’ as multi-perspectival and constructed; there is no one truth or reality.
- The research process emerges from interactions.
- The approach gives importance to the researcher’s own position and impact, as well as those of the participants.
- There is a co-construction of the data by researcher and participant – data are a product of the research, not just observed aspects of it.

Given my decision to recruit and study therapists (and not clients), it is clear to me that I was not seeking to study ‘best practice’ but instead ‘perceived good practice’, i.e., psychotherapy in respect of the shopping phenomenon according to the therapists and not the clients. For this reason, it was important for me to adopt an approach to GT that honoured this proposed exploration of others’ subjective experiences. I was also mindful of the requirements of the DProf course, which stipulate an engagement with literature early in the research process. Traditional and evolved approaches to GT do not allow for this.

As I considered the issue of GT approach still further, it became clear to me that the research interviews themselves could be seen as products of particular interactions between socially located clients and therapists. I realised that the knowledge I collected about therapy that addressed shopping problems was then also grounded in the social circumstances in which it was created. Together, then, the participants and I were effectively co-authoring our version of what happened in therapeutic interactions with these clients.

In considering and exploring at length the various approaches to GT, I came to understand that I was not undertaking a piece of qualitative research with a positivistic flavour. I was dealing in greys, in uncertainty, in relativity and with the experimental. The need for reflexivity becomes even more critical under such circumstances and so I paid particular attention to this in several ways. I tracked the points in the research at which I felt my own biases and their interactions with the process could have most influence and recorded in my research journal how I felt I had impacted and the action I took to bracket off my judgement and influence. This included my influence on the research design, including the formulation of the research question, interview schedule and final choice of methodology.

I reflected on my potential impact on participants during data gathering interviews (and their impact on me) and how my worldview might have shaped how I conducted the analysis. I also brought heightened awareness to my writing style and the multiple meanings (planned and unplanned) that emerged as I wrote up my research, particularly my default desire to apply heuristics to bring expediency to the meaning-making process.

Finally, and critically, I traced my influence on myself, noticing how my own life events, internal moods, beliefs, and external stressors affected how I presented my final thesis. This was done through journaling, writing memos, recording voice notes, writing songs and poems, and taking photographs of research artefacts throughout the research process.

4.6 Research process

4.6.1 Overview

My overall research process (see *Figure 2* below) has six broad stages and is informed by Charmaz's (2006) CGT process suggestions.

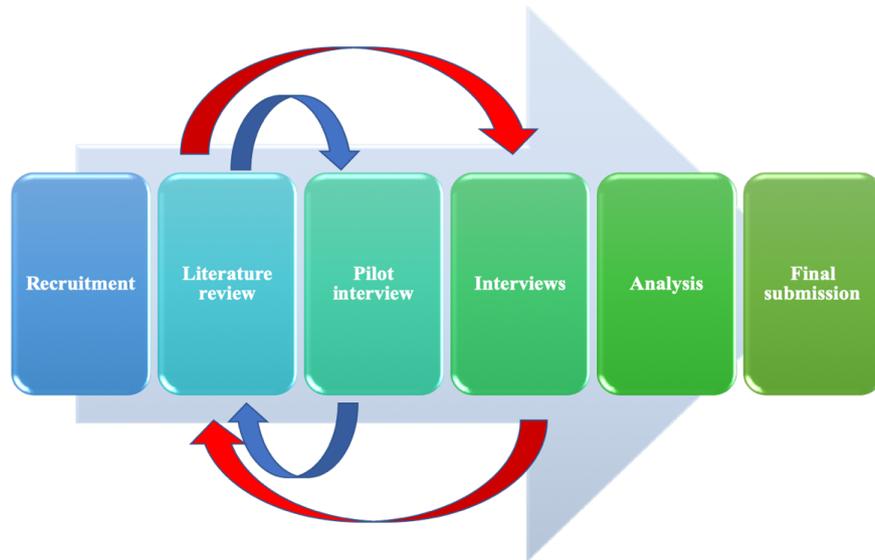


Figure 2: Research process

4.6.2 Ethical considerations

The importance of ethics in research cannot be overemphasised. As Schurink (2013) says, “ethical issues are the concerns and dilemmas that arise over the proper way to execute research, more specifically not to create harmful conditions for the subjects of inquiry, humans, in the research process (Schurink, 2013, p. 17).

From a practical perspective, I used the BACP *Ethical Guidelines for Research in the Counselling Professions* (Bowman et al., 2018) as the basis document for my own engagement with ethics. Other sources of ethical guidance came from the British Psychological Society (BPS) *Code of Human Research Ethics* (BPS, 2014) and the overall BPS *Code of Ethics and Conduct* (BPS, 2018).

What resonates with me strongly from my study of research ethics is Bloomberg and Volpe's (2008) view that ethical considerations can and must permeate all phases of the research, from the data collection to the publication of the findings. They add that ethics issues mainly focus on the protection of research participants’ human rights and include informed consent, protecting participants from harm, and ensuring confidentiality. Keeping the research participant at the centre of ethical considerations became my primary frame of reference when completing and passing my research ethics submission to the Middlesex Ethics Board, during the completion of the Research Project Part 1 module and throughout the rest of the study.

I followed closely the BACP (2018) *Ethical Guidelines* framework throughout the various stages of the research process; during recruitment and before ‘live’ engagement with participants in the interviews, during the interviews themselves, and after the research discussions. At all times, I held myself

accountable to the core elements of the BACP guidelines; namely trust, respect, integrity, quality and rigour, the law, safety, diversity and vulnerability, and ethical problem-solving.

As part of my initial recruitment process, I sought to be clear and transparent about the nature of the research and to clarify mutual expectations. I checked in advance that each participant was comfortable with the technological aspects of the interview (the use of Zoom, audio, and video recording) and I stated that I believe that informed consent does not stop with a signature on a consent form; instead, it is a process of interactive communication between a researcher and a participant. I reassured each participant that there would be an open channel of ongoing communication should they wish to contact me at any point before, during or after the research with any queries.

In advance of the interview, and in line with the risk mitigation section of the BPS *Code of Ethics and Conduct* (BPS, 2018), I checked that each participant did not feel that there were any aspects of their involvement in this study that might pose a risk to them. No participant flagged any risks. Had they done so, I would have taken the opportunity to work with their fears and suggest some steps to minimise the perceived risks. I stressed my openness to feedback and/or concerns at any point in the process as a commitment to trust in the relationship. I emailed each participant my research induction pack, consisting of a participant information sheet, an informed consent sheet and a debriefing process document (see Appendix 2). Consistent with ethical practice (Bowman et al., 2018; BPS, 2014, 2018), I did not offer participants any financial incentives or other inducements to participate in the study. It was also not necessary to reimburse any out-of-pocket expenses, although I would have done so if appropriate.

During the interview, I utilised a preamble to assure participants of confidentiality, the rigour of the research and my commitment to send them a transcript of the interview to review to ensure their comfort with the write-up. I checked in at least once with each participant during the interview about their feelings of ease and safety about the content and process of the interview.

After the interview, I emailed each participant to thank them for their time and involvement and to establish a date by which they would receive the transcript for review. I ensured that I met every transcription deadline with all participants. In terms of confidentiality, each participant was assigned a code and their data were recorded and stored against this code. In the final write-up, this code is used to refer to the participant. All personal identifying data are excluded from the final write-up. Data were kept on an encrypted external hard drive which is locked in my office safe.

4.6.3 *Selecting the sample*

Sampling

Amidst the different interpretations and approaches to grounded theory, sampling in GT has also become a topic attracting some contention and debate. For example, Charmaz (2006) is critical of researchers and theorists who do not appear to understand the difference between an initial sampling approach such as purposeful sampling and theoretical sampling.

Purposeful sampling is typically employed at the start of a study to identify participants who have knowledge/experience of the particular phenomenon under study. When using such a strategy, a researcher will typically select those participants who promise to deliver the most information-rich contributions. At the outset, the researcher defines selection criteria based on the research topic and possible interview questions, which themselves will have been derived from existing knowledge of the area and an initial review of the pertinent literature. The researcher will then have a list of ‘target’ participants.

Theoretical sampling is when “the selection of participants and the reason underpinning that selection will change in accordance with the theoretical needs of the study at any given time” (Breckenridge and Jones, 2009, p. 5). In CGT, the objective of theoretical sampling is to obtain data that help to expand, define, and hone the categories as the data are collected. It is important to stress that theoretical sampling relates to conceptual and theoretical development, not to the need for greater or more diverse demographic representation in a sample. Indeed, until the point at which a researcher has developed at least a rudimentary data categorisation framework and is ready to develop these categories, they are not conducting theoretical sampling (Charmaz, 2006).

This difference is summed up by Charmaz (2006), who says: “Initial sampling in grounded theory is where you start whereas theoretical sampling directs you where to go” (Charmaz, 2006, p. 100).

In this study, in line with many CGT theorists (Sbaraini et al., 2011; Moser and Korstjens, 2018), I employed both purposeful sampling and theoretical sampling. Initially, I utilised purposeful sampling to locate and select participants. From web research, literature, my studies at NSPC, and prior knowledge of key authors and practitioners in the field, I was able to research and construct a list of fourteen therapists, either known for having experience of working with clients with shopping addiction (based on their publications or other freely available information) or who I could approach to ask whether they met the inclusion criteria. These were being existential in orientation, having experience of working with one or more clients with shopping addiction, having a minimum of ten years of post-qualification experience as a therapist, and being academically qualified to master’s degree or beyond.

I used theoretical sampling at various stages of the analysis to determine who to interview next and what questions to focus on during interviews based on the emerging data. This enabled me to shape, populate and refine categories of data until I reached a point of data saturation, a topic to which I will return later. I found theoretical sampling to have alchemical properties in the way it enabled me to tighten the focus of my categories by defining who to choose to talk to next and the themes on which to focus.

Recruitment

I started the recruitment of existential therapists with experience of working with shopping addiction in two places: with my teachers at NSPC and with a psychotherapist and thought leader already working with shopping addiction. I sent emails (See Appendix 1) outlining the nature of my research, its timescales and the requirements around academic qualifications and length of experience (minimum master's degree or equivalent, minimum 5 years of practice). I also gave an overview and conditions of the data gathering process (Skype or Zoom video, audio and video recorded), and outlined my process for transcription and their opportunity to review the transcript. I concluded with the promise to supply an abridged version of the results. From fourteen email invitations, I received twelve favourable responses indicating agreement to participate. The final group of eight participants is described in Table 3 below.

Table 3: Participant demographics

Participant*	Gender	Ethnicity	Age group	Years of experience	Therapeutic orientation(s) and highest qualification
Florrie	Female	White	70+	35	Psychoanalytic and British Existential, shopping addiction subject matter expert. Doctorate.
Natasha	Female	White	51-60	25	Psychoanalytic and American Existential, shopping addiction subject matter expert. Doctorate.
Tony	Male	White	41-50	19	British Existential, Master's.
Andrew	Male	White	51-60	25	British Existential. Doctorate.
Daniel	Male	White	51-60	25	European Existential. Master's.
Rory	Male	White	41-50	20	British Existential. Doctorate.
Steven	Male	White	51-60	30	British Existential. Doctorate.
Prunella	Female	White	41-50	20	British Existential. Doctorate.

**Names changed to protect anonymity*

I had no preconceived idea about a suitable sample size for saturation and so the number of participants involved in this research was defined according to three criteria. First, I researched what is generally seen to be a 'reasonable' sample size for a piece of doctoral research and I discussed what might be an

acceptable sample size with supervisors and NSPC faculty. I was encouraged by NSPC in my initial research viva to trim my initial target of twelve participants down to eight. The second criterion was data saturation, i.e., the point at which no new concepts were produced by the data and analysis. I felt that I was establishing significant patterns, themes, and categories after six interviews and I used the final two interviews to enrich the categories and with a view to making the linkages between themes even more robust. Third, I had a practical limitation from the niche nature of my field of study, as the number of existential therapists who have worked with shopping addiction is quite small.

4.6.4 Interviews

In preparation for semi-structured interviews with experienced existential therapists with a minimum of five years of post-accreditation practice, I developed a list of questions to guide the interviews. These included:

- Tell me about a client with whom you worked on shopping addiction.
- What brought the client to you?
- What existential issues did you explore with the client?
- How would you describe the therapeutic journey with this client?
- What worked with this client and what didn't work?
- What did this client evoke in you?
- Is there anything else you'd like to say, or anything you expected us to talk about but didn't?

In terms of my reflexivity around the pilot, before I conducted my interview with Florrie, I asked a fellow student to interview me with my interview schedule and semi-structured questions, an approach recommended by Bolam et al. (2003). I audio-recorded and transcribed this interview to critically evaluate the flow of the questions and dialogue and to draw my attention to any inconsistencies, disconnects, biases or blockages to the flow.

In practice, and despite having trialled the question set with a colleague, I found that this interview schedule felt a little lightweight. Following the pilot, I decided to restructure the interview schedule to be more rigorous in several ways (see Appendix 3). Firstly, as a response to feeling that my initial description of the aims of the study was less than clear in the pilot interview, I added a scripted preamble, which was designed to ensure that all participants received the same brief for the interview and that there was clarity of purpose around the study. In the preamble, I highlighted the phenomenological aspects of the study, underscoring my desire to understand participants' own inner experiences of their psychotherapeutic process with this client group. I built in more granularity when asking participants about 'the therapeutic journey', asking specific questions about ways of working at various points in the

therapy and seeking more detail on strategy, approach and interventions. I also asked explicitly about what it was like for the participant to be with the client and to discuss any perceived barriers or difficulties in working with clients on shopping addiction. By asking about barriers, I was keen to explore more of the relational aspects of the therapeutic dyad, particularly in the light of learning in the pilot interview that much of the perceived success of Florrie's work with her client was reportedly founded upon the strength of the relationship.

4.7 Data analysis

4.7.1 Overview

Denzin and Lincoln's (2011) concept of researcher as bricoleur is exemplified no clearer than in the data analysis phase of qualitative research, when the rich and varied strands of all data come together to be processed. As suggested by Wahyuni (2012), data analysis and reporting involve the drawing of inferences from raw data through a process of identifying patterns and themes within the data (Given, 2008).

Merriam (2009, p. 175) refers to the interactive nature of data analysis, suggesting that to make meaning out of data and report it effectively, one must consolidate, reduce, and interpret what people have said and what the researcher has seen and read: "Data analysis is a complex process that involves moving back and forth between concrete bits of data and abstract concepts, between inductive and deductive reasoning, between description and interpretation".

4.7.2 Transcription

I recorded the interviews using Zoom's audio recording functionality. Once I had downloaded the audio recording files from Zoom and stored them on my password protected external hard drive, I uploaded the files to otter.ai, an online transcription software service. This was not a flawless process, and every transcript needed some degree of editing, which I carried out by listening to the audio recording whilst simultaneously editing the text on screen. Some participants had strong accents, which the software occasionally found difficult to pick up. Therefore, I spent between three and five hours tidying up each transcript, which was useful for becoming more familiar with the data and participants' descriptions of their experiences. Any data about participants, their clients, or any institutions were anonymised or removed from the transcripts.

4.7.3 Transcripts and sense making

Josselson (2004) suggests that Ricoeur's hermeneutics of suspicion and hermeneutics of faith are a useful concept for working with interpretive stances taken by narrative researchers. If a researcher takes a position characterised by the hermeneutics of faith, the words of the participants are taken at face value and without seeking deeper meaning. If, however, the hermeneutics of suspicion are adopted, the

researcher problematises the participants' narrative and seeks interpretation and meaning beyond the text.

This study adopted the hermeneutics of suspicion, described by Josselson (2004) as 'demystification'. Using this approach heightened the need for constant and attentive reflexivity, as my analytical process essentially entailed high levels of personal interpretation beyond what was present in the text.

4.7.4 Coding

When researchers refer to data analysis in qualitative research, they are often referring to coding. In qualitative research, coding is an important first step in the generation of theory and involves the review of transcripts and field notes from interviews and focus groups and labelling emergent themes that appear to be important to the understanding of the environment being researched (Bryman, 2008). With respect to coding in GT, Strauss and Corbin (1998) outline a three-tiered coding methodology as follows:

Open coding – the initial stage of breaking down, examining, comparing, conceptualizing, and categorizing data to generate concepts surrounding the issue(s) under investigation.

Axial coding – the second stage in which data are put back together in new ways after open coding, by making connections between categories. This is achieved by using a 'coding paradigm' to forge explicit links between categories.

Selective coding – the third stage of "selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development" (Strauss and Corbin, 1990, p. 116). Categories are then integrated, and the 'storyline' of the research is generated.

This three-tiered coding methodology is depicted in greater detail in Figure 3 below.

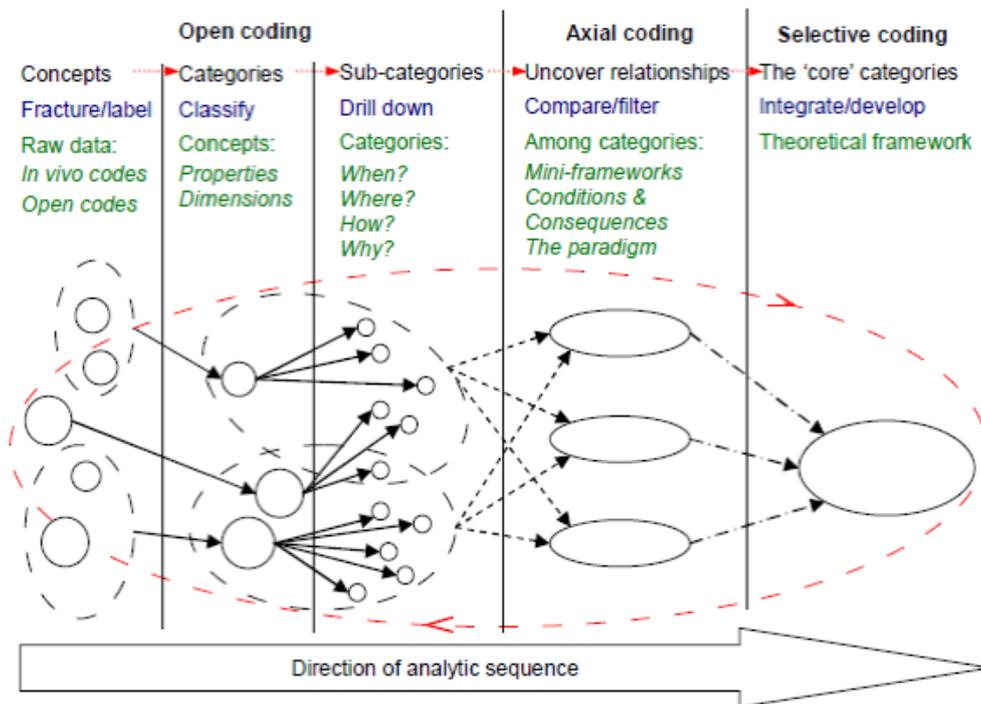


Figure 3: The grounded theory analytic process

Source: Adapted from Warburton (2005).

4.7.5 Coding in constructivist grounded theory

Charmaz (1983, p. 186) describes codes as the “shorthand devices to *label, separate, compile* and *organize* data” (emphasis in original). According to CGT, “Coding is the pivotal link between collecting data and developing an emergent theory to explain these data. Through coding, you define what is happening in the data and begin to grapple with what it means” (Charmaz, 2006, p. 46). In CGT, coding should not be seen as a unidirectional process, but instead, one in which a researcher moves iteratively and cyclically between different stages of coding, although they may do more initial coding at the beginning of a research study than at the end (Flick, 2014).

Initial coding (also known as line-by-line coding) involves comparing data with other data in a freeform way, remaining open and flexible to what emerges from the data. Charmaz (2006) suggests that researchers keep their codes short, simple, precise, and active, moving quickly yet carefully through the data.

Through a process of initial coding, the researcher will identify the most important or frequently occurring codes and themes that begin to paint a picture of what might be happening in the data. With selective coding (also called focused coding), the researcher uses this smaller group of macro codes to sort through large quantities of data (Charmaz, 2000; 2003; 2006).

In short, whilst different practitioners approach coding in diverse ways, the core theme is one of generating codes that are loyal to the data and then moving towards a more abstract way of framing the research issue.

4.7.6 Coding in this study

Developing negative capability

As I stated earlier, I initially found the coding phase challenging. I needed to develop a greater capacity for *negative capability*, a notion first introduced by the poet John Keats in 1817 to explain how writers and philosophers are able to produce works of artistic creativity and beauty even when the process leads them into intellectual chaos, confusion and uncertainty. For researchers, negative capability describes the ability to tolerate the ambiguity of the process, to resist the temptation to reduce and shut down complexity and uncertainty too early in the analysis process, and instead to actively choose to remain open, curious, and receptive to phenomena as they present themselves (Kumar, 2014). I became closely attuned to this tussle between the polarities of certainty and uncertainty within me and tracked it throughout the analysis.

Learning from the pilot

When coding the pilot interview, partly due to my structured personality and partly because this was the first interview, I was keen to adopt a particular framework for the coding exercise in a somewhat mechanistic fashion. I considered using my interview questions as the starting point for analysis; I also thought about rigorously implementing Strauss and Corbin's (1998) three-tiered model of open, axial and selective coding. I played with the possibility of immediately starting to code into buckets, e.g., 'therapy process' 'client information', but I felt that this would also constitute starting with preconceived ideas.

Therefore, I decided to remain as open and unbiased as possible, placing most importance on just swimming in the data. The successful execution of GT is, after all, at least partly dependent on seeing data through fresh eyes, remaining open to new and emergent themes, motifs, and directions. I became aware of the role of the pilot interview in helping me to recruit appropriate future participants, to define my research focus more tightly, to unearth relevant literature, and to generate insights that I could take forward to the next interview. I resolved to just stay deeply curious about what the data might hold, free from bias, models, and preconceived ideas and to just see what I could learn from the data and where it could take me. This was part of my reflexivity journey throughout the coding process as described in the previous chapter. I also became acutely aware that only my lens on the world would determine which data were relevant and which were discarded, conscious of my own humanity and worldview and how it constantly came into the research process.

In terms of overall approach, and consistent with my chosen constructivist paradigm, Charmaz (2006) offers some basic tenets of coding of which I stayed aware throughout: to remain open, to stay close to the data, to keep codes simple and precise, to construct short codes, to preserve actions, to compare data with data and to move quickly through the data.

Perhaps the only element of process I was mindful of prior to coding was to begin working line-by-line, pulling out every possible indicator and concept before transitioning into a more focused coding process as per Charmaz (2006). Overall, I approached the pilot coding with curiosity and an open mind, also remembering the words of Dey (1999): “there is a difference between an open mind and an empty head” (Dey, 1999, p. 251).

I read about Glaser's (1978) idea of coding with gerunds (-ing words) and the impact on the analysis of turning nouns into action words. As Charmaz (2006) notes, “we gain a strong sense of action and sequence with gerunds. The nouns turn these actions into topics” (Charmaz, 2006, p. 49). I tried hard to use gerunds when generating my concepts; however, I initially found the experience contrived and curtailing and did not implement it for the pilot interview analysis. Following the pilot, I persevered, and I returned to this approach when I coded the remaining seven interviews, successfully using gerunds across all categories and experiencing the energy that this process injected into the codes and categories. The impact of gerunding on my understanding of existential theory was to again engage with the idea of humans as ‘becoming’, i.e., humans as dynamic constructs with shifting essences. The contribution of gerunding to my understanding of psychotherapy with people with shopping addiction was to reinforce that this is an action-based process and to transform static descriptions about the therapy into active process codes.

I decided to use NVivo software to support the coding exercise. I had considered coding the pilot manually, as I thought that perhaps this would enable me to become more intimate with the data. However, upon further consideration, discussion with my supervisor and peers, a reengagement with the relevant qualitative research literature and with one eye on the practicality of coding further interviews, I decided to use the software, which I found easy to learn and intuitive to use. I continued to use NVivo for the remainder of the study.

Coding the interviews

The move from transcript to coding constitutes a move from straight reporting of what was said towards a more interpretative space to which I bring my own insights, views, values, and beliefs. The first phase was a line-by-line approach to coding, which involved going through each transcript and selecting individual psychological units of meaning through the constant comparison technique. According to Goulding (2002), constant comparison in GT involves the ongoing cross-comparison of data to look for emerging patterns and themes.

Constant comparison, together with theoretical sampling, “constitutes the core of qualitative analysis in the GT approach and in other types of qualitative research” (Boeije, 2002, p. 391). The constant comparison method is the process of moving back and forth between data collection and data analysis, with data analysis shaping future data collection (Leedy and Ormrod, 2010). During the constant comparison process, I compared data to other data to look for similarities and linkages between concepts and categories. The cycle of comparison and reflection on ‘old’ and ‘new’ material was repeated several times (Boeije, 2002) and if the data could not be associated with an existing code or category, a new category or code was assigned to them. This process was used for each individual interview, and again on the complete dataset once all eight interviews had been completed.

From the line-by-line coding process of eight interviews, 762 initial codes were produced. As an initial exercise in absorbing the data, I cut and paste these from the NVivo system into Word, printed out the pages of initial codes and mounted them onto a cardboard to produce a ‘coding board’ which I hung on my study wall (see Appendix 5). I looked at this board for 10 consecutive days, resisting the temptation to launch into any deeper analysis other than reading and swimming in the data.

In the second phase of coding, I used a focused coding strategy to draw together initial codes into bigger ‘buckets’ of meaning. As per Charmaz (2006), through this process I determined the adequacy of the initial codes and decided which codes represented the significant implicit and explicit themes in the participants’ descriptions. Further comparison of experiences across interviews and between participants unearthed common themes and points of intersection. At the end of this phase, I had 61 themes. In the third phase, a selective coding approach was used to select the focused codes that most ‘hung together’ to move towards a cohesive representation of the phenomenon under study. As a result of this process, having iteratively combined, deleted, split, and reformed various categories on numerous occasions, I produced five mutually reinforcing core categories, each with either two or three sub-categories, making a total of 13 sub-categories. I developed a framework of how these five categories related to each other, which I will present in the following chapter.

In terms of selecting which quotes to use in the findings, mindful that there is an iterative relationship between codes, categories and sub-categories in CGT (Charmaz, 2006), I reviewed each sub-category and selected those quotes that best illustrated the category and sub-category in question. Sometimes, this was in a literal sense, i.e., that a particular word or phrase was the same or synonymous with a category or sub-category name. Sometimes, a quote was selected because it portrayed a less explicit, but nonetheless vital, meaning or worldview that related to a core theme of the study. In this way, quote selection was both direct and indirect; that is to say, quotes related directly and verbatim to a category or sub-category, or else they were connected in a less explicit but more meaning-making oriented way.

4.7.7 Memo writing

Memo writing was conducted throughout the data analysis. In GT, memos are notes written by the researcher, either for themselves or their research colleagues, “serving as reminders about what is meant by the terms being used and provide the building blocks for a certain amount of reflection” (Bryman, 2008, p. 547).

Memoing occurs initially at the substantive coding level and proceeds to higher levels of conceptual abstraction as coding proceeds to theoretical saturation and the theorist begins to explore conceptual reintegration through theoretical coding (Bryant et al., 2012, p. 21).

Glaser (1978) emphasises the importance of memos, stating that if a researcher does not use memos, then s/he is not executing GT properly. I used memos extensively to keep track of my thinking, test concepts, crystallise ideas and generate relationships between data. I found this process useful for playing with some of my own conceptual new ideas and ways of linking data together, running as a complementary parallel process with the coding and analysis.

4.7.8 Theoretical saturation

Saturation is “the state in which the researcher makes the subjective determination that new data will not provide any new information or insights for the developing categories” (Creswell, 2012, p. 450). According to Bryman (2008), theoretical saturation relates to two particular elements of GT; the *collection* of data (data collection continues until new data are no longer contributing to the concept) and the *coding* of data (coding continues until a point beyond which it is counterproductive to review the data to see how they fit into concepts or categories). As stated previously, I felt that I was establishing significant patterns, themes, and categories after six interviews. I used the final two interviews to enrich the categories and with a view to making the linkages between them even more robust. I therefore reached collection and coding saturation after eight interviews.

4.8 Summary

This chapter outlines the major methodological decisions and assumptions I made, the research process I followed (including ethical considerations, sampling, advertising, and the nature of the semi-structured interviews) and my approach to recording, transcribing, and analysing the data. I now progress to presenting the findings from the process.

5. Findings

5.1 Introduction

This study focused on gathering data to understand how participants describe their work with clients with shopping addiction, why participants say they work in these ways, and the outcomes they report. This section outlines the findings from the eight semi-structured interviews conducted as part of this study. The overall findings corral around five categories, with thirteen sub-categories, as outlined in Table 4 below. This is a textual representation of the social process under investigation – how therapists describe psychotherapy with clients with shopping addiction.

Whilst the categories and sub-categories may appear at first glance to be quite general, they are the categories that emerged from the data and they do, once explained and understood in more detail, tell a story of the phenomenon of shopping addiction from an inductive analysis of the data. They also contain some novel insights about the specific nature of conducting psychotherapy with shopping addiction, particularly when one views the dynamism of the categories and sub-categories as overlapping and interacting to together produce a narrative grounded in the inductive method.

Table 4: Core categories and sub-categories

Category	Sub-categories
Making an ambivalent initial connection	Exploring the client’s espoused problems in living
	Investigating historical relational patterns
	Getting close <i>to</i> the client (but not too close <i>for</i> the client)
Providing a safe therapeutic crucible	Liking the client you’re with
	Offering a secure base
	Staying compassionately curious about the client
Changing the course of the therapy	Naming a previously hidden phenomenon
	Exploring the allure of the hook
	Unpacking the all-consuming behaviour
Supporting the client’s self-understanding	Discovering that there’s a lost self
	Acknowledging and investigating a narrow relational world
Moving from objects towards relationships	Broadening and reaching out
	Being-towards-oneself

5.2 Making an ambivalent initial connection

This category contains dimensions that reflect what participants said happens in the early stage of therapy when the relationship between therapist and client was first conceived. There are three sub-categories in this category. Participants reported that the client arrived with *espoused problems in living* (their stated reasons for coming to therapy) and these were explored early in the process. In addition, participants said that the client often brought their *relational history* into the therapeutic space early on and this was seen by participants as an important aspect to the work with these clients. Participants described their attempts *to get close to the client* and form relationship, and their experience of some reluctance on the client's part.

5.2.1 Exploring the client's espoused problems in living

Overview

All participants reported that clients arrived with their own espoused problems in living as reasons for coming to therapy: alcohol/gambling/tech/porn addictions and/or anxiety and relationship difficulties. Clients were 'espoused' to these problems, i.e., they were 'wedded' to them, as their explanations for needing therapy. The participants chose to take these problems at face value and explored them actively up front, reporting that this provided initial grounds for connection.

Arriving with anxiety

Two participants described clients who initially came to therapy for debilitating anxiety that was causing severe problems in living. Prunella described her client, who was in her 80s and living alone in a sheltered housing complex, as experiencing anxiety for most of her life and it had become so severe that she was unable to leave the complex and seek face-to-face therapy. For this reason, Prunella worked with her online.

She ... she came because of her anxiety, lifelong anxiety. Real extreme anxiety. (Prunella:44)

Later in the interview, Prunella returned to the theme of anxiety when discussing her client's attempts to assuage the anxiety with alcohol, which was not possible because the anxiety medication precluded it.

She had to stop; the medication meant she couldn't drink. She said that meant that she couldn't self-medicate. And nothing has helped her with her anxiety. (Prunella:288)

Steven started working with a male client in his late 20s for similar reasons, as the client presented with generalised, free-floating anxiety that was preventing him from living.

And he was coming, because he was really quite frightened. He was very, very anxious about absolutely everything really, I mean, just living was difficult for him. (Steven:59)

Again, as with Prunella's client, the anxiety was the initial presentation and the doorway through which Steven walked to connect. Steven said that his engagement with the anxiety and his curiosity about it enabled the client to access emotions that reportedly could not exist outside of the therapeutic space.

Yes. I mean, and he actually started to say, it took a while, because I think it was difficult for him to recognize. It was very emotional actually, I mean, in terms of presentation, an awful lot of what was happening in the room was actually him being very tearful, which he was not allowing himself outside of the room at all. (Steven:287)

In both cases, the anxiety was not expressed in neutral terms and it was not benign. Both Steven and Prunella described severe and significant levels of anxiety – lifelong, extreme, all-encompassing.

