

Compulsive Buying: A Phenomenological Exploration

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Compulsive buying is framed within the larger category of compulsive consumption, and both quantitative and qualitative data are used to provide a phenomenological description. Results indicate people who buy compulsively are more likely to demonstrate compulsivity as a personality trait, have lower self-esteem, and are more prone to fantasy than more normal consumers. Their primary motivation appears to be the psychological benefits derived from the buying process itself rather than from the possession of purchased objects. Consequences of compulsive buying include extreme levels of debt, anxiety and frustration, the subjective sense of loss of control, and domestic dissension.

For most people, buying is a normal and routine part of everyday life. For compulsive buyers, the inability to control an overpowering impulse to buy pervades their lives and results in significant and sometimes severe consequences. Compulsive buyers buy not so much to obtain utility or service from a purchased commodity as to achieve gratification through the buying process itself.

Although significant resources are being expended in efforts to understand the abuse of various substances and all types of excessive behaviors and activities (i.e., alcoholism, drug abuse, eating disorders, compulsive gambling), very little is known about such abuses and excesses in the domain of buying behavior. For the most part, research in consumer behavior focuses on examining normative behavior. However, the realization that buying has an abuse potential similar to other excessive or compulsive activities

indicates that consumer researchers should also explore abnormal consumer behaviors.

One reason the study of abnormal consumer behavior is important is that these behaviors have severe consequences for both the affected individual and others. Compulsive buyers who amass unmanageable amounts of debt can create economic and emotional problems for themselves and their families. An inability to retire this debt can also adversely affect their creditors. Thus, understanding this problem and providing help for those who suffer from it is not only humanitarian, but in the interest of society as well.

A second reason for exploring abnormal consumption is that our understanding of more normal consumer behavior will be enriched by our understanding of its extreme forms. In the same sense that abnormal psychology has presented seminal concepts and important insights into areas such as personality and motivation, that sociological studies of deviance have enlightened us about norms, and that anthropological studies of exotic cultures have revealed much about our own culture, the study of abnormal consumer behavior may augment our knowledge of more typical consumption behavior.

COMPULSIVE CONSUMPTION

Compulsive buying may be viewed as part of a broader category of compulsive consumption behaviors. Compulsions are "repetitive and seemingly purposeful behaviors that are performed according to certain rules or in a stereotyped fashion" (American Psychiatric Association 1985, p. 234). They are often excessive and ritualistic behaviors designed to alleviate tension, anxiety, or discomfort aroused by an obtrusive thought or obsession. Although in the strictest

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sense compulsions refer to behaviors that are ego-dys-tonic (i.e., against the conscious will of the individual), the term is frequently used to classify a number of different repetitive behaviors driven by an irresistible urge and ultimately harmful to the individual (American Psychiatric Association 1985).

Consumption also has a wide-ranging definition. Holbrook and Hirschman (1982), for example, argue for a view of consumption that goes beyond the purchase and use of goods and services to include the consumption of time, experiences, and feelings. Taking a similarly broad view, we define compulsive consumption as a response to an uncontrollable drive or desire to obtain, use, or experience a feeling, substance, or activity that leads an individual to repetitively engage in a behavior that will ultimately cause harm to the individual and/or to others. Under this definition, many addictive or excessive behaviors can be considered forms of compulsive consumption. These include substance abuse and extreme excesses in behavior, such as eating disorders and compulsive sexuality, as well as more marketplace-oriented behaviors, such as compulsive gambling and kleptomania.

Commonalities Across Compulsive Consumption Behaviors

These various problems have been examined under a wide range of labels including addictive, compulsive, excessive, habitual, abusive, and adjunctive behaviors, as well as impulse control disorders. Although there is a notable lack of consistency in labeling, recognition in recent years of the commonalities among these behaviors has increased the tendency to examine them as related phenomena (Cooper 1983; Levison, Gerstein, and Maloff 1983; Marlatt et al. 1988; Miller 1980; Mule 1981; Peele 1985). Thus, an understanding of the similarities and differences among these behaviors may provide us with a useful framework for better understanding the problem of compulsive buying.

