New Perspectives on Compulsive Buying: Its Roots, Measurement and Physiology

Session Chair: Nancy M. Ridgway, University of Richmond

Discussion Leader: April L. Benson, in clinical practice for 25 years and developer of a program called Stopping Overshopping

Special Session

NEW PERSPECTIVES ON COMPULSIVE BUYING: ITS ROOTS, MEASUREMENT AND PHYSIOLOGY

Short Abstracts

A Theoretical Account for Compulsive Buying: An Application of Escape Theory
Ronald J. Faber, University of Minnesota

Compulsive buying has reached the point where it needs to progress from a descriptive stage to an explanatory level of theory development. Escape theory maintains that people with extremely high self-expectations ultimately face failure and painful self-awareness. When these feelings become too extreme, they seek to block out these feelings by becoming completely absorbed in an immediate, concrete task (buying). As a consequence, people fail to consider the long range consequences of their actions and experience fanciful thoughts and magical thinking. Evidence shows that escape theory strongly accounts for findings from compulsive buyers.

The Development and Validation of a Scale to Measure Excessive Buying
Nancy M. Ridgway, University of Richmond
Monika Kukar-Kinney, University of Richmond
Kent B. Monroe, University of Richmond

Using the theoretical foundations of compulsive buying, obsessive-compulsive disorder and impulse-control disorder, we develop a scale that is geared to measuring excessive buyers who overspend, but are not pathologically ill. Excessive buyers are defined as those who are preoccupied with buying, but who are, at times, able to resist the urge to do so. Pathological buyers, on the other hand are completely unable to control their urges to buy. Using two studies, we show that the scale is both reliable and valid. The scale also shows superiority over other scales developed for use with the general consumer population.

Biogenetics, Addiction and Novelty Seeking: A Review of Recent Research
Elizabeth C. Hirschman, Rutgers University

The concepts of novelty seeking and consumption behaviors viewed as addictive, compulsive, and impulsive have received extensive research attention. Less known is that these behaviors have causal roots in the human brain and ultimately the human genetic endowment. Neuroscience and biogenetics researchers have identified the specific neural pathways and the underlying genes which lead individuals to seek out new and exciting stimuli in the environment, become addicted to chemicals, and engage in gambling, extreme sports and impulsive and compulsive buying. Implications for public policy and treatment programs directed toward such destructive consumer behaviors will be discussed.

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SESSION OVERVIEW
Compulsive buying and other dysfunctional consumption behaviors have attracted substantial attention of consumer and other researchers in recent years. However, most research to date remains descriptive, and many theoretical, substantive and methodological issues remain unresolved.

The first paper provides a theoretical framework, specifically escape theory, to explain why people engage in a self-destructive behavior, such as compulsive buying. Escape theory maintains that for some people, self-awareness can be very painful. Usually, these people have self-expectations that are so high they are unable to fulfill them. To block out the painful self-awareness, these people become totally absorbed in a task, such as buying, without considering long-range consequences. The paper suggests that compulsive buying can be explained as a manifestation of escape theory.

Using the theoretical foundations of compulsive buying, obsessive-compulsive disorder and impulse-control disorder, the second paper addresses a development of a scale that is geared toward measuring excessive buying of those consumers who overspend, but are not pathologically ill. Excessive buyers are defined as those who are preoccupied with buying, but who are, at times, able to resist the urge to do so. Pathological buyers, on the other hand are completely unable to control their urge to buy. Using two studies, the authors show the scale is both reliable and valid. Moreover, by developing a scale to measure excessive buying as a construct containing elements of both obsessive-compulsive and impulse-control disorders, an important methodological contribution is made to the literature.

The final paper takes a broader look at dysfunctional/destructive consumption behaviors in general, of which compulsive buying is one example. The author provides a biogenetics perspective to explain why consumers engage in compulsive/addictive/impulsive and novelty seeking behaviors. Specific portions of human brain, and ultimately the human genetic endowment appear to be responsible for the tendency towards such behaviors. The paper further discusses implications for public policy and treatment programs.