Addictions and afflictions

Three participants reported clients coming to therapy because of addiction or obsessive-compulsive behaviour. Addictions were wide ranging, from alcohol and gambling to pornography, but interestingly not shopping.

Tony described his client, a man in his early 40s, as embodying a blend of anxiety and alcohol use from an early age within his family of origin. There was a fond way in which Tony narrated how his client used to 'sneak' a bit more to drink in the face of some difficult social interactions with his family.

I guess you might call it a kind of social anxiety I guess ... I mean when he started drinking ... drinking was part of his family culture from quite a young age really you know often around the dinner table and he'd sneak a bit more than probably what siblings had. (Tony:158)

Tony also linked his client's drinking to a sense of emptiness and pointed out that the addictive behaviour could not solve the problem of an inner void.

Yeah. I mean I guess that in a way filling himself up with alcohol kinda filled that, some of that emptiness. Although when he sobered up, he still felt it, you know it was still a theme in his recovery. (Tony:227)

Andrew also shared the historical alcohol use of his client, a woman in her 40s.

She was certainly involved in some fairly self-destructive activities before. She, you know, she used to drink too much. (Andrew:408)

I am struck here by Andrew's description of the behaviour as "self-destructive". There is something somewhat judgemental about this word and I reflect on who gets to call the drinking self-destructive

and who decides what “drinking too much” means? This is one of many occasions during this study that I was reminded that these are the participant’s words rather than the client’s. I wondered what the client might say about her own drinking.

Andrew’s description of his client paints a picture of a woman who is struggling with anxiety and other obsessive behaviours, including cleaning.

The cleaning. Cleaning things. She had ... she was always rubbing her hands with that with the alcohol gel that you get just in case she caught germs. (Andrew:421)

Again, I feel a slight sense of a critical parent in the way that Andrew describes the client’s germ phobia and I wonder to what extent the obsessiveness and “always” nature of the behaviour was actually true.

Rory’s client, a man in his late 30s, also came to therapy with multiple addictions, including alcohol, gambling, technology, and pornography.

Well, he got himself into bother because he had ... his big sort of thing that a really messed up his life was his pornography addiction ... he was watching videos that were ... both of male and female sexual encounters but also male on male encounters. (Rory:29)

So, if he needed a quick fix, he'd do it. Same with gambling, you know, so he would sometimes gamble more, and so it was a way to try and fix the way he felt. (Rory:289)

He had an iPad, and he lived his life through this damn iPad. So, he would go ... he would, as soon as he can, he would go to bed and then he would gamble online. And watch pornography online, so everything was mediated to this iPad. (Rory:191)

In reflecting on Rory’s description of his client’s challenges with pornography, gambling, and his iPad use, I notice how much Rory was saying that he knew about what happened outside of the therapy room, deep inside his client’s world. It was indeed apparently true that the client had “got into bother” through his pornography use (Rory told me that this client ended up on the sex offenders’ register because of “accidentally” viewing a child pornography website). However, that said, I notice how much detail Rory had about his client’s idiosyncrasies and routines around his gambling and iPad use and the motivations for the behaviour. There is a strong sense of ‘knowing the client’, a pride in how Rory felt he knew the client’s world.

Relationship challenges

Two participants shared their experiences of initially engaging with their clients around relationship difficulties. Daniel described his client’s feelings of desperation because of a failed marriage and the associated devastation.

And he'd noticed his wife withdrawing from him several months before they actually split and, and to him this relationship was completely sacred. So, he was just devastated when he came to me. (Daniel:106)

Following on from his observations above regarding his client's drinking and cleaning, Andrew shared his insights about her Crohn's disease, its impact on her ability to have a relationship, and the connection he was able to forge from exploring these phenomena with his client.

Well, she had ... a lot of issues around which we connected. One of those issues was a long-term issue with Crohn's disease so she was ... wasn't able to work full time because of that. Another issue that was associated with that was the lack of a relationship ... because of the Crohn's disease she was unable to have a relationship. (Andrew:94)

5.2.2 Investigating historical relational patterns

Overview

All eight participants said that the client's early life history came up in therapy and that this was client-led. Participants reported that relationships had been difficult for these clients from early in their lives. They said that clients sometimes had a history of being 'the good object' in their families and/or of appearing to relate to other people as objects.

REFLECTION BOX 1

Early life relational patterns would not necessarily be a place of exploration for existential therapists. Indeed, as Steven noted about his client; “*He actually did something which existential clients don't often do, he did something that's more like you'd expect in psychodynamic therapy where he went right back to his childhood, and early days.*” (Steven:64). Straight after my pilot interview with Florrie, I wrote a memo called ‘client childhood’, because I realised that whilst Florrie was working quite existentially, she was blending her psychodynamic training into the work too. I initially had doubts about the merits of this category and resolved to explore this more fully with later participants.

***Memo on client childhood:** There is a part of me that is interested in the client's childhood as a way of understanding the phenomenon of shopping addiction; however, I also know that this is not strictly speaking an existential approach. I know that I need to be slightly more focused around participant selection for the remaining interviews; however, I balance that out with the fact that I've interviewed a leading expert in shopping addiction, and she is existentially inclined. The client childhood discussion was also very rich and gave me a lot of insights into some possible antecedents of the phenomenon. The loss of care givers and the absence of emotional care in the client's early life feels important to how the shopping behaviour manifests. I would not know this if this topic had not come up. I'll keep an eye on this with future participants.*

Emotionally distant care

Four participants spoke of exploring an experience in their clients' lives of emotionally distant parents or caregivers. The family unit may have been able to provide materially; however, there was a strong theme around unmet emotional needs. Emanating from all these commentaries seems to be huge empathy and compassion from the participants for their clients' difficult early life experiences, both from the tone and the content of their insights.

Florrie explained the difficulties that she heard her client express around early life trauma and a cold family environment.

Living with her father and this stepmother was very, very difficult. For example, after supper each evening the stepmother said, “you go to your room now”. So, she had no sense of family life. (Florrie:62)

As the interviews progressed, I discovered a common theme of emotional disconnection in childhood. Tony shared two substantive points about this.

But I guess they are from quite a well-off background, where they had been provided for quite materially a lot but maybe not provided for emotionally, if that makes sense. He wouldn't have said he had a bad childhood in an abusive way, but his parents were quite emotionally distant. (Tony:89)

This split between being cared for emotionally and materially feels important: material care could indicate care through objects rather than through human connection. Tony commented on his client's successful career and ability to be "high functioning" and yet at the same time, the emotional impoverishment in his client's life had continued into adulthood alongside this concrete achievement in the world.

I guess people just saw him as quite high functioning and again he felt that bit of a repetition with his childhood where them people didn't recognise what was happening for him emotionally, so that kind of theme permeated through his life. So he still felt misunderstood and not really understood emotionally which had been around all his childhood. (Tony:183)

Rory also highlighted this as a theme with his client: he had grown up in a world of material sufficiency but devoid of love, attention, and fulfilment of the child's emotional needs.

I got the sense that he had parents who were very successful in life but didn't have time to really give him time. (Rory:519)

But so here his physical needs were met, but his emotional needs were, I don't think ever really addressed. So I, you know, you'd say it's in a different language. It's a sort of ... issues of attachment, you know, he never perhaps ever attached to his parents and, and therefore found it very difficult to attach to other people in his life. (Rory:524)

Rory raised an interesting point about attachment here, which surfaced in several interviews either explicitly (as it did here) or implicitly via stories of abandonment, neglect and relational ambivalence.

Daniel also commented on his client's reported sense of loneliness, lack of affection and detachment in his early life.

He said that there wasn't much affection shown. But everybody sort of jogged along - his overriding memory was that that he was completely alone and kinda detached from them in a way. (Daniel:207)

Daniel's choice of language paints a vivid picture of an isolated child starved of affection; the notion of 'jogging along' portraying a life where transactional boxes are ticked but affective needs remain unmet.

The good responsible object

Both Tony and Steven spoke to themes of early responsibility and a sense of huge, almost superhuman, expectations being placed on their clients. Steven related how his client had had the head of family role bestowed upon him. This client learned early in life that he was valued when he performed and, in fact, that performance could even heal family wounds and resolve conflicts. He did not need to be (and, in fact, should not just 'be'), he needed to 'do'.

They had set him up as the, the member of the family unit who actually made everything okay. So they invested him with this extraordinary power whereby he only had to ... you know ... the parents could be rowing, he only had to walk into the room and they would immediately say, Oh, you know, there's Greg, what have you been doing Greg? And he'd sort of say I just drew a house or something, look at my drawing, and then everything would return to normality. So it ... it's as though he was actually given responsibility for keeping the whole family unit going.
(Steven:165)

Steven was suggesting that his client's achievements, or even his mere presence, were used to fix relational difficulties in the family. His client became the 'good object'. Steven sounded almost indignant as he described the amount of responsibility his client had had to assume early in life and the missed childhood that was the cost of such a level of obligation.

So, you know, as a kid, there was this sense of, you can't just be a kid, you're actually responsible for your parents' marriage effectively, you know, with his sister when you can't just be the brother in some sense, you've got to inculcate her into this sort of system, etc., etc. (Steven:394)

This client was rewarded for taking responsibility for the whole family system; healing and teaching and mediating and uniting people. In addition, Steven recounted (with some wonder and empathy in his tone) that this client not only had to be the responsible one, but also the high performing one, again conjuring up a sense of him having to be the 'good object'.

He'd been very much the apple of his parents' eye; he'd been ... he'd always been a good boy, you know ... he was very intellectually capable and did great things at school and was never naughty, apparently never rebelled. (Steven:86)

Tony related a similar theme about his client, a tale of conditional love and care that was predicated on achievement.

He was expected to achieve. His parents were quite competitive, I guess, quite critical if he didn't do well in certain areas or didn't get certain grades in things ... they wanted ... he had to be 100% all the time. There was no room for a day off, you know, to let your grades drop a bit ... to be human. They were quite fearsome in that way. (Tony:200)

Other humans as objects

Daniel described an interesting relational theme involving his client and the client's wife. Daniel's client had been left by his wife after she uncovered tens of thousands of pounds of debt from shopping (which did not initially come into the therapy). Daniel suggested that the client was relating to his wife in an 'object possession' way.

He got so attached so early on and then not letting sort of her go there was a, for me, like an objectification that she was his and his alone and his, almost like his property. (Daniel:222)

Daniel was specific in his choice of language, speaking directly to the theme of objectification and how his client seemingly viewed his wife as a prized possession. Daniel described how his client's wife remained nameless until later in the therapy process.

And he described the wife and it's interesting ... I'm saying wife ... it was a good two months into the work before I said, 'what is her name?' because it was always 'wife' and that was again ... we talked about objectification, and I always think that's interesting with clients who don't bring names of people, but especially someone so significant. (Daniel:289)

What is curious about this second comment is that Daniel himself had also accepted the wife as a nameless object for the first two months of therapy before asking for her name. Daniel reported that the broken marriage was the reason the client came to therapy in the first place, and yet the wife at the centre of the client's pain remained an object to both client and therapist for two months.

Death

Four therapists reported that part of the exploration of early historical relational patterns with their clients brought up several experiences involving the deaths of caregivers or family members.

Her mother died when she was 10 and the mother had been ill from the ages ... from when she was eight ... like that. (Florrie:48)

And then there have been three quite traumatic events. The death of her father. The death of her stepmother ... not that stepmother, not the wicked stepmother but the much more recent stepmother who was a very loving very gentle woman and that distressed her very much. That that lady should die. And most of all the death of her aunt. The aunt was very, very important to her because she knew about her life. (Florrie:258)

Florrie reported that her client had described multiple deaths, principally of caring, motherly figures. There was so much empathy and care for the client sitting inside this narrative. This loss of nurturing figures was clearly an important theme to Florrie in the context of this client, and there was also a sense in me that through her discourse, Florrie was showing me her high level of knowledge about, and emotional connection with, this client.

Natasha, a shopping addiction expert, made a link between death and shopping, raising the idea that shopping connected her client with her mother, both while the mother was still alive (they used to shop together extensively) and then, when the mother died, the client's shopping became excessive in a bid to recreate the mother-daughter relationship.

They would go shopping constantly and her over shopping escalated after her mother died. It was an attempt to recreate a self-object bond. (Natasha:212)

Daniel explained an early experience of death in his client's family: the client's twin sister had died very young, and he had not been told about it until years later.

And then he was also a twin. And he had a sister who died at six months. And he was told this around eight or nine. (Daniel:188)

Thus, participants suggested that early experiences of the impermanence of bonds with care givers through encounters with death were important to recognise and explore with the client.

5.2.3 Getting close to the client (but not too close for the client)

Overview

All participants said that they wanted to connect with the client; however, some reported that this was often not reciprocated. Participants described relational ambivalence on the part of the client and relational distance and boundaries for the therapy needed to be negotiated.

Therapist offering connection

Rory and Prunella said explicitly that they started therapy with attempts to connect with the client. Rory described how he saw his relationship with his client and what he felt he was offering into the therapeutic space.

From the start, I'm trying to ... I'm trying to be a positive mirroring object, you know, a positive person in a room with them, interested in them. I think this can be really effective and I think it was with him (Rory:785)

Rory's reported strategy for connection was centred on being positive. But how do we actually know that this worked with this client? My experience of Rory during the interview was of an upbeat, forward

thinking, future-oriented person and so this comment from a positive person left me wondering about how a therapist's own personality shapes the way they engage and seek connection early on. How do we know that this client needed a positive person in order to feel connection? Perhaps Rory's client was the type of person who connects with people via shared pain and not positivity.

Prunella also sought connection from the outset, but her approach was different.

So initially I could see that the therapeutic relationship was a real sort of connection for her on that level of care just being a lonely lady. (Prunella:61)

I really wanted her to feel that connection that she wasn't on her own in the world. At least, there was this connection that she had, that was a real connection. (Prunella:224)

In both comments, Prunella had chosen to narrate her approach to connect as rescuing the client from loneliness by offering a 'real' connection. When narrating this to me, Prunella was thus also (like Rory) suggesting to me that her connection technique was effective. I wonder how we (Prunella and I) can know that a 'real' connection was achieved, given that we are not able to ask the client directly.

Clients resisting connection

As a counterpoint to (or perhaps in response to) participants' attempts to connect, six of the eight participants reported some significant relational ambivalence and/or pushback around connection from clients. Participants described connection as slow, disrupted, avoided, obfuscated, doubted or sabotaged by clients.

Steven suggested that the slow connection was perhaps linked to his client's feelings of shame for coming to therapy.

I think it took maybe about three months really, for us to get into the work because I think there was a real sense of shame that he was coming. (Steven:293)

Steven described how compassionate he initially was towards his client, despite the slow connection. Steven suggested that even with the high levels of compassion he felt he was offering, the client resisted his attempts to connect, unable to receive the care that was on offer.

And I do remember in the first few sessions I felt very compassionate, but the connection was slow in coming. I mean, I remember him feeling as though, you know, he was sitting on the chair most of the time actually crying, very huddled up not making any particular eye contact, and there was a real sense of being closed off and not being available to be met, not being able to perhaps receive something. (Steven:437)

Andrew shared experiencing some significant challenges in connecting with his client, who would move the conversation around to avoid answering any questions directly. There was a feeling of exasperation in Andrew's testimony, a sense of a duel or power struggle in which the therapist makes a move, and the client thwarts it.

[Connecting] was with great difficulty. Almost every time I asked about you know "what's it like when ...?". "Oh I don't know". And then she changed the subject onto something else. It was extremely and unbelievably difficult to get her to talk about the same thing for any even short length of time. (Andrew:178)

Tony also reported an experience of difficult initial connection; however, according to him, it was a difference in accent and perceived class that erected a barrier and might have impeded forming a bond.

There was a difference between me and him where he was a ... he had quite a posh accent where I would say I've got a ... Yorkshire kinda working class I guess you might say accent. He was from quite a different ... a different background. (Tony:114)

Tony was self-deprecating as he told his story of class divide (albeit in a very humorous way) and as I listened, I wondered about how much of this was real for the client, to what extent the inferiority resided in Tony's inner world, and, critically, how Tony's possible sense of subordination might have impacted on the therapy itself. Tony returned to this later in the interview, suggesting that the client was judicious about checking out his qualifications, as if to imply that the client needed to establish for himself Tony's credibility before connecting.

Initially he questioned me about my qualifications and experience. He wanted to know what, for want of a better expression, he was buying into. (Tony:544)

Although a perceived class differential appeared to have created initial connection challenges, Tony reported getting through and beyond these early barriers. Again, I was struck by the humour with which Tony narrated, pointing out the possible juxtaposition between the first class ("Armani") addiction clinic and his own Yorkshire accent.

He was at the Armani of clinics. And then I turn up and he thinks "what's this pigeon-fancying Northerner going to offer me?" ... But yeah, we got to a different place with it, once we got through it, once we got through those initial barriers. (Tony:560)

Florrie reported yet another different form of blockage to connection, sharing that her client had come to seek therapy and then immediately tried to use a holiday to delay the start.

I think what was interesting with this client is how she almost wanted to sabotage it right at the beginning. Coming and saying well I want to be away for a month so at any point in starting

you know it was I found that very interesting ... Because in a way I held onto her and I said, “of course there's a point in starting now” and she gave me so much information in that first session I wondered whether I'd ever be able to retain it. (Florrie:807)

This quote from Florrie encapsulates this category of *getting close to the client (but not too close for the client)* beautifully, illustrating how the therapist might push to get close but meet with resistance from the client. In this negotiation between Florrie and her client around when to start, Florrie won. This causes me to wonder again about how power works in the therapeutic dyad.

Category summary

- Participants said that clients arrived at therapy with espoused problems in living other than shopping addiction. Participants engaged with these at face value as a way of initiating a connection.
- Participants reported that the client often brought in early life relational patterns. They said that clients had experiences of difficult attachments, emotionally distant parents, death and objectification of self and others.
- Participants often experienced initial relational ambivalence, resistance, and blockages to connection from the client. Boundaries and closeness were being negotiated.

5.3 Providing a safe therapeutic crucible

This category includes participants' descriptions of how a safe container for the therapy was created. Participants indicated that *liking the client* played a part in establishing a solid foundation for the relationship. In addition, participants discussed the role they played for their clients and how that established *a secure base* for the therapy. Furthermore, participants indicated that *compassionate curiosity* was vital to enable a safe therapeutic space.

5.3.1 Liking the client you're with

Overview

Six participants reported that they liked their clients and that they believed this contributed to the quality of the therapeutic encounter. Some participants even commented that they would consider being friends with these clients if they were not in therapy with them.

Varying degrees of liking

Six participants talked explicitly about liking their client, with some expressing a real fondness for them. In reviewing what participants said, I am drawn to the varying degrees of friendliness across the interviews and the possible correlation between the way of working and the extent of the liking. For

example, Natasha spoke quite objectively and neutrally about the client's commitment to her process of shopping addiction recovery.

Well, most of what I'm aware of is her enthusiasm for her process and impressed with how seriously she takes the work and admiration for her process, cause ... (Natasha:234)

Here we have a professional admiration for the way in which Natasha's client applied herself to the work and so it is arguably more about transactional admiration than relational connection.

Florrie described her feelings about her client in measured terms, yet also with some warmth.

She's sort of very likeable ... she didn't think it ... she doesn't see herself as likeable. I enjoy her coming. (Florrie:169)

Daniel also spoke to the notion of liking his client, yet was quite hesitant in his description. In the interview itself, there was uncertainty and a pause in Daniel's speech and an emphasis on the words "kind of", portraying some ambivalence on Daniel's part.

So, urm, I kind of liked him, but I felt that, yeah, it was hard for him to face his reality, very hard. (Daniel:583)

Steven took us more towards a humanistic position, referring to his client as a "fellow traveller", hinting at potential friendship dynamics before acknowledging the perils of befriending clients.

So ... and I think possibly somebody, I mean fellow traveller ... conceivably going in sort of the direction of friendship and I'm not going to go too far there because obviously you know, we're not trying to befriend our clients for all sorts of reasons. (Steven:373)

In his interview, Steven talked about a few different clients, and he made a similar comment about liking another female client. Again, Steven was guarded and careful to make his liking of the client about how "interesting" she was.

And I... and I rather liked her actually. I mean, she was an interesting character. (Steven:611)

Rory reflected on liking his client too, possibly to the point where, like Steven, he would have considered spending social time with him if he was not his client.

He kept popping up on my LinkedIn as a, as a person, you know who I could connect with. And I never did because I would, you know, you know, I didn't think I was right. But I remember thinking, well, I could you know, he's quite ... I quite liked him, you know, he was ... I could see him ... I could be friendly with him. (Rory:794)

Prunella was the most vocal about how much she liked her client. On several occasions, she made resounding statements of fondness, accenting certain words to convey the extent of her affection.

VERY fond of her. I'm very fond of her ... Oh, I'm VERY fond of her. (Prunella:493)

There were varying degrees of 'liking' and there may be some possible connection with modality and the extent to which participants can perhaps allow themselves to like the client or not.

5.3.2 Offering a secure base

Overview

Six participants said that they strived to offer a safe relationship to their clients, perhaps for the first time in the client's life. This could mean assuming the role of nurturing parent or the caregiver who does not objectify the client, but instead offers a relationship without conditionality, responsibility, or unpredictability.

Reparenting? Or something comparable?

Five participants mentioned the idea of reparenting in some form and had varying degrees of resonance with the concept.

Florrie raised the idea that she played a maternal role to her client, although her position was mediated by some ambivalence and awareness of the stereotypical aspects of reparenting by a therapist.

I mean possibly ... and this is just so stereotyped ... possibly I have a maternal role because after all, her experience of mothers has not been too good. (Florrie:366)

So, the reparenting aspect, yes, although of course it's not every client/therapist relationship that will allow for that, for lots and lots of different reasons. (Florrie:727)

Florrie raised an interesting point here, that reparenting would not work or be appropriate with every client. It further supports the notion that some ways of working with clients are idiosyncratic and client specific as much as generic or formulaic.

Natasha was initially neutral around her role, positioning herself objectively and cleanly as a guide to her client's growth.

I think I've been a wise, non-judgemental and supportive guide to her growth and her change.
(Natasha:221)

Later in the interview, Natasha described nurturing her client and, at the same time, discouraging the shopping behaviour. As we learned earlier in the section on death, this client used to shop excessively

with her mother before she died, and her shopping addiction escalated following the mother's death. Natasha was thus working to break the pattern by being the nurturing caregiver who doesn't encourage the shopping.

That's where the reparenting comes in – there's a new introject and I play the role of, I think, a loving nurturing presence but one that, that sees the self-defeating nature of the excessive shopping. (Natasha:324)

Some participants were uncomfortable with the label of reparenting, but many talked of taking a parental-type role for their clients as a way of providing safety in the therapy space. Tony juggled with the word 'reparenting' and 'reparative', seeming to prefer the latter as a way of explaining what he offered the client and how it made up for the client's early life experiences of emotionally distant parenting.

Yeah, I mean you could frame it ... that I was offering him something that his parents didn't offer. So, in a way, you could say that's reparative. Or reparenting, you know, it was a reparative experience. (Tony:461)

Andrew also mentioned the word reparenting but sought to distance himself from it or being defined by it, instead explaining his role as a trustworthy figure in the client's life. I again notice how labels of any type are awkward for the existential therapists to hold.

Reparenting ... Yes. Yes. ... I mean I was never sure how she saw me apart from as a figure that she grew to ... grew to trust and probably somebody who she talked about things far more than she did to anybody else. (Andrew:554)

Indeed, the trust that Andrew mentioned was reportedly earned through some fairly directive work to guide the topics of conversation and by challenging his client strongly.

And it was only ... it was only then that I was able to challenge really quite strongly you know by saying you know "I don't want to talk about that. I want to talk about this. No no THIS, not THAT, THIS". And I was able to do that, and I think she was able to trust it ... (Andrew:538)

Rory spoke to reparenting in a roundabout way, reading his own role and desired way of working through the lens of parenting (and sibling) relationships.

You, you come to, to grasp yourself and to have a sense of yourself through someone else. And so, you know, obviously that happens for infants through their parenting relationships and then their sibling relationships and so I get that. And definitely, that's what I'm trying to do. (Rory:779)

Rory built upon this point later, suggesting that sometimes the benevolent parent role involved setting some boundaries and non-negotiables around the addictive behaviour. I like the analogy Rory uses of the child crossing the road and how sometimes the responsible parent just needs to say “no” and “stop”.

You know, when you're a parent, part of being kind is to be structuring, you have to say sometimes, no, you're not going there, you know, you're not crossing that road, just stop....
(Rory:829)

A safe relationship without responsibility

Steven rejected the notion of reparenting when I raised it, reluctant, I assume, to use a transactional analysis concept to describe his role. He did acknowledge that we need to think through who we are as therapists for the client.

Reparenting? Yeah. I ... I'm ... that notion of, you know, who you are for the client is interesting so long as we don't get down the sort of the psychodynamic route with this.... (Steven:360)

Instead of using a concrete term like reparenting, Steven focused his offering on safety, curiosity, and non-judgement. Critically, remembering that Steven’s client had stepped into huge familial responsibility from a young age and therefore in a bid to offer something else, Steven told me that he sought to provide a relationship without any demands on the client, free from responsibility and any need to ‘save’.

And I think for me, what I was trying to do was offer him some sort of relatively non-judgmental, curious relationship, which was safe, and which was really focusing on him. And which was coming from a place which didn't require him to save anyone. You know, you didn't have to be responsible for me, didn't have to save me. (Steven:380)

5.3.3 Staying compassionately curious

Overview

Five participants reported showing a deep curiosity about the client by working phenomenologically, which can support the client to ‘see’ themselves and help to construct a safe therapeutic crucible. In staying curious about the client, the participants role model, and therefore encourage, the client to do the same for themselves.

Working phenomenologically

Daniel described taking an adaptive, idiosyncratic approach, operating mostly from a phenomenological home base.

I tend to work more phenomenologically than anything else. I don't sort of believe there's purists in psychotherapy, I think we have to be different for different people under an umbrella of existentialism. (Daniel:309)

I like Daniel's insight about being different for different people; it speaks to the importance of being responsive to context in therapy, as opposed to making frameworks or tools fit onto clients.

Prunella also commented extensively about working phenomenologically with an angle on building relationship. This was to support her client who was battling with isolation and to encourage a space for the client to talk. It is interesting to note that Prunella had made an assumption about the client "needing to talk" and I wondered how Prunella knew this.

That was what the work was really, I was working very phenomenologically with her just really a lot very much emphasising the relationship. (Prunella:220)

I just worked phenomenologically with her, just more just because what she needed was to talk. She doesn't talk to people very much in the day. (Prunella:566)

Being curious about the client

Three participants said that showing curiosity about the client in the initial stages of therapy was a feature of their way of working. Tony, whose client had early experiences of emotionally distant caregivers, previously referred to his role as "reparative" and was particularly focused on providing emotional curiosity.

I think initially ... I was quite a benign figure for him, but also someone who was curious emotionally about what was going on for him emotionally. (Tony:441)

Daniel's insights about his own approach were reflexive and self-effacing.

From the outset, I try to enter his experiential world and look at really ontological givens and what it means for him to be alive, which sounds sort of very grandiose, but it's not really. (Daniel:316)

I am left with a sense that Daniel worked hard to get inside the client's life and get as close to his experience as he could. I also feel that Daniel was indicating to me that whilst he knew the technically correct terms for his way of working (e.g., "experiential world", "ontological givens"), he held these formal labels lightly and was quite pragmatic and down-to-earth in how he worked.

As a segue into talking about how participants support client self-curiosity, Steven shared how he modelled curiosity about the client so that he would become interested in himself.

And, you know, it's that very straightforward thing that you do in existential therapy where you, if you model curiosity about the client, the client permits themselves, yeah, to be curious about themselves and that I think is the beginning of potentially some freedom, some ability to change, to think about their own nature and see what you will. (Steven:348)

I am interested in the link that Steven drew between curiosity, freedom, and change. This suggested a process, which looks something like this:

Therapist curiosity → *Client self-curiosity* → *Freedom* → *Change*

This feels like a significant insight and a description of working with addiction in an empowering way that encourages client agency and responsibility.

Encouraging client self-curiosity

Three participants suggested that enabling the client to become curious about themselves and to explore their inner worlds was vital to their work together. Tony shared how he asked his client to describe his inner experiences and really look at what he was doing in the world. He referred to this as “an inside job”, which I like as a way of portraying how significant it is for clients to decide for themselves to change.

Thinking about him ... it was asking him to describe in order to discover ... and working with him, it's ... you know ... in a way it's an inside job, it's something that came from within him really. (Tony:591)

In tandem with his earlier comments about his phenomenological way of working, Daniel suggested that client self-insight was critical and that working phenomenologically provided the client with the space to speak, explore, and listen to themselves.

And what I what I'm really doing is sort of ... I'm trying to offer a chance for the client to clarify their situation and gain insight. (Daniel:324)

And I'm trying to use the space so that I can ensure the client hears themselves. (Daniel:334)

Steven summarised this concept of self-curiosity succinctly and suggested that only when clients became curious about their own behaviour and choices could they gain agency and make shifts (or not).

It's only really when you enable them to think I'm curious, what does this mean to me that they can get a sense of agency and whether they want to do something different or indeed continue with the same thing. (Steven:777)

Being curious about the behaviour

Four participants suggested that there was a third useful application of curiosity, which was to encourage curiosity about the behaviour contributing to the problem in living.

Rory asked the client to explore the phenomenon of craving in the context of addiction. He said that getting into the phenomenology of the experience was vital to arresting the cycle of use. Rory was suggesting that bringing heightened attention to a moment-by-moment awareness of how the craving was manifesting provided an opportunity for the client to respond differently. I am drawn in by Rory's description of his practical style of questioning the client; it appears simple on the surface and yet is seemingly extremely effective.

We have to say, okay, you know, recall a time when you when you got ... when you started to crave to shop, what will you know, and get into the phenomenology of that experience. What is it like when you're feeling that way? What's going on in your body? What's going on in your mind? What are you having an impulse to do? And talk to them about, you know, the fact that they're going to have to delay, they're going to have to wait, they're going to have to not, you know, give in to that and what can they do? That really works. (Rory:662)

Steven, who had contributed to all three applications of curiosity in this section, pointed to *genuine* curiosity as an opening to the client seeing themselves and thus being open to change. I wonder what the difference is between false and genuine curiosity, and I suspect that this links to his comments about banishing judgement and guilt. Perhaps false curiosity is encumbered by these unhelpful emotions and its 'genuine' counterpart has no such emotional impediments.

A relationship which enables someone to genuinely become curious about why ... what they're doing and why they're doing it or what they're thinking and why they're thinking it or what they're buying and why they're buying it. Genuinely be curious. It seems to me that once you've got that genuine curiosity, without guilt, without a sense of negative judgement, then then there's probably, that's the only way you can get to a place where the person has the opportunity to, if you like, step back a little and think now, how do I feel about this? (Steven:763)

The crucial thing for me around shopping addiction ... any addiction ... is actually enabling it to become an object of curiosity. And I think usually it's wrapped up in shame and guilt. If you can get away from that, then I think all sorts of possibilities become unlocked. (Steven:801)

Category summary

- Participants described how liking their client appeared to play a part in setting up a safe relationship for therapy.

- Participants talked about the role they played for their clients, suggesting that they might offer their clients a relationship which was nurturing and less conditional and objectifying than they had perhaps experienced from caregivers in the past.
- The role modelling of compassionate curiosity by the therapist reportedly allows the client space to explore themselves safely and more fully, leading to a greater sense of awareness about themselves, their lives, their place in the world in the context of other people, and their behaviour (including their problems in living).

5.4 Changing the course of the therapy

This category contains three dimensions relating to the discovery and exploration of shopping addiction. Seven out of eight participants said that their clients had not presented with shopping addiction, it was a *hidden phenomenon* that emerged over time. Participants explored two aspects of the shopping, namely *the allure of the hook* (the inner world meaning and purpose of shopping in the client's life) and the *all-consuming behaviour* (the outer world manifestation of the phenomenon in behaviour).

5.4.1 Naming a previously hidden phenomenon

Overview

The shopping behaviour was initially hidden and then it was noticed by the therapist, often by chance. The participants described deciding to focus on the shopping because they felt it was contributing to the client's problems in living. This changed the course of the therapy.