There are two essential definitional criteria that must be present in these various behaviors (Walker and Lidz 1983). The behavior must be repetitive, and it must be problematic for the individual. Of course, the affected individual may not initially see the behavior as a problem. In fact, at an early stage it may be seen as providing immediate relief from anxiety or emotional distress (Salzman 1981). Thus, these behaviors can be characterized as producing immediate gratifications, but leading to delayed negative consequences (Marlatt et al. 1988). The short-term positive rewards reinforce the behavior, thereby driving the repetitive and compulsive processes. As the behavior becomes more frequent, feelings of grandiosity may help the individual imagine some immunity to the negative effects of the compulsive behavior (Salzman 1981). This denial takes place even in the face of evi-

dence that the behavior is deleterious to the individual. The individual eventually comes to view the behavior as a "loss of control," creating additional anxiety and frustration, but the behavior continues despite attempts to stop or moderate it (Marlatt et al. 1988).

Research indicates that no single factor is sufficiently powerful to explain the etiology of compulsive behavior. Instead, researchers have adopted an inclusive biopsychosocial model that assumes that physiological, genetic, psychological, social, and cultural factors all contribute to the development of compulsive behaviors (Donegan et al. 1983; Salzman 1981). However, some specific factors have been implicated as influencing the frequency or specific onset of these behaviors. One factor is arousal level. Both low levels of arousal, such as boredom, and high levels of excitement, especially anxiety and stress, can increase the occurrence of compulsive behaviors (Miller 1980; Zuckerman 1979). Papers dating back as far as Esquirol (1838) and Freud (1895) framed compulsions in terms of efforts to reduce anxiety (Carr 1974). More recently, a correlation between arousal or sensation seeking and a number of compulsive behaviors—including alcoholism, drug addiction, and compulsive gambling (Segal 1976; Zuckerman and Kuhlman 1978)—has been found.

External environmental stimuli or internal cues (Ludwig et al. 1977) as well as negative affective states can trigger episodes of compulsive behavior. It has even been suggested that compulsive behaviors provide short-term relief from negative emotional states, but eventually become conditioned responses (Donegan et al. 1983; Falk 1981). People suffering from various compulsive behaviors may also be more likely to experience negative affective states since one of the most consistent findings across these behaviors is low levels of self-esteem (Marlatt et al. 1988; Nathan 1988).

Differences Among Compulsive Consumption Behaviors

Even though the trend in research is toward combining the study of the various forms of compulsive and excessive behaviors, there is also some value in explicating differences among them and developing typologies of compulsive consumption behaviors. Although all of these behaviors by definition have negative consequences for the individual, some involve potential physical harm. For example, severe physical consequences may result from drug abuse, alcoholism, overeating, smoking, and excessive sexuality. However, other compulsive consumption behaviors, such as compulsive gambling and kleptomania, do not have direct physical consequences. Compulsive buying would fit among this latter group. Although the severity of the physical consequences is an important distinction in abnormal consumption behavior,

the economic, social, and psychological consequences of compulsive consumption should not be underestimated. Furthermore, the stress associated with problems that arise from these behaviors may lead to secondary physical consequences.

Social perceptions represent a second dimension on which the various types of compulsive consumption can be distinguished. Although all of these behaviors may be seen as negative, the degree of disapproval clearly varies. At one extreme, a compulsive behavior may be viewed as a crime. At a somewhat lower level, it can be seen as a disease; least negatively, it may be perceived as just a "bad habit." How society views a compulsive behavior has important implications for our perception of the severity of the consequences, the amount of control the individual is expected to have, and the type of treatment that should be offered.

A final distinction among compulsive consumption behaviors is the ultimate treatment goal. Treatment for several of these behaviors, such as drug addiction, alcoholism, smoking, gambling, and kleptomania, aims at either total abstinence or limited use. However, for some forms of compulsive consumption, such as overeating and compulsive buying, total abstinence is not a realistic treatment goal. For these behaviors, intervention must focus on how to modify the behavior rather than on how to avoid it.

Although these differences may ultimately be important in our understanding of compulsive consumption, focusing on the commonalities seems to offer more promise. This is especially true given the increasing number of activities being proposed as potential forms of compulsive behaviors, including excessive work (Oates 1981), participation in sports (Hartung and Farge 1981), and compulsive buying (d'Astous, Valence, and Tremblay 1988; Faber and O'Guinn 1988; Faber, O'Guinn, and Krych 1987).

