
BOOK REVIEWS

Terrence Daryl Shulman

Cluttered lives, empty souls. Compulsive stealing, spending & hoarding

Infinity Publishing, 2011. xxv + 247 pp.

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In *Cluttered lives, empty souls* Terrence Daryl Shulman presents five behavioral addiction disorders. Compulsive shoplifting, employee theft, compulsive shopping and hoarding are becoming gradually known these days, but only a moderate body of empirical data are available. The fifth disorder – rule breaking and risk taking – is an odd one out, because it cannot be considered as a uniform diagnostic category but a feature of different psychiatric conditions such as antisocial personality disorder, conduct disorder or ADHD. Nevertheless, stealing (shoplifting and theft), spending and hoarding share some underlying commonalities. These disorders are centered around the acquisition of things and money; clients frequently display physical, emotional or financial boundary issues. Narcissistic tendencies are prevalent; some kind of victimization can be frequently unfolded in the lives of the clients, beside feelings of anxiety, inadequacy and emptiness. Through selected case studies the author draws the typical profile of a patient. This method has the advantage of avoiding pending terminological questions and controversial diagnostic criteria. The actuality of this book is enhanced due to the upcoming publication of the DSM–5 (previously: DSM–V) in 2013. The new manual will contain *hoarding disorder* under obsessive–compulsive and related disorders category (APA, 2012).

Shulman is not only an attorney, therapist and consultant but a former shoplifter too, who has been in recovery for more than twenty years. He knows the dynamics of this addiction from an inner perspective and he is familiar with the often incredulous or even hostile reactions of the social environment. Shulman is the founder of CASA (Cleptomaniacs and Shoplifters Anonymous) and The Shulman Center for Compulsive Theft, Spending & Hoarding. He is specialized in counseling clients with theft-, shopping-, spending- and hoarding addictions. His working method incorporates not only the traditional face-to-face counseling conversation but he does so via internet or phone as well. Beyond that – realizing the social aspect and consequences of these disorders – Shulman often involves the clients' family into the therapeutic procedure. Shulman addresses not only experts but the public as well; he organized and presented on several conferences, went frequently on air and has featured on dozens of TV shows. He launched websites offering help and support for addicts and their families.

His fourth book, *Cluttered lives...* is divided into eight parts. Five chapters deal with the five disorders mentioned above; the sixth contains interviews with professionals; and the last two present some relevant research, theory and related topics and articles. The great majority of the research body was conducted by the Schulman Center. These data are precious especially in view of just how difficult it is to collect reliable data given the discrete nature of clients.

When presenting the characteristics of the disorders, Shulman follows the same method for each problematic behavior: delineation of the ten underlying core beliefs, top ten reasons, and some online survey results conducted by The Shulman Center; followed by typologies of patients and '20 questions' for assessing the disorder in focus. The main part of each chapter is the compilation of stories. Patients tell their life stories with their own words, which makes them vivid and animate. These stories cannot be considered case studies, because they follow the patients' reconstruction and lack the clinically oriented editing. However, they serve the purpose of a self-help book exceedingly and encourage affected patients to search for help. Some may miss the clinician's professional focus which guides the reader and helps to 'connect the dots' between life episodes and symptoms. It would be gladsome to get more insight to the process of the therapy: in general Shulman tells us *what* happened, but not *how* it happened. For example, one of her patients realized that serial arrests as a consequence of shoplifting are a form of self-punishment, but the author does not give any guidelines as to understand the underlying psychodynamic processes. From a professional point of view it would be helpful to learn more about Schulman's system. However, his work primarily targets clients and is not intended to serve as clinical or treatment guidance. It seems that Shulman is working partly on psychodynamic bases. He emphasizes loss, abuse, neglect, emotional and/or material deprivation, trauma or betrayal occurring often in patients' lives. Even so, he does not use the psychoanalytic terminology so his writing is free of professional phrasing thus easy to read for those whom the book is indeed aimed at. His counseling methods are pragmatic: he uses psycho-education and behavioral techniques (e.g. identification of trigger factors and finding substituting activities) which resemble some cognitive-behavioral methods. The seventh part of the book contains self-exploration questions and positive/negative life-event recollection exercise, further extending the pragmatic value of the book. The lack of theoretical clarification will presumably not disturb laymen; however, it catches the eyes of a professional.

Shulman's main assumption is that these disorders (mainly compulsive shoplifting) can be considered as attempts to get something back symbolically which had been taken from the client. Shoplifters' core beliefs are 'life is unfair', 'the world is unsafe', 'nobody takes care of me', etc. Reasons for shoplifting mirror these beliefs; stealing for example can be a mean of making life fair. Shulman separates addictive-compulsive stealing and DSM-IV diagnosed kleptomania. He views addictive-compulsive stealing as a behavioral addiction, where ever-present compulsive urges dominate the behavior, whereas kleptomania is an im-

pulse-control disorder where the tension increases just before the theft. Nowadays critical voices are not to remain unheard in connection with the DSM impulse-control disorders and alternative theoretical categorizations have come to light. For example the ‘obsessive–compulsive spectrum hypothesis’ of addictive disorders developed by Hollander (1993). However, Shulman does not take the advantage of presenting the current theoretical development on the field. The author focuses on pragmatic, real-life issues and cites little of the scientific results. This is why Shulman’s writing should be considered an easy-to-read, jargon-free self-help book. Even so, the last two chapters are less structured and the different topics (research data, questions for self-exploration, quotations, and professional contacts) follow each other in a quasi-ad hoc order.