It's almost never about the shopping initially

Seven participants said that clients who happened to have a problem with shopping did not arrive with shopping as their stated problem. As described in section 5.2.1, clients' espoused problems in living related to anxiety, relationship difficulties, and various, sometimes co-existing, addictions. It was never about the shopping at first, apart from Natasha's clients, which is understandable, given that she advertises herself as a shopping addiction expert.

Interestingly, Florrie was also a published subject matter expert on shopping, yet her clients did not tend to arrive with shopping as a presenting problem.

Interestingly they often don't present with shopping addiction. It comes incidentally.... coincidentally. (Florrie:490)

Florrie's comment portrays an accidental discovery, a phenomenon that feels like it could so easily have been missed. Andrew went even further by suggesting that shopping was far from the initial reason for coming to therapy, and there was an adamancy about how far off the radar shopping was at the start.

What brought the client initially? Well, it was nothing to do with shopping. (Andrew:69)

Andrew also commented that he thought he had recognised shopping as a problem before the client did. This was a common theme amongst participants, that they identified problems with shopping before the client raised it. I wonder how a therapist can know for sure that the client had not recognised a shopping problem.

It's only after quite a long time because she, you know she stayed a client for a long time after she finished the course. It was only for only very gradually that I began to realise that shopping was an issue for her. I think it's hard to tell really but I think I realised it was before she realised it was. (Andrew:81)

Andrew described how the shopping had not emerged as a problem because it remained hidden behind other “so-called” problems. He suggested that the shopping was perhaps a way of coping with other challenges.

It was never something that was centre stage. You know she didn't come ... I've got a problem with shopping I want to do something with it ... in a way, shopping was the least of her so-called problems and it was a way of solving a lot of the other problems. (Andrew:85)

Later, reflecting again on the appearance of the shopping behaviour, Andrew revealed that it had been some years into the therapy that he first became curious about shopping as a potential problem in living when he noticed an increasing number of shopping bags from clothes stores when the client came to therapy.

I guess it first appeared a few ... two or three years in probably, perhaps more ... And I first noticed it because every time she came to a session, she had a shopping bag from another, a different clothes shop. I thought, oh that's interesting. (Andrew:301)

Firstly, it was impossible to say whether the shopping problem had been there in the client's life from the start or whether it had developed during therapy. Secondly, this brings up the question of how one recognises shopping addiction when we only see a client for 50 minutes a week. Drugs and alcohol addictions may perhaps be more discernible in the client's behaviour and physical demeanour. Behavioural addictions are perhaps tougher to identify, unless clients introduce them themselves, either in conversation or through evidence of their existence (in this case, shopping bags).

Tony said that his client had presented with several other addictions, which included alcohol and some historical drug misuse.

The client I have got in mind, what would have brought them to me is another type of addiction, a substance addiction. (Tony:63)

Tony suggested that the shopping could only emerge once the client was in recovery from his alcohol addiction.

They'd noticed in their recovery a problem with what you might call shopping addiction ... so in their recovery from alcohol, they became aware of this other problem. (Tony:70)

It introduces the notion of a hierarchy of addictions and problems in living. How do therapists decide which problem to focus on and how do they know that they have made the 'right' decision (if such a thing exists)? I speculate that Tony's client perhaps needed to be sober to see that there was a problem with shopping. Or perhaps the pain emanating from alcohol withdrawal fuelled excessive shopping as a means of coping.

Rory, Daniel, Steven, and Prunella all indicated that their clients had arrived at therapy with problems unrelated to shopping.

This guy, I didn't start seeing him because of shopping addiction, I start to see him because of gambling problems. (Rory:7)

It took a good ... I would say ... six months because there was so much about trying to negotiate how this breakup was going to happen and sell their home. (Daniel:172)

This is someone who, well, initially, I think he wasn't necessarily coming to talk about shopping addiction ... (Steven:47)

Prunella related how online therapy had allowed her a window into the client's world, which enabled her to identify shopping as a possible problem.

She came for anxiety and the shopping bit would never have come up, I don't think, if I hadn't been doing video conferencing with her. (Prunella:51)

This highlights the different dimension that online therapy brings when therapists can see into clients' environments. This strikes me as particularly important to shopping, evidence of which is much easier to identify when the therapist is viewing the client's home rather than sitting in the therapist's room. Prunella believed that if she had not been able to notice the client's frequently changing furniture, she would never have uncovered problematic shopping behaviour.

She doesn't get an income, or she hasn't got family that buy her things and I noticed she had the chair was changing a lot. I just used to say, gosh, that's a nice new chair that you've got. And that opened up a space for her to talk about shopping. (Prunella:162)

Prunella described her process of deduction, taking her knowledge of the client's economic status (she can't afford it), her brittle relationships with her family (they aren't buying the things for her), and the

expensive items seen in the background. Once Prunella had named the shopping, the client opened up to talk about it.

And that's where we, that's where it started to unfold. ... And I would think I don't think I've ever known about it if I hadn't seen into her house. (Prunella:168)

Prunella also reflected on how her own knowledge of orthopaedic chairs enabled her to understand the money involved in her client's furniture shopping.

Oh no, I don't think I've ever known. It was probably only because I know how expensive they [orthopaedic chairs] cost, they are, from my mum having them. They cost thousands ... and I just went gosh, this is like ... in my head I'm thinking this is the third one I've seen. (Prunella:190)

5.4.2 Exploring the allure of the hook

Overview

All eight participants suggested that they had helped the client to connect with their inner world by exploring the purpose and meaning of the shopping ('the allure of the hook'). This brings heightened awareness to the problem and the opportunity for the client to look intently at their motivations for shopping. Participants described clients using shopping to ward off feelings of emptiness, to shop for relationships (relationships to self, to others, and to the objects themselves), to seek an identity, and in pursuit of a yearned-for life.

The function and meaning of shopping

Five participants explicitly said that it was important to help clients investigate what the shopping was doing for them. In other words, these participants reported that clients were encouraged to identify the meaning behind the shopping behaviour.

Natasha described her approach, suggesting that she explored the function behind the behaviour early in the process. She also commented that part of this exploration of the meaning of shopping might link to historical life events, as discussed in section 5.2.2.

When I first began. I knew that ... we had to know something about what the current function of the behaviour was and that we needed some historical context to put it in. (Natasha:361)

Steven shared a very straightforward perspective on this theme, portraying two fundamental and simple questions that needed to be explored.

And so again, we ... what we needed to do was really just think, okay, so what's this? And what's this giving you? (Steven:709)

Steven, in using the words “and so again” was implying that these questions were central to his way of working, that they had been mentioned before and perhaps that they belonged to a more generic way of working applicable beyond just working with shopping addiction.

Prunella also investigated the notion of the meaning of shopping; however, it was couched in less concrete (and arguably more existential) language, focusing on the objects, the ‘things’ of the shopping phenomenon.

A lot of our work was exploring the meaning of things, so that's where ... in a very gentle way asking, 'what does that give you?' (Prunella:426)

Rory also described how he worked with his clients to understand the meaning behind the behaviour, suggesting that this could lead to a reduction in the behaviour itself. I noticed how easy Rory made this sound, again underscoring his positive outlook on life. I wonder what my perception of Rory as a universally positive person means for how I internalise and process what he was telling me.

And then we work on the reasons that are behind the behaviour in the first place. ... So, if you can, if you can deal with that, the abstinence gets easier and then gets contained. (Rory:429)

Rory further suggested that making a link between the addiction and the client’s underlying challenges was a “good place to start”, implying that it was useful to introduce this exploration early in the therapy.

It's a good place to start, to know that you're using because you've got these emotional difficulties or these, you know, your life lacks relationship or whatever it's ... as long as you kind of get that, it's a good place to start. (Rory:743)

Daniel also discussed how he sought to get inside what was significant for his client, specifically relating to the meaning of the shopping.

And a lot of what I was doing, was trying to get an appreciation and understanding of what was significant for this client. Both in the meaning he ascribed to the shopping and to his relationship, because the shopping was a profound part of his inner life. (Daniel:436)

Daniel again mentioned the link between this client’s marital breakdown and his shopping addiction, not for the first time suggesting that the two phenomena were somehow enmeshed.

Feeling empty, filling up

Five participants said that they explored feelings of emptiness, isolation, and loneliness that might lead their clients to shop excessively.

Steven described arriving at a point in the therapy where he and the client were able to identify feelings of emptiness and how shopping met a need to “fill up”. This is a notion backed up by Florrie’s experience of her client.

Anyway, the point I'm getting to with this and where we got to in the therapy was this, this sense of being empty and needing to fill herself up. (Steven:588)

We are talking about a void. A real feeling of emptiness. (Florrie:656)

Natasha also highlighted a feeling of emptiness in her client, this time pointing to an impending sense of role redundancy, having mothered children who were now preparing to leave the nest. Natasha portrayed a client with agency, focused on figuring out how to feel more fulfilled.

And what came up was that there was an emptiness that she was feeling. Her children were growing. She has three children, two in college, one just about to go to college and an adopted son who is now eight or nine and she ... she wanted to figure out what she could do to feel more fulfilled. (Natasha:129)

Natasha added that the identification of the emotional trigger (often, she suggests, loneliness or emptiness) was important to be able to bear the emotion that ensued and develop the capacity to work with it differently.

I certainly would try to home in on what's going on in the buying process. What is it that is evoking the desire to buy and ... and try to get into that deeply. You know, is it loneliness, boredom, a sense of feeling shallow or hollow. You know what ... what ... is it? What is it that is triggering the behaviour and how might one live with those internal experiences in a way that enhances life rather than erodes it? (Natasha:433)

Natasha returned to this theme later in the interview, conceptualising shopping beautifully as “a process of search” which was not actually about buying or having. Natasha powerfully moved shopping away from an activity concerned with the concrete acquisition of objects and into the space of meaning and fulfilment.

Shopping is a process of search, essentially unrelated to buying or having, and in her case, I think she needs to shop for a way to spend her time that fulfils her in a meaningful way. (Natasha:630)

Daniel referred specifically to shopping as a way of warding off existential crisis for his client who, we remember, was at therapy initially because of his failed marriage.

I was wondering at that time if the shopping was like a shield against existential crises, especially to do with meaningless, meaninglessness, and sort of nothingness. (Daniel:243)

I note the way that Daniel narrated his thoughts and process to me, often using phrases such as “I was wondering” or “I was considering”. This appropriately positions his comments squarely in the realm of the subjective, for he was not suggesting that he had a concrete grasp on the lived reality of his client. Daniel only had his wonderings, and I value his awareness that these were his own mental musings and not his client’s objective truth. I reflect that not all participants presented their insights in this tentative way.

According to Prunella, her client, an 80-year-old woman living alone in sheltered housing, was hooked by shopping because of a lonely and truncated social world.

It was more filling it ... filling the loneliness and the lack of the social world really. (Prunella:475)

Prunella suggested that shopping was in some way an activity of self-care for her client, a response to experiences of a lack of care from others in her world.

She felt so lonely and that nobody really wanted to help her. So, she'd look after herself. And shopping was a way of helping with the way she looked after herself. (Prunella:690)

Constructing a self

Six participants suggested that clients might use shopping to build a self that was otherwise lacking in some way, perhaps stemming from experiences of self as an object (see section 5.2.2). Daniel again positioned his insights as a ‘wondering’, suggesting that his client used shopping to avoid an existential void and to build a persona, a fake self, an image of success and relevance in the world.

And I was also wondering whether this shopping provided an identity for him and a way of constructing a self ... a sort of way of avoiding an existential void or a lack of self because very much the shopping was around creating image or a persona and the stuff sort of was an expression of this is who I am because I have these items and I'm sort of switched on and current and I'm not poor and those kinds of things. (Daniel:246)

Rory spoke to a similar theme, positioning shopping as the pursuit of a self through the creation of a fantasy life, which, as he pointed out, was illusory.

And I think there's a central fantasy there about ... that people aren't just shopping to deal with their emotional ... they are doing that, but they're also trying to construct a self through shopping. Which of course is completely hollow, you know, and ain't gonna work. But the fantasy's there to pursue that. (Rory:901)

Rory made two comments here, one about the emotional emptiness that shopping seeks to address, and the other about the construction of a self through shopping.

Shopping for a yearned-for life

Building on what Rory said above about “the central fantasy ... of constructing a self”, both Andrew and Prunella talked about how they believed shopping denoted a dissatisfaction with life and a hope for a different reality.

Andrew spoke about his client investing garments with hope, anticipating that life would be different if only she could have that item of clothing.

Coming back to what I said earlier about the way a new garment gets invested with enormous hope and excitement ... I think about shopping as being evidence of life certainly not being the way I want it ... And somehow or another the hopes of life the way I want it get concentrated into a particular garment. (Andrew:606)

He built on that idea, suggesting that clients sought a magical, fantasy existence through shopping, which might in part be fuelled by an advertising machine that set up this dissatisfaction with everyday life.

They are constantly trying to generate a sense of magic, a fantasy view of how life could be. Because life just isn't that way. Life is felt not to be that way. And that is tremendously seductive. But what if it was, and we are constantly bombarded by these things these images wherever we go. ... we can't get away from it. It's a slightly more extreme version of everyday society. (Andrew:616)

Prunella also commented on the fantasy element of shopping for her client, who was able to dip into this future life in which she was outside in society, beyond and away from her housing complex. Prunella told of how her client would get ready for therapy sessions as if going out into the world and described how many clothes had been bought in service of this fantasy escape.

[Shopping] ... it was also what her life would be like when she left the room and would get back to herself ... The shopping gave her access to and fro and this fantasy of what life will be like and how she would present herself outside ... whenever I would meet her, she'd always got ready and got her makeup on and was wearing new outfits and things like that every time, so there's ... she had a lot of outfits because ... I don't think I saw one twice. (Prunella:350)

Shopping for relationships with others

Five participants made some reference to the way in which other people were involved in the allure of shopping, describing how clients sought out connection through shopping.

Natasha expressed the narrowness of her client's social world and how this lack of friendships had led to isolation, a feeling that was alleviated by connecting with people in shops.

She has very few real friends. And I think she's quite isolated in her life. And the shopping brings her in touch with salespeople. So, there's the ... contact with the salesperson that's important to her. (Natasha:459)

Tony reinforced this point of social connection through shopping, highlighting the attention that his client would get from the premium shops he visited. Tony suggested that premium brands promised premium connection, although he felt that his client also saw through the illusion of this ephemeral deal.

It was a way of being with others. Cause he liked the contact with people ... There was something about the kind of ... attention he would get in shops. They weren't shops where he ... you know, they weren't like Primark, they were top quality shops that he was going to, spending a lot of money so he got treated quite special, I guess, you know, so there's something in that. But even that, there was a fakeness to it, he knew that in his mind it still wasn't real, you know, real contact, emotional contact. (Tony:247)

Tony also noted how hard breaking patterns of isolation is for a recovering alcoholic. Instead of meeting people in pubs, which would risk relapse, Tony's client would take the seemingly safer option of going shopping to connect with salespeople to ease feelings of social isolation.

He'd go out and try and break the ice ... and he wouldn't go into pubs cos you know he was trying to stay away from alcohol. So that's why he ended up going to shops, for the social contact to try and make conversation to break the isolation. (Tony:310)

Andrew raised the same idea of connection with shop assistants and provided some insight into the heady mix of shame and pride that came up for his client from seeking out these relationships.

She'd say that all the shop assistants..., they know me now. She'd be on first name terms with them all. Whenever she went into a shop you know they would say hi ... She said they were kind of friends, but I think she was a bit sheepish and embarrassed about knowing every shop assistant in the High Street. (Andrew:440)

For Prunella's client, shopping was a different activity structurally, as she was confined to a room in a sheltered home and shopped exclusively online. Prunella described how making a purchase triggered a visit from a delivery person and how much her client relished the resulting chance to connect.

And the big thing was about the internet, you know, the postman coming all the time. So, if you buy things, there's going to be a visitor, everyday there'll be somebody coming and I'll chat to him, but it's a very functional relationship and then he has to go, because he's got to do his

deliveries. So, I can have a nice little chat. And if I'm lucky, I'll get two deliveries a day. And on Saturdays. So there's somebody coming, something to look forward to. (Prunella:592)

Avoiding the death of people or relationships

Steven provided an enthralling narrative on the purpose of shopping as saving people and/or relationships from death. Steven talked about a client who, when he left his parental home to go to university, began to shop compulsively for presents for them.

But he was alone, he couldn't cope, that's when he started shopping, so he started buying things and he would go home to the parents very regularly and his sister and what he would do is when he got back from a visit to them, he would go to the shops, he would start buying gifts. And we were talking about this and trying to figure out, what is this about? And we discovered that what he was doing was he was guaranteeing their continuance. The idea was if he bought a gift for somebody, and he knew he was seeing them in a few weeks, then somehow it guarantees if they continue to exist ... a very sort of existential thing going on here. (Steven:124)

Steven described how another male client was ditched by his boyfriend, to which his client responded by buying an array of the same shirts that his ex-partner wore.

This guy was wearing a particular brand of shirts, I don't know, Gucci or [...] a designer brand. He had about from memory something like 20 of these shirts or something stacked away in the wardrobe ... which he never wore at all. And it was like, it was like a little shrine, like a little ... and he'd open the door of this cupboard and there would be all these shirts lined up and he'd sort of sit there and stare at them ... there was this sense of almost, you know, I can't necessarily have quite what I want, and I can give myself this. And in some sense, I've got the relationship but it's a relationship with the clothing. (Steven:687)

But it was very much, it was very much a way I think of him saying I can control this ... the relationship ... the relationship hasn't ended. (Steven:733)

This is a particularly poignant observation and Steven spoke with compassion for his client who apparently thought that replacing a person with objects would ameliorate his loss. It again highlights the concept of the anthropomorphism of shopping, the belief that somehow inanimate objects can be imbued with human characteristics to provide a meaningful substitute for people who may be lacking, missing, lost, or dead.

Shopping for status

An additional 'allure of the hook' of shopping, according to two participants, is status. Just as with the status challenges Tony initially felt from his client about his suitability as a 'proper' therapist due to his

Yorkshire accent, this client sought out status at every opportunity, including that which could be derived from premium purchases.

He wanted the best you know. So, if he went to buy a jumper ... he'd go and buy an Armani jumper. And that was around in other areas too, where he was constantly looking for status. (Tony:520)

Daniel built on this theme, commenting on how his client's purchases were in the service of establishing status within his social sphere.

But places to be seen at, and sort of a bit like keeping up, well in Britain you say the keeping up with the Joneses, so yes, a very old-fashioned term, but it's like keeping up with the neighbours so wanting to always have the best of everything. (Daniel:150)

5.4.3 Unpacking the all-consuming behaviour

Overview

All participants said they examined the outer world shopping behaviour to bring greater awareness to the phenomenon so that it could be fully seen. Participants suggested that mapping the behaviour in this way provided a platform for change. There was similarity in the themes that were explored in this process, namely shopping triggers, the anticipatory aspects of shopping, the post-purchase anti-climax, and unwanted aftershocks.

Investigating the process of shopping

Four participants articulated the need to engage deeply with the client around their shopping behaviour, mapping closely the how, when and what of the phenomenon.

With her structured approach to shopping therapy, Natasha introduced the idea of mapping the shopping across three domains: the initial triggers (past), the action itself (present), and the consequences of the shopping (future).

I certainly knew that we had to look at the present, what the triggers are and what the consequences are. (Natasha:364)

Natasha described how her own therapeutic approach supported clients to have a conversation with money and with shopping artefacts themselves, thereby anthropomorphising items, as a way of surfacing the internal voices and what they were saying to the client during the shopping process.

And when this dialogue is completed, their mother, their father, some significant other and some form of higher power or inner wisdom all comment on the dialogue ... It could be a dialogue

with a pair of black boots, or their credit card or a particular piece of art, something that they're coveting, something that has meaning for them. (Natasha:415)

REFLECTION BOX 2

During and immediately after Natasha's interview, I wrote a memo to record my feelings of mild frustration as an existential therapist about a programmatic approach to shopping addiction. As my interviews progressed, however, I realised that Natasha's three-step model to explore the shopping behaviour (looking at the triggers, the action itself, and the aftershocks) was of significant methodological value, as other participants also covered these areas, albeit in a less explicit and structured way. This was a moment of humbling reflexivity as I encountered an area of significant bias, and I resolved to resist leaping ahead to conclusions about any one approach and to bracket off any modality-based prejudices I might knowingly or unknowingly hold.

Andrew's approach to exploring the client's in-the-world shopping behaviour differed somewhat, encouraging the client to narrate the moment-by-moment experience in detail. We are reminded about Andrew's overall experience of this client as a person who did not stay on a topic for long and was quite evasive, particularly at the start of therapy.

I just had to say "I want to talk about shopping now. Let me ask you about shopping". No. I'll talk about shopping. Can you tell me exactly what it is like ... you go into the shop, just to take me through ... you go into the shop. Tell me what happens. (Andrew:332)

Second by second. So she would take me right round the shop. No, let's get back to the shop. She'd go off somewhere ... no, go back to the shop. What's it like? What's it like? What's it like? What's it like? What's it like when you look around the shop and you go out of the shop and you come back going round and then go out and come back in again. (Andrew:339)

In Andrew's two comments above, it is noticeable how hard he seemed to be working to keep the client in the descriptive zone. I wonder about what it is like for the client to be guided in this seemingly quite controlling and structured way.

Steven also commented on his approach to unpacking the behaviour, in this instance talking about bringing heightened awareness to the product itself. Steven suggested that focusing on something concrete in the process could bring about faster progress.

I get more of a focus because somebody will come in and say something like, you know, I'm regularly buying X. And I think, you know, you can focus in on that. Maybe that's going to give you something that you can go a bit quicker, a bit more concretely. (Steven:795)

Exploring the triggers

Natasha had a checklist of triggers to explore, which resided in clients' inner and outer worlds. Natasha defined the three categories of trigger, which cover events on the outside (situational), relational triggers (interpersonal), and internal events (intrapsychic).

The triggers ... some of them are situational. Some of them are interpersonal. Some of them are intrapsychic. (Natasha:451)

Andrew, whose client arrived at therapy with challenges relating to Crohn's disease and the dearth of relationships associated with her disease, suggested that her trigger was linked to her embodied condition and the isolation from being jobless and living with her mother.

I wonder if there is a trigger ... that there were any particular trigger beyond the ever-present trigger of her physical condition and also the difficulty she had of living back with mother because of her physical condition ... she wasn't able to work and now back in the mid-thirties, she was back there living with her mother. (Andrew:389)

Five participants suggested that shopping triggers were often emotional in nature. Tony said that his client would shop after having experienced a downturn in general mood, a kind of depressed state that would cause him to look for ways of avoiding pain.

He would just describe a low mood ... a feeling depressed, a bit down. Maybe if he got to some feeling, he'd be feeling a bit sad. So, there's something around kind of wanting to escape kind of a low mood with him. (Tony:303)

Rory's perspective endorsed the idea of over-shopping being mood related; however, he introduced the notion that shame would also play a part in triggering shopping.

And I think, as I recall, that was coupled with particular moments of low mood or feeling ashamed or whatever. (Rory:286)

Later in the interview, Rory provided more detail about this, giving a specific example of a failed job application leading to a bout of excessive shopping.

The lapses were coupled with, you know, low emotional events. So, if I remember, he had a job interview that he really wanted and didn't get, and that that upset him and that was linked to one of the lapses. (Rory:471)

Anticipation and disappointment

Seven participants described the journey they believed their clients made from the anticipation of the purchase to the disappointment that ultimately arrived.

According to Prunella, her client was more interested in waiting for the item to arrive than she was in taking delivery of the goods. Her first two comments below convey an anticipatory frisson of excitement, as she waited for the delivery and engaged in tracking the arrival of the package. Prunella described how her client would buy items just to send them back, so that she would have the outward and return deliveries to track – twice the amount of excitement and connection.

Shopping really was quite exciting. Waiting, it was the waiting, I think that was what it was, waiting for a delivery. (Prunella:433)

And ... she loved ... her main thing was tracking the delivery, so she'd order something and she'd track and trace it ... she loved track and tracing. She loved to send things back so she could track and trace it arriving. (Prunella:435)

Prunella described her client's weighty disappointment arising with the item's arrival.

There's a lot of disappointment in the things that she buys. So, there's the emotional relationship to it, which is very much anticipation, and then disappointment. (Prunella:554)

Andrew built on this point, this time back in the physical world of shopping in stores. There is so much description in this comment, conjuring up images of a vibrant garment that holds the promise of “a new life”:

Immediately she bought the thing it stopped being a bright shiny scarf which had a promise of a new life in it. And then it was just a piece of cloth. And then it got in the bag and then just ... it was just a bit of cloth in the bag. (Andrew:354)

Daniel's analogy for post-purchase disillusionment was of a child wanting an ice-cream and then, as soon as he gets it, not wanting it anymore. Daniel's example of a small child is pertinent and powerful, and I wonder whether there is any infantilisation here, and whether likening his client to a child shapes how Daniel sees him and works with him.

And then, of course, when he's got it, it has less ... it's almost like the small child that wants ... I don't know ... a particular ice cream and as soon as they get an ice cream, they don't want it. It's that sort of the same was going on for him. (Daniel:527)

With Rory's client, whom he described as struggling with multiple addictions, there was a haphazard feel to his shopping behaviour. Rory told his story with bemusement, wondering how someone could

just buy “crap” that they did not need. Their conversation was both entertaining and somewhat sad, particularly when the client admitted that he had no ready-to-hand use for the item he had just bought.

And he, you know, and he would tell me that he would buy things that he really didn't need, honestly, like, just crap like, I'm ... the thing I remember the most was he bought a very expensive tennis racket. And I remember saying ... do you ... do you play tennis? And he said, I've never played tennis in my life, you know. (Rory:219)

He'd make a purchase, be very excited by it and, and had this kind of sense of anticipation of this thing arriving until it arrived and then it would be devastatingly disappointing. (Rory:240)

Tony's commentary on his client's post-purchase deflation is detailed and potent; his rich description of events communicates just how instantly the client was reportedly engulfed by feelings of isolation and panic once he realised that the transaction's magic had already dissipated. Tony said that his client even contemplated an immediate repeat purchase, just to dispel these uncomfortable feelings.

He made the transaction and as soon as he's out, as soon as he puts his foot on the pavement outside, this feeling of being almost overtaken by this sense of isolation, a very rapid shift back into that. And then a real kind of panic, a desire to escape it and go back in and buy something else, to get away from it. (Tony:273)

Tony made an interesting link with post-purchase disappointment and death, suggesting that his client experienced a kind of ending after each shopping trip.

For some reason, death comes to mind. I think it is like a little death every time he left the shop, something died inside. (Tony:328)

Unwanted aftershocks

Five participants described how they worked with clients around the undesirable aftershocks (Benson, 2008) of excessive shopping, which mostly related to hoarding and to debt.

Florrie shared how her client experienced both these unwanted outcomes. Interestingly, I notice here the impact of Florrie narrating in the first person, which in a sense brings the reader closer to the client, somehow momentarily bridging the third-party gap between therapist and client that the structure of this research makes inevitable.

... so much that I couldn't possibly afford that I won't possibly wear and that will just be with all the other stuff that I hoard, and I don't know how to stop ... the irony is that I don't wear half the stuff; even less than half the stuff because I haven't got occasions to wear them. (Florrie:77)

Daniel's client arrived at therapy with a broken marriage and, as it transpired only later, significant debt due to his shopping habit. The twin outcomes of this client's over-shopping were therefore divorce and huge financial liabilities.

We did focus when we were focusing on the money on this this credit debt, I mean, £40,000 if you pay off the minimum, every month, then he would never pay that off in the rest of his life. That's how serious it is. (Daniel:559)

I mean, here, the debt had completely impacted on the wife. This was her sort of red line. I can't deal with this. I'm out of here. (Daniel:580)

Daniel made a general comment about clients with shopping addiction and debt, suggesting that most if not all people who struggle with excessive shopping also incur debt.

I don't get many people who've had this sort of problem but aren't into debt. I think it goes, for me, it's sort of part and parcel of the shopping. (Daniel:572)

Rory cited debt as an unwanted outcome of his client's shopping behaviour, debt that the client continued to accumulate despite the anxieties and unsustainability of doing so.

Well, he was, he was accumulating debts in that his credit card was, you know, was going up. (Rory:136)

Category summary

- A change in direction in the therapy occurred. According to participants, shopping problems remained largely hidden at the start of therapy and the shopping addiction was uncovered almost by accident and often by the therapist. The shopping was brought into the therapy because the therapist felt it to be contributing to the client's problems in living.
- Participants described working with clients to explore the purpose and meaning of shopping to understand what the shopping was doing for them, what it helped them to avoid and what they got from the behaviour.
- In tandem with an exploration of the client's inner world, participants also said that they supported their clients to bring greater awareness to the behaviour itself, the triggers of shopping, what it looked and felt like, and what the unwanted outcomes were. Developing deeper awareness of what the behaviour looked like allowed it to be fully seen. And what could be seen, could be changed.

5.5 Supporting the client's self-understanding

This category relates to how participants said they supported clients to work in the realms of self and relationships. This is in the service of encouraging the client to take stock and discover for themselves that 'I am like this ... and perhaps I don't have to be like this'.

Participants indicated two main avenues that they believed could lead clients towards greater self-understanding. Participants suggested that it was useful for clients to realise that they might have *lost their connection to self*. Clients were also supported to acknowledge and to explore how *narrow their relational world* was, and how a limited social domain contributed to problematic shopping behaviour. Both categories were seen to be operating in service of moving the client towards change.

5.5.1 Discovering that there's a lost self

Overview

Seven participants said that they had helped clients to explore the idea that they might have forfeited a sense of self in preference for objects. When working with clients with shopping addiction, participants said they helped clients to explore an often-fragile sense of identity, to connect with a profound feeling of loss and to experience significant feelings of shame about their lives and their addiction.

An incohesive sense of self

Four participants suggested that shopping addiction clients could experience a fragile or uncreated or unexplored sense of self. Rory disclosed this very early in the discussion, suggesting that his client had some difficulty connecting to a solid, secure self.

Overall, I'd say quite confused about his sense of self altogether. (Rory:23)

Rory made several comments about his client's sense of self, indicating that a fragile sense of self can lead to collapse and relapse, particularly when things go wrong in life.

But when you've got that fragile sense of self, it feels completely fragmentary when something goes wrong and feels like you're completely falling apart. (Rory:598)

Rory's comment is also relevant for Daniel's client, who arrived at therapy with a broken marriage and huge debt from shopping. Things had gone wrong for this man, and Daniel described how he had lost self-belief or indeed seemingly any connection to himself.

He'd lost all sense of himself and was questioning his belief in himself. (Daniel:111)

Steven talked at length about the importance of the client exploring and connecting with their self and their identity when working with shopping addiction.

And think about how they're constructing a sense of reality, the sort of strategies they're using, their sense of themselves, their identity. With Greg, we were very much, really just thinking about, well, who was he? Actually? (Steven:314)

Steven described how empty the client felt to him. In reading this comment, I get a sense of a person whose self is mostly corralled around their outer image. The picture of a three-piece suit holding the client together is particularly evocative.

He felt to me very empty. You know, I remember him coming in, and he was wearing a three-piece suit and so really sort of almost like sort of trussed up in this damn suit, it was like something had to hold him together. But actually, there was a feeling for me at least, that there wasn't anything much inside him. (Steven:280)

Steven made a more general point about clients creating a sense of self through action and how this notion was useful to work with in therapy.

You create yourself through action. And I think for some people that sort of ontological insecurity is absolutely terrifying. So, I'm always interested, how has someone created a sense of self and if they've come into the room for therapy, what is it about that which is not working, in huge inverted commas? (Steven:330)

Steven raised a crucial idea here of how frightening it is to realise that we are responsible for our own lives and we define ourselves largely through what we do in the world. Steven's application of that idea to his client feels meaningful, particularly in the context of a person who feels empty and lost to themselves.

Filled with shame

All eight participants described an abundance of emotions and moods that they encountered when working with clients with shopping addiction. These included fear, self-loathing, anticipation, anxiety, sadness, numbness, rigidity, diffidence, betrayal, defeat, disappointment, anger, grief, and pain.

Five participants mentioned working with clients' shame, saying that unearthing and exploring shame was a key part of the client's self-discovery. Florrie spoke about the impact of shame throughout her interview, particularly in the context of post-purchase shame from the volume of purchases filling her home.

