Self-Medication Versus Pure Pleasure Seeking Compulsive Consumption

Xiuping Li, National University of Singapore, Singapore
Qiang (Steven) Lu, University of Sydney, Australia
Rohan Miller, University of Sydney, Australia

The current research examines the distinct problems associated with different motivations of compulsive consumption. In particular, we found that problem gamblers who had a goal to escape from reality or bad mood state (i.e., self-medicationers) were more likely to have other substance dependency than those who did not possess such a goal (i.e., pure-pleasure seekers). Our results also revealed that compared to pure pleasure seekers, self-medicationers were less likely to conduct illegal act to facilitate their gambling behaviour. The limitations and implications of our research were also discussed.

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EXTENDED ABSTRACT

The purpose of this research is to understand compulsive consumption from a motivational perspective. Especially, we rely on the goal-systems theory (Kruglanski et al. 2002) to examine the distinct problems associated with different motivations. Previous consumer research has shown features and consequences of impulsive and compulsive behaviors (Hock and Rook 1985; Rook 1987). More recently, Hirschman (1992) proposes that compulsive consumers might differ in their motivation to consume. She suggests that some compulsive consumers consume as a way of self-medication (i.e., self-medicationers), whereas others consume purely to seek pleasure or gain from the substance or activity (i.e., pure-pleasure seekers). Using a qualitative method, Hirschman documents the unique characteristics associated with the two types of compulsive consumers. In this research, we extend the current understanding of compulsive behavior by (1) making new predictions based on goal-systems theory; (2) testing our hypotheses with field data collected at a clinic center for problem gamblers over a period of 8 years.

Drawing on the theory of goal-systems (Kruglanski et al. 2002), which suggests that different means to achieve an end are substitutable to each other, we first hypothesize that a self-medication motivation would lead to a greater possibility of having compulsive behavior in different domains (hypothesis 1). In other words, we propose under a motivation to escape from the current depression state or painful reality, different domains of compulsive consumption (e.g., drugs, alcohol, binge eating) are substitutes to each other. Compulsive consumption itself is not the end state a compulsive consumer desires but a means towards an ultimate goal to forget the pain. On the other hand, for pure-pleasure seekers who have already developed a problem with a domain of consumption, their ultimate goal is the pleasure derived from the particular domain of consumption. The different domains of consumptions are therefore exclusive to each other, and the activation of one would devaluate the other (Brendl, Markman and Messner 2003). Hence, we argue that self-medicationers are highly likely to have compulsive consumption across domains than pure-pleasure seekers. To illustrate, compulsive shoppers who shop to escape from reality, are more likely to engage in other compulsive acts such as drinking, smoking, binge eating, and even taking drugs as long as the alternative forms of consumption also make them forget. It is compared to compulsive shoppers who shop for the excitement they can get from the shopping itself.

Our second hypothesis is that the substitutability among different forms of compulsive consumption will make self-medicationers less likely to conduct, or more likely to withdraw from, a compulsive behavior domain. Since the different domains of consumption are substitutable, if self-medicationers believe that the future costs for engaging in one particular domain are higher than the other, they could shift to the other domains (Becker and Murphy 1988; Hirschman 1992). In this sense, self-medicationers’ choice and behavior are more consistent with the mathematical model proposed by Becker and Murphy (1988), or in their words, more rational. To illustrate, if compulsive gamblers who gamble to escape know that their behavior is going to have very severe consequences such as going to prison, they would be more likely to discontinue their gambling activities and seek other domains of consumption such as drinking alcohol. However, pure-pleasure seekers’ dependence on a substance is more exclusive in nature, and they would do whatever they can to gamble, even illegal acts.

We used data from a clinic center for problem gamblers in the Gold Coast area in Australia to empirically investigate our two hypotheses. Results of the logistic regression supported the idea that self-medicationers (Mean=39%) were more likely to have other substance dependencies than pure pleasure seekers (Mean=7%, Wald=22.28, p<.001). As an extension of our hypothesis 1, we further argue that with the problem of compulsive consumption getting more severe, people with different consumption motivations would demonstrate different evolving patterns in terms of having problems in the other domains. Supporting this prediction, our analyses revealed that when the magnitude of gambling problem was escalating (from non-diagnosed problem gamblers, who indicated some problems with gambling behavior, but were not diagnosed as a behavior disorder yet, to diagnosed problem gamblers), the possibility of having other substance dependency increased for self-medicationers but declined for pure pleasure seekers. More specifically, we found a statistically significant interaction between the two independent variables (Wald=15.94, p<.001). If non-diagnosed gamblers were gambling for self-medication purposes, the problem of other substance dependency (i.e., comorbidity between different addictions) would get worse when they became diagnosed problem gamblers (31% for non-diagnosed problem gamblers versus 39% for diagnosed problem gamblers). But if non-diagnosed gamblers were gambling purely because of the pleasure they derived from it, the possibility of their having other substance dependency actually decreased when they became diagnosed problem gamblers (24% for non-diagnosed problem gamblers versus 7% for diagnosed problem gamblers).

Although self-medicationers were found to have a higher likelihood of having problems across domains, they were also found to be less likely to conduct illegal conduct to facilitate their problem consumption (in this case, gambling. Mmedic=14%, N=369 versus Mpleas=77%, N=287, Ward=57.51, p<.001). Our second hypothesis was supported.

The implications of our study are twofold. First, to investigate the correlation between different domains of compulsive consumption, we should not ignore the underlying motivational factors. Second, different motivations of compulsive consumption call for different solutions to these problems. For self-medicationers, simply stopping them from doing one form of problematic behavior would push them to develop problems in the other domains. It is equally important to teach them a healthy way to solve their current problems. Our analyses based on the clinical data were subjected to the following limitations. First, all tests were correlational, and the underlying mechanisms were not being directly examined. Second, the changes in the social and economical contexts, which were not coded in our data might provide alternative explanations which we could not fully rule out.

Reference