While the first two papers provide new theoretical and methodological perspectives on compulsive and excessive buying behavior specifically, the third paper places compulsive buying in a larger setting of other destructive consumption behaviors and provides a biogenetics explanation for why such behaviors occur. As a set, the three papers importantly advance knowledge on what compulsive buying is, what its causal roots are, and how to measure it. While compulsive buying and other dysfunctional consumption behaviors are important consumer behaviors, they have been investigated predominantly in the psychological and psychiatric journals, and only sporadically in the consumer research literature.

Dr. April Lane Benson, author of the widely acclaimed book I Shop, Therefore I Am: Compulsive Buying and the Search for Self; in clinical practice for 25 years and developer of a program called Stopping Overshopping) served as a discussant of the session and offered the perspective of a clinician who has worked extensively with patients whose lives are negatively affected by compulsive buying disorder.

EXTENDED ABSTRACTS
“A Theoretical Account for Compulsive Buying: An Application of Escape Theory”
Ronald J. Faber

The past 20 years has witnessed a huge growth in research on compulsive buying. However, most of this research has remained at a descriptive stage identifying variables that are related to compulsive buying, patterns of behavior, and related disorders. Factors linked to compulsive buying have included: 1) psychological factors such as low self esteem, depression, anxiety, and perfectionism; 2) biological ones reflected in the impact of drug therapies and neurotransmission, linkages to arousal, and personal and family histories of compulsive buying and related disorders; and 3) cultural ones such as gender roles, early childhood experiences and changing social norms and feeling of alienation.

One explanation for compulsive buying is that it serves as a form of mood manipulation for people who experience negative feelings (Faber and Christenson 1996). Research in psychology, communication and consumer behavior has found that people will engage in specific behaviors as a means to change undesirable mood states or to prolong more desirable ones. Studies of compulsive buyers have found that they are particularly prone to engage in this behavior when they are in negative mood states and their description of episodes of compulsive buying suggests that they experience these episodes in positive and arousing terms. Additionally, the compulsive buyers were far more likely to report that their mood states moved in a positive direction as a result of shopping than did the matched general consumers. Thus, compulsive buyers may engage in buying as a way to manage their mood states.

Jacobs (1989) proposed that there are two important components that make people susceptible to addictive or excessive behaviors. One is their ability to alter negative affective states and the second is their ability to change physiological arousal levels. He suggests that some people have a physiological resting state that they find aversive. To overcome this, they seek behaviors that can heighten or reduce their arousal level and they run the risk of becoming addicted to such activities or substances.

While both of these accounts for compulsive buying suggest what benefits the behavior may provide, they don’t fully address the fact that compulsive buying, by definition, leads to extreme negative consequences. For example, compulsive buying has been referred to as causing “excessive and inappropriate impairment in one or more life domains” (Black 2000), and marked distress that “interferes with social or occupational functioning” (Goldsmith and McElroy 2000). However, the literature on self-defeating behaviors has suggested that people are not prone to harming themselves (Baumeister and Scher 1988). Instead, such behaviors result from poor strategy choices that don’t work as intended, or from a conscious decision to engage in a negative behavior to avoid even more painful loses. This latter explanation has led to escape theory, which has been used to explain behaviors such as eating disorders and suicide. It is proposed here that escape theory may also provide the best theoretical account for why compulsive buyers engage in this destructive behavior.
Escape theory maintains that for some people, self-awareness can be very painful. Typically, these people have exceptionally high standards or expectations that they are unable to meet, leading to a sense of failure, low self-esteem, anxiety and depression. When these feelings become too extreme, they seek ways to block out this painful self-awareness, at least for a little while. The way people accomplish this is by becoming completely absorbed in an immediate, concrete, low-level task. By focusing on this activity and the sights, sounds and other sensations within this limited environment, they are able to block out the painful sense of self. Two additional consequences of the cognitive narrowing is that during this period: 1) consideration of long range consequences of an action are not considered; and 2) the implausibility of fanciful thoughts is not recognized, giving way to non-critical and irrational beliefs and magical thinking.