The shame then to her family was awful and she felt exiled. (Florrie:68)

And the hoarding is something that she's deeply ashamed of. She says she can't invite people to her flat because there's not a single room which isn't cluttered with boxes and bags and everything. (Florrie:128)

Tony commented on exploring the client's shameful feelings when he shopped, specifically within the context of possible relapse.

Cos you don't need 20 new jumpers in a month, you know, you don't need that, and obviously you feel shit when you come out of it and ... on those days that felt pretty shit. And the shame, you know, the shameful feelings. So, we looked at it, I guess, from a kind of relapse prevention aspect really, this might have been a strategy that helped, and the shame is really something that could cause you a problem and lead to a relapse. (Tony:416)

Tony reported harnessing the shame as a means of preventing a relapse and suggested that this was a strategy that might have helped his client. Looking actively at how the shame dynamic arose with this client, particularly following a shopping binge, was part of Tony's way of working.

Rory also commented about shame; however, his insights related to working with addiction in general.

I think the other issue which is about an issue of self which is related to shame. And I think there's a huge issue with addicts, so many of them are filled with shame. (Rory:571)

Rory described how the cycle of shame worked in tandem with the addiction, illustrating how the behaviour led to the shame, which led back to the behaviour, and so on. He highlighted the difference between guilt and shame, indicating that shame related to the deeper feeling that a person feels about themselves, as opposed to the guilt that can be felt from a once-off incident.

They ... use their addictive behaviours to cohere themselves again, which of course works, like brilliantly, for a very short period of time, extremely short period of time and then it makes them feel even worse. And shame, I mean, as I understand shame ... it's a relationship to yourself which is critical. For me, I know there's controversy about this, but for me guilt is feeling bad about a behaviour you've done. But shame is a feeling about yourself. (Rory:610)

Prunella referred to both guilt and shame, and my sense is that she was using them quite interchangeably, initially making no definitional distinction between the two emotions. Again, Prunella's repetition of adjectives ("hugely, and "really") underlined how significant and overwhelming these emotions were for her client.

Hugely, hugely, really, really, really, really just constantly critical about herself—guilt, massive amounts of guilt, massive amounts of shame. (Prunella:86)

Later in the interview, Prunella had an important insight about how all-pervasive shame could feel, commenting that the ubiquity of shame leads clients into a state of denial, blind to how omnipresent the emotion is.

There's so much shame or even denial and even not knowing, not realizing, it's just part of their world that they're managing and actually don't want to let go of it either. So why would you talk about it? (Prunella:179)

Here, Prunella is suggesting shame may prevent clients from bringing their shopping addiction to therapy at all, reinforcing the earlier point about how easily shopping addiction can remain a hidden phenomenon.

5.5.2 Acknowledging and investigating a narrow relational world

Overview

All participants described their clients with shopping addiction as having severely restricted social worlds. Participants helped clients to acknowledge this, to understand why this had led to problems in living (particularly around shopping), and to explore how they might have set up this narrow relational sphere themselves. Participants did this because they believed that if the client could come to see for themselves how truncated their social world had become, they could have the perspective to change it, which in turn often helped clients to address problems in living.

General social disconnection

Seven participants made general comments about the overall narrowness of their clients' social spheres. In this section, I will explore the full gamut of these remarks, which range from simple one-sentence statements (which often carry significant meaning) to more complex and descriptive insights.

Prunella, Tony, Florrie, and Natasha made straightforward, unambiguous statements about their clients' relational domains. All spoke of social worlds characterised by pain, narrowness, loneliness or isolation.

Oh ... her social world, overwhelming, painful, very, very difficult. (Prunella:148)

Prunella again characteristically placed significant focus on her adverbs to describe the extent of the pain and difficulty of her client's social world. There is such richness in this short sentence; Prunella's choice of words powerfully conveying the mighty onslaught of the relational realm on this client's experience.

Similarly, Tony did not just describe a small world, it was a "very very" small world.

Yeah, initially it was very very small world socially. (Tony:342)

Tony linked his client's narrow social world to his battles with alcohol, suggesting that his client found it difficult just to be in the world, particularly a world without alcohol. I picture a vicious cycle of addiction and social withdrawal. This client seemed to withdraw socially to stay sober, but by

withdrawing, the feelings that led to addictive behaviour became stronger. Tony referred to this as “an existential crisis”, this inability to function in the world.

I mean, there's an initial sense of struggling just to be in the world and be in it sober you know. In a real ... you know it was an existential crisis really. (Tony:151)

Tony commented that his client’s social world harboured potential engulfment, a sense of overwhelm. Tony described his client’s ambivalence around connecting to him at the start of therapy and this was thought to be partly due to a fear that the therapeutic relationship might be too overpowering for him.

I think some people initially want more contact with him than what he wants and there's a bit of a recognising that he needed the contact with people but also feeling a bit terrified of it ... or too much of it anyway. That he'd probably be engulfed in some way by it ... and that for him was a bit terrifying. (Tony:375)

Florrie said that her client’s loneliness was one of the features of her life, intimating that she saw this loneliness as the reason the client came to her.

And she comes to me because one of the features of her life is a tremendous loneliness. (Florrie:195)

Natasha commented that it was a lack of friends that had caused the isolation in her client’s life.

She has very few friends, real friends. And I think she's quite isolated in her life. (Natasha:459)

Like Natasha, Rory also cited few friends as an explanation for his client’s truncated relational domain. For Rory, however, adding to the challenges of various addictions, his obesity and his lack of friends, was this client’s cohabitation with his elderly mother.

[His social world] was very limited, very limited. He lived at home with his mother who was quite elderly ... I don't think he had a lot of friends. That was what he was describing ... I think ... a small number of friends. (Rory:72)

Self-sabotaging relationships

Four participants discussed their perceptions of client self-sabotage in relationships. They suggested that this was useful to explore in therapy because if the social world was indeed shut down by the client, then the client could, in theory, also affect changes to this themselves.

Steven used an evocative metaphor to describe his client’s extreme withdrawal from the social domain. Steven’s portrayal of his client’s relational domain as a room without ventilation or fresh air was anxiety-provoking to read.

He narrows his world down to such an extent, you know, there was ... there were no doors or windows to open for any fresh air to come, it was just this stale air going around and around.
(Steven:500)

Rory also identified self-imposed withdrawal from the world as a feature of his client's reality. Remembering his account of this client being placed on the sex offenders register, Rory suggested that his client's self-isolation was in part caused by the shame of that incident. This caused him to withdraw from any friends he did have.

He went into a kind of quite a lot of isolation. I mean, some of it was self-imposed because he was really quite ashamed of the whole thing. So, I think part of it was he didn't want to ... erm ... he didn't want to explain himself, you know, and he didn't want to see his old friends.
(Rory:91)

Andrew's client with Crohn's disease had to be hospitalised at one point, which coincided with the end of a long-term relationship. Andrew commented that, subsequently, his client had not been in any relationships for a decade, thus also a manifestation of curtailing her own relational world.

Now I met her probably 10 years after she came out of hospital. So, I met her ten years after her last significant relationship. (Andrew:141)

Prunella cited her client's relational self-sabotage, describing in detail how she would withdraw as soon as any relationship looked like becoming established.

As soon as she would get contact with people and they would develop some sort of friendship with her she would withdraw. But she would do it in a way that is they've done something wrong or they ... she couldn't cope with them anymore or they were too much for her. (Prunella:89)

Fascinating to note is the way that Prunella's client would disconnect through blaming others' shortcomings. Prunella was intimating that it might have been too painful for her client to fully own that her fear of connection and dependence was causing the withdrawal. It was much easier to seek out deficiencies in the other. The outcome was the same though, which was a significantly curtailed relational world for a person who was already living in isolation in a sheltered housing complex. That said, Prunella did hint at a level of awareness within her client around this dynamic.

So, there was very much it was making her world very small, and she knew she'd made her world very small. And that was really sad to her. (Prunella:241)

Category summary

- Participants said they actively supported their clients to understand themselves, focusing particularly on the clients' sense of self, identity, and self-regard. Participants described how they

worked with clients to uncover and explore an incoherent sense of self, coming face to face with deeply shameful feelings about themselves and their behaviour.

- Participants described clients with shopping addiction occupying narrow relational worlds. The social spheres of these clients were typically painful, difficult and anxiety-provoking. Relationships were sometimes sabotaged by the clients themselves. Participants said that helping clients to become aware of these critical relational dynamics was essential to supporting growth and change.

5.6 Moving from objects towards relationships

This category contains dimensions relating to participants' descriptions of clients moving into recovery from shopping addiction. The two core themes in this category are (i) the client *broadening and reaching out* by widening their social world, and (ii) the client *being-towards-oneself*, which means being more focused on themselves and their own wellbeing. This was reportedly achieved through the client building a stronger inner world through the cultivation of compassionate self-kindness and by attending to outer world deficiencies in self-care and/or giving up physical artefacts that enabled excessive shopping. Every therapist said that their client decreased or stopped their shopping addiction during or by the end of therapy.

5.6.1 Broadening and reaching out

Overview

In helping clients to acknowledge their narrow relational domain, five participants specifically said that taking steps to expand the social world moved a client with addictive shopping behaviour towards recovery. This was achieved through attendance at recovery programmes and group therapies, taking up more purposeful activities and, generally, the client taking active measures to increase the quantity and quality of relationships in their lives. In every client case, participants said that when a client broadened out their social world, the shopping behaviour reduced or ceased completely.

Expanding the social world

Four participants stated that clients moved towards recovery because they widened out their relational worlds. Prunella articulated in quite concrete terms how she and her client had focused on the social and the embodied domains to “fill out her world”.

[Our work] was focused mostly on the social world and the embodied world, so we just worked to sort of support those two, her understanding and finding alternatives to that. So, this all populated ... it filled out her world more, then the shopping ... she didn't have to shop as much.
(Prunella:614)

I noticed how deliberate the work sounded; there was almost a systematic feel to Prunella's process with this client, supporting her to increase her understanding of why her social and embodied worlds were pivotal to her shopping challenges and how this reportedly led her client towards recovery.

Prunella suggested that her client "didn't have to shop as much" and I thought about how participants ever actually know for sure that a client has diminished or stopped a particular behaviour. I realised that there is a difference with Prunella though, because her client attended therapy on Skype video and lived in one room, which arguably gave Prunella weekly access to visual evidence of behaviour change, access that therapists working with clients in their own offices do not have. For this reason, Prunella had visual access into her client's world and so I speculate that this could enhance the veracity of Prunella's account of her client's recovery.

Prunella continued to speak matter-of-factly about how her client found ways to reach out into the world and make connections that were not related to shopping. Prunella described this as straightforward, and I wonder about how she might be minimising a complex process with her comment "as simple as that".

I think all humans want to be able to in connection and to reach out. And if we can't, we'll try it in any way possible. And this is just how she did it. You know, so once we were able to find other ways for her to be able to reach out, then that this reduced [the shopping], it was as simple as that really. (Prunella:824)

Tony also reported that his client's social world had expanded; however, in this case the mechanism for social expansion was attending an addiction group.

He did start going to AA meetings, so that did start to change but yeah, initially it was a very very small world socially. ... He'd go to the meetings and get the support, but he would also go for a coffee afterwards, or go to the cinema ... his world started to get a little bit bigger. (Tony:352)

Later, Tony described how his client's shopping had diminished as a result of an augmented social life.

Oh, I mean a lot less, a lot less yeah. Hardly shopping or spending to the limits that he was when he first came along. ... and like I alluded to earlier, his social life had grown again, so there were other avenues he started to go down. (Tony:568)

Steven also suggested that his client had curtailed his shopping, using the metaphor of investing less to describe his diminished purchasing.

The ... the shopping behaviour had reduced quite dramatically. So he wasn't investing so much time and energy in that. (Steven:476)

Steven described how his client edged towards the outside world, slowly, gradually emerging into a wider social sphere. Steven's language is evocative of his client's tentativeness, choosing words that paint his client's movements as small, hesitant, exploratory, and timid. There is a real sense of his client's uncertainty about entering a wider world.

And I think he was still living with his parents at that point, but starting to put feelers out, starting to build a small friendship network. It was, you know, baby steps. But you can see things were changing, his social world was expanding. And the buying behaviour actually, I think, well, in fact, we didn't talk about shopping addiction when he came back. (Steven:521)

Despite the hesitancy, Steven revealed that the buying behaviour was no longer a topic for discussion when his client returned after a short break in their therapeutic process. Of course, it is not clear whether this was because the client had stopped shopping or because the client was shopping again and not disclosing it. Steven's intimation was that the client had stopped shopping.

Andrew's client, a woman with Crohn's disease, anxiety, and without a relationship for over 10 years, was also reportedly able to move towards greater human connection, despite her condition.

And when she started to have relationships, although they were extremely problematic, when she started to have them it was.... shopping was not something that filled up the whole space. She had something else to fill the whole space. Fill up the space and something else which was actually much more ... much more important. It was the thing that was, that was always being avoided. (Andrew:503)

There was a sense of triumph in Andrew's testimony as he described how the retail addiction was displaced, superseded by relationships that now took up more space and offered more meaning than the shopping. There was almost a feeling of delight in Andrew's final comment as he reflected on how this client had been able to finally move towards the very thing she had been avoiding for so long.

5.6.2 *Being-towards-oneself*

Overview

Four participants said that when clients built an inner world and cultivated compassionate kindness towards themselves, their relationship to shopping, and to themselves, changed and the shopping addiction waned. Additionally, taking concrete in-the-world steps towards better self-care (either through accessing more effective carers so that the need to 'shop for support' is lessened or by giving up physical artefacts that enable the shopping) also led to the abatement of addictive shopping behaviour.

Working from the inside out

Prunella and Tony reported that part of the inner world work that they and their clients undertook was around acceptance. Prunella reported that her client explored the notion that perhaps her situation could not be transcended by shopping and so she needed to accept the facticity of her predicament. Prunella suggested that with acceptance of her reality came a releasing of the dissatisfaction her client felt about her life (which, in turn, led to a decline in her shopping behaviour).

Linked to all the dissatisfaction with all the things that she was getting all the time, this feeling ... working towards some acceptance of this is what I am, some sort of reality about this is it, nothing is necessarily going to change, to take away all of this. (Prunella:577)

Tony described how he worked alongside his client to explore his inner world, plotting a course out of his difficulties.

It's something that from within, from within him really. The way out of it came from within him. It couldn't come from anybody else. But he chose to go to those meetings, you know I couldn't have ... imposed those on him. So, staying alongside him in that kind of way, you know, I think helped. Getting him to describe where he'd been and what he saw as the difficulties and then working alongside in that kinda way and that enabled him to find his way out. (Tony:593)

Tony made a crucial point about who did the work, indicating that his client was the only person who could make changes and “find his way out”. Tony continued with insights around his client’s motivation to change. He suggested that an inclination from the client towards change made change itself more possible.

I think in a way what made it easier is that he wanted to make some ... he wanted to be there and to do something with the work. You know, I don't really like putting it in this way, but he was motivated to make changes. He really wanted to do something different and wanted a way out. (Tony:674)

Tony’s reluctance to use the word “motivated” is interesting; I wonder whether this felt too conventional for Tony, too far from his existential orientation.

Prioritising the self

Steven and Rory reported that clients who shifted their self-regard and became more interested in themselves and their inner worlds were able to modify their shopping behaviour.

Steven spoke about this at length in the context of two clients, first discussing someone who shoplifted compulsively and whose inner work led to a complete cessation of the behaviour.

When we talked, she got, I think she got more and more of a sense of her ... well, of herself actually and her strengths. And this actually ceased, this shoplifting, completely, quite quickly.
(Steven:603)

Steven talked about another of his clients, who he said had developed a much richer, aware, and alive inner world in which he could dialogue with himself around his behaviour. Steven described his client's reorientation to self in detail, leading me to wonder how he might know for sure that all this was going on inside this other person.

It felt to me as though his sort of shift of attention had slightly ... his attention slightly shifted onto himself actually. I really welcomed that because it felt to me as though he needed to be selfish, you know, selfish in the sense of for himself. So, he was more noticing ... more what was going on for him and, and actually having some sort of interior dialogue with himself listening to himself ... wondering about ... so if he wanted to go down the shops and buy something ... now hang on, let's just pause ... what is that about? Not suggesting that he shouldn't do it but do it in a way which was more in awareness. (Steven:478)

Steven narrated his client's inner conversation about whether to go shopping or not, suggesting that any awareness and/or conversation with self did not necessarily have to end with abstinence. This feels important; having awareness of the process leading up to the behaviour is key, almost regardless of the decision to shop or not to shop. Steven's use of the phrase "it felt to me" indicated that this was an appropriately subjective hypothesis on Steven's part, rather than a concrete truth plucked from his client's inner world.

Rory talked about a similar growth in inner world solidity by his client, this time referencing truth and wounding as the focus of their work together.

Rory seemed conscious of providing a balanced and down-to-earth account of how he had helped his client, pointing out that his description might sound "grandiose". In doing so, he introduced a modest tone in expressing how he worked with this client and his inner world.

I helped him to sort of ... this might sound a bit grandiose ... but you know, just to get a sense of the truth of his life, you know, that he, I guess, hopefully he understood a bit better why he was, in a sense, wounded the way he was (Rory:737)

Making concrete changes in the world

Four participants described how clients made changes in their external environments that reportedly helped with curtailing their shopping activities.

Steven linked recovery with his client finding a job, which in turn reportedly brought not only more agency but also a wider sense of being connected with other people beyond his nuclear family.

But anyway, he found himself a job ... which was giving him much more of a sense of himself and himself in connection with other people not just inside the family unit. So more of a sense of being a professional person. (Steven:521)

It feels like Steven was suggesting that this client's identity had expanded now that he had a job, a professional craft to populate his life and to move his focus away from the need to create a self through shopping.

On the subject of outer world changes, Rory spoke about his client's removal of the enablers of his shopping addiction, which were ostensibly his iPad and credit cards.

We agreed that he would give his iPad to his mother, but he would also give his credit cards and things to her as well ... and he could have limited cash to do some, you know, buy a sandwich or a coffee or whatever, this sort of ... that sort of thing, but he didn't have access to lots of funds for shopping ... I mean, he probably had about three lapses, I think maybe four and then, and then stopped and had stopped when I stopped seeing him. (Rory:453)

Rory was suggesting to me that he was very much involved in his client's actions here, noting that "we agreed" (my emphasis) on these measures. This client, however, could have lied about giving up the iPad and the credit cards and so I am left wondering how Rory knew that this had happened for sure.

Prunella spoke about changes her client had made, focused primarily on making her physical environment more pleasant and comfortable. Prunella said she had worked with her client on her embodied world and the physical challenges of accepting being old, infirm and isolated in a care home. Her work helped her client to recognise that physical discomfort and an austere, barely functional living environment caused her to shop excessively. Prunella reported that as a result, her client was focusing on making her living space more pleasant and hospitable.

She's buying more things like pictures in her room, things to make the room look nicer. It's almost like she's accepting that she's in the room. And so she might as well make her world nicer. (Prunella:715)

In addition, Prunella indicated that her client had taken steps to find more caring carers, interestingly referred to as people who would treat her like a human and not an object. This is a fascinating point in the context of the earlier discussion about shopping addicted clients and their objectification of self and others.

We talked a lot about her caregivers and, and finding, you know, she talked about getting a new ... so talking through getting a different set of carers who actually were a bit more caring ... the ones she had were really quite functional and made her feel like an object. So, she found a new caring ... company who actually are much more caring, and now she sort of feels more cared for, and can chat to them. So, she looks forward to them coming rather than being anxious about them coming. And she's got more things coming into her world than just the shopping.
(Prunella:638)

There is so much useful description in this comment, including a suggestion that sorting out the caring has also provided an alternative, opportunity to connect more healthily with people and widen her social world. Previously, Prunella had described her client's relational sphere as being predominantly populated with delivery people and thus centred on shopping. If she shopped, she met people. Now, Prunella pointed out that this had shifted – not only was her client now receiving better care, but she was also much more engaged in relationships that appeared to offer greater, more genuine nourishment. This had led to some apparent recovery from the shopping, as Prunella suggested when she confirmed that “she's got more things coming into her world than just the shopping”.

Category summary

- Participants said that when clients broadened out their social worlds, the shopping addiction either reduced or ceased. Participants suggested that in this way, shopping was thus supplanted, either partially or fully, by relationships.
- Participants also indicated that a move towards recovery from shopping addiction happened when clients focused more on themselves. This resulted in both a richer and more compassionate relationship with themselves in their inner worlds, as well as taking active steps to improve and enrich their outer worlds.

5.7 Conclusion

In this chapter, I have reported how participants described working with shopping addiction. To make meaning from the data and narrate the story of how participants said they worked psychotherapeutically with this phenomenon, I organised the data into five core categories and, within those, thirteen sub-categories.

Participants indicated the social process contained some ‘common factors’ (Lambert, 1992), but I also suggest that individual therapy processes are idiosyncratic and client dependent. All five categories can be seen as mutually influencing, concurrent, overlapping, and interactive in the process; however, it can be argued that there is an element of chronology. The intertwined experiences of *making an ambivalent initial connection* and *providing a safe therapeutic crucible* tend to be located closer to the start of the

therapy process, simply because these categories describe the dynamics involved in the inception and solidifying of the therapeutic relationship. These may be seen as more general categories that one might expect to commonly find in a study of psychotherapeutic processes.

Then, according to data, the identification of shopping addiction is made by the therapist, which changes the course of the therapy. Following this, participants reported a dance between the two activities of *supporting the client's self-understanding* and *moving from objects towards relationships*. The latter tended to occur towards the end of the social process, as it described aspects of recovery from shopping addiction.

When the shopping behaviour comes into the therapy, I suggest that it introduces data that are relevant to psychotherapy specifically with clients with shopping addiction. Further, the focus on phenomenology in particular points to a way of working that is aligned with existential knowledge and psychotherapeutic practice. Whilst some findings are more generic (in part because the phenomenon of shopping addiction typically remains hidden until later in the therapy process), other information is clearly about the participants' experiences of working specifically with clients with shopping addiction. For example, the sub-categories *Naming a previously hidden phenomenon*, *Exploring the allure of the hook*, and *Unpacking the all-consuming behaviour* contain significant information about participants' reported ways of working therapeutically with clients with shopping addiction.

A map of the social process is shown in Figure 4 below, providing a graphical representation of how participants described how they worked with clients with shopping addiction.

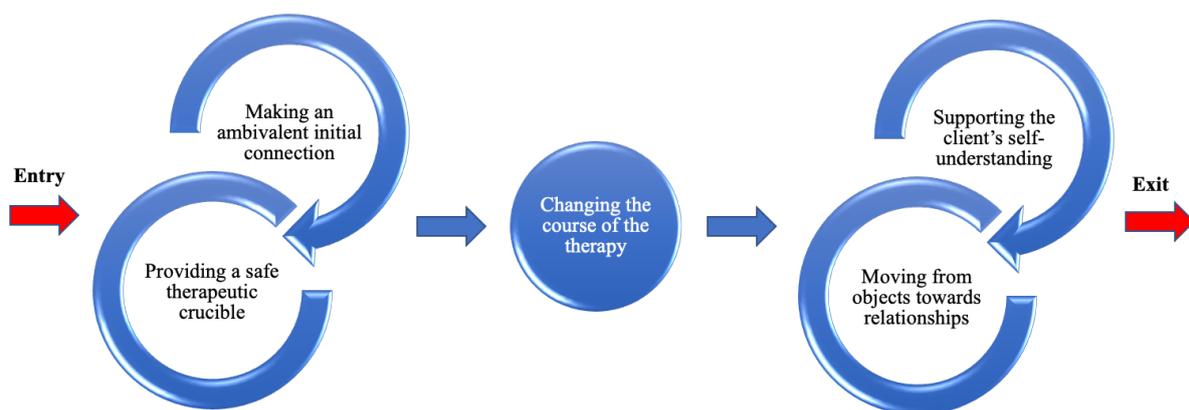


Figure 4: The social process of psychotherapy with clients with shopping addiction

Having outlined the findings from this study, I will now move on in the next chapter to describe what I see in the findings and how I make sense of the views, descriptions, assumptions and working practices of the participants. My aim is to cohere them towards a middle-range theory on how shopping addiction is currently worked with by existential-phenomenological therapists.

6. Discussion

6.1 Reflexivity

This is research into how therapists involved in this study described their work with clients with shopping addiction, why they said they worked in this way, and what outcomes they reported. Data were collected in eight separate one-on-one interviews with existential therapists. As such, the story I am telling is one hewn from the bricolage of eight co-created narratives between two humans as a result of spending one hour together. During this limited sixty-minute window, a particular snapshot of reality was co-constructed. Power between experienced psychotherapist and student researcher/therapist ebbed and flowed. In the moment, participants chose to represent their work to me in a particular way, and I chose *a way* (from many ways available to me) to make meaning from what they elected to share.

This happened through the mediating framework of language. As Abraham Joshua Heschel is attributed to have said, “words create worlds” (Heschel, 1951). Moreover, whilst language is arguably the most sophisticated vehicle at our disposal to describe human behaviour, it does not itself generate reality. As Smail (2005) observes:

*While we may agree that in the past a too heavy-handed positivist authority attempted to claim a special relationship with Truth that allowed no use of linguistic concepts other than its own (i.e., that language could indeed be used to describe an independent reality), we need to recapture a view of language as **articulating** our relations with the world **as best we can.** [emphasis in original] (Smail, 2005, p. 91).*

Language can never give unmediated access to truth. The data in this study represent what I heard participants tell me about their client work. It cannot ever be a description of exactly what actually happened in the client work. This chapter is therefore a discussion of the data that seeks to represent reality *as best I can*.

While formulating my analysis of the findings, I have found support in the literature that examines how psychotherapy research findings are applied in practice. The work of Mick Cooper (2008, 2010) has been particularly useful in highlighting the assumptions and beliefs made by psychotherapists about the outcomes and impact of their work. For example, Cooper (2010) outlines a number of ‘beliefs’ that therapists have about their work which are challenged by research findings. Among them is the notion that therapists have good insight into client experiences of therapy, whereas in fact research shows that clients and therapists often perceive the same period of therapy in very different ways and that therapists repeatedly overestimate their own effectiveness. This is critical to keep in mind in a study such as this,

particularly as I move into the analysis chapter and into a space where critically evaluating what the participants told me is part of my role as the researcher.

This same body of literature also includes research on the common elements of effective psychotherapy by theorists such as Goldfried (1980) and the contributors to *The Heart and Soul of Change* (Hubble et al., 2003). Hubble et al. (2003) draw on the work of Lambert (1992) to outline the so-called ‘big four’ therapeutic factors across modalities that research suggests contribute most to successful outcomes. These are *extratherapeutic* factors (what the client brings in from outside); *relationship factors* (the ‘common factors’ of empathy, caring, warmth, acceptance, affirmation); *placebo, hope and expectancy* (client improvement derived from knowing that they are in therapy) and *model/technique factors* (procedures and ways of working specific to particular modalities).

The map of the social process of working psychotherapeutically with shopping addiction in Figure 3 contains elements that may be seen as more generic to overall psychotherapy and/or working with addiction, whilst also holding elements that have emerged from the research that I believe are unique to an existential psychotherapeutic approach to shopping addiction. To focus on contributing new knowledge to this field, this discussion will centre largely on what is unique in the data about shopping addiction, whilst at the same time pointing out where therapeutic commonalities exist in how participants said they worked with the shopping phenomenon.

This section analyses data derived from each category and is structured around the three elements of the core research question – how participants described their work, why they said they worked in this way, and what the reported outcomes were.

6.2 Making an ambivalent initial connection

The three sub-categories within this category are *exploring the client’s espoused problems in living*, *investigating historical relational patterns*, and *getting close to the client (but not too close for the client)*.

6.2.1 How participants described this

Participants said that clients arrived with stated problems in living (anxiety, alcohol, drug, gambling and/or pornography addictions) and so, at the outset, participants said that the client defined the initial problem and thus the balance of power initially lay with the client. Participants suggested that they sometimes noticed existential concerns such as alienation, death anxiety and an inner void; however, they reported allowing the client to pursue their chosen focus for the therapy, i.e., the presenting problems. Using the ‘big four’ therapeutic factors as a sense-making framework, I suggest that participants therefore indicated that they addressed *client and extratherapeutic factors* from the outset (Lambert, 1992).

Whilst the problems that were addressed were indeed client related, they did not appear to go beyond the client's immediate environment to include any socio-economic or wider contextual variables. At the start of therapy, participants said that there was a dance between therapist and client around how to connect and a negotiation of boundaries and closeness. Participants said that they offered a connection and then they experienced the client trying to avoid, resist, subvert or block the connection by delaying the start of therapy, changing the subject constantly, remaining emotionally inaccessible, or questioning the qualifications and suitability of the therapist.

According to participants, clients who later in the therapy manifested shopping problems often mentioned early life relational patterns in the therapy, such as an experience of emotionally distant parents, feelings of having been objectified or alienated in their families, inappropriate levels of responsibility for, or within, the family, and early experiences of death amongst close family members and caregivers. According to the literature (Norberg et al., 2018; Norris et al., 2012), these dynamics can lead clients towards a belief that they cannot rely on humans for relationships; instead, they turn towards objects for comfort.

Participants suggested that the ambivalence in connecting was the client's issue rather than theirs. There is an assumption by participants that forming a connection is (a) going to be possible and (b) going to be possible in the way that *the participants* choose to form connection, which may be different to their client's preferred way to connect. I also infer a link between my impression of a therapist's personality style and their self-reported capacity for connection, although this suggestion is founded on the notion that the way participants presented to me in the interview was the way they presented in the therapy room. Rory and Prunella both presented to me as very positive, upbeat, relational people and both reported connecting easily with their clients by using these qualities. Andrew, Natasha, and Florrie seemed to me much more reserved personalities and they reported less ease in forming a connection with their clients. Steven believed himself to be a very compassionate therapist and sounded surprised when compassion did not forge an immediate connection with his client. This raises the notion of how participants see themselves and how these self-insights shape their approach to connection. Therapists could usefully examine how aspects of their own personality shape their approach to client connection and their expectations of a client response. Arguably, the therapists participating in this study indicated that their way of connecting could transcend clients' needs about how to form connection.

Moreover, and linked to the previous point, the participants who reported difficulty in forming an initial connection appeared to believe that this was largely due to the client's issues, rather than something about their own approach to connection. The way this difficulty in connecting was described by the participants was about the client; *they* went on holiday and tried to sabotage the start of therapy, *they* kept changing the subject, *they* were too closed off.

6.2.2 Why participants said they worked in this way

Participants said that they took clients' espoused problems in living at face value and allowed the client to direct the therapy from the outset, both as a way of enabling connection and as a way of assessing the dynamics that the client was bringing into therapy from the start. This chimes with the common factors in the literature, highlighting the importance of identifying and working with client variables (Lambert, 1992). This is also supportive of literature which indicates that client influence on the therapeutic process is an essential part of setting up effective therapy. Rennie (1992) indicates that allowing the client to story-tell increases self-understanding, feeling and connection with inner disturbances. Buttny (1990) confirms that welcoming clients to share their problems from the start of therapy allows them to describe what has happened to them and who is accountable, and this is a vital part of setting up effective therapy.

Participants said that their initial move to form connection with the client was, to an extent, linked to their training and therapeutic experience around the importance of the therapeutic alliance. Participants explained that their desire to connect was to offer positive mirroring, care, attention, and relationship. This aligns with the literature: most psychotherapy modalities and many research studies (Hubble et al., 2003; Lambert, 1992) suggest that connection and the therapeutic relationship are vital and account for 30% of client improvement (Lambert, 1992).

Participants said that clients brought in early relationship difficulties, and they inferred that these early patterns of relational difficulty might be part of why connection was 'made difficult' by clients in the therapy. Participants said that past relationships tended to inform current problems in living and behaviour and thus needed to be worked with actively to address these problems. From the data, participants suggested they were giving clients the care they might not have received as a child. Some described this through the lens of attachment theory and indicated that this framework was a useful way of thinking about the client's early life and its link to current problems. However, participants clarified that this theory was held lightly as an internal sense-making process, rather than used explicitly as a way of working with clients in the therapy. This is in line with what I would expect from an existential therapeutic approach, in which causal antecedents that account for present behaviour are not generally a core way of working.

6.2.3 What participants said about the outcomes

Participants indicated that they believed that working with presenting problems, exploring early relational patterns, and attempting to create connection enabled them to form solid therapeutic relationships. Participants suggested that they gave clients what they thought they needed, and a relationship was formed. This was based on the participants' own sense of what was working.