Compulsive Versus Normal Consumption

Some may question whether excessive behaviors in sports, work, and buying should be labeled as abnormal behaviors rather than as extreme forms of normal behaviors. All forms of excessive or compulsive behaviors have a "normal" counterpart, but the compulsive behavior condition is considered to be uniquely different. For example, alcoholics are different from social drinkers, and people who are anorexic or bulimic are different from the average dieter. These differences are not just a matter of degree in the frequency of occurrence, but rather involve major differences in the motivations for engaging in the activity and the consequences of the behavior. Thus, one important goal of research involving any form of excessive behavior is to determine if it matches the defining characteristics of compulsive behaviors, and thereby adds to our knowledge about them.

COMPULSIVE BUYING

The two primary purposes of this article are to provide a descriptive, phenomenological account of the constellation of attitudes and behaviors of the compulsive buyer, and to assess how compulsive buying fits within the larger framework of compulsive consumption. If compulsive buying is a form of compulsive consumption, it should appear as chronic, repetitive purchasing that occurs as a response to negative events or feelings. The alleviation of these negative feelings is the primary motivation for engaging in the behavior. Buying should provide the individual with short-term positive rewards, but result in long-term negative consequences. Once developed, the individual should face great difficulty in controlling buying even after its detrimental effects are recognized.

Previous examinations of compulsive buying are limited to a few accounts in the popular press (Jacoby 1986; Mundis 1986), critical essays (Kaufman 1976), and two preliminary investigations (Faber et al. 1987; Valence, d'Astous, and Fourtier 1988). Although limited, previous work is supportive of the belief that compulsive buying meets the definitional criteria and represents a form of compulsive consumption. The current study further examines and expands upon this question to develop a more complete understanding of the phenomenon of compulsive buying.

POTENTIAL RELATIONSHIPS

Personality Factors

Compulsive buyers exhibit a number of personality predispositions commonly included among compulsive consumption behaviors (Faber et al. 1987). These include not only shared symptoms and etiologies, but also the presence of a general compulsive personality trait. This generalized compulsivity trait has been found to be the best predictor of some types of compulsive disorders, including excessive eating (Kolotkin et al. 1987). This trait is also being employed in efforts to develop a general theory of addiction (Jacobs 1986), which views some individuals as having a predisposition toward developing addictions to any of several different behaviors. Therefore, compulsive buyers should score higher on a general measure of compulsivity than members of the general population.

The literature suggests that the ability to fantasize may be necessary for compulsive behaviors to occur. One factor that is considered important in the formation of compulsive behavior is that the individual can temporarily escape negative feelings through fantasies of personal success and social acceptance while engaging in the particular behavior (Jacobs 1986). Other authors believe fantasies may be important in reinforcing compulsive behaviors by allowing people to mentally rehearse anticipated positive outcomes of

these activities (Bergler 1958; Feldman and MacCulloch 1971). It has also been suggested that both fantasies and compulsive behaviors serve as a means of avoiding one's true problems by interfering with focusing on these problems (Kaplan and Kaplan 1957; Orford 1985). Thus, while the exact nature of the relationship is still questionable, there appears to be an association between compulsive behaviors and a high ability to fantasize.

Low self-esteem is also associated with compulsive behavior. It has been suggested that compulsive behaviors are an attempt to temporarily block or overcome these feelings (Jacobs 1986). Alternatively, low self-esteem may be an outcome of the negative consequences of engaging in these behaviors. Although the role of low self-esteem as a cause or an outcome is uncertain, its presence among people exhibiting compulsive behaviors is one of the most consistent findings in the literature (Marlatt et al. 1988).

Motivations

One of the most important factors in determining whether compulsive buying is similar to other forms of compulsive consumption is the motivation behind this behavior. Compulsive buyers may simply have a greater than normal desire for products and low levels of willpower. If this is true, they may just be at the high end of recent conceptualizations of impulse buyers. However, if it is similar to other compulsive behaviors, the primary motivation should be the alleviation of anxiety or tension through changes in arousal level or enhanced self-esteem, rather than the desire for material acquisition.