The supreme virtue of this writing I think lies in its capacity to raise hope in those affected by these quite rare and socially criticized disorders. The ‘20 Questions’ for each disorder may help affected ones to realize the extent and severity of their problem. This revelation can be the first step toward professional treatment and recovery. Shulman’s educative efforts are remarkable, and one cannot overemphasize the importance of informing the public opinion about the notable financial, legal and emotional consequences of compulsive theft, shopping and hoarding disorders.

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REFERENCES

- APA (2012). *DSM-5 Development*. Retrieved April 26, 2012, from <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=398#>
- Hollander, E. (1993). Obsessive–compulsive spectrum disorders: An overview. *Psychiatric Annals*, 23(7), 355–358.

Charles L. Whitfield

Wisdom to know the difference. Core issues in relationships, recovery and life.

How to understand your and others’ common conflicts and how to heal them.

With references to practical psychology, spirituality and Twelve Step work.

MHP – Muse House Press, Pennington, 2012, 326 pp.

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Wisdom to know the difference. Core issues in relationships, recovery and life is a special volume of self-help and easy-to-understand psychology written for people with alcohol, drug or behavioral addictions and those with co-dependence to help them in their recovery process and general life problems. I recommend this book to anybody whose life may involve any of these.

The title recalls *The Serenity Prayer of Reinhold Niebuhr*, often mentioned in Twelve Step programs and therapeutic communities:

*God grant me the serenity
To accept the things I cannot change;
Courage to change the things I can;
And wisdom to know the difference.*

The subtitle sums up the content of the book and suggests that it might be useful for a wide audience, much wider than addicts and their families and friends. It contains a statement that our conflicts generate and maintain our problems. It shows us how to heal not only ours, but that at times we can consider assisting with those of others. This is important because recovery can be reached only in an interpersonal matrix. To better understand our conflicts we need to dialogue with others, since we often can profit from feedback during our recovery. A bright idea of the book is that we need feedback along the recovery process. Help should come from safe others, which should avoid teasing, bullying and other forms of verbal aggression that would hurt our self-esteem and evoke negative feelings such as shame.

Dr. Whitfield has vast experience in helping people in trouble. He has already published two influential books about his methods, which form the basis of the present text although only one – *Healing the child within* – has been in foreground until now.

His theoretical model to explain developmental traumatization is simple: “When a child grows up in a crazy (abusive, traumatic or neglectful) family and a crazy world, several crucial things happen. Their associated emotional pain becomes so intense that the child’s Real Self goes into hiding... To survive, it overdevelops a false self (ego), and as part of the process it learns to use several mechanisms and dynamics to defend itself from the inordinate emotional pain that it experiences repeatedly.” – which is a major theme of his first book. Here he concludes: “We can summarize and describe a large part of these defense mechanisms most simply as involving and often being core recovery issues” (p. 2), – continuing the developmental and psychodynamic history described in the former book. Recovery goes with rediscovery of our Real Self, healing the hurt Child Within, with identification of our needs, and especially the need to “...identify, re-experience and grieve the pain of our ungrrieved hurts, losses and traumas in the presence of safe and supportive people” (p. 4). The core issues described in this book are related to our emotional pain elaborated before and in the course of recovery.

The author clearly discourages diagnostic labels, stigmatization, and overmedicalization of personal problems, in this text as well as in the former two. He enthusiastically

supplies arguments on how to avoid losing personal autonomy by oversimplifying problems through the common misdiagnosis of mental illness and by having us believe we are crazy. He analyzes the 15 core issues in some detail, which include: control, trust, being real, low self-esteem, dependence, fear of abandonment, all-or-none thinking, high tolerance for inappropriate behavior, over-responsibility for others, difficulty giving and receiving love, etc. He contributes to people's positive recovery by giving them concepts, information, valid psychological knowledge and experiential aids to help work through the core issues.

The text is like a popular handbook of developmental psychopathology, a guide to get access to repressed trauma memories and to cope with and work through emotional and behavioral pain. Dr. Whitfield shows us how to create order from the inner chaos – which had generated inappropriate and self-defeating behavior – and how to enhance motivation and successful methods for change. He gives lots of

clear ways to access feelings, including how to identify and handle age regression. He guides us through the important issue of being able to grieve and develop new skills in order to cope with troubles and heal our self with new and positive narratives.

Each chapter is filled with tables and figures which serve as reminders as well as cognitive contexts for the human problems to be solved. Obviously the therapeutic community as a safe environment is the background and basis of such themes and self-understanding which leads to recovery. In such frame the text provides guidelines, insight, cues to self-observation and learning to handle feelings. I recommend this new book – likely to become a classic read in recovery – to experts, co-workers and users of addiction therapy.

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