6.2.4 Comments

Starting with the client's problems in living and locating them inside the client without contextualisation raises a question around the possible direction and outcomes of the therapy. The client, according to participants, immediately goes inwards rather than outwards, looking for intrapsychic insights as opposed to 'outsights', i.e., external influences on the behaviour (Smail, 2005). From the start, participants said that the client focused the therapy (and the therapist) by leading with problems stemming from their own shortcomings and not from the wider environment. If this is what happens, the client's problems are decontextualised rather than located in a wider societal system, and so these problems in living are positioned from the outset as the client's fault.

From the data, I suggest that participants often conveyed to me a high level of assumed knowledge about clients' lives outside the therapy room. The participants also believed that they were good at making connections and that *their* kind of connection would work with any client. I am again reminded of the work of Cooper (2008, 2010) and his suggestion that therapists have good insight into client experiences of therapy and tend to overestimate their own effectiveness.

Participants said, either implicitly or explicitly, that many clients who later emerged as shopping addicts had difficulties stemming from attachment patterns. From the literature, anxiously attached people have a strong gravitation towards material goods as a substitute for relationships and to compensate for the feelings of isolation and abandonment inherent in anxious attachment (Norris et al., 2012; Kasser, 2002). This lack of caregiver consistency or availability also leads, via anxious attachment, to stronger anthropomorphic tendencies, the ascription of human-like qualities to objects. Both the literature and the data point to a history of difficult relational dynamics from childhood to adulthood in clients who have shopping addiction (Norberg et al., 2018).

Given the early life experiences of many of these clients, it would be reasonable to expect some relational challenges in therapy, as their relationship 'recipe' had been patterned by difficult and sometimes traumatic childhood events and adverse relational experiences. Relational strategies formed early in life continue to show up throughout life, including in the therapy space.

6.3 Providing a safe therapeutic crucible

The three sub-categories within this category are *liking the client you're with*, *offering a secure base*, and *staying compassionately curious*.

6.3.1 How participants described this

Participants reported varying degrees of liking their client and the extent to which participants reported liking the client seemed in part to be related to the participants' model of therapeutic engagement. For Natasha, an important element of her approach to working with clients with shopping addiction was

programmatic, and so the onus was arguably less on the relationship and more on the process. This is more in line with ‘techniques/model’ factors identified by Lambert (1992). Florrie’s historical psychotherapeutic training included psychoanalysis, and her liking of the client was quite measured. Conversely, Rory and Prunella both described basing their existential practice around a deeply human way of being and were ebullient about their liking of their clients. Indeed, Rory and Steven even mused about possible friendship with them. This is indicative of a focus on what Lambert (1992) calls ‘the therapeutic relationship’.

Participants described striving to offer a safe relationship space to their clients, often the kind of relationship that participants felt had not been experienced in clients’ lives before. Five participants talked about aspects of reparenting and reported different ways of resonating with this concept in their psychotherapeutic practice. Some participants spoke of playing the role of parent, some of wise elder, and some even of friend.

Participants placed significant weight on the concept of curiosity through phenomenology and that this approach underpinned their work with all clients, including those with shopping addiction. I do not suggest that participants were indicating that the use of curiosity and phenomenology is unique to working with clients with shopping addiction.

6.3.2 Why participants said they worked in this way

Participants inferred that liking the client related to the quality of therapeutic relationship they were offering. This is a curious notion to me, that liking the client is held up as a core aspect of effective therapy. I tend to see this as another way of describing an aspect of the therapeutic relationship and an indication that it is a shared connection, that the therapist is emotionally invested in the relationship.

Participants said that a safe therapeutic space was in part related to offering a form of nurturing care. Participants said they did this because they thought it was reparative, set important boundaries with clients who might have lacked parental boundaries in the past, and enabled clients to bond and to build a stronger sense of self.

The literature bears testimony to this, with Wallin (2007), for example, suggesting that what works in a therapy relationship may be similar to what is effective in parenting.

Because “what good therapists do with their patients is analogous to what successful parents do with their children” (Holmes, 2001, p. xi), studies of developmentally facilitative relationships in childhood should teach us a great deal about the kinds of therapeutic relationships that most effectively foster change. Similarly, attachment research into the consequences of development gone awry should offer a scientifically grounded basis for

understanding the suffering and vulnerabilities that bring our patients to therapy in the first place (Wallin, 2007, p. xi).

In short, participants indicated that care giving in some form is an important way of working and the literature supports the importance of a nurturing relationship as a common factor of effective therapy (Lambert, 1992; Wallin, 2007). Furthermore, despite attachment theory and existential philosophy and psychotherapy looking like reluctant bedfellows from an ideological perspective, some scholars have integrated the two perspectives to explore topics such as attachment and existential concerns (Shaver and Mikulincer, 2012), attachment and death (Mikulincer et al., 2003) and attachment and dying (Vehling, et al., 2019).

Shaver and Mikulincer (2012) describe how the availability of a nurturing, supportive external or internalised attachment figure (the authors cite parents, siblings and, indeed, therapists as examples) can provide safety and security in close relationships and buffer a person against the existential threats of death, meaninglessness, isolation, and lack of freedom. There is therefore evidence to suggest that a therapist who offers a nurturing relationship to a client through the frame of attachment could be described as working existentially, based on the mitigation of existential concerns that arises from the provision of such a relationship. Attachment theory can therefore arguably add value within an existential paradigm and should not be disregarded as an object relations or psychoanalytic concept that cannot contribute to an existential-phenomenological way of working.

In terms of working phenomenologically, participants said they worked in this way with these clients because they used a phenomenological approach in some form for most clients, as it was their primary mode of practice. Participants described curiosity as enabling clients to see themselves and providing a safe and generative environment for change. Participants also suggested that they worked phenomenologically as a way of staying close to this specific client, remaining responsive and alert to their needs, as opposed to retreating into a framework or a dogmatic way of working.

6.3.3 What participants said about the outcomes

Most participants suggested with some confidence that by working in the ways outlined above, they were able to successfully establish a safe therapeutic crucible for their client. Again, it is important to remember that these are the participants' reflections on the outcomes they experienced as therapists, rather than feedback direct from the clients. I wonder, for example, how Steven could really know whether his client felt like he did not need to rescue him, or whether Andrew's challenging style did indeed elicit trust from the client. This is not to suggest that the participants' comments should be doubted. It is, however, useful to remind myself and the reader periodically that these findings are two steps removed from the clients' own experiences and is a co-constructed narrative of the outcomes according to participants and researcher and not the lived experience of the clients.

6.3.4 Comments

Connecting liking the client to therapeutic effectiveness introduces some intriguing questions. Is the extent of the liking related to the therapist, or their orientation (hard/soft), or is it about the client and their likeability in the eyes of the therapist? I suggest that this may be idiosyncratic and may differ from dyad to dyad. I reflect on whether liking a person is primarily spontaneous, i.e., an unplanned phenomenon, or whether it can be part of a therapeutic way of working. I am reminded of Yalom's (2009) edict for therapists to 'let patients matter to them', an appeal for allowing clients to enter our mind, to change us, and when this happens, to not hide it from clients.

From the data, I suggest that the participants who reported liking their clients were the same participants who were most positive about their perceptions of the client's recovery from shopping addiction. This lends further weight to the suggestion that participants believed that liking the client was an aspect of successful therapy with clients with shopping addiction. Again, we must be cautious about the client recovery and remember that the only testimonies to this are from participants, not clients.

There are two points to make about phenomenological curiosity. Firstly, findings indicate that participants were working only partially phenomenologically, for, as outlined by Van Deurzen (2010), working phenomenologically also means attending to *horizontalization*, which is to set the phenomenon in its proper context. According to the data, participants were not necessarily bringing extratherapeutic social and economic context outside of direct client factors into the therapy and so this was, by strict definition, not fully phenomenological work.

Secondly, participants said that they worked phenomenologically from the outset, indeed before the shopping addiction emerged, and that this way of working was part of establishing a safe therapeutic crucible for the client. Phenomenology and curiosity, therefore, preceded the emergence of the shopping phenomenon. However, they might also be instrumental in uncovering it. Participants said that the client's shopping behaviour took time to appear, and its appearance came after a period of phenomenologically based therapy, which I suggest is based on three 'deployments of curiosity' (my own term). Participants said that they actively (i) became curious about the client; (ii) encouraged the client to become curious about themselves, and (iii) supported the client to become curious about their own behaviour in the world.

Using this phenomenological approach founded in curiosity enabled the client to bring deep intentionality to how they make meaning out of their connections to the world. Husserl (1913/1931) reminds us that humans often confer meaning in an indiscriminate way without noticing, and this takes us away from a direct experience of how we 'be-in-the-world'. The addictions therapist Gabor Maté (2010) captures the power of compassionate curiosity, starting with self-curiosity, when he says

Posed in a tone of compassionate curiosity, “Why?” is transformed from rigid accusation to an open-minded, even scientific question. Instead of hurling an accusatory brick at your own head (e.g., “I’m so stupid; when will I ever learn?” etc.), the question “Why did I do this again, knowing full well the negative consequences?” can become the subject of a fruitful inquiry, a gentle investigation. Taking off the starched uniform of the interrogator, who is determined to try, convict, and punish, we adopt toward ourselves the attitude of the empathic friend, who simply wants to know what’s going on with us (Maté, 2010, p. 333).

However, we do not know whether it is the phenomenology and curiosity of the therapist that leads to the participants’ perceptions of effective therapy. It might be some other feature of the relationship. We do not know whether liking the client leads to better therapy outcomes, or if using insights from attachment theory to re-parent clients is instrumental in fostering a therapeutic environment conducive to change. The participants’ theory, though, was that it was these actions that led to a more secure container, which led to more effective outcomes.

6.4 Changing the course of the therapy

The three sub-categories within this category are *naming a previously hidden phenomenon*, *exploring the allure of the hook* (the inner world meaning and purpose behind the shopping), and *unpacking the all-consuming behaviour* (the outer world manifestation of the phenomenon in clients’ shopping behaviour).

6.4.1 How participants described this

Participants said that therapy was almost never initially related to shopping addiction. Except for Tony and Natasha (whose clients either spotted the shopping problem during therapy themselves, or arrived at therapy with awareness of it), participants reported noticing a potential problem with excessive shopping only later, either through phenomenological enquiry or through seeing evidence of shopping (e.g., bags, purchases). Critically, participants decided to bring the shopping into the therapy, and this constitutes a significant shift in power from the client to the therapist. Up until now, the client had steered the therapy according to their need to explore presenting problems and their desire to be in control of the level of connection and intimacy with the therapist. Then, it was the therapist who generally decided to raise the perceived shopping problem.

Participants reported using three main access points to help clients understand the motivation for their shopping behaviour (‘the allure of the hook’), which could be conceptualised as three relationships: to objects, to self and to others. However, participants said that they explored these three relationships in different ways. Prunella reported using a philosophical base (in this case, Heidegger) to investigate ‘thingness’ and what the purchased objects did for her client. Daniel said he explored the meaning of shopping in the context of his client’s failed marriage and so focused most on his client’s relationship

to others. Rory described focusing less on objects and looking more at the two human relational aspects, the relationship to self and to others. Steven looked broadly at the shopping phenomenon and wondered what this overall phenomenon was giving his client. Natasha, with her blended psychoanalytic/existential background, indicated that she explored the behaviour by placing it in a historical, early life context.

Interestingly, participants' ways of working were diverse, but the outcome was the same: each reported an investigation into these relationships with objects, self and others but how the different participants said they did this varied.

When *unpacking the all-consuming behaviour*, participants reported taking diverse routes to get to a similar outcome, which was to explore the shopping behaviour. Some participants described working in a very straightforward way. Andrew, for example, insisted on the client describing every step of the shopping process and controlling that process quite tightly. Cooper (2003) would describe this approach as more directive than non-directive. By contrast, other participants, for example Daniel, took a more descriptive approach to exploring the behaviour.

Participants reported working with the concept of time in diverse ways: some participants like Rory concentrated heavily on what the client did in the present moment, in line with Kemp's (2018) view of addiction only existing in the immediate now. Natasha worked with time in a more expansive way, contemplating the past from which the shopping behaviour had developed, the present way that the behaviour manifested, and the future of the unwanted outcomes of excessive shopping.

6.4.2 *Why participants said they worked in this way*

In choosing to name the shopping and bring it into the process, participants took control of the direction of the therapy and the power moved from client towards therapist. Some therapists described seeking permission to bring the shopping phenomenon into the therapy and others did not mention whether informed consent had been sought. I suggest that this may be because most of the participants involved in this study were British-trained and so subscribed to a more directional variant of EPT. Remembering Cooper's (2003) dimensions of therapeutic practice, I suggest that the participants in this study were more 'knowing', 'immediate' and 'directive', and so pointing out evidence of a possible shopping problem and exploring it would be appropriate for this school of EPT. McLeod and McLeod (2016) also point out that informed consent is problematic in psychotherapy, as it is difficult to know the extent of any given client's emotional crisis and how much guidance from the therapist is appropriate for the situation. As such, I submit that some participants indicated that they took a more directive role in shaping the course of the therapy, but it is unclear from the data how or if they checked this with the clients.

For the shopping addiction specialists, Florrie and Natasha, if the phenomenon had not been raised by the client, then their role as shopping experts allowed for, and probably expected, them to name it when they saw it.

Participants chose to explore *the allure of the hook* and *the all-consuming behaviour* in the way they did because they were phenomenological in orientation. When the shopping behaviour emerges, a phenomenon presents itself. Phenomenological therapists would then, by instinct and by training, generally advocate understanding this way of being-in-the-world by describing it. In exploring the phenomenon in this way, participants are helping clients to study closely a behaviour that may have remained largely unstudied in the past, and which clients hadn't necessarily raised or volunteered.

Why participants chose to work in the way they did is largely idiosyncratic and client-specific; that is, the therapist responded to the way of being of the client and flexed their own way of engaging as they deemed appropriate, responses that debatably will have led to different outcomes. This approach is supported by practitioner-theorists like Yalom (2009), who advocates creating a new therapy for each client (a process, he notes, that frustrates researchers because it makes psychotherapeutic treatments almost impossible to compare). Yalom's approach goes where the client goes and "flows spontaneously from the demands of the immediate clinical situation" (Yalom, 2009, p. 35). This way of working is endorsed by Spinelli (2007), who promotes a freedom to respond to the therapy's experiential immediacy in whichever way feels most appropriate for that moment and that client. However, this is also a way of working that makes it challenging to assess different choices made by therapists at different points in the therapy. Some participants said that they worked systematically through categories of shopping triggers, for example Natasha, whereas other participants supported the client to recognise more generalised triggers, i.e., a low mood, and therefore worked in a less specific and structured way.

The exploration of the three relationships to objects, self and others is in alignment with the existential literature on both the theory of addiction and psychotherapeutic practice when working with addiction. For example, Schalow (2017) says that existential 'falling' provides the three preconditions for addiction, which are (i) our comportment towards and use of things in the world, (ii) a loss of self-understanding, and (iii) dysfunctional connections with others. Schalow (2017) reminds us that when the meaning imbued into objects goes beyond the primary function of the object, it can become fetishized and lead to addiction. There is a raft of literature discussing the role of a loss of self, which leads to addiction (Schalow, 2017), low self-esteem (Krueger, 1988; Elliott, 2000; Dittmar, 2005, 2007), and shopping as a way of connecting to others (Elliott, 1994; O'Guinn and Faber, 1989).

These were phenomenological participants committed to supporting clients to look closely at their ways of being-in-the-world. The reported hope of participants was to support their client to come face-to-face with the phenomenon that was contributing to their problems in living, so that they might deconstruct it, feel it, touch it, sense it and, if desired, change it.

6.4.3 What participants said about the outcomes

Participants said that their decision to name the shopping addiction and bring it into the therapy changed the therapeutic direction, as the focus now turned to shopping. Participants did not mention having debated whether to bring the shopping into the therapy, although it is reasonable to assume that some internal decision-making process occurred. The outcome of this action was to change the direction of the process.

Participants said that their exploration of the meaning and purpose of shopping with clients yielded insights into shopping as a response to existential crises, a deep craving to build a self where there is none, and as a vehicle for connecting with other people. The outcome was the chance to explore these dynamics to understand them and work actively with them.

Participants described helping clients to explore three main facets of their outer world shopping behaviour, which are (i) the triggers for shopping, (ii) the anticipation and disappointment involved in the shopping experience, and (iii) the unwanted aftershocks of excessive shopping. Again, the outcome of this way of working is to enable the client to raise their awareness of the behaviour so that they might change it, should they choose.

6.4.4 Comments

The therapist's decision to name the shopping addiction and to bring the phenomenon into the therapy may be seen as controversial by some theorists and practitioners because this could be viewed as the therapist assuming inappropriate control of the process in an overly-directive way. However, as Cooper (2010) comments, it is an erroneous belief that non-directivity is always beneficial to clients. Cooper (2010) dispels this myth by citing evidence that directive therapies often have positive therapeutic outcomes (Orlinsky et al., 2004), and that clients can find non-directive ways of working problematic (Maluccio, 1979).

In reflecting on which aspects of this category are particularly specific to working with shopping addiction, I suggest that most are aligned to ways of working with other problems in living. With reference to Lambert's (1992) 'big four' therapeutic factors that underlie successful therapy across modalities, participants in this study described working with the client's variables (their inner world beliefs about shopping's meaning and their outer world shopping behaviour), focusing on the working alliance (working with care, empathy, affirmation) whilst also following theoretically sound ways of working with addiction (a focus on self, others and the object of addiction) and with a solid technique in place (phenomenology).

6.5 Supporting the client's self-understanding

This category comprises two subcategories: *discovering that there's a lost self* and *acknowledging and investigating a narrow relational world*. The onus here is on clients exploring themselves and their relationship to shopping, very much in the realm of Spinelli's (2007) 'phase two' of therapy in which there is an "often intensely experienced examination of the client's worldview" (Spinelli, 2007, p. 88). Spinelli indicates that this phase of therapy is about the client's honest examination of aspects of how their worldview may be causing overt or covert tensions in their life.

6.5.1 How participants described this

Participants said that they worked actively with the client on their sense of self. Participants reported experiences of their clients not knowing who they were and described clients struggling with ontological security, a state that Laing describes as a feeling of being "a real, alive, whole, and in a temporal sense, a continuous person" (Laing, 1960, p. 65).

Participants indicated that clients with shopping addiction might have experienced a process that I am calling 'deontologisation', a detachment from, or incoherence around, a sense of self. I suggest that participants were therefore describing supporting their clients in a process of 'reontologisation'. This links closely to the existential literature on addiction, which describes the everydayness of *Dasein* creating fertile ground for an 'unowned' existence in which people lose connection with their sense of self and their connection to others (Schalow, 2017). An 'unowned' existence creates the gap for addiction. Schalow (2017) suggests that addiction corresponds to a kind of self-evasion which we might call self-forgetting or denial, also often leading to inauthentic ways of relating to others.

Participants said that they worked with a variety of emotions with their shopping addiction clients, especially shame. An integral part of clients with shopping addiction discovering that there is a lost self is an exploration of shame. Shame works in tandem with shopping addiction, perpetuating a cycle of shame-shopping-shame-shopping-shame, each revolution of the cycle creating an ever-intensifying experience of shopping addicted stuckness.

6.5.2 Why participants said they worked in this way

Participants said that they worked in this way to enable clients to acknowledge and explore the extent to which they had become disconnected from a sense of self, so that they might reconnect. Participants suggested that a confused or dislocated sense of self might be linked to the development of a shopping problem. A lack of self-cohesion (Kemp, 2018) is therefore addressed through the purchase of objects.

Shopping as a response to a blurred identity or self-discrepancy in identity is a central theme in the shopping addiction literature. Braun and Wicklund (1989) suggest that people use premium brands to try and address the gap between the actual self and the yearned-for self, while Sparrow (2008) posits

that people with an unstable sense of self are more susceptible to excessive shopping, a notion reinforced by Dittmar (2005). This links to the existential literature on authenticity, for example Sartre's (1943) notion of existence preceding essence and the responsibility of humans to build an authentic self. Other examples of existential commentary on self and authenticity can be found in the work of Kierkegaard, who "saw both the news media and the bourgeois church Christianity of his time as societal obstacles for the possibility of living authentically" (Holt, 2012, p. 5). The idea that the external consumer environment restricts an individual's capacity to live authentically because the self is formed through external influences and not through internal processes is an abdication of freedom – what Sartre would refer to as bad faith (Sartre, 1943). Kierkegaard calls this phenomenon 'levelling', the extent to which individual identity is buried in mass culture (Holt, 2012).

Whilst it was not suggested by participants that they were working with clients on stabilising their sense of self because they had read this literature, it is important to note that the theory does suggest a strong link between an incoherent or confused sense of self and shopping addiction. Reconnection with self was seen by participants to be a path towards recovery. Phenomenology reinvigorates the client's ontology. Participants worked phenomenologically because they were trained to, but also because they said that they had experience of phenomenology providing the space for clients to self-explore and to change.

As with the discovery of a lost self, participants said that to engage with the notion of a restricted social domain firstly allowed for recognition that it is so, and then opened up the possibility for change. Participants also said that naming and working with clients' feelings of shame around the addiction addressed the mutually reinforcing link between the emotion and the behaviour, which could help with relapse prevention.

6.5.3 What participants said about the outcomes

Participants said that clients who they believed were able to develop more self-cohesion, self-kindness, self-acceptance, and self-compassion were preparing the ground for recovery from shopping addiction, and participants deemed this to be a successful therapeutic outcome. We do not know whether this is true or real; however, participants suggested that processes that work in this way with clients with shopping addiction tend to have favourable outcomes in respect of recovery. The evidence for recovery cited by participants is the clients' self-reporting around their own recovery.

Similarly, participants said that the acknowledgement of a narrow relational domain reportedly enabled the client to see how narrow their social world had become and thus, according to participants, the client could make a choice about whether to change.

6.5.4 Comments

I suggest that an examination of a client's relational world is a recognised existential-phenomenological approach which examines the four dimensions of a client's life (Van Deurzen and Adams, 2010), one of which is the social domain (see section 2.3.4). Some therapists mentioned this model explicitly (e.g., Prunella) and others suggested that they used it more tacitly to guide their work (e.g., Tony).

The phenomenological exploration of a client's social domain and any resulting identification of a narrow relational world has the capacity to *both* set up and perpetuate shopping addiction *and* may be an important path towards recovery. The literature supports the notion that a narrow social sphere can keep addictions in place and that a broadening out of a client's relational domain can have reparatory properties. Kemp's (2011) concept of worlding describes the perilous push-pull pattern of engaging in the world to pursue an addiction, whilst also needing to avoid the world because it harbours the addiction. At the same time, a narrowing of the social world shuts down hope and potentially exacerbates the very feelings of isolation and alienation that drive the shopping addiction.

This is potentially problematic when working with shopping addiction. Unlike other addictions that are 'destination purchases' – one has to go to a particular place to procure alcohol or drugs – shopping is ubiquitous. Like food, which is a requirement for life, it is hard to avoid shopping in the modern world. For this reason, whilst I concur with the findings and the literature (O'Guinn and Faber, 1989; Elliott, 1994; Benson and Eisenach, 2013; Benson et al., 2014; and Frazier, 2015) that discusses the benefits of a broadening out of the relational domain when working with addiction, I sound a note of caution for this strategy specifically when working with shopping addiction. We must remain mindful that to encourage a move into the world is to encourage a re-entry into a socio-economic paradigm that is replete with opportunities to shop.

It is also important to acknowledge that preparing for a move towards greater social connection may be hard for many of these clients. The findings and the literature suggest that clients with shopping addiction often have problematic relationships, both in the past and in the present, and that these experiences may have informed their choice to curtail their social exposure and even self-sabotage relationships. This well-worn defensive strategy of self-protection against a hostile relational world that has historically offered pain and suffering may be hard to break.

6.6 Moving from objects towards relationships

This section is the story of reported recovery from shopping addiction, a path that every therapist in this study said clients walked with them. This category contains the subcategories *broadening and reaching out* and *being-towards-oneself*.

6.6.1 How participants described this

Participants described helping their clients to connect more with other people, establishing relationships with humans as an alternative to buying objects. Participants said that this felt like a shared endeavour, partly a desire from the client to move back into the world, partly because of the support and care of the therapist.

Participants said they worked with their clients on developing a more coherent sense of self. From an inner world perspective, participants argued that change comes when clients work with their self-narrative to bring coherence to their past so that they may choose a new future (Kemp and Butler, 2014). I suggest that this is a form of working from the inside out (Smail, 2005). The self becomes more human and less object, and with this comes the capacity to reach out to others as humans and not objects. In this sense, the two subcategories within this category may be seen as mutually reinforcing.

From an outer world perspective, making concrete changes in the world means implementing some of the useful elements of group shopping addiction programmes, getting a job, giving up physical artefacts such as credit cards and iPads that enable the shopping, and investing time in making living environments more comfortable. These infrastructural elements of the client's external world can perpetuate the shopping addiction, and data suggest that taking these practical steps to give up these artefacts can be helpful to recovery.

6.6.2 Why participants said they worked in this way

According to participants, the support they gave to enable clients to move back into the world was based largely on experience of what works with clients with addiction problems. Connecting with groups is a tried-and-tested way for people with addictions to recover, as shown in interventions such as the twelve-step programme. Participants specifically referenced their past experiences of initiatives such as Alcoholics Anonymous as contributing to the recovery of addicted clients. Participants who had worked with clients with addictions also said that the object of the addiction can be squeezed out by increased social interaction. From a common factors perspective, this is attending to *client and extratherapeutic variables* (Lambert, 1992) and so it can be seen as a more generic way of working with addiction, as opposed to being specific to working with shopping addiction.

6.6.3 What participants said about the outcomes

Participants indicated that the opening up of a client's social domain led to a decrease in the importance, prominence and meaningfulness of shopping (i.e., a contraction of the need for objects to fill a relational void) and supported a move back towards other humans as a source of authentic connection. Participants referred specifically to a link between a broader social world and a decrease in problematic shopping behaviour.

Again, though, we cannot say with certainty that bringing attention to and broadening out the client's relational domain was the shift that caused recovery. Participants believed it, but we cannot be sure because we do not have the client's view, neither do we know whether there are other factors not included in the participants' accounts of the therapy that might have been experienced as vital to recovery by the clients.

6.6.4 Comments

The literature and the data in this study both indicate that support groups offer significant benefits to recovering shopping addicts, particularly in conjunction with individual therapy (Benson and Eisenach, 2013; Benson et al., 2014). Group interventions address feelings of alienation, help people to feel understood, provide immediate feedback on behaviour, and help to counteract denial and relapse (Frazier, 2015).

Literature suggests that encouraging clients to broaden and reach out their social worlds is not unique to shopping addiction; it is a common aspect to established addiction intervention (Benson and Gengler, 2004; Benson et al., 2014; Kemp, 2011). I therefore suggest that this is a useful, if generic, strategy that relates to the broader addiction treatment landscape.

The clients' reported recovery requires further consideration. Recovery, but according to whom? Clients reportedly indicated to the participants that their shopping behaviour had declined or ceased. The participants had indicated to me during this study that their client had described recovery from shopping addiction to some degree. But this provokes the question: who can know about the true extent of therapeutic effectiveness for sure, except the client?

6.7 The possible role of socio-economic context

Inductive constructivist grounded theory is a vehicle for exploring the data that arise from investigating and mapping a social process, in this case psychotherapy with clients with shopping addiction. CGT also provides a mechanism for the researcher to explore what may be missing from the data.

As alluded to in previous sections, there is a paucity of data about the role of socio-economic context in the therapy processes described by the participants in this study. I suggest that the phenomenon of shopping addiction is not just an individual psychopathology that develops in a vacuum inside a person. Shopping addiction is arguably also a societal and contextual phenomenon born out of a neoliberal economic system, perhaps even more so than other substance and process addictions because of shopping's systemic ubiquity. As Dittmar (2004) says:

This points strongly toward the importance of social context and social causation for an understanding of compulsive buying. While it is individuals who suffer from compulsive buying, they do so in societies that are characterized by mass consumption, materialism, and an

obsession with “to have is to be” (Fromm, 1976). We have to understand compulsive buying as an addictive disorder that is embedded in the major economic, social, and cultural changes that have transformed consumer behavior in Western developed economies (Dittmar, 2004, p. 415).

6.7.1 Existential impacts of neoliberalism

Freedom

There is a significant body of literature that explores the impact of neoliberalism on freedom from various perspectives, including economic (Harvey, 2005; Springer et al., 2016), socio-cultural (Lorey, 2015; Wilson, 2017), social psychological (James, 2007, 2008; Kasser, 2002; Lane, 2000) and existential (Aronson, 2015; Bloom, 2018; Vos, 2020). It suggests that the neoliberal system promises freedom, but only the kind of freedom that serves the system. Herein lies a grand paradox, one in which the system advertises freedom and individuality, and yet because of what the system needs from humans, i.e., production and more economic growth, people have very little actual choice or room to be themselves outside of delivering to those objectives.

Thus, it can be argued that neoliberalism has curtailed human potential for radical existential freedom. The free market exists today as an article of bad faith, having promised radical freedom and delivered only dogmatic imprisonment (Bloom, 2018). There are clear implications of illusory freedom for existential-psychotherapeutic practice. In the face of such forces, can any human really be free to choose? Whilst I appreciate Sartre’s notion in *Being and Nothingness* that we must resist the control of dominant contexts (Sartre, 1943/2003), what if the hegemony of the neoliberal system is too overwhelming for humans to resist and perhaps so all-pervasive that people are unable to see its hold on them? This may make working with clients on issues of agency and autonomy challenging, as therapists may be trying to support clients to cultivate qualities that are impossible to reach, given the power of the anti-freedom doctrine rooted within the context.

Responsibility

Neoliberalism shifts the burden of responsibility to the individual and away from the state. I raise this here because it is an important dynamic for a study on psychotherapy. Under neoliberal conditions, personal responsibility is effectively privatised. With the dismantling of the welfare state in many developed nations, responsibility for care passed to the private sector and thus to individuals. Wilson (2017) suggests that people then need to take care of themselves, and they are responsible for everything that happens to them, even things outside their control. And because the state is not there to support people, mental and physical health becomes their responsibility too, which has given rise to the burgeoning industries of self-help and therapy in the past 20–30 years.

Meaning

The literature suggests that the impact of neoliberalism on meaning making is detrimental. Vos (2020) argues that there has been a crisis of meaning making under capitalism, a condition he calls *The Capitalist Life Syndrome* (CLS), a reference to the psychological dynamic Stockholm Syndrome in which hostages held during a violent bank robbery developed a psychological affinity towards their captors, despite the very real danger they posed. Vos (2020) suggests that CLS works in an analogous way, as capitalism holds us captive whilst appearing to offer ways of living a meaningful life, and so people end up defending a system that is damaging and dangerous. According to Vos (2020), we are under the illusion that we have ultimate choice about how we define our lives; however, our meaning-making capacity is being manipulated by the system through advertising, marketing, and social media.

There are at least three aspects of CLS that are useful to this study. Firstly, the type of meaning making that CLS provokes in humans is hedonistic and self-oriented; we seek meaning through materialism, money, status, food, sex, drugs, and shopping. CLS causes a functionalist approach to meaning as originally outlined by economists such as Becker (1976) and suggests that everything, including humans and indeed meaning itself, has a functional utility and can thus be bought and sold. This erodes other more expansive ways of deriving meaning from life, for example through a pursuit of higher purpose, self-acceptance, relationships and connections, social justice, religion, and/or other altruistic and less individualistic activities.

Secondly, and echoing the perspectives outlined above, CLS offers an illusion of freedom but not actual freedom. People are rendered helpless and hopeless, encased in a nihilistic experience of life in which our freedoms are silently and insidiously repointed towards creating value for the system, instead of meaning for ourselves. We are enslaved by adding value to the capitalist project, whilst at the same time being told that we have ultimate freedom to choose how, where and with whom we live.

Thirdly, the impact of a lack of meaning coupled with the illusory nature of freedom, is a crisis of mental health, particularly in neoliberal societies. Vos (2020) points to the overt and widespread mental health crisis in countries linked to the neoliberal paradigm, but also to a more worrying silent dis-ease, suggesting that people living with CLS often feel “a structural sense of emotional discomfort, unhappiness, or lack of satisfaction in life [...] ‘I cannot put my finger on it, but...’” (Vos, 2020, p. 18). This more malignant sense of malaise, Vos argues, is taking us towards a crisis of humanity characterised by existential, psychological, and meaning-related deficits.