Historically, consumer researchers have operationalized impulse buying as a temporal variable indicating a purchase characterized by spontaneity or lack of planning. Recently, however, improved conceptualizations of impulse buying going beyond spontaneity have been proposed. Hoch and Loewenstein (1987) have characterized impulse buying as "time inconsistent preferences" arising from the struggle between willpower and desire. Rook (1987) focuses on consumers' subjective experience of onset, coping, and the negative consequences of impulse buying. Both of these definitions focus on factors that might explain the types of frequent purchases made by what we are terming compulsive buyers here. However, their definitions are concerned with an acute loss of impulse control when shopping, whereas compulsive buyers suffer from a chronic loss of impulse control that develops into a repetitive pattern marked by much more dire consequences than that experienced by the impulsive shopper.

Impulse buying is also conceptualized as a desire for specific items (Hoch and Loewenstein 1987; Rook 1987). However, initial research with compulsive buyers indicates that many of them do not have a great deal of interest in items after they are purchased

(Faber et al. 1987). Thus, the motivation behind purchasing may be another important distinction between impulsive and compulsive buying.

The level of purchases made by compulsive buyers suggests that if they are simply on the extreme end of "liking to buy" or impulse purchasing, they would have an inordinate desire for things. Thus, they should score very high on measures of materialism and especially on items that assess desire for possessions. On the other hand, if compulsive buying is a true compulsive behavior that serves primarily to alleviate anxieties or unhappiness, their desire for products may not be any higher than other consumers'.

Consequences

The final goal of this study was to investigate the consequences of compulsive buying. By definition, compulsive behaviors lead to extreme negative consequences. Impulsive buyers experience negative consequences ranging from guilt to disappointment with the product to some financial hardship (Rook 1987). However, for most people, impulse buying does not lead to consequences as severe and extreme as those from compulsive buying. These consequences should be apparent both economically, in terms of severe debt, and psychologically, in terms of remorseful feelings, lowered self-esteem, and a deleterious impact on interpersonal relationships.

METHOD

The research process employed was essentially iterative and emergent, but purposeful. Prior to fielding the study, the authors observed group therapy sessions with approximately 50 compulsive buyers, interviewed therapists treating the disorder, conducted several individual and group interviews, and read more than 1,000 letters from compulsive buyers. This valuable information helped guide, develop, and frame the study.

The research reported here utilized a mail survey to compare the responses of compulsive buyers with other shoppers. In addition, five in-depth qualitative interviews with individual compulsive buyers were completed and transcribed verbatim. The information from these interviews was highly consistent with what we had observed earlier. Data from them are offered as conceptual exemplars and are used to illustrate, contextualize, and further illuminate the phenomenological description of the constellation of attitudes and behaviors termed compulsive buying. This approach is common practice in clinical psychology where quantitative instrumentation and in-depth clinical interviews are employed as complementary methodologies.

The depth interviews were conducted with members of a California-based self-help group. Each inter-

view lasted about one and a half hours. Four of the five were tape recorded and transcribed verbatim. The fifth informant allowed only notes. The transcripts and notes yielded approximately 70 pages of material. A general structure for the interview was established, with a number of questions determined a priori based on our previous research with compulsive buyers (Faber et al. 1987) and on the literature regarding other forms of compulsive consumption. Prominent among the areas explored in the interviews were self-descriptions and perceptions within the context of this self-professed problem. Informants were also asked about their first realization of the problem, its course, its relation to significant life events, and for a detailed description of a buying episode. The format was designed to be very flexible to allow the informants to fully discuss their own thoughts, feelings, and behaviors.

Survey Sample

The quantitative part of this study involved a survey administered to self-identified problem buyers and to a more general sample of consumers. To date, no screening device has been developed to distinguish compulsive buyers from other consumers, so any sample of compulsive buyers is dependent on self-selection or the judgment of experts. While referrals from experts can be very useful, the only people who could be identified in this way were those currently in treatment. Because we were concerned that the treatment process might significantly affect the responses to our questions, the sample we chose was from among people who identified themselves as problem buyers and desired, but had not yet received, help for their problem.