This paper shows how each of these characteristics of escape theory is present in accounts of compulsive buying. It shows that: 1) compulsive buyers experience negative and painful self-awareness; 2) compulsive buyers tend to be perfectionist and hold themselves to impossibly high standards; 3) perceived failure and negative self feelings trigger compulsive buying episodes; 4) a high level of absorption and cognitive narrowing characterize these episodes; 5) during these episodes, compulsive buyers engage in fanciful and magical thinking; and 6) compulsive buyers block out long range consequences when engaged in compulsive buying. Thus, it is suggested that compulsive buying can best be explained as a manifestation of escape theory.

“The Development and Validation of a Scale to Measure Excessive Buying”
Nancy M. Ridgway, Monika Kukar-Kinney, Kent B. Monroe

In recent years, hundreds of popular press articles, books, and websites have been devoted to the problems experienced by compulsive buyers (e.g., Adams 2003; Benson 2000; Chaker 2003; Ethridge 2002, etc.). Researchers traditionally have used the term “compulsive buying” to describe the dysfunctional, maladaptive, or abnormal consumptive behaviors exhibited by a small number of pathologically ill consumers who are unable to control the overpowering impulse or urge to buy.

While a relatively small percentage of the general population may qualify as pathological compulsive buyers, in that they cannot resist the urge to buy and that their buying behavior results in unmanageable financial debt, it is our belief that more consumers are affected by what we term “excessive buying”. In comparison with pathological compulsive buyers, excessive buyers may not continuously experience an uncontrollable urge to buy. However, they may occasionally or often exhibit tendencies for buying too much and too frequently. A second key difference between excessive and compulsive buying is that it is not necessary that excessive spending results in harm (particularly financial) to the consumer (Faber and O’Guinn 1992; Hassay and Smith 1996). In many respects, excessive buying is similar to compulsive buying; however, it covers a broader set of consumers. Indeed, the popular press articles alluded to above seem to be more about excessive buying than the pathology of compulsive buying (Chaker 2003; Hoffman 2000; Kelly 1999).

Using the theoretical foundations of compulsive buying, obsessive-compulsive disorder, impulse-control disorder and obsessive-compulsive spectrum disorder, we developed a scale to measure excessive buying. To develop and validate the scale, two studies were conducted. The first study, using 352 undergraduate students as a sample, was used to narrow down the potential set of scale items to the final twelve by conducting first exploratory, followed by confirmatory factor analysis. The final scale consists of four dimensions/factors (obsessive-compulsive preoccupation with buying; impulse-control buying; positive feelings associated with buying; negative feelings leading to buying). Each dimension is measured with three items.

The second study, in which a sample of 555 university staff members participated, was conducted to validate the scale. This sample was more heterogeneous in terms of age and education, and less heterogeneous in terms of gender (93 percent women); and, hence, more relevant to the study of excessive and compulsive buying behavior, which has previously been found to plague women more than men (e.g., Black 2001; d’Astous 1990).

Confirmatory factor analysis results show that the four factor model with underlying second-order factor fits the data well (the best in comparison with other alternative models). The scale is also reliable (?=.91 and .90 in studies 1 and 2, respectively). Discriminant and nomological validity were evaluated by correlating the excessive buying scale with other constructs, for example obsessive-compulsive disorder (to evaluate discriminant validity), materialism, self-esteem, stress, frequency of returning items and hiding behavior. The scale correlates with all these constructs in the theoretically-predicted manner, thus displaying nomological validity. Moreover, non-response and response biases were also evaluated. Finally, directions for future research on excessive buying were discussed.

“Biogenetics, Addiction and Novelty Seeking: A Review of Recent Research”
Elizabeth C. Hirschman

Both addictive/compulsive behaviors and novelty/stimulation-seeking behaviors have been subjected to scrutiny by consumer researchers over the past three decades (Faber, Christensen, de Zwaan and Mitchell 1995, Hirschman 1981, 1992, O’Guinn and Faber 1989, Raju 1980, Rook 1987, Rook and Fisher 1995). A review of the biogenetics literature from the 1990’s found significant linkages between neurological features, such as genetic mutations and dopaminergic signaling and these two consumption behaviors. Indeed the empirical findings suggest that addictive/compulsive tendencies and novelty seeking are closely related at the biogenetic level (Hirschman and Stern 2001).