The role of the external socio-economic context in shopping addiction may not be present in the data *per se*, but it is possible that it may be linked to existing data in this study. As discussed earlier, clients mostly do not start therapy with shopping addiction as the presenting problem, and it remains hidden for varying periods of time. This may be because it is not taken seriously, or perhaps due to low

reflexivity on the part of the therapist around their own relationship to shopping. Another explanation for the hidden status of shopping is that the ubiquity of the phenomenon in the outside world, coupled with the notion that shopping is deeply embedded in modern society (Dittmar, 2004), may lead both client and therapist to ignore it or to see excessive shopping as a non-problem. Both the shopping and the context enveloping it effectively fly under the radar, because the context is the air that we breathe, and shopping is just something that we routinely do within this environment.

Because the findings point towards shopping remaining a hidden phenomenon in therapy initially (six out of eight participants described this), I believe that the link between a hidden phenomenon and the apparent lack of consideration of context in the therapy is worthy of mention.

REFLECTION BOX 3

I did not notice the absence of socio-economic contextual data until after the interviews had been completed and I spent considerable time making sense of this. The absence of context from participants' accounts of the psychotherapeutic process with shopping addiction clients could be explained by not having asked explicitly about this in the interviews. It could be that this vital part of the social process was missed by the interviews; perhaps my own blind spot around the role of societal context in catalysing my own shopping addiction had caused me to miss it. I went back to the original transcripts to see if I had asked open enough questions to elicit as many aspects of the social process as I could. I was satisfied that the interview protocol would have prompted discussions about the inclusion of societal context in shopping addiction psychotherapy had it been part of the process. No participant mentioned context. I went to the literature for more insight. Whilst very rare, there are theorists and practitioners who mention the role of social context on shopping addiction (Dittmar, 2004; Hunter, 2018) and this suggested to me that proposing that the economic context be brought more fully into the therapeutic process could have some value. I also noticed, and continually bracketed off, my growing political lens on shopping addiction which I initially felt motivated to showcase in this analysis. I realised, however, that basing analysis on data that were not from the study would detract from the rigour of my application of sound CGT methodology. I therefore prioritised methodological credibility over political polemic and limited my interaction with this theme to making suggestions for future research into the role of neoliberalism in the development and perpetuation of problematic shopping behaviour.

Socio-economic context is largely missing from the social process as described by participants involved in this study. Having reviewed the pertinent literature, I suggest that there could be aspects of the broader

environment that may be worthy of inclusion in existential-phenomenological psychotherapy with clients with shopping addiction, as these factors could be contributing to the problem in living.

The ubiquity of a neoliberal hegemony, coupled with the impacts on existential themes such as human freedom, responsibility and meaning making, would indicate that context could be a valuable and legitimate part of therapy, perhaps with all clients but particularly with clients with shopping addiction. Indeed, the socio-economic landscape could surely qualify as one of Lambert's (1992) extratherapeutic factors, factors that his research suggests account for 40% of successful therapy outcomes.

However, we are also left with questions and unknowns. We do not know if participants did, in fact, work with contextual influences but just did not mention it in the interviews, although it does seem unlikely that all eight participants would fail to mention a socio-economic perspective in the therapy if they were taking one.

An important learning from this study could be that existential therapists seem to work with clients with shopping addiction within the frame of their own lives, rather than allying with clients about the potentially harmful influence of neoliberalism on their shopping behaviour. An absence of discussion about the adverse contextual influences in the therapy room means that any problems in living due to shopping addiction that the client may have must be the fault of the client alone, rather than a function of living in a society that arguably subversively repoints our meaning-making architecture towards pursuits that benefit the system and not the human.

6.8 Conclusion

From this analysis, four main conclusions can be drawn about how participants worked with shopping addiction, why they said they worked in this way, and the outcomes they reported.

First, participants indicated that they used a broad range of ways of working that might be described as 'common factors' of successful therapy work (Lambert, 1992). These included working with the client's presenting problems ('client factors') and trying to connect and to provide a safe therapeutic container ('relationship factors'). These also comprised working phenomenologically to explore the self, relationships with others and the phenomenon at hand, and encouraging clients to reengage with a broader social world ('relationship factors' and 'model/technique factors').

Second, the reasons participants gave for working in this way were in part related to their therapeutic orientation and their existential training. They worked in these ways because they resonated with the philosophical foundations of the existential modality; they had been trained in this school and they had experience of this approach as being effective, both elsewhere with other clients (not necessarily with shopping addiction) and with the clients they chose to describe as part of this study.

Third, whilst there may be parts of how participants said they worked with shopping addiction that could be seen as common or generic, there were also elements of the process that appeared to be specific to shopping. For example, the shopping rarely appearing as a presenting issue, its subsequent emergence often being accidental, and the reasons it remained hidden, are arguably all factors specific to working with shopping addiction. Participants worked directly to bring the problem into the therapy process, which changed the trajectory of the work.

Fourth, the apparent absence of an exploration of socio-economic context within the therapeutic process warrants further research. Given the suggested power of the prevailing socio-economic environment and the extent to which the system, and thus humans' lives, are corralled around shopping and consumption, it is reasonable to suggest that working with socio-economic context in psychotherapy with shopping addicted clients would be beneficial. An additional interpretation is the possibility that therapists themselves were operating in the dark regarding their own shopping worldview and this exacerbated the challenge of identifying the phenomenon.

Before turning to recommendations, I would like to reflect on how integrating clients' comments about how the participants have represented their therapeutic process might have added to and changed the findings and discussion. Certainly, to hear how the clients experienced the therapy journey, the ways of working, and the outcomes would provide a valuable critique to the participants' comments about the therapy process. As I mentioned earlier in this chapter, Cooper (2010) suggests that therapists can sometimes operate under the illusion that they can accurately gauge the client's experience of therapy and studies have shown how different client and therapist perceptions can be. The inclusion of client perceptions and how they overlay onto those of the therapist would doubtlessly make for a fascinating and richly multi-perspectival snapshot of the phenomenon and such an approach could make for exciting future research in the field.

Having distilled these conclusions from the analysis, I now turn to the grounded theoretical insights that can be drawn from the data as recommendations from this study.

7. Recommendations

7.1 Introduction

The objective of this research was to present how existential therapists described their work with clients with shopping addiction, why they said they worked in these ways, and what outcomes they reported. My aim was to generate a middle-range interpretive theory that focuses on abstract concepts, practices and actions relating to psychotherapy with clients with shopping addiction, rather than a positivist theory that focuses on explanation and prediction (Charmaz, 2006).

Even though I have used it as the heading for this chapter, I feel slight discomfort with the term ‘recommendations’ because in my opinion it carries a positivist flavouring, somehow implying that my role as researcher is to deliver concrete ‘truth’ about ways of working with shopping addiction and make certain recommendations. In the light of that discomfort, this chapter presents two theoretical statements arising from the findings and analysis which are designed to move the analysis beyond a simple description of the social process towards the identification of conceptual relationships in the data (Charmaz, 2006). I will then conclude the chapter with some hypotheses that can be treated as my version of recommendations and opportunities for future academic investigation. With this approach, I aim to present my own subjective, interpretive insights about shopping addiction that “allow for indeterminacy rather than seek causality and give priority to showing patterns and connections rather than to linear reasoning” (Charmaz, 2006, p. 126).

7.2 Theoretical insight 1: Participants based their work in part on common factors

Participants described ways of working with shopping addiction that aligned in part with the ‘big four’ common psychotherapeutic factors that account for improvement in clients (Hubble et al., 2003; Lambert, 1992). It is important to remember that whilst we know that these factors lead to successful therapy outcomes, theorists are much less clear on which factors cause which effects on which clients under which circumstances.

7.2.1 *Client variables and extratherapeutic events*

Literature states that therapeutic outcomes are determined substantially by client characteristics and events that occur outside of therapy (Lambert, 1992). Clients come to therapy with diverse problems, anxieties, addictions, histories, ways of relating, and levels of motivation and the severity and extent of these problems shape therapeutic results.

In this study, participants described working with client variables as they were presented by the client at the outset of therapy and provided a space for clients to tell their stories. Presenting problems included

their existing addictions (alcohol, drugs, pornography, gambling), OCD, anxiety, relationship breakdown, and disease. According to participants, client reflexivity was actively encouraged to enable greater self-awareness. These are common approaches across psychotherapy modalities that enable the therapist to start forging connection with the client through their problems in living.

7.2.2 Relationship factors

Psychotherapy research indicates that the quality of the therapeutic relationship accounts for about 30% of client recovery (Lambert, 1992). Much of the common factors and 'big four' research centres on the critical characteristics that the therapeutic dyad must embody for therapy to be successful. These include empathy, positive regard, non-possessive warmth, and genuineness.

In this study, participants indicated that they practised compassionate curiosity, a phenomenological approach that allows clients to explore themselves, their behaviour, their challenges, and their relationships with themselves and with others. Significant empathy was reported in the relationships, whether it be around the client's physical frailty, isolation, disease, addiction, relationship breakdown or shopping behaviour. Most psychotherapy schools would acknowledge that these are universal, common traits of an effective therapeutic relationship.

7.2.3 Client expectancy and placebo

Lambert (1992) suggests that hope, client motivation, and the very act of attending psychotherapy account for 15% of the variance in client improvement. Client expectation of change and their motivation to change are seen as important aspects of therapeutic effectiveness.

Relatively few insights sit in the data about these factors. Apart from an occasional mention of the client's desire for change (Prunella and Tony both referred to this), these aspects did not feature prominently in the findings. Further studies could be initiated in the future to investigate the impact of expectancy and placebo factors on therapy with clients with shopping addiction.

7.2.4 Models and techniques

Theorists argue that the role of models and techniques in therapeutic outcomes is aggressively investigated, in part due to researchers' allegiance to a particular school, model or technique (Hubble et al., 2003; Jones et al., 1988) and their desire to prove the efficacy thereof. However, research suggests that specific models or frameworks account for just 15% of client improvement (Lambert, 1992).

In this study, participants reported commonality in their approach to supporting a co-created exploration of shopping addiction by looking at the inner motivation (the meaning of shopping) and the outer world shopping behaviour. Meaning was co-explored via 'the three relationships' to self, to others and to objects. Behaviour was co-studied by looking at triggers, the anticipation/disappointment cycle, and

unwanted aftershocks. This is consistent across the literature and this way of working features prominently in this study's data.

Overall, a significant element of the ways of working described by participants in this study aligns with common factors and/or 'big four' psychotherapy theories, particularly 'client/extratherapeutic variables' and 'relationship factors'. These are the elements that Lambert (1992) suggests account for around 70% of client improvement in therapy.

Participants therefore employed many ways of working with shopping addiction that they used with most clients. There were, however, also shopping-specific elements of the social process that could be useful indicators for therapists when considering how to work with shopping addiction.

7.3 Theoretical insight 2: There are some idiosyncrasies in working with shopping addiction

There are five elements of the social process as described by participants that stand apart from the 'common factors' approach and may be seen as particularly pertinent to working with shopping addiction specifically.

7.3.1 Identifying a hidden phenomenon

Because of its ubiquity in current society, there is always a relationship to shopping in the therapy room, within both client and therapist; however, according to participants, it is often overlooked in therapy, at least initially. For every therapy process in which shopping addiction is identified, there may be many more in which it remains hidden.

There may be several reasons for this. First, its status as a 'smiled-upon' addiction is problematic because this may mean that it is either not taken seriously or completely ignored. Other addictions and problems in living may be seen as more important or dangerous because they may have more visible negative impacts (e.g., the drinker whose skin and eyes are engulfed with alcohol or the heroin addict who is emaciated and shoplifts to fund his habit). The shopping addicted person may not outwardly display significant physiological, financial, or criminal side-effects, and so it is arguably much more likely to remain veiled.

Second, as mentioned earlier and by Benson and Gengler (2004), therapists' own lack of reflexivity on how they relate to shopping and money may relegate the shopping phenomenon to the status of 'blind spot' for many practitioners. There is little in the data from this study to indicate that participants reflected on their own shopping-related worldviews, beliefs, assumptions, and flaws. This makes it conceivable that therapists could simply miss it. Furthermore, existential therapists' orientation may not be towards unearthing hidden addictions, and so shopping is simply not on their radar.

Third, clients themselves may be consciously or unconsciously hiding the shopping as it is perhaps just too frightening to consider having it taken away because of the sustenance or meaning that shopping currently provides. Shopping may also be seen by the client as a more palatable addiction to live with, if compared to alcohol or drugs, for example.

Finally, perhaps shopping remains hidden in plain sight because the prevailing socio-economic system has embedded it so universally into our lives that it is invisible. It is everywhere, and so it is nowhere, for both therapist and client.

7.3.2 The therapy may be the substitute for shopping

If clients see themselves as objects, then they may have the tendency to see others as objects too, including the therapist and even the therapy itself. This introduces the idea that the therapist and his/her therapy offering are perhaps just other commodities, objects to be purchased and owned, as opposed to an experience or a relationship to be nurtured for healing, growth, and recovery. If this is even partially true, there are implications for the effectiveness of the therapy. If the therapy is seen by clients as a paid-for object, it is then arguably being utilised in the same way as the Gucci suit or the Rolex watch, i.e., as an object with which to fill a void, to avoid uncomfortable feelings or to take away pain.

Vitaly, this may place a question mark against the success reported by the participants in this study, because the shopping may have diminished or abated not because the therapy had worked or because the therapist had been so skilled, but instead because the therapy had become the shopping item and so, in effect, the addiction was alive and well and being fed by the purchase of therapy. This in turn introduces doubts about the sustainability of recovery. Whilst clients had reportedly decreased or ceased shopping at the time of leaving therapy, we do not know how long this recovery lasted. If the therapy was indeed a substitution for conventional shopping during the process, then it may be that clients returned to the shopping malls once they were no longer purchasing therapy.

7.3.3 The role of historical relationships in shopping addiction

Based on participants' accounts, shopping addiction is intertwined with relationships and this manifests in a variety of interpersonal bonds throughout life. I suggest that evidence of the birth of the shopping phenomenon can be found in a client's early relationship and attachment patterns, including evidence of anxious attachment and the link to materialism, a lack of stable relationships, and the propensity to seek out stability in objects, the objectification of self and others because of unmet emotional needs, and experiences of death at an early age. Participants said they supported clients to track and narrate their relationship to their self over time. Often, clients with shopping addiction struggle with an incoherent self that has been historically objectified, neglected or rewarded with objects for performance. Dissatisfaction with the gap between the actual self and the aspirational self can lead to a fixation on status through shopping.

In the present, it is suggested that clients with shopping addiction are likely to have problematic relationships, struggling with emotional disconnection, rejection, and often an extremely narrow social world. According to participants, this emerged in the therapy. This difficulty with relationships can cause clients to seek out human connection through shopping, often with shop assistants and/or delivery people. Tracking relationship patterns from the past and present could help explain and work with the dysfunction that leads the client to shop. Becoming aware of these historical and current relational problems and working actively with them can open up the possibility of a different relational future.

7.3.4 Broadening out the client's social domain, but with care

The importance and role of relationships in shopping addiction have been golden threads running through this study. According to participants and to the literature, a broadening out of a shopping addict's relational world is critical to recovery. More social interactions, with self, with other individuals, and with groups are reportedly a key feature of recovery and can be seen as an effective way of supporting the recovery of shopping addicted clients.

I suggest that this needs to be done with care. Encouraging a broadening out of an addicted client's social world is generally seen as useful and healthy. However, given the all-pervasiveness of shopping, a move back into the very system that may have catalysed the shopping problem in the first place would need to be approached with caution. The literature indicates that consumer culture can reinforce feelings of alienation (Fromm, 1955; Lane, 2000; Kasser, 2002; Vos, 2020). A move out of a narrow, yet also arguably safe, relational world and towards a social environment with alienation (as well as shopping) woven into its fabric constitutes a move towards the very dynamics the shopping addict may be best served avoiding.

7.3.5 The absence of context

Given that shopping is ubiquitous and a core aspect of what we meet in the world, we are arguably always in relationship with it and part of a dance with the economic, social, and political forces that surround it. It is an activity that is encouraged by governments and corporations (Gray, 2002; Hamilton, 2003; Jackson, 2009; Meadows, 1972; Reich, 2009) and, unlike the substances and processes at the centre of other addictions which are not woven into the fabric of our daily existence so tightly, life within a neoliberal system means that shopping is regularly engaged with by most humans. There is, then, perhaps a need for therapists to bring greater awareness to the two-way street between a client's inner realities and what is happening in the outside world.

I am suggesting that therapists and clients working with shopping addiction who pay close attention to the external context surrounding themselves could derive some beneficial outcomes. First, working actively with context could help the therapist to appropriately locate some responsibility for the client's shopping problems in the outside world. Currently, both the literature and the data from this study

suggest that the jumping-off point for therapy is the client's own internal world, rather than a more balanced, context-informed view which would acknowledge the interwoven nature of inner and outer worlds and explore how they interrelate. This in turn would create the possibility for a more realistic engagement with the existential givens of freedom, responsibility and meaning in EPT. Both the data from this study and the literature on existentialism and EPT suggest that these givens, and the extent to which a human lives by them, are down to the client. I am suggesting that this is a burden for the client to carry alone and that an exploration of how the external context may be impacting on a client's ability to make free choices, to take responsibility, to find meaning, and to break free from commoditised view of self, others and the world would reduce the potentially anxiety-provoking emphasis on the client's shortcomings. Indeed, as the literature conveys, the commodification of self and others and the curtailing impact of a neoliberal system on the possibilities for meaning making are dynamics that have been proven to adversely affect mental health (Kasser, 2002; Lane, 2000; James, 2007, 2008; Aronson, 2015; Lorey, 2015; Wilson, 2017; Bloom, 2018; Vos, 2020). If therapists can ease the pressure on the client by pointing to the more hidden role of the prevailing economic system, this could be beneficial to the client and may open up additional routes to recovery.

Second, a more context-aware engagement with the world could enable therapists to explore their own relationships with money, shopping and materialism which doubtlessly shape their work, whether working with clients with shopping addiction or any other client. Bringing heightened attention to their own rapport with these phenomena would enable therapists to work more 'cleanly' and consciously with shopping addiction, less encumbered by blind spots, feelings, beliefs and motivations outside of their awareness.

7.4 Emergent hypotheses

In this section, I would like to provide "the grist for emergent hypotheses that other researchers might pursue" (Charmaz, 2006, p. 101). In other words, having shown how participants said they worked with shopping addiction, I now present some fledgling hypotheses that I hope can be a source of further action for future research.

1. Increasing the emphasis on common factors would tend to improve the outcomes of psychotherapy with clients with shopping addiction.
2. Discussing the influence of socio-economic context explicitly in therapy with clients with shopping addiction would decrease the blame and shame felt by clients and enhance the possibility of recovery.
3. Shopping addiction remains hidden in therapy rooms across the world and is thus a widespread, unaddressed problem in living.

4. Increased levels of reflexivity amongst therapists about their own relationships to shopping would make shopping addiction easier for them to spot in their clients.
5. Shopping addiction clients report recovery in therapy because the therapy has become the shopping.
6. Because of this, once clients leave therapy, they return to conventional shopping.
7. Unlike with other addictions, the broadening out of a client's social world can lead shopping addicts back to shopping.

These hypotheses stem from some of the questions that this study has generated and left unanswered. Each represents an exciting piece of future research specific to the field of shopping addiction and has the potential to contribute significantly to this growing area of research and practice. I shall return to these hypotheses in the next chapter when I contemplate further studies in this field as part of my critical evaluation of this study.

8. Critical evaluation of this study

In this chapter, I provide critical evaluation of this study in four areas. First, I comment on the outcomes of the study in the context of previous research. Second, I evaluate the study against Charmaz's (2010) four measures for effective CGT studies. Third, I suggest some possible limitations of the study and fourth, I explore areas in this field worthy of further investigation.

8.1 Outcomes of this study in the context of previous research

This section provides a brief critical evaluation of the main outcomes of this study in the context of previous research and the gaps identified in the literature review. The structure of this section will follow the elements of my core research question: how do participants describe their work with clients with shopping addiction, why do they say they work in this way, and what are the outcomes they report when working in these ways with the phenomenon?

8.1.1 How participants describe working with shopping addiction

In the literature review, I suggested that there is a dearth of publications on the ways in which existential-phenomenological therapists work with shopping addiction and that this represents a gap in the body of knowledge. Whilst there is some published case material (Du Plock, 2000; Horne, 2000), I believe that it lacks detail in describing how the therapists work with shopping addiction. I submit that this is understandable to an extent, given the less structured and framework-oriented ways of working that existential therapists hold true. That said, I believe that there is significant value in mapping the social process at play during psychotherapy with clients with shopping addiction, something that I feel this study has delivered. The value is in the detailed description and analysis of how existential psychotherapists are working with the phenomenon, why they are working in this way and the outcomes they report. Such a study has not been undertaken previously and therefore contributes new knowledge to the field. This study does not necessarily describe the 'best way' in which to work with these clients or this phenomenon; it is the current state of the art according to the participants in this study.

Literature on the diverse impacts of a neoliberal socio-economic context on shopping is extensive, particularly in the realm of mental health (Kasser, 2002; Lane, 2000; James, 2007, 2008; Aronson, 2015; Lorey, 2015; Wilson, 2017; Bloom, 2018; Vos, 2020). However, whilst some theorists discuss the need for a more contextual aspect to psychotherapy (Dittmar, 2004, 2007; Smail, 2005, 2015a, 2015b), these discussions are rare, not least perhaps because they controversially suggest that it is societal change that can most bring about mental health improvements, not necessarily individual therapy.

The way in which participants described their work with clients with shopping addiction does not contain anything substantial in terms of an appreciation of the power of the context in which shopping addiction is born and develops. To begin to recognise that the challenges of being human may emanate from chance as well as individual choice, to acknowledge that our psychological wellness and susceptibility to problems in living, including addiction, are in part rooted in the contexts that exert power over us, and to concede that we are perhaps a species that mediates rather than originates contextual forces (Smail, 2005) would, I believe, lead us to become far less confused, self-critical and ashamed of our apparently 'irrational' thoughts, feelings and behaviours. After all, if we acknowledged the significance of the environmental forces at play and over which we have no control, then it would surely alleviate some of the psychological burden born by so many and enhance feelings of freedom and self-worth rather than erode them. I suggest that therapists working with all clients, but perhaps particularly those with shopping addiction, have a critical role to play in this.

8.1.2 Why participants say they work in this way

This aspect of the research question is perhaps the least developed in the findings and analysis, partly because it received less focus in the interviews and perhaps partly because there is very little published literature which records reflexive psychotherapists contemplating and narrating why they make particular interventions when working with clients with shopping addiction.

Participants in this study were existential-phenomenological in orientation and so why they work how they work with shopping addiction is to some extent related to their training and the way they choose to express their psychotherapeutic art. From this study, it can be said that ways of working are a blend of the generic and the idiosyncratic and are responses to the therapist's perceptions and felt sense of what may be helpful and effective in the moment.

Some participants had extensive knowledge of addiction theory and vast experience of working with addiction, expertise that emerged in their descriptions of their ways of working. The value of conducting an assessment at the outset of therapy (Kemp, 2011, 2018), the impact of exploring historical relationship and attachment problems with clients with addiction (Wallin, 2007; Norris et al., 2012), and the exploration of the meaning and purpose of addiction via the three relationships to self, to others and to objects (Antich, 2018; Dittmar, 2005, 2007; Elliott, 2000; Riddy, 2000; Schalow, 2017) all emerged in the data. This does not necessarily mean that participants knew this literature and were following an intentionally theoretical approach. It does mean that there is a commonality of traits between the literature on addiction theory and practice and the ways of working with shopping addiction described by the participants in this study.

8.1.3 The outcomes of working in this way

As I have mentioned previously, this study's findings are hewn from the subjective experiences of participants as captured in a 60-minute interview and then processed by my own lens on the world. I cannot comment on the experiences of the clients or on the outcomes that they felt. What I know from the data is that most participants said that their clients' shopping behaviour either diminished or stopped completely. We therefore have stories of recovery, but recovery according to the therapist, not the client.

The client had reportedly indicated to the participant that their shopping behaviour had declined or ceased. The participant had, as part of this study, communicated to me that their client had indicated recovery to some degree. But how do participants really know? These stories of therapeutic triumph over shopping addiction are encouraging, but to what extent can I know they are true? How do the participants themselves know for sure? And indeed, if therapy is the new product and focus of the addiction, how do we know that the purchased therapy has not simply replaced the purchased handbag?

8.2 Critical evaluation of this study against CGT measures

Charmaz (2010) suggests four measures against which to evaluate CGT studies and I will explore these now as a way of reflecting on the originality, credibility, resonance, and usefulness of this study to psychotherapists working with shopping addiction and perhaps other interested practitioners.

8.2.1 Originality

This study researched the significantly under-researched field of existential-phenomenological psychotherapeutic perspectives on shopping addiction. According to my literature search and from interviews conducted with subject matter experts and practitioners in the field, no such study exists. It is innovative in that it seeks to map the social process of therapy with shopping addicted clients from therapists' perspectives.

The study offers new insights about working psychotherapeutically with shopping addiction. For instance, based on the weight of literature outlining the plethora of adverse psychological, relational, and existential impacts of the socio-economic system, I suggest that there is value in a more contextually aware way of working in therapy with this phenomenon. The data and analysis relating to shopping addiction remaining a hidden phenomenon in therapy are potentially game-changing in relation to ways of engaging with clients with this problem in living. Participants' claims in this study regarding the positive impact of broadening out of an addict's social world are mirrored by other studies. At the same time, I introduce a new, shopping-specific cautionary note about the risks of a shopping addict moving more fully into a world awash with opportunities for relapse.

8.2.2 Credibility

According to Chun Tie et al. (2019), the rigour and credibility of a piece of grounded theory research is dependent on three factors: the researcher's expertise and research skills, methodological congruence with the research question, and procedural precision in how the methodology is deployed.

Methodological congruence occurs when the researcher's philosophical worldview is aligned with the nature of the research question and the chosen methodology. Data collection and analysis must be structured and rigorous throughout. Procedural precision involves documenting decision-making, concept generation, changes to approach, reflections of the researcher throughout the study, all of which are vital to this precision.

This study utilised the robust and academically credible methodology CGT and remained true to the core approach and methodological rigour as outlined by Charmaz (2005, 2006, 2008). The interpretive nature of the method is aligned with my interpretive/constructivist epistemological position. I believe that the study is based on solid data and carefully applied, systematic analysis. I submit that the data support the findings, claims and theoretical insights I have presented.

Throughout the study, to ensure rigour, I kept a research journal into which I recorded ideas, reflections, problems, emotions, analysis, and methodological considerations. I sent each transcript to the participant for review and sign-off, making any edits as requested. I utilised regular peer group supervision opportunities and academic supervision provided by NSPC. I have paid close attention to my own reflexivity, which is written up in Chapter 3 and also appears intermittently in reflection boxes.

The new insights from this study that extend beyond the reach of the existing literature are grounded in the data and therefore make a credible new contribution to the field. I further propose that I have shown my knowledge of the field to be sound, and I feel confident that this knowledge has enabled me to formulate reliable and trustworthy outcomes.

8.2.3 Resonance

This study presents categories of data and themes that are congruent with other studies in the field of addiction. These include the importance and difficulty of forming an initial connection with a client with addiction problems, providing a safe therapeutic crucible for addiction work, exploring the inner and outer manifestations of addiction and shopping addiction, and looking at historical and present-day relationship patterns as a way of understanding how addiction has formed and stayed in place.

This study may also challenge some conventional wisdom around psychotherapy for shopping addiction, in particular the need for a more contextual treatment of the phenomenon and the suggestion that therapy may only be partially effective in the face of an all-encompassing neoliberal hegemony.

8.2.4 Usefulness

I believe that the usefulness of this study, which could also be described as its significance for psychotherapy, is in part derived from the dearth of existential-phenomenological research in the field of shopping addiction that it aims to address. The study develops new insights into how shopping addiction may develop over the course of a life, particularly in the context of relationships, how it may remain hidden in therapy and the indicators of it for therapists to look for; how an approach that is more connected to the socio-economic environment could alleviate disproportionate levels of responsibility, guilt and shame for clients; and how shopping addiction may be, first and foremost, a relational phenomenon.

The study also develops theoretical insights that I believe will be useful to a wide variety of practitioners working with shopping addiction. I feel that these insights may make it easier for therapists to spot the phenomenon and therefore less likely that shopping addiction may remain hidden, less shameful for clients who experience it, and ultimately easier for clients to move towards recovery from it.

8.3 Limitations of this study

This is a single researcher study, which brings with it its own limitations. I was constrained by the finitude of my own resources around recruitment, selection, and the number of interviews I could conduct. The resources of a research team could have enabled a wider, larger sample pool across a wider geographical area.

On that subject, whilst the sample group exhibits a balance around gender equality, there is an absence of diversity regarding race and nationality. The participant group was all-white, British, and North American and aged between 40 and 70. The age range is less concerning to me, as I believe that there is considerable value in a mature and experienced therapist's worldview. However, it could be argued that the Western Caucasian perspective could have benefited from more diverse views.

I recognise that the relativist and constructivist epistemology adopted in this research means that another researcher conducting this study would have almost certainly produced different insights and results. The outcomes from this study should therefore be seen as tentative and open to alternative interpretations.

The notion of generalisability is important. In this study, I did not attempt to take participants out of their social context, nor did I assume that I could know their experiences of the world or what constitutes their 'truths'. I was working with participants within the contexts of their lives to explore their personal ways of working with their clients with shopping addiction, which limited my ability to generalise results or make concrete, blanket recommendations that could be universally applicable.

Finally, this study is based on the subjective accounts of the participants, not the clients. The ‘true’ impact and outcomes of the therapy on the clients described in this study remain unknown, for the findings and analysis are based only on my individual interpretation of what I understand the participants to have said. Clients may have experienced different conversations, techniques, therapeutic journeys, and outcomes.

8.4 Further research

Several potential future research projects emanate from this study, and I list some of these possibilities below.

1. This was a study involving therapists only. It would be interesting to conduct a similar investigation into how shopping addiction is worked with in existential-phenomenological therapy either with clients only, or with clients and their therapists. This would broaden the stories and enable the possibility for greater data comparison and generalisability.
2. There exist significant opportunities for further research into the therapeutic outcomes of working explicitly with socio-economic context in therapy with clients with shopping addiction.
3. Further work could be undertaken to broaden and diversify the sample group. This was a small-scale study involving existential-phenomenological psychotherapists who were over 40, white and Caucasian. With greater resources (time, money, and people) a more geographically and ethnically diverse sample group could be studied in a similar way to map different culturally nuanced approaches to working with shopping addiction, which would broaden the cultural applicability of the research.
4. Research into the reflexivity of therapists could be undertaken to investigate the extent to which therapists are aware of their own beliefs and behaviour around shopping, to heighten awareness of their relationship to money and shopping, and to build greater self-understanding about how their own thoughts and feelings about shopping could be impacting on their client work.
5. Research into why shopping addiction remains such an enigma in the therapy room would enable therapists to understand how to approach it and what indicators to look for.
6. Longitudinal research into the sustainability of client recovery following existential-phenomenological therapy for shopping addiction would enable a greater understanding of whether the purchase of therapy only temporarily suppresses the shopping behaviour or provides long-term relief.

9. Conclusion

This study is a response to the growing global phenomenon of shopping addiction and the psychological, emotional, financial, and societal problems it creates. It addresses the lack of theoretical and practice-based insights and knowledge that could support practitioners to work more effectively with shopping addiction, particularly in the field of existential-phenomenological psychotherapy.

The study describes the ways existential psychotherapists are currently working with shopping addiction, reports on the processes described by participants who are doing the work and makes suggestions for the further development of ways of working with the phenomenon. It delivers a middle-range grounded theory which demonstrates that ways of working with shopping addiction are partly derived from common factors of psychotherapy practice and partly responsive to characteristics and psychotherapeutic challenges that are specific to shopping addiction.