The sample of compulsive buyers was obtained from people who had written to the California-based self-help group for problem buyers. This organization explicitly offered help for compulsive buyers rather than those simply trying to "clean up their credit," restructure debt, or become better money managers. Since the vast majority had learned of the group's nature and mission from interviews with the group's founder in various magazines and talk shows in which compulsive buying was stressed, we felt that the percentage of those contacting the group for help for other purposes was reasonably low. In the six months prior to this study, the organization had received approximately 1,400 letters as a result of its publicity. These letters were read and reviewed by the authors, and any letter that did not indicate that the letter writer had a buying problem was eliminated. Thus, people simply commenting on the interview, writing because someone they knew had a problem, or looking exclusively for credit counseling were removed from the sampling frame. The review identified about 200 such letters. The remaining letters were stratified

by state, and a systematic sample—selecting two out of every three letters—yielded a final sample of 808 people who were sent questionnaires. A total of 386 completed questionnaires were returned, for a response rate of 47.8 percent.

Although every possible effort was made to obtain the best possible sample of compulsive buyers, this approach still has at least three problems. First, the desire for help may make this group unrepresentative of compulsive buyers who do not seek help. Second, it is probable that self-identified problem buyers will include some people who have spending or debt problems but are not truly compulsive buyers. Although we feel that this bias was minimal, it must still be recognized as a methodological limitation. Third, the need for catharsis, confession, or the purging of personal demons may very well bias responses. Still, this approach appears to be the best available at this time and is consistent with the types of convenience samples typically used to investigate clinical and abnormal behaviors.

To serve as a comparison group, a sample of the general population of three Illinois cities was drawn. These cities were chosen to represent the adult population of Illinois; they were a large city (Chicago), a small city (Springfield), and a more rural area (Bloomington-Normal and surrounding rural area). A sample of 800 people was drawn and sent questionnaires. After the first mailing, 129 completed questionnaires were received. A second mailing yielded another 121 for a total of 250, or a response rate of 31.3 percent.

Survey Instrument

The questionnaire covered a wide range of dimensions. One set of items was designed to determine if the abnormal consumers differed significantly from the general population on a measure of compulsivity. Trait compulsivity was assessed by a five-item subset of the psychasthenia (obsessive-compulsive syndrome) scale of the Minnesota Multiphasic Personality Inventory (MMPI). The items chosen have the highest item-to-total correlations to the full obsessive-compulsive scale (Dahlstrom et al. 1972). While suggestive of a general personality trait, it is not in itself clinically definitive. It is indicative of the presence of related personality characteristics common among compulsive disorders. These include "abnormal fears, worrying, difficulties in concentrating, guilt feelings, and self critical or even self-debasing feelings and attitudes" (Dahlstrom 1972, p. 211).

Also included in the survey were measures of materialism, fantasy, and items assessing feelings toward shopping and the consequences of compulsive buying. A 24-item materialism scale, which measures the overall construct as well as its three components of possessiveness, non-generosity, and envy, was used

(Belk 1985).¹ Fantasy was assessed via a three-item scale ($\alpha = 0.75$). Several other items were used to assess aspects of economic well-being, debt load, credit behavior, and motivations for buying. The majority of the survey items were assessed via five-point Likert type scales indicating either frequency or agreement.

FINDINGS

Prior to addressing the research questions, demographic comparisons of the national convenience sample of abnormal buyers and the systematic probability sample of the adult Illinois population were conducted. The two samples were significantly different in only two ways that might pose a threat to meaningful comparison.

First, the compulsive buyer sample was heavily skewed toward female respondents (92 percent), while the comparison sample contained approximately equal proportions of males and females ($\chi^2 = 147.67$; $df = 1$; $p < 0.001$). The extreme number of females in the compulsive buyer sample probably resulted from a combination of factors. Articles about compulsive buying typically appeared in life-style pages of newspapers and women-oriented magazines and interviews on talk shows generally aired during the day. Therefore, more women may have been exposed to information about this problem and the self-help group. Women are also more likely to seek help for their problems. As a result, the initial letter writers were heavily skewed toward women. Additionally, women in the sample were more likely to respond to our questionnaire, further exacerbating the unequal distribution by gender.

To avoid errors due to this unequal gender distribution across strata, we analyzed the data collected from all respondents and then re-ran all the analyses for just women. In no instance was there a difference in findings using these two approaches. The data reported here are from all respondents. To handle the unequal gender distribution, gender was included as a second factor along with strata in the analyses. The statistical procedure employed, SAS General Linear Models, is capable of adjusting for even severely unbalanced designs (SAS Institute 1985; Searle, Speed, and Millikin 1980). Furthermore, the fact that no significant gender by strata interaction effects were produced provides strong evidence of the absence of any confounding effect due to the unequal distribution of gender across strata.