The present paper extends this line of inquiry by reviewing the biogenetics literature pertaining to addiction and novelty seeking over the past five years (i.e., 2000-2005). Previous work showed that two genetic mutations in the dopamine receptor alleles DRD4 and DRD2 were identified. These mutations caused fewer than normal receptor sites to be present in the brain. To compensate, the consumer possessing these mutations may engage in novelty seeking, self-medication, be more likely to suffer from ADHD, have eating disorders and heightened impulsivity. Several new and highly significant findings have emerged which describe in detail the neuronal reward pathways characterizing both addictive and novelty seeking tendencies. Perhaps most profoundly, these have now been traced back to at least one evolutionary genetic mutation which was likely central to several positive expressions of human innovativeness, for example the development of agriculture and migratory/exploratory tendencies leading to the discovery of new continents and the spread of the human species.

As a result of more advanced brain imaging technologies and more detailed genetic coding studies, several significant advances have been made. Comings and Blum (2000) note that the two critical areas for understanding both addictive and stimulation seeking behaviors lie in the dopaminergic and opiodergic pathways of the brain “both of which are critical for [human] survival, since they provide the pleasure drives for eating, love, and reproduction” (“Reward Deficiency Syndrome”). In their view, the genetic muta-
tions which lead to above average levels of reward-seeking (the reward deficiency syndrome), constitute behavioral disorders due to their linkage to self-destructive consumption activities, such as gambling, compulsive purchasing and alcoholism.

By 2002, research had implicated a specific polymorphism within the mu-opioid receptor gene (the G variant of the +118A allele) as a precursor to generalized substance abuse (Schinka et al. 2002). In fact, 95% of the study’s participants who were multiple substance abusers carried this genetic mutation. Experientially, persons carrying this version of the gene will have enhanced feelings of pleasure, stimulation and euphoria when consuming substances, such as alcohol, nicotine, heroin and cocaine, which are the result of higher blood levels of beta endorphin and higher stimulation of neural dopamine receptors. This creates a learned response of reinforcement and motivation to seek out additional stimulation.

This stimulation seeking behavior appears linked, as well, to genetic preferences for sweet tastes and novelty seeking, as measured by Cloninger’s TPQ Novelty Seeking scale, according to Kompov-Polevoy et al. (2004). Research (Johanssen and Hansen 2001) also demonstrated that Cloninger’s TPQ trait of lower-than-average Harm Avoidance, often found to characterize persons engaging in extreme sports, was also linked to Type 2 alcoholism.

Schultz (2001) offers an alternative paradigm for viewing these same characteristics: “‘[dopamine] systems appear to be crucially involved in the use of reward information for learning and maintaining approach and consummatory behavior (p. 293)....’” Rewards are events or objects that make subjects “come back for more” and have three basic functions—they elicit approach and consummatory behavior and serve as goals of voluntary behavior, they have positive reinforcing effects, and they induce subjective feelings of pleasure (hedonia) and positive emotional states (p. 293).

In other words, persons with higher than average reward-seeking behavior, which may lead to dysfunctional consequences, such as addiction, compulsive purchasing, and inattention in school (ADHD) due to genetic characteristics, represent an ‘extreme’ or ‘enhanced’ version of normal, human behavior. They are not radically different than most people, they just want more than most people—more stimulation, more excitement, more novelty, more pleasure, more activity and so forth. Sometimes their quest for more will bring positive results to themselves and others; sometimes the results will be negative.

Ding et al. (2001) brings us back to the DRD4 dopamine receptor 7-repeat allele, one of the first mutations linked to compulsive shopping and other impulse-control disorders. Using advanced SNP DNA haplotype testing, these researchers learned that this receptor is an ancient mutation and speaks to the idea that having humans from those with and without this mutation make for a more balanced society. These theories were tied to the DRD4-7-repeat mutation and both the positive and negative impacts it has on human existence.