This research contributes new, original theory to the fields of shopping addiction and existential-phenomenological psychotherapy. The study highlights the complex interplay between a shopping addiction phenomenon that stays hidden in therapy (and arguably in society) and the neoliberal hegemony in which both client and therapist permanently live. It surfaces the possibility that both client and therapist can miss the problem because of the omnipresence of shopping in the prevailing socio-economic context. Participants suggest that an existential approach to working with shopping addiction can have positive outcomes, although more research with clients is required to investigate experiences of recovery further.

From a personal perspective, as this academic endeavour draws to a close, I reflect that this study started some forty years ago when the kernels of my own shopping addiction began to grow. The conditions were perfect: a fractured home life, a bullying and competitive all boys school and the psychological distress emanating from that system, Thatcherism and its neoliberal policies, cash and consumerism, and the dismantlement of societal infrastructure. It was a context that laid a path towards objects and the loss of my 'self' in conspicuous consumption.

It was hitherto easy to identify my own culpability for this behaviour. However, through the completion of this study and as I have explored the multi-faceted, wicked problem that is shopping addiction from the inside out and the outside in, I have reached previously unattained levels of compassion. Compassion for the therapists who work with this phenomenon. Compassion for the possibly millions of humans whose lives and the lives of those around them are compromised by a compulsive need to shop and the problematic aftershocks that the behaviour creates. And compassion for myself, and for my tricky history too.

This compassion comes in part from the realisation that the blame does not rest solely with the individual. My compassion is therefore fuelled by the realisation that the object of this addiction, arguably more than any other, is accessible, ubiquitous, and holds a power over individuals that is hard to resist for even the most resourceful and resolute human.

This study raises the possibility that shopping addiction is being overlooked in therapy rooms the world over. Skilled practitioners are urgently required. Further research is needed without delay. Perhaps, with more research and some interested therapists taking up the mantle of working differently with shopping addiction, this escalating phenomenon can be addressed with more awareness in both corners of the therapy room.

I would like to be able to finish with a declaration that therapy done differently will be sufficient to deal with the burgeoning addiction of shopping, but I find myself unable to sign off with quite such a positive and unequivocal flourish. As Smail (2005) says:

It is not that “selves” cannot or do not change; it is simply that significant change comes about as the result of shifts in the pattern of environmental influence, not because of the individual’s personal wishes or efforts. The extent to which you can alter your “self” will depend upon the powers available to you to alter your world” (Smail, 2005, p. 47).

And so, perhaps the best practitioners can do is to focus on supporting our clients to alter their worlds, and this needs to be the realistic scope of our contribution. On the positive side, the descriptions of recovery reported in this study suggest that change may be possible. I take considerable heart from the stories of change shared by the participants in this research, and I look forward to reading, and perhaps even taking part in, the future research that will evolve this fascinating and vital field of study.

10. References

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Appendix 1: Recruitment email

Dear XXX,

I hope you are well.

I'm a fourth-year student at Middlesex University in London, currently completing my doctorate in Existential Psychotherapy.

I'm conducting a grounded theory study on existential-phenomenological psychotherapeutic perspectives on shopping addiction and I'm interviewing experienced therapists (5 years post-masters) who have worked with clients with this phenomenon to understand how therapists currently work with it, with a view to exploring and writing up the process of existential psychotherapy with shopping addicted clients.

I'm sounding you outwould you be interested in taking part? It would be just one interview of 60 mins on Zoom or Skype (I am British but based in Cape Town, hence the online interview). You would receive either the full or abridged thesis as a 'thank you' for participation, and hopefully you might get some information or insights on existential perspectives on shopping that could potentially add still further to your practice in this area.

Please let me know if you might consider taking part.

All best wishes

Simon

Appendix 2: Research induction pack



The Department of Health and Social
Sciences
Middlesex University
Hendon
London NW4 4BT

Participant Information sheet

Date: November 2018

Title

Full Basket, Empty Shopper: A grounded theory study of existential psychotherapists' experiences of working with clients with shopping addiction

Invitation paragraph

Thank you for considering taking part in this research project. This participant information sheet outlines the purpose of the research, explains why you've been invited to partake and provides other information about consent and the intended outcomes of the study. Please read this document and contact either my supervisor Professor Simon du Plock or me if you have any queries.

What is the purpose of the research?

The purpose of this study is to find out how you as a therapist have worked, or currently work, with your clients in relation to the issue of shopping addiction. My aim is to gather insights from the experiences of existential therapists that could move towards informing a menu of guiding principles that could be used by therapists to help clients explore and, if they should choose, change their relationship to, shopping.

Why have I been chosen?

You have been chosen to partake in this research because you are an experienced therapist who may have experience of working with shopping addiction. You have also previously shown an interest in volunteering to be a participant in this study.

Do I have to take part?

No, participation in this research study is entirely voluntary.

What will happen to me if I take part?

I would like to hold one, 60-minute Skype/Zoom video call interview with you, which I will audio-record and transcribe, to explore your experiences of working with clients presenting with problematic shopping related behaviour. The interview will be by Skype or Zoom video and so it will be necessary to have a working webcam or built-in laptop camera.

During the interview transcription process, I will remove any details that may identify you. I will send individual transcripts to you to review and ask that you return a written consent form giving me permission to use the transcript in my study. You are free to request privacy-related amendments to the transcript in circumstances where you feel that your anonymity might be compromised. Although this research is for my doctoral thesis, the work may also be written up later as a journal article or as part of a book. Again, all identifying information will be changed or disguised.

What are the possible disadvantages to taking part?

The process does require a commitment of time and energy on your part, which could be considered a disadvantage of sorts. I would therefore be grateful if you could consider this prior to making your decision to participate.

What are the possible advantages of taking part?

Participation in this research offers two main advantages:

- 1) The research process will provide an opportunity to reflect on your practice with a client group that research suggests is on the increase
- 2) You will receive a copy of the research findings, which may prove to be useful to your practice.

Consent

Please fill in and sign the attached consent form to indicate your agreement to take part in this research.

Who is organising and funding the research?

This research is part of my Doctoral curriculum at the New School of Psychotherapy and Counselling, a doctorate run in partnership with Middlesex University, London. My overall doctoral programme is not sponsored or funded by anyone apart from myself and this research programme is also independent of any outside funding.

What will happen to the data?

From the date of submission of my research thesis, all transcripts and associated data will be held for 10 years in line with Middlesex University requirements and these recorded data (the interviews and focus groups) and transcripts will be anonymized. All personal data will be stored separately on an encrypted hard drive and kept in a locked safe in a secure office. No data will be shared with any other parties under any circumstances. Basic personal information (name, contact details etc.) DOES NOT need to be stored beyond my recording of the anonymised transcripts and therefore personal contact details of participants will NOT be stored beyond the actual research).

Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics Committee have reviewed this proposal.

Concluding section

I hope that you will consider taking part in this important and exciting research. Please do get in touch with me on +27 72 8045290 or 01234 860897 or at SK1856@live.mdx.ac.uk if you would like to discuss any aspect of this study further. I hope to meet you soon and I look forward to your potential participation.

Researcher

Simon Kettleborough

Supervisor

Professor Simon du Plock, Head of Faculty, Faculty of Post-Qualification and Professional Doctorates, Metanoia Institute, 13 North Common Road, Ealing, London, W5 2QB, UK. Tel: 020 8579 2505 / 020 8832 3090 (direct line). Email: Simon.duPlock@metanoia.ac.uk



The Department of Health and Social
Sciences
Middlesex University
Hendon
London NW4 4BT

Informed consent

Title: **Full Basket, Empty Shopper: A grounded theory study of existential psychotherapists' experiences of working with clients with shopping addiction**

Researcher: **Simon Kettleborough**

Supervisor: **Professor Simon du Plock**

- I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet.
- I understand that my participation is entirely voluntary, the data collected during the research will be anonymised, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.
- I further understand that the data I provide may be used for analysis and subsequent publication, and I provide my consent that this may occur

Print name

Sign Name

Date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Health and Education Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____



The Department of Health and Social
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Debriefing

Title: **Full Basket, Empty Shopper: A grounded theory study of existential psychotherapists' experiences of working with clients with shopping addiction.**

Researcher: **Simon Kettleborough**

Supervisor: **Professor Simon du Plock**

Thank you for taking part in this research and making a valuable contribution towards the aims of the study. This research study aims to find out how you as existential therapists currently work in relation to the presenting issue of shopping addiction and to gather your subjective perspectives on your experiences.

I would like to offer you the opportunity to debrief your experience of participating in this study. This debrief is your opportunity to talk about your experience of being interviewed. I will also answer any questions that you may have including queries concerning the use and storage of data, data anonymisation processes, publication and the sharing of research findings. You are also invited to express your feelings about the process itself. This debrief can be conducted face-to-face where possible, otherwise by secure, encrypted Skype or Zoom connection.

If you feel you would like to talk more about the issues that have arisen in the interview process, you can contact me on + 27 72 8045290 or at SK1856@live.mdx.ac.uk

If you have concerns or would like to make a complaint, please contact my supervisor Professor Simon du Plock at Simon.duPlock@metanoia.ac.uk.

Appendix 3: Revised interview schedule

1. Briefly outline the research

I'm completing my doctorate in existential psychotherapy so my orientation around this research comes from an existential perspective. I'm interviewing eight therapists who have an affinity with the existential school, specifically around shopping addiction and problems from living with compulsive shopping behaviour. This is with a view to understanding more about how you report working with these clients. I'm also really curious about what it's been like for you to 'be' with these clients, how you've experienced them, and how you've experienced yourself in working with them. The purpose of this study is to find out how you as a therapist have worked, or currently work, with your clients in relation to the issue of shopping addiction. I intend to gather data on those aspects of your client work you would describe as effective and less effective. My aim is to gather insights from the experiences of existential therapists that could move towards informing a menu of guiding principles that could be used by therapists to help clients explore and, if they should choose, change their relationship to, shopping.

2. Tell me about a client

- What brought this client to you initially?
- Please could you tell me a bit about their history?
- What existential concerns did you identify initially?
- What existential concerns emerged as the work progressed?
- How would you describe your "strategy" and approach with this client?
- How and why did you decide to intervene in the ways that you did?
- What do you think worked with this client?
- What do you think didn't work so well with this client?
- What's it like for you to be with this client?
- Did anything make it easier or more difficult for you to work with this client?

3. Tell me about another client (if time)

- Same questions as above

4. What was your experience of this interview?

5. Is there anything about which you would have expected me to ask that I haven't asked about?

6. Is there anything else you'd like to say before we end the interview?

Appendix 4: Example transcript

SK Hello. Hi.

P4 Hi. I can see you.

SK Yes. Yes I can see you.

P4 We've got sound and vision then. .

SK Good. Thanks for joining me.

SK How are you?

P4 I'm fine. I'm fine. And you?

SK Yeah. Thank you. Well thanks again for joining me.

P4 Yeah.

SK Hang on let me just get rid of Dropbox so that I can maximize my bandwidth. So would it be okay if I just start by giving a brief overview of the research?

P4 Sure.

SK And then and then perhaps we can get into the meat of the discussion. So. So as you know I'm doing my doctorate in existential psychotherapy at NSPC. So the orientation around this research is very much from an existential perspective. Just to mention that upfront. I'm interviewing eight therapists who have an affinity with the existential school specifically around shopping addiction problems from living with compulsive shopping behaviour. This is with a view to understanding more about what works and what doesn't work in terms of therapy in practice. I'm also interested and curious about what it's been like for you to be with clients who have been working with the phenomenon. What's it been like for you? How have you've experienced them? How have you experienced working with them? The overall objective of the research is to move toward new theory and innovation in practice around working existentially with shopping as a problem of living. Is that all okay. Do you have any questions around any of that?

P4 It's okay. Okay. Hope I've got something I can tell you.

SK Thank you. So I've got.... The first thing to say is that I'm audio and video recording.

P4 Yeah.

SK And then so after this once I've received back the transcript which will get processed electronically and then I clean it up I'll send you a version of the transcript just so that you can see how the session has been transcribed that you are happy with the fact that it is a version of what we've discussed. And then at the end of the research I'll also send you the Oh, you don't....you don't have to do anything with that transcript you don't even have to read it if you don't want to. It's important for me to offer you that opportunity. And then at the end I'll send you an abridged result document with the outcome of the research which hopefully will prove useful.

P4 Thank you. OK. Right. OK good. Good.

SK There's a slight delay on the on the line on the call but I'm not sure we can do much about that. So let's just see that it's livable.

P4 Yeah. it seems to come and go

SK Yeah I don't know what to say about that. Let's just say maybe if we have to kill the video and just go with audio then then we might have to do that. Should we see how it goes?

P4 Let's see how it goes. Yes. Yes. Yes.

SK So. So I have a structured protocol or sort of semi structured protocol which I'm going to I'm going to use in terms of the kinds of questions in the chronology that I've got for the session. But I'm also keen for us to explore what comes up. So. So just for you know that there is a structure to the sessions not just the kind of a cosy chat. And so I'll be using that as we go through. The first thing I'd like to ask you to just think about a client who you've worked with who.... you've seen this phenomenon with so the phenomenon of shopping. And my first question would be what brought that client to you initially?

P4 Well it was nothing to do with shopping

SK Right

P4 What brought the client originally was the. That particular client I'm thinking of was on a psychotherapy course learning to be a psychotherapist. So she came and it was a she and..... She came as a as a part of the course. If I think about her as being a person a person with a shopping issue... Shopping addiction it really wasn't for quite a long time that that the shopping began to be talked about at all. Other things would you know as you talked about the course she talked about her friends she talked about her partner or an ex partner. Talked about relationships. It's only after quite a long time because she you know she stayed a client for a long time after she finished the course. It was only for only very gradually that I began to realize that shopping was an issue for her. I think it's hard to tell really but I think I realized it was before she realized it was. So it was never at least for a long time in the beginning it was....it it was never something that was centre stage. You know she didn't come. I've

got a problem with shopping I want to do something with it was it in a way, shopping was the the least of her so-called problems and in a way it was it was a way of solving a lot of the other problems.

SK What were the other problems? Can you say a bit more about those?

P4 Well she she she had a lot...a lot of issues. One of those issues was a long term issue with Crohn's disease so she she was wasn't able to work full time because of that. And she had a lot of treatment for that. Another issue that was associated with that was the lack of of a relationship. Well what what....she once had a relationship with somebody but because of the Crohn's disease she felt it too..... she was unable to have a relationship and so much so that she would talk about. if I got into a relationship....well, I wouldn't get into a relationship because I wouldn't be able to tell anybody that's that I've got this condition.

SK Right.

P4 So. So she talked an awful lot about about that in a circular way. Can't get into Want a relationship but I can't get into a relationship because I've got Crohn's disease and I've got a colostomy bag and I can't do that but I want to do that. And shopping was well light relief really from all these all these other issues it was a way that she kind of devised to to make life a bit more bearable. Though she was able to you know she... She'd spend most of her spare time going round going round the shops looking at things and buying them and taking them back and and so on as a way of forgetting everything else. So in a way it was a it was a way of it was a way of forgetting.....

SK A distraction from these other woes.

P4 A distraction from the much more.... much more difficult issues as she saw them.

SK Yeah I want to come back to the shopping behaviour a little bit later in terms of the buying and taking back as opposed to the buying and keeping or the just browsing. That feels important.

P4 Yes.

SK Can you tell me a little bit about her history in terms of her life history. Just give me a sense of this person.

Her life.... It... She was.....She is the eldest of three children. There was her, a brother and then a sister. Probably about three or four years between. Her parents split up when she was a teenager. She certainly she never had.....she didn't have a good word to say about her father and didn't have much contact with her father seemingly before they split up or suddenly after. And. She went to university did very well, became a teacher and then had a spinal haemorrhage. Which meant that she was in hospital. So on her back for like a year. And then came out of that and it was from that that the Crohn's disease developed.

Now before she went into hospital, she was in a relationship with somebody who she said she cared a great deal about but for reasons that we never managed to.....I never managed to get to the bottom of, almost because she felt a great deal for him, she decided to finish with him. And it was just about at that point that that she went into hospital. Now I met her probably 10 years after she came out of hospital. So I met her ten years after her last significant relationship.

SK Wow and how long ago was that.... How long ago were you working with her? Or are you still?

P4 Am I still? Hard to say. I would say no. No I'm not still working with her. But that's not because we've actually formally stopped working. She had to go into hospital again and she said she'd let me know when she was out. And she hasn't let me know. And I'm sure she is out. So I don't quite know what that is. Let's say. I saw her for..... I probably saw her for 10 years.

SK OK.

P4 For 10 years from the beginning to not very long ago.

SK Yeah. Okay. Thank you. So to return to what you were saying about her... you saw after a period of 10 years without her being in a relationship?

P4 Yes yes yes.

SK And that's significant to you?

P4 Well she she definitely wanted to be in a relationship but she felt that the Crohn's disease and the colostomy bag would would make her just so so unwanted and she would just be so.....I think embarrassed would be a weak word... ashamed and horrified at anybody else finding out so that that meant the possibility of intimacy was....out of the question. Nevertheless she she wanted to be with somebody so she was stuck in this sort of.....stuck in this place and almost completely unable to move.

P4 I guess another thing that's important about her condition is that it also came to light only very slowly and she was.....she would never never actually call it by its name. It would always be you know it's "that thing" or.....I mean I would refer to it as "your condition".

SK Yeah.

P4 But even that you could see her kind of flinch when I described it.. So it was something that couldn't be talked about it. It could be so felt and intensely experienced but couldn't be talked about.

SK And how did you explore that with her?

P4 Well with great difficulty because almost everything.....Almost every time I asked about you know "what's it like when....?". "Oh I don't know". And then she changed the subject onto something else. It

was extremely and unbelievably difficult to get her to talk about the same thing for any even short length of time. And eventually that means that.....that applied also to the shopping. Which even even up till the end. She didn't really. I mean it was only an issue because she didn't have much money. Now if she'd had even an average amount of money it probably wouldn't have been an issue but it was.

SK Okay. Even with the taking back of stuff so she was keeping some taking some back, so it was costing her?

P4 Yes. Again and again..... I mean I would to ask a direct questions. So “have you been shopping?”. “Well.....”. I never quite knew what the answer was. But.....I mean I very rarely saw her wearing anything different over the whole time. I don't know if she had a number of identical things that she wore. But. She she didn't wear many different things. I know I know that she used to I know she used to buy and.... well either take them back or buy and then put them in it in the cupboard still in the bag and not take them back. She didn't take them all back.

SK Hmm. Okay.

P4 So she must've lost lost some money there.

SK Yeah. Okay. I want to come back to the shopping behaviour. I just want to cover off a couple of other things first around the more sort of...her more general or your your more general experience of her, particularly around the existential concerns that perhaps she first presented with. So what were the things that you first noticed about this client from an existential perspective...what was she grappling with?

P4 I guess it was.....There was no issue that couldn't be turned into an unsolvable dilemma. So, in say in the early days, she would talk to talk about the coursework but that would be that would be posed in the same way.... “I want to write about this but I don't think they want me to write about this. And I don't know how to. I don't know how to solve it.” She was....there was almost nothing that she couldn't make herself paralyzed by.

SK Wow.

P4 Like the coursework or.....issues in the placement about how about the way she wanted to work with the clients and the way that the course wanted her to, or the way her supervisor was was advising her to. She found it incredibly difficult to confront anybody. Anybody. So if there was somebody else on the course who said something to her that she didn't like she just wasn't able to address in an anyway really. So. So basically we're talking about..... There was nothing that couldn't be avoided. And everything was turned into an unsolvable dilemma which then had to be avoided. And I guess shopping was....it was relief.

SK So what.....

P4 But even then. But even then the enormous dilemmas about shall I buy this thing or shall I buy that thing? I don't know whether I like this or I like that thing. She just didn't know..... no, that's probably not quite the right way of putting it. She wasn't able to have the courage of her convictions. She would always say you know "I don't know what I like". She'd ask somebody else what they liked and then say "Yeah that's what I like then". He just wouldn't.....She found it incredibly difficult to have the courage of her convictions or open to find any convictions. "Yeah. I like this, I'm good at this. This is what I want".

SK Yeah I get a sense of a kind of a lack of an inner rudder...

P4 Yes yes yes yes yes.....extraordinary extraordinary. So extraordinary self-doubt. Now a lot later on in the work it sort of transpired that there were things that she did know that she was good at. But it took an awful long time to come about. Like she she knew she was a very good singer. And she was a part of a choir, a classical music choir, and she took solos in this choir.

SK So very bold in some ways too.

P4 She could she she could stand up in front of hundreds of people and sing sing and read music and so whenever I pointed this out...hang on a minute. So. So you got this confidence you know this about yourself you can do this. So how come this isn't transferable to knowing whether you like a blue scarf or yellow scarf. Blank. Dunno. I just. Couldn't do that. It did not. Didn't...did not compute.

SK So if you if you apply your knowledge of existential theory to the way that she was as you describe it then then what, what kind of themes would you say that she was grappling with from an existential perspective?

P4 I suppose the word that springs to mind is courage. That she....Courage and risk. It was just very very difficult for her tochoose.....to find the courage to risk and choose.

SK Yeah. And what do you think was underneath that? If that's the behaviour then what's the kind of... what was the motivation of the driver for that behaviour?

P4 I don't know about underneath it but certainly tied up with it would was acceptance by others. So it when you talked about friends and they were mostly girlfriends you talked about. She would find it very difficult to.... So, for example a girlfriend might get in contact and say and suggest that they met at the particular time and a particular place..... She didn't particularly like that place and the time was quite difficult for her. But she didn't feel she could say "no I can't do it that time and let's meet somewhere else" because she thought she would.... they'd say OK, I don't want to see you then. So I think I think underneath it all was well I don't know about underneath.... But tied up with it was acceptance by other

people and of her.... You see it's almost as if she had to be something....she had to be something particular for somebody else and they had to work out what....what that other what that other person wanted her to be when she was she just didn't dare to be something else. Because if there was... there was an awful lot of catastrophising going on as well as she was afraid that something awful would happen if....if she let the cat out of the bag if she... something awful would happen if a potential partner found out about her condition or if her She was working as an art therapist in a school cos that's what her training was. She was sure that if they if the school found out that she wasn't fully professionally registered then they would give the sack on the spot. All her training would go down the tube and so yes something awful was going to happen.

SK Yeah. Yeah.

P4 The silly thing was that....as we went through and around all these issues, one issue after another.....the way she arranged things was that the awful thing usually did happen. But because she has arranged for it to happen she'd postpone the decisions for so long that the only possible thing that could happen was the catastrophe.

SK Yes the proverbial self-fulfilling prophecy.

P4 Yes yes yes yes yes yes.

SK And then... so when did when did you first start to notice the shopping was appearing as a theme in the work?

P4 I guess it would. It would have been well if it first appeared just by.... well I guess it first appeared a few... two or three years in probably, perhaps more... And I first noticed it because every time she came to a session she had a shopping bag from another, a different clothes shop. I thought, oh that's interesting. Been shopping. And then she would... she might remark on having just been to XXX High Street which she she liked. Or she used to spend a lot of time in XXX XXX as well she.... She would mention it but but only in passing and certainly not as a problem.

SK And what did you do with that, when she would mention it?

P4 Well initially not so great deal. I noticed it. I logged it and thought well this is obviously going on. But if it's not a....it didn't seem to be a problem for her. Well so. Let's put it on the side and stick with the main issues that she's presenting because as I say it was incredibly difficult to get beyond the particular. The particular about the essay I've got to write by the end of the week or the particular about the client I'm working with at placement or the particular about the row she's having with her mother...incredibly difficult to join them up and say what have any of these got in common? That was almost impossible. So to go outside of the presented things to the things that thing that was not actually

presented or or defined by her as a problem seemed. not really....not really possible. At least for a long time.

SK Okay. And then did something change?

P4 Well, it changed just because I...I just kind of had to persevere with the same question. "What have all these things got in common?". In what way are you acting so that you bring about the thing that you don't want to happen? So I just kept going on and on at those sorts of things. And. I forget exactly how we got to talk about shopping much more that eventually we did talk much more about shopping as an issue. I think I probably I just had to say "I want to talk about shopping now. Let me ask you about shopping". No. I'll talk about shopping. So can you tell me exactly what it is like.... you go into the shop, just to take me through.... you go you go into the shop. Tell me what happens.

SK Lovely.

P4 Second by second. So she would take me right round the shop. No no let's get back to the shop. She'd go go off somewhere....no, go back to the shop. What's it like? What's it like? What's it like? What's it like? What's it? What's it like when you look around the shop and you go out of the shop and you come back going rounds and then go out and come back and eventually....you know, the image that came to my mind it might be a much more familiar issue to you, is a bit like a kind of a lion on the on the on the African plain when they see all the wildebeest. You know they sit there and watch the wildebeest and then they walk around. Which one should I have? You know. And eventually they they pounce on the blue scarf. And it was like. It was I mean the..... the moment of buying the thing the the magic was then gone. You are going round the shop going round and round and round and back and round back and round with and then queuing up buying the thing, immediately she bought bought the thing it stopped being a bright shiny scarf which had a promise of a new life in it. And then it was just a piece of cloth. And then it got in the bag and then just.....it was just just a bit of cloth in the bag. And then if she....I think I think it.... I think if she felt too ashamed of it she would she put the bag in the back of the cupboard. Or if she really needed the money she'd take it back next time. I think we started talking about it just because I said "No I want to talk about it. I... I want to know about this". And it was. What was that like? And then, and then, and then,.

SK And what was it like for her? What did she say when you asked her continually. You know what's it like? And then and then....?

P4 She did find it incredibly difficult to put any of the feelings into words. I mean she found and I... She didn't make it... I mean it wasn't difficult..... It wasn't just difficult to put her shopping feelings into words. It was so difficult for her to put almost any feelings into words but she did find it incredibly difficult to put into words. So what what what would usually happen and then I would say "What was that like?" hoping to get some kind of an answer but I'd usually get variations on "No, I don't know".

And so I would say okay well was it like this or was it like that?" "Well it was a bit more like the first one rather than the second one". So. So we I guess we kind of built up a bit of a vocabulary in that way that I felt I had to be fantastically direct and that sometimes probably directive or if not outright pushy...I had to be incredibly direct. NO! I want to talk about this now now this.

SK Yeah. So what is your sense of what what was going on for her then in the in the process, the buying process. I want to ask about the trigger as well so maybe I'll do that first and then the buying process. Did you get a sense of a particular trigger or triggers that might send her off to the shops? What's your sense of that.

P4 I certainly had that in my sights. I wonder if there is a trigger that there were any particular trigger beyond the the ever-present trigger of her physical condition and also the difficulty she had of living back with mother because of her physical condition she wasn't able to work and now back in the mid thirties she was back there living with her mother.

SK That's hard.

P4 So so it was. Is. All those things were just always there. And. Shops were a way to get a relief from.....for the moment she was involved in that curious zone of part-consciousness. She was able to forget when she went into a shop. But again there wasn't any particular to...It wasn't like yesterday it was a difficult day 'because'.....it was almost like every day was a difficult day 'because'....

SK Yeah. Yeah. Did you have a sense of the relationship between shopping and Crohn's specifically i.e. any sense that there was there was prior shopping behaviour before she was diagnosed or was how linked are these two phenomena?

P4 I. I really don't know. I don't I didn't get a sense that's that. She did shopping before.... She was certainly involved in some fairly self-destructive activities before.

SK Okay. Such as....?

P4 She, you know, she used to drink too much and she was also used to sleep with people who were who she knew prior were not going to be good for her.

SK Okay.

P4 So....she had a history of self destructiveness. Yeah. Another thing that had to do with the Chrones was she....she talked about being And she was really [muffled audio] obsessional about this.....

SK Sorry, she was really obsessional about.....? Sorry, the connection's bad from slow Internet.

P4 The cleaning. Cleaning things. She had....she was always rubbing her hands with that with the alcohol gel that you get just in case she caught germs. But I think that... I'm pretty sure that that that that was a result of the Crohn's. The implications of things going wrong with the intestines and faeces and stuff like that.

SK And risk... It's back to the kind of risk.....

P4 Of infection and mess and....all this.....and clothes.... Clean clothes from the shops were kind of perfect and and not messy and not owned you know that they have a different kind of promise about them.

SK To what extent did she ever mention the relational aspects to shopping i.e. it gets me into a store with a shop assistant and then connecting with people and they seem to be really focussed on me. And was there any any discussion of that?

P4 She never went shopping with a friend.

SK I'm thinking more about the interaction with the shop assistants.

P4 Yeah....the only way she talked about them was..... she would say that...things like.... She'd say that all the shop assistants in Brent Cross, they know me now. She'd be on first name terms with them all. Whenever she went into a shop you know they would say hi. So in a way that they were. I think she was quite ambivalent about that, quite mixed about that as well. They said they were kind of friends but I think she she was a bit sheepish and embarrassed about about knowing every shop assistant in Marylebone High Street and in Brent Cross.

SK Yeah. I'm getting sort of a mixed sensation of shame and pride.

P4 Yes yes yes yes yes. You know that's a good good. Yeah. Put those two together. Well yeah it's a powerful mixture.

SK Yeah. I ask because in some of my other interviews the relationship with the with the shop assistant has actually been quite front and centre in terms of what the clients have been getting out of the shopping experience and often people are socially isolated and yet here is this relationship where this person is quite attentive to me they're quite interested in me until of course the point where I'll slap the credit card down, the transaction goes through and then I'm left feeling completely bereft, which is something that you've described her talking about as well. So there's an isolation aspect. That's the reason that I asked around that.

P4 Yeah no I think she did talk to the shop assistants. I'm sure she did....I'm sure she would say...you know....picked up a blue scarf and a yellow scarf and has gone with them and asked the shop assistant,

which one should which....what one should I get? And I think there are two parts to that. One, I'm wanting a relationship with another person to talk about it but....The other part was in some way. She. She kind of arranged.....Did she really not know which one she liked best? I've got no idea why she would constantly defer to someone else if they said well I see I think you ought to get the blue one then she'd say I'll get the blue one then. And there would be a constant undermining of her choice. I'll get that because a person thought it was good.

SK Or the more unscrupulous shop assistant who would say "Well I think you should buy both".

P4 Yeah. I'm sure she would buy both. If if the shop assistant said that and then maybe take both back then...yeah.

SK What did you notice about the shopping behaviour over time? So you say you saw it. You started to address it...well, you logged it, then you started to address it and raised it much more directly and explored it with her as much as you could. Was there a sense in you that her behaviour or relationship with shopping shifted over the time that you were working together?

P4 Well. Well over the time.....as I say the major preoccupation was a relationship and it got to the point where she absolutely had to decide whether she was going to try and have a relationship or not. Having said.....being stuck in this dilemma now I want one that I can't have one because of my condition. But I want one. It got to the point that that got so so awful, the despair got so so big that the only way to break that was to say I've just got to have one. I've got to try and have one. So then she signed up with an online agency, a dating agency and started to meet people....so she did somehow get the courage to to confront the possibility that somebody might find out about her condition. And go 'eww eww'. So she did she did do that. And I thought my perception of it is because that took up the whole time of what we talked about that the shopping just became not so important. I mean she certainly did do shopping but it was nothing like as compulsive. And it was it was a it was compulsive compulsive or addictive and you know it was something that she could not not do. But so when she started to have relationships, although they were extremely problematic, when she started to have them it it was....shopping was not something that filled up the whole space. She had something else to fill the whole space. Fill up the space and something else which was actually much more....much more important. It was the thing that was that was always being avoided....

SK And it's long it's it's been a wondering of mine around this research around the existential void and the role that shopping plays in filling up and to use your words there. You also said you know this was filled with something else. The role that shopping was playing and filling up a void... A vacuum.

P4 Yes yes yes. I certainly thought about that thought about you know what what.....the vacuum. But she never talked in those sorts of terms. Apart from sort of presenting as somebody who almost was trying not to be there. Somebody who would always say that she didn't know what her opinions were

about things. It's almost an embodied void. She didn't talk about... you know... she didn't say things like I feel I would disappear into a black hole. She didn't talk like that any more than you should talk more about not... not seeing herself as somebody that somebody would want to know. Until until until the point came when she's sort of said sod that, I've just got to I've got to I got to it cannot go on like this any longer. I just got to, I got to grasp this thing and then I mean I can't I can't paint the work as being... and then from then on we started to get hold of things and everything turned out well. No I can't say that. But there was a definite turning point then. And the shopping seemed to.....it's almost a thing that she quite enjoyed doing but not something that she absolutely had to do which it was before.

SK And what was your.... What was your role in all of this? How would you describe your role? And what worked well from your perspective?