Mean age was the second difference between the two samples. The mean age of the general population

¹ Belk's materialism scales were slightly modified as a result of factor analysis. The three modified subscales and the composite scale all exhibited high reliability. The three dimensions emerged clearly as separate factors. Chronbach's alpha for the three subscales were 0.61 for possessiveness, 0.72 for envy, and 0.63 for non-generosity. The alpha for the total scale was 0.71.

TABLE
COMPARISON OF COMPULSIVE BUYERS AND
GENERAL CONSUMERS

Dependent measures	Mean compulsive buyers	Mean general consumers	F-value	<i>p</i>
Obsessive-compulsive scale	14.27	10.82	53.08	.001
Self-esteem	14.81	10.66	73.29	.001
Fantasy	10.11	8.91	14.07	.001
Materialism	39.27	34.97	36.20	.001
Possessiveness	14.16	13.75	1.47	n.s.
Envy	12.50	9.98	55.87	.001
Non-generosity	12.69	11.27	15.76	.001
Object attachment	7.50	4.87	106.40	.001
Emotional lift	11.28	8.34	117.75	.001
Remorse	9.63	5.31	258.74	.001
Credit cards owned	3.7	2.2	22.86	.001
Cards paid in full each month	1.0	2.0	21.54	.001
Cards within \$100 of limit	1.8	0.4	34.17	.001

NOTE: Means reported here are Least Square Means, which have been adjusted for both the covariate age and the unbalanced nature of the design with respect to gender.

sample was eight years greater than that of the abnormal group (45 versus 37; $t = 6.70$; $df = 354.2$; $p < 0.001$).² To deal with the age disparity, age was treated as a covariate in all subsequent tests of mean differences. Interestingly, there was no significant difference in income across strata. Results of two-way ANCOVAs, with age serving as the single covariate and strata and gender as the two non-metric factors, indicate that there are several significant differences between the two groups unrelated to the disparate age levels. These differences are summarized in the Table.

The qualitative data were analyzed by first indexing the transcriptions of the interviews and the notes of the researchers and then searching for common responses and themes. These emergent themes were then assessed by seeking contradictory as well as supportive evidence from this body of data. These data served to add depth, richness, and context to the findings.

Compulsivity

The sample of compulsive buyers had a significantly higher mean score on the MMPI psychasthenia (obsessive-compulsive) subscale than did the general sample of consumers ($F = 53.08$; $df = 1,602$;

² The variances in age of these two groups is unequal. Therefore, t cannot be directly computed, but only estimated. The use of an approximate t distribution here requires the degrees of freedom to be calculated, resulting in a fractional estimate. See Satterthwaite (1946) for greater detail.

$p < 0.001$). Although this does not mean that the compulsive buyers are clinically compulsive in a definitive sense, it does suggest a significantly higher probability of the presence of this trait within this population and confirms the greater probability of the presence of related traits, behaviors, and personality dimensions. This supports the belief that compulsive buying is a form of compulsive consumption. Also supportive of this notion were the informants' comments regarding the problems they have had with other forms of compulsive behavior, including substance abuse and excesses in work, exercise, and sex, and the metaphorical manner in which they discussed compulsive buying. Drug and alcohol analogies, for example, were common.

It's almost like you're on a drunk. You're so intoxicated; . . . I got this great high. It was like you couldn't have given me more of a rush. (f, 40)³

Self-Esteem

Compulsive buyers had significantly lower self-esteem scores than those in the comparison strata ($F = 73.29$; $df = 1,600$; $p < 0.001$). The qualitative data also provided many examples of low self-esteem. Common among them were references to being bad, guilty, unattractive, and lacking a clear identity. This was particularly evident in comparisons with siblings.

I have a brother who is now a dentist, who was everything Mother and Dad ever wanted without question. He was bright and he was very engaging and he is very well to do and all of that. And then there is (informant's name) and my mother did my school work ever since I was in fifth grade. She did all of my school work, even my college papers. It's not much to be proud of. (f, 35)

Fantasy

There was a significantly higher fantasy-imaginative level among the compulsive buyers than within the general population ($F = 14.07$; $df = 1,604$; $p < 0.001$). In the qualitative data, fantasy-like episodes were apparent in discussions of buying.