P4 Mm hmm. I think it took it it took a tremendous amount of time for me... for her to to trust that I was.....that that I was a benevolent figure. I know that I say a long time.... years.... And it was only.... it was only then that I was able to challenge really quite quite strongly you know by saying you know "I don't want to talk about that. I want to talk about this. No no THIS, not THAT, THIS". And I was able to do that and I think she was able to trust it... Now if I'd done that a long time before she would have gone along with it. I kind of felt that I know...that I could I could challenge it now and she will go along with it and it would appear as if she's as if she's agreeing with my strategy. But I know she isn't. I know she's just going along with it. So I just had to wait and just...try to establish myself as a as a benevolent figure that she trusted before I was able to say these things and not not just go along with it because she always did what everybody said. That that was really difficult.

SK Yeah I mean the word reparenting comes to mind. I mean does that does that resonate?

P4 Well it does a bit. It does a bit. Yes. Yes. We never talked about that. I mean I was never sure how how she saw me apart from as a as a figure that, that she grew to grew to trust and probably somebody who she talked about things far more than she did to anybody else.

SK And how directive were you in the in the influencing her towards relationships and the influencing towards the dating sites and getting back out into the world?

Well that that was sort of interesting as well because in a way not....I could say not at all, because I've been seeing her for a long time. Say 10,15 years, it hasn't all been consistent. There've been a few years and then a gap and then another few years and then the gap and there was a gap..... I forget exactly why now..... but there was a gap... I think she didn't have any money. And then she got back in touch with me and said "look things have got really bad". And I decided I absolutely have to try to date. And that's why I want to come back to start to see you. So. So the decision to do it was done independently of me. But she needed. She got back in touch with me in order that I could help her to carry it out. So I think it was done in one of the periods when we were not seeing each other.

SK But then there was support from you in the doing of it.

P4 Yes yes yes yes yes yes. Support about you know what what. You probably know about these things. You know what should I write in my profile, is this is it what sort of photo is... should I put? What kind of people do I like anyway? I certainly supported her in that. Well I supported and challenged her in that by challenging saying things like, well, if I said it once or if I said it once a session I said it say it every session, I said something like "Well nothing's going to happen unless you do something". It's not going to happen just by sitting there thinking about it. So what you can do. Come back next week and tell me what you've done.

SK Yeah yeah pretty direct.

P4 I'd be quite pushy. I don't care what you've done, just do something. I don't care. Either decide to see him or don't decide to see him, just either one, I don't care.

SK Good. So we've got about five minutes left. I'm just thinking about if you were sat in my seat and thinking about what works from an existential perspective and you may have other clients that we haven't spoken about who you've worked with with the same phenomenon. I don't know. Have you worked with other people with shopping behaviour challenges?

P4 I've had other clients who have who've had shopping issues but nothing like as... nothing like nothing like us as big. Certainly issues that weren't ones that I suspected they were..... It was an issue on the side.

SK So thinking about them and also I mean this particular client clearly presented quite clearly, and you were thinking about an existential approach to working specifically with shopping. What might that look like for you?

P4 I think it would involve..... Keeping in mind the idea that the..... shopping is I think.... Coming back to what I said it said earlier about the way a new garment gets invested with enormous hope and excitement.... I think about shopping as being evidence of life certainly not being the way I want it. And somehow or another the hopes of life as the way I want it get concentrated into a particular garment. But this says something about the garment has value as long as I don't own it. So immediately it's bought immediately it's put in the bag it just becomes a piece of cloth. And you could just as easily use it to clean the floor with. The magic is lost. So as it is they constantly trying to generate a sense of magic, a fantasy view of how life could be. Because life just isn't that way. Life is felt not to be that way. And that is tremendously kind of seductive. But what if it was what if it was what if it was and we are constantly bombarded by these things these images wherever we go....we can't get away from it. It's a slightly more extreme version of of everyday society.

SK Yes.

P4 But there's also the intent... that's a way to think about it; ways to work with it is... has to be somehow finding a way to...just to float the idea that it's got nothing to do with clothes you know.... you're investing all this stuff into this garment but it's got nothing to do with clothes. Just like drinking has got nothing to do with.... Addiction has got nothing to be drinking or bulimia has got nothing to do with food... It's about it's just that feeling gets invested in something you have to try to do something to, well get back in touch with the despair I suppose. Mm hmm. And such that hopefully the person will say "This is silly. This can't go any longer. This is not..... It's a fair cop.

SK Yeah. Yeah. And then how do I address the despair in this situation?

P4 Yeah. Somehow there has to be a realization that that despair cannot ever be avoided. You try and avoid it this way or that way or that way I could do another one if you want but it's not going to work you know. It ain't gonna work. We've been here before haven't we?. Yeah. Yeah. OK. It's not gonna work. And somehow you have to have to that....I think you have to be quite direct. It's not going to work you know.

SK Yeah. Which which you quite rightly say most of the time in the therapeutic relationship comes that kind of level of directness comes only after having built up a level of trust.

P4 And I think that that that that can take an enormous amount of time. Now with this particular client who I think has got a set of things other than just shopping, she was incredibly impressionable so I knew from the beginning that I could get her to do any old thing I wanted but that doesn't mean that it would be that she would be doing it. She'd just be going along with it. So I'd really had to spend enormous amount of time just saying almost nothing.

SK Mm hmm mm hmm mm hmm.

P4 She....we would get to the end of a session when deciding when to have the next session. So when do you want the next session?. You want it next week or two weeks time? Oh I don't know. What what do you think I should do?. I'm not answering that question! I'm sorry. You tell me. No I'm not answering.... I'm still not answering.

SK Wow... It's such a low level of agency.

P4 Yes fantastically low level of agency that I'm not going to get into this. I'm not going to say you come next week. I'm not going to do that. If it means she leaves not knowing when she's gonna see me then fine and leave it at that.

SK Yeah. Just finally, is there anything that I haven't asked about that you think would be relevant to raise.

P4 Ummmmmm, I can't think of anything. As I say, if we think in terms of addiction, I think you talked about... you use the phrase shopping addiction. With her, I don't think there was, there certainly wasn't another form of addiction...you know, some people they, they can flip between this object and that object and the next one, but she didn't.... It was if anything, the cleaning and the shopping were closely connected... A sense that something curiously connected with compulsiveness. Curiously connected with OCD... it's a cleanliness version of OCD. Yes.

SK That's good. I mean. Another. Another way shopping addiction is described often is compulsive buying disorder. So there's that notion of compulsivity.....

P4 Yes. Yeah. There was so suddenly very compulsive about this. Yeah. Yes. Which makes it. I mean she she could describe it. But the the what she was the embodied nature of the experience was... well as it is with with obsessions, there's a massive gap between between the description “Yes I have to go back and check the front door five times”; well, what does that feel like?. What do you mean what is feel like?. It doesn't feel like anything. I'm sure it does, but you know that's it. It was like that. So I mean I couldn't I couldn't easily go in. I could ask questions. What's it like?. Questions but not really expect any answers.

SK Yeah I'm getting that real sense of being needing to be very directive with that client.

P4 That's it that's it that's it that's it.

SK Brilliant. I'm so grateful. Thank you for taking part. Thanks for sharing your last hour with me.

P4 I hope it's been useful.

SK It's been you know it's been very it's been very useful and some of it is really supporting some of the other stuff I've heard in previous interviews. So I really feel like we can build something meaningful here in terms of the research.

P4 Yeah it will be interesting to read it because I don't think I've ever actually talked to....certainly not talked to other existential therapists about shopping. About... in this depth you know, what it's like.

SK Yeah. I'm hoping it will break a little bit of new ground perhaps even.

P4 Yes. I'm sure it will.

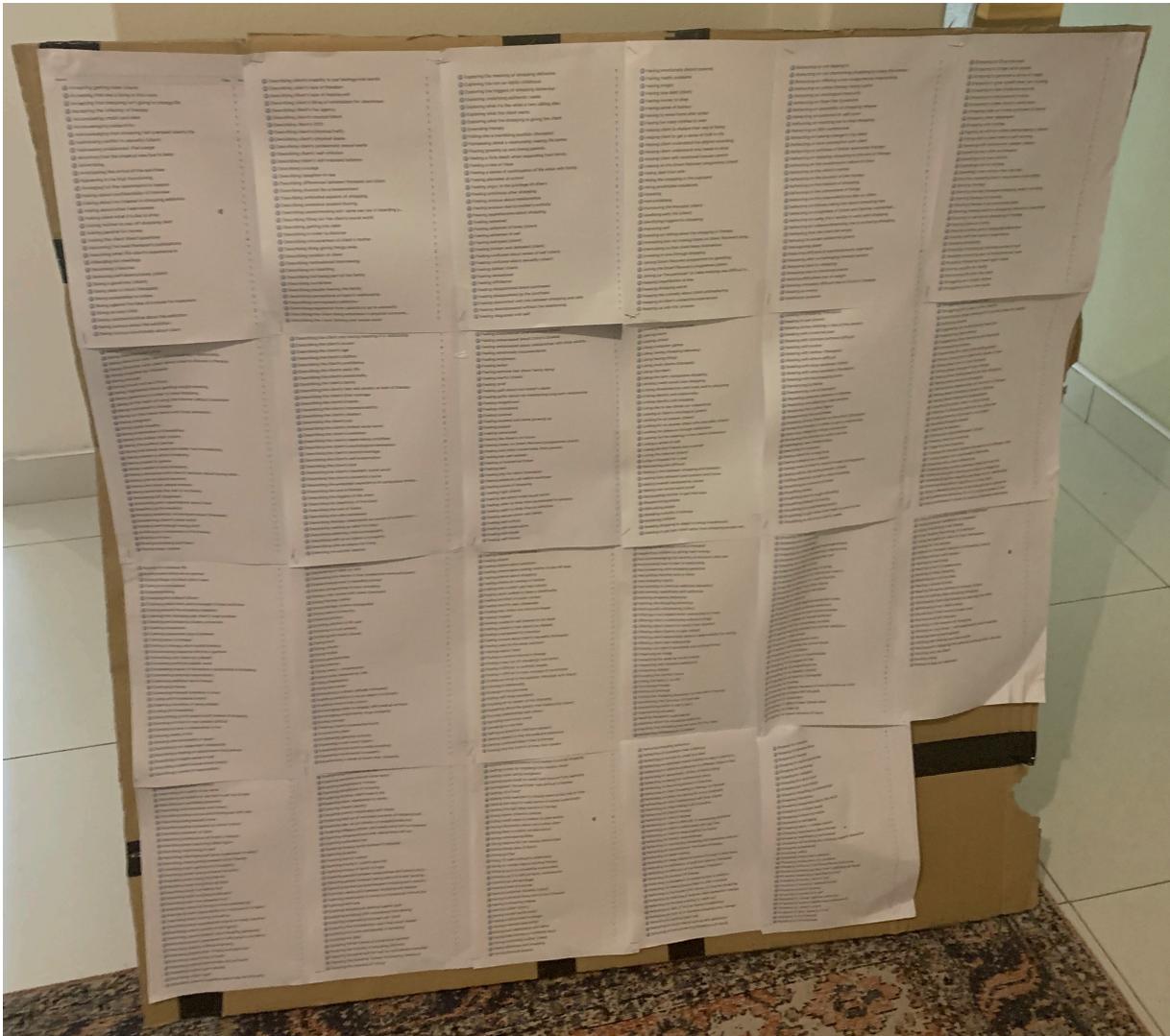
SK I'll transcribe this and send you in the next couple of weeks. Just have a look at if that's okay. And then. Yeah. I'll share the final piece with you once it's done.

P4 Thanks. Thanks.

SK I'm very grateful. Thank you so much.

P4 OK. You're welcome. OK. OK. Bye.

Appendix 5: Coding board



Appendix 6: Example of focused coding

Category: Changing the course of the therapy

Sub-category	Participants contributing to sub-category	Dimensions of sub-category	Key cross references	Indicative quotes
Naming a previously hidden phenomenon	Florrie, Tony, Andrew, Daniel, Rory, Steven, Prunella	<p>Not coming with shopping addiction</p> <p>Coming with other problems</p> <p>Shopping behaviour is hidden</p> <p>Noticing the shopping</p>	<p>Florrie:490</p> <p>Tony:63, 70,</p> <p>Andrew:69, 81, 85, 301, 332</p> <p>Daniel:65, 172</p> <p>Rory:7</p> <p>Steven:47</p> <p>Prunella:51, 162, 168, 190</p>	<p><i>Interestingly they often don't present with shopping addiction. It comes incidentally..... coincidentally. (Florrie:490)</i></p> <p><i>So the client I have got in mind, what would have brought them to me is another type of addiction, a substance addiction. (Tony:63)</i></p> <p><i>What brought the client initially? Well it was nothing to do with shopping. (Andrew:69)</i></p> <p><i>So it was never at least for a long time in the beginning it was....it it was never something that was centre stage. You know she didn't come. I've got a problem with shopping I want to do something with it was it in a way, shopping was the the least of her so-called problems and in a way it was it was a way of solving a lot of the other problems. (Daniel:65)</i></p> <p><i>So this this this guy, I didn't start seeing him because of shopping addiction, I start to see him because of gambling problems. (Rory:7)</i></p> <p><i>This is someone who, well, initially, I think he wasn't necessarily coming to talk about shopping addiction....(Steven:47)</i></p> <p><i>So she came for anxiety and the shopping bit would never have come up, I don't think, if I hadn't been doing video conferencing with her. (Prunella:51)</i></p>

			<p><i>They'd noticed in their recovery a problem with what you might call shopping addiction....so in their recovery from alcohol, they became aware of this other problem. (Tony:70)</i></p> <p><i>So it was never at least for a long time in the beginning it was....it it was never something that was centre stage. You know she didn't come. I've got a problem with shopping I want to do something with it was it in a way, shopping was the the least of her so-called problems and in a way it was it was a way of solving a lot of the other problems. (Andrew:85)</i></p> <p><i>I guess it would. It would have been well if it first appeared just by.... well I guess it first appeared a few... two or three years in probably, perhaps more... And I first noticed it because every time she came to a session she had a shopping bag from another, a different clothes shop. I thought, oh that's interesting. (Andrew:301)</i></p> <p><i>She doesn't get an income, or she hasn't got family that buy her things and I noticed she had the chair was changing a lot. And I just... I did mention just used to say, gosh, that's a nice new chair that you've got. And that opened up a space for her to talk about shopping. (Prunella:162)</i></p> <p><i>And that's where we, that's where it started to unfold. So it wasn't what she came through. And I would think I don't think I've ever known about it if I hadn't seen into her house. (Prunella:168)</i></p> <p><i>Yes, he did come to see that, but it took a good I would say six months because there was so much about trying to negotiate how this breakup was going to happen and sell their home. (Daniel:172)</i></p> <p><i>It's only after quite a long time because she you know she stayed a client for a long time after she finished the course. It was only for only very gradually that I began to realize that shopping was an issue for her. I think it's hard to tell really but I think I realized it was before she realized it was. (Andrew:81)</i></p>
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Exploring the allure of the hook	Florrie, Natasha, Tony, Andrew, Daniel, Rory, Steven, Prunella	The function of shopping	Florrie:70,79,144, 634, 656	<i>When I first began. I knew that....we had to know something about what the current function of the behavior was and that we needed some historical context to put it in. (Natasha:361)</i>
		The phenomenon of things	Natasha:129, 361, 459, 630	<i>So a lot of our work was exploring the meaning of things in the end, so that's where in a very gentle way going, what does that give you. (Prunella:426)</i>
		The meaning of shopping	Tony:273, 310, 520	<i>You know, and in existential philosophy, there's that Heideggerian concept of like, the thing, the thing at hand, and the thing-ness. And so I wonder about the significance of 'things', you know, what it is about a thing. And because shopping you get things and it's not about the.... it's not about the... it's never about the object you..... I'm thinking about the relationship, but I'm also wondering about the thingness of something that you're getting some-thing, that you have something and what that is about, you know as a human.... things, you know? (Prunella:783)</i>
		Feeling empty and trying to fill up	Andrew:440, 606, 616	
		Shopping for a relationship to self	Daniel:133, 142, 150, 243, 246, 391, 436	
		Shopping for relationship to others	Rory:429, 743, 901	<i>And so again, we what we needed to do was really just think, Okay, so what's this? What's this giving you? (Steven:709)</i>
		Shopping to ward off death of relationship	Steven:588, 694, 709, 733	<i>It's a good place to start, you know, to know that you're using because you've got these emotional difficulties or these, you know, your life lacks relationship or whatever it's, you know, as long as you you kind of get that, it's a good place to start. (Rory:743)</i>
		Plumage and image	Prunella:316, 342, 361, 426, 432, 475, 592, 657, 690, 783	<i>And a lot of what I was doing, was trying to get an appreciation and understanding of what was significant for this client. Both in the meaning he ascribed to the shopping and to his relationship, because the shopping was a profound part of his inner life. (Daniel:436)</i>
Seeking out a yearned-for life		<i>And then we work on the reasons the reasons that are behind the behavior in the first place. [...] So if you can, if you can deal with that, then then the, you know, the abstinence gets easier and then gets contained. (Rory:429)</i> <i>Anyway, the point I'm getting to with this and where we got to in the therapy was this, this sense of being empty and needing to fill herself up. (Steven:588)</i>		

			<p><i>so I was wondering, at that time if the shopping was like a shield against existential crises, especially to do with meaningless, meaninglessness, and sort of nothingness. (Daniel:243)</i></p> <p><i>And I was also wondering whether this shopping provided an identity for him and a way of constructing a self...a sort of way of avoiding an existential void. (Daniel:246)</i></p> <p><i>Shopping is a process of search, essentially unrelated to buying or having, and in her case, I think she needs to shop for a way to spend her time that fulfills her in a meaningful way. (Natasha:630)</i></p> <p><i>We are talking about a void. A real feeling of emptiness. (Florrie:656)</i></p> <p><i>Yes it will have momentarily broken up his sense of isolation. Yeah. Then feel kind of engulfed by it when he left. Almost quite...as soon as he stepped out the door. He made the transaction and as soon as he's out, as soon as he puts his foot on the pavement outside ,this feeling of being almost overtaken by this sense of isolation, a very rapid shift back into that. And then a real kinda panic, a desire to escape it and go back in and buy something else, to get away from it. (Tony:273)</i></p> <p><i>And so it was erm..... so it was.... being bored as well. She was bored. So shopping really was quite exciting. (Prunella:432)</i></p> <p><i>It was more filling it.....filling the loneliness and the lack of the social world really. (Prunella:475)</i></p> <p><i>And what came up was that there was an emptiness that she was feeling. Her children were growing. She has three children, two in college one just about to go to college and an adopted son who is now eight or nine and she..... she wanted to figure out what she could do to feel more fulfilled. (Natasha:129)</i></p> <p><i>She felt so lonely and that nobody really wanted to help her. So she'd look after herself. And so shopping was a way of helping with the way she looked after herself. There we go. (Prunella:690)</i></p>
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			<p><i>And that's when she actually began shopping as a sort of comfort to herself. (Florrie:70)</i></p> <p><i>I asked her how she understood the importance of what she was shopping for and she said well I expect it's the classic thing..... comfort..... it gives me comfort. (Florrie:79)</i></p> <p><i>And I was also wondering whether this shopping provided an identity for him and a way of constructing a self...a sort of way of avoiding an existential void or a lack of self because very much the shopping was around creating image or a persona and the stuff sort of was an expression of this is who I am because I have these items and I'm sort of switched on and current and I'm not poor and those kind of things.. (Daniel:246)</i></p> <p><i>And I think there's a central fantasy there about, about that, that people aren't just shopping to deal with their emotional, they are doing that, but they're also trying to construct a self through through shopping. Which of course is completely hollow, you know, and ain't gonna work. But, but, but the fantasy's there to, you know, to pursue that. (Rory:901)</i></p> <p><i>And he did sort of wonder if you know, the shopping was a strategy to kind of deny aspects of himself, but wasn't too clear on that when he was telling me about it. (Daniel:142)</i></p> <p><i>She'd say that all the shop assistants in Brent Cross, they know me now. She'd be on first name terms with them all. Whenever she went into a shop you know they would say hi. (Andrew:440)</i></p> <p><i>It's the postman, and the post woman coming. Cos this was where the connection happened. (Prunella:657)</i></p> <p><i>She has very few friends real friends. And I think she's quite isolated in her life. And the shopping brings her in touch with sales people. So there's the... contact with the sales person that's important to her. (Natasha:459)</i></p>
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			<p><i>He'd go out and try and break the ice....and he wouldn't go into pubs cos you know he was trying to stay away from alcohol. So that's why he ended up going to shops, for the social contact to try and make conversation to break the isolation. (Tony:310)</i></p> <p><i>Yeah yeah. I mean it was a way of being with others. Cause he liked the contact with people... There was something about the kind of...the old thing around the... I guess for want of a better way of putting it...the attention he would get in shops. They weren't shops where he...you know, they weren't like Primark, they were top quality shops that he was going to, spending a lot of money so he got treated quite special I guess in a way you know so there's something in that. But even that, there was a fakeness to it, he knew that in his mind it still wasn't real, you know, real contact, emotional contact. (Tony:247)</i></p> <p><i>And the big thing was about the internet, you know, the postman coming all the time. So if you buy things, there's going to be a visitor, everyday there'll was somebody coming and I'll chat to him, but it's a very functional relationship and then he has to go, because he's got to do his deliveries. So I can have a nice little chat. And if I'm lucky, I'll get two deliveries a day. And on Saturdays. So, and there's somebody coming, something to look forward to. (Prunella:592)</i></p> <p><i>So there is something some yearning.... not just the craving which addictive shopping is.....much more important I think is the yearning for love. Which clothes can't give you. But maybe if you're wearing these clothes and somebody says "wow, you look fantastic" then maybe you've got a little bit of validation. (Florrie:634)</i></p> <p><i>He had about from memory something like 20 of these shirts or something stacked away in the wardrobewhich he never wore at all. And it was like, it was like a little shrine, like a little..... and he'd open the door of this cupboard and there would be all these shirts lined up and he'd sort of sit there and stare at them [...] there was this sense of almost, you know, I can't necessarily have quite what I want, and I can give myself this. And so in some sense I've got the relationship but it's a relationship with the clothing. (Steven:694)</i></p>
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			<p><i>But it was very much it was very much a way I think of him saying I can control this.....the relationship..... the relationship hasn't ended. (Steven:733)</i></p> <p><i>Coming back to what I said it said earlier about the way a new garment gets invested with enormous hope and excitement.... I think about shopping as being evidence of life certainly not being the way I want it. (Andrew:606)</i></p> <p><i>And somehow or another the hopes of life as the way I want it get concentrated into a particular garment. (Andrew:609)</i></p> <p><i>Self-image.....because it's as if she wants to put on plumage. (Florrie:144)</i></p> <p><i>And what I mean by that is a lot of the shopping was about a longed-for life. One which wasn't really sustainable to him. And, you know, social media, magazine, we're surrounded by ideals and you know what I call the longed-for life, which which rarely exists for the majority of people. (Daniel:391)</i></p> <p><i>And a lot of the things she said were things that she kept imagining she would wear, she likes clothes that she would wear, if and when she got out. So there was always this imagination of when she got better when she got up and out again, and would be able to go to places then she would have clothes to wear. (Prunella:342)</i></p> <p><i>She liked, liked things being delivered. I think she... that was part of it waiting for a delivery. And she liked.... she even liked getting things parceled up to be sent back, you know, so one of the carers would.... one of the jobs they do is taking things back to the post office. (Prunella:316)</i></p> <p><i>The shopping gave her access to and fro and this fantasy of what life will be like and what.... how she how she would present herself outside and she was lovely.... (Prunella:361)</i></p> <p><i>He wanted the best you know. So if he went to buy a jumper...it was around the shopping.....he'd go and buy an Armani jumper. And that was around in other areas where he was constantly looking for status. (Tony:520)</i></p>
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				<p><i>So as it is they constantly trying to generate a sense of magic, a fantasy view of how life could be. Because life just isn't that way. Life is felt not to be that way. And that is tremendously kind of seductive. But what if it was what if it was what if it was and we are constantly bombarded by these things these images wherever we go....we can't get away from it. It's a slightly more extreme version of of everyday society. (Andrew:616)</i></p> <p><i>The sort of circle of friends that they moved in were all kind.... of kind of buying stuff as a way of kind of showing that they're all on the same sort of page. They're all in the same kind of strata of society. (Daniel:133)</i></p> <p><i>But places to be seen at, and sort of a bit like keeping up, well in Britain you say the keeping up with the Joneses so yes, a very old-fashioned term, but it's like keeping up with the neighbours so wanting to always have the best of everything. (Daniel:150)</i></p>
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<p>Unpacking the all-consuming behaviour</p>	<p>Florrie, Natasha, Tony, Andrew, Daniel, Rory, Steven, Prunella</p>	<p>Exploring the process of shopping</p> <p>Anticipatory aspects of shopping</p> <p>Triggers of shopping</p> <p>What, how and for whom?</p> <p>Unsatisfying outcomes – disappointment, debt, relational debris</p>	<p>Florrie:77</p> <p>Natasha:361, 364, 415, 433, 451, 676</p> <p>Tony:237, 303, 328,</p> <p>Andrew:332, 339, 354, 389, 681,</p> <p>Daniel:527, 559, 572, 580</p> <p>Rory:136, 219, 240, 286, 471</p> <p>Steven:727, 795</p> <p>Prunella:433, 435, 515, 554</p>	<p><i>Well. When I first began. I knew that...we had to know something about what the current function of the behaviour was and that we needed some historical context to put it in. (Natasha:361)</i></p> <p><i>I certainly knew that we had to look at the present what the triggers are and what the consequences are. (Natasha:364)</i></p> <p><i>I broadened it to go way beyond money. It could be a dialogue with a pair of black boots, or their credit card or a particular piece of art, something that they're coveting, something that has meaning for them. (Natasha:415)</i></p> <p><i>I think I probably I just had to say "I want to talk about shopping now. Let me ask you about shopping". No. I'll talk about shopping. So can you tell me exactly what it is like.... you go into the shop, just to take me through.... you go you go into the shop. Tell me what happens. (Andrew:332)</i></p> <p><i>Second by second. So she would take me right round the shop. No no let's get back to the shop. She'd go go off somewhere....no, go back to the shop. What's it like? What's it like when you look around the shop and you go out of the shop and you come back going rounds and then go out and come back. (Andrew:339)</i></p> <p><i>Because initially he was coming in saying, Oh, you know, I went and bought another shirt. And it was almost like he was waiting for me to say oooooo and of course as a therapist, I just said well, I'm I'm quite curious because I remember last week you were saying, Oh my goodness, this is a difficult thing. I maybe need to rethink what I'm doing. So tell me you know what was going on and what did it feel like. (Steven:727)</i></p> <p><i>I get more of a focus because somebody will come in and say something like, you know, I'm regularly buying x. And so I think you you know, you can you can focus in on that. Maybe that's going to give you somewhere that you can go a bit quicker a bit more concretely. (Steven:795)</i></p>
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			<p><i>Well I certainly would try to home in on what's going on in the buying process. What is it that is evoking the desire to buy and....and try to get into that deeply. You know is it loneliness, boredom, a sense of feeling shallow or hollow. You know what. What. Is it? What is it that is triggering the behavior and how might one live with those internal experiences in a way that enhances life rather than erodes it? (Natasha:433)</i></p> <p><i>The triggers....some of them are situational. Some of them are interpersonal. Some of them are intrapsychic. (Natasha:451)</i></p> <p><i>They are more like.... they are.... I would say there are probably seven or eight different types of triggers. (Natasha:676)</i></p> <p><i>I wonder if there is a trigger that there were any particular trigger beyond the the ever-present trigger of her physical condition and also the difficulty she had of living back with mother because of her physical condition she wasn't able to work and now back in the mid-thirties she was back there living with her mother. (Andrew:389)</i></p> <p><i>He'd just describe a kind of a....he would just describe a low mood....a feeling depressed, a bit down. Maybe if he got to some feeling, he'd be feeling a bit sad. So there's something around kind of wanting to escape kind of a low mood with him. (Tony:303)</i></p> <p><i>And I think, as I recall, that was coupled with with particular moments of low mood or feeling ashamed or whatever. (Rory:286)</i></p> <p><i>I can't remember the exact reasons why but I they were, the lapses were, were coupled with, you know, emotional events. So if I remember one, he had a, he had a job interview that he really wanted, and didn't get and that that upset him and that was linked to one of the lapses. (Rory:471)</i></p> <p><i>So shopping really was quite exciting. Waiting, it was the waiting, I think that was what it was, waiting for a delivery. (Prunella:433)</i></p> <p><i>And....and she would track, she loved.... her main thing was tracking the delivery, so she'd order something and she'd track and trace it.....she loved track and tracing.</i></p>
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			<p><i>So she loved to send things back so she could track and trace it arriving. So it was all about connection and moving. So it was really interesting to realize what she liked about it. (Prunella:435)</i></p> <p><i>And then be....quite excited by you know, so you'd be make a purchase, be very excited by it and, and had this kind of sense of anticipation of of this thing arriving until it arrived and then it would be devastatingly disappointing. (Rory:240)</i></p> <p><i>Mainly clothes but he had....he had, he went to kind of an extreme with it where he had I guess too much of everything materially, clothes-wise. (Tony:237)</i></p> <p><i>Yeah....it would..... clothes! She said that she loved buying clothes, clothes, loved buying clothes. (Prunella:515)</i></p> <p><i>There was so suddenly very compulsive about this. Yeah. Yes. Which makes it. I mean she she could describe it. (Andrew:681)</i></p> <p><i>So there's a lot of disappointment in the things that she buys. So there's the emotional relationship to it is very much anticipation, and then disappointment. (Prunella:554)</i></p> <p><i>And he, you know, and he would tell me that he would buy things that he really didn't need, honestly, like, just crap like, I'm.... the thing I remember the most was he bought a very expensive tennis racket. And I remember saying.... do you do you play tennis? And he said I've never played tennis in my life, you know. (Rory:219)</i></p> <p><i>Immediately she bought bought the thing it stopped being a bright shiny scarf which had a promise of a new life in it. And then it was just a piece of cloth. And then it got in the bag and then just.....it was just just a bit of cloth in the bag. (Andrew:354)</i></p> <p><i>For some reason, death comes to mind. I think it is like a little death every time he left the shop, something died inside. (Tony:328)</i></p>
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			<p><i>So he'd make a purchase, be very excited by it and, and had this kind of sense of anticipation of of this thing arriving until it arrived and then it would be devastatingly disappointing. (Rory:240)</i></p> <p><i>And then, of course, when he's got it, it has less.....it's almost like the small child that wants.... I didn't know.....a particular ice cream and as soon as they get an ice cream, they don't want it. It's that sort of the same was going on for him. (Daniel:527)</i></p> <p><i>So much that I couldn't possibly afford that I won't possibly wear and that will just be with all the other stuff that I hoard and I don't know how to stop [...] the irony is that I don't wear half the stuff; even less than half the stuff because I haven't got it occasions to wear them. (Florrie:77)</i></p> <p><i>We did focus when we were focusing on the money on this this credit debt, I mean, 40,000 if you pay off the minimum, every month, then he would never pay that off in the rest of his life. That's how serious it is. It would take that, you know, at least 40-50 years to pay it off. Yeah, so that was something that did work in terms of a stark reality to face his situation. (Daniel:559)</i></p> <p><i>I don't get many people who've had this sort of problem but aren't into debt. I think it goes, for me, it it's sort of part and parcel of the shopping. (Daniel:572)</i></p> <p><i>I mean, here this the debt had completely impacted on the wife. This was her sort of red line. I can't deal with this. I'm out of here. (Daniel:580)</i></p> <p><i>Well, he was he was accumulating debts in that his credit card was, you know, was going up. (Rory:136)</i></p>
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Appendix 7: Research ethics permission



NEW SCHOOL OF PSYCHOTHERAPY AND COUNSELLING

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17th May 2022

Dear Simon

Re: Ethics Approval

We held an Ethics Board in March 2019 and the following decisions were made.

Ethics Approval

Your application was approved by Chair's Action.

Please note that it is a condition of this ethics approval that recruitment, interviewing, or other contact with research participants only takes place when you are enrolled in a research supervision module. Once approved, you will be eligible to enroll on Research Project Part 1.

Yours sincerely

Susan Iacovou, Chair of NSPC Ethics Committee

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