I'm thinking, "Gee, wouldn't it be nice to really be able to do this, to really be able to afford this," knowing all along full well I couldn't possibly. (f, 35)

It may be that consumers who fantasize more are better able to focus or dwell on their thoughts and feelings, which may allow them to effectively escape reality in shopping situations. Alternatively, a vivid imagination may allow them to more easily dissociate negative consequences from antecedent behavior. This may help to explain what Salzman (1981) called grandiosity, or the feeling of somehow being immune to the consequences of the compulsive behavior.

³ Parenthetical notations with interview notes indicate gender and age.

Purchasing versus Possessing

One important factor thought to distinguish compulsive buyers from other frequent purchasers is their motivation for buying. If compulsive buying were simply a form of impulse buying, we would expect compulsive buyers to have a strong desire to own things. If, however, compulsive buying is truly a form of compulsive behavior, it would be expected to be an outcome of feelings of low self-esteem and self-worth. To partially examine this question, we compared the mean responses of compulsive buyers and general consumers adjusted for the covariate age on Belk's (1985) materialism scale and its three component subscales.

Although the compulsive buyers scored higher on the overall materialism scale than did other consumers ($F = 36.20$; $df = 1,587$; $p < 0.001$), an examination of the three subscales comprising materialism indicated that compulsive buyers do not appear to have any greater desire than others to own things ($F = 1.47$; $df = 1,600$; n.s.). Rather, differences in materialism seem to be predominantly due to differing levels of envy and non-generosity ($F = 55.87$; $df = 1,598$; $p < 0.001$ and $F = 15.76$; $df = 1,597$; $p < 0.001$, respectively). Envy and non-generosity appeared to represent the interpersonal components of materialism more than the desire for acquisitions for compulsive buyers.

Further insight into this motivational issue comes from a series of questions following the materialism scales regarding emotions and behaviors associated with shopping. These items were entered into a principal components factor analysis that produced three separate factors. The first factor, "object attachment," tapped the respondent's desire for the object as a motivation for buying. The second factor, "emotional lift," measured the respondent's perception of positive emotions produced by the act of buying. The final factor, "remorse," tapped the respondent's negative feelings following purchases. These factors were used to create three scales that possessed acceptable levels of reliability ($\alpha = 0.75, 0.89, \text{ and } 0.71$, respectively).

A comparison of the mean scores of the three-variable object attachment scale across the two survey strata showed that compulsive consumers were less concerned with the object as a motive for purchasing than were members of the general population ($F = 106.40$; $df = 1,606$; $p < 0.001$). This further supports the proposition that compulsive buyers put less emphasis on the acquisition of the item than members of the general population do.

The lack of importance of possessiveness as a motive for compulsive buying also appears in the qualitative data. The gratifications received from this behavior were very frequently linked to the interpersonal contact, emotions, and positive self-esteem that were generated, rather than from anything derived

from the product per se. In fact, informant comments suggest that the things purchased were often of little perceived utility after the purchase. In the most extreme cases, items were not even removed from their packages or brought into the house. In these instances, it appears that the purchased object simply ceased to matter once it was purchased.

I couldn't tell you what I bought or where I bought it. It was like I was on automatic. (f, 40)

I really think it's the spending. It's not that I want it, because sometimes, I'll just buy it and I'll think, "Ugh, another sweatshirt." (m, 30)

Although most of the responses indicated a low level of interest in the product purchased, there was still some systematic variation in the type of goods bought. The type of items purchased most frequently were clothing, cosmetics, and gifts for significant others. There would appear to be an aspect of utility here. However, it may not be the utility of the object itself, but rather the social utility derived from its purchase.

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.

The attention I got in there was incredible. She waited on me very nicely, making sure it would fit and if it didn't they would do this and that. And I guess I enjoyed being on the other end of that. I had no idea how I was going to pay for it. I never do. (f, 35)

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. (f, 28)

Along with the social benefits shopping seemed to provide, there was also a clear desire to please. Gifts were often bought for others with the belief that these gifts would make their recipients happy. Some saw pleasing as a way of getting positive attention and being liked. Occasionally, the desire to please extended to the salesperson or the store.

"I never bought one of anything. I always buy at least two. I still do. I can never go even to the Jewel and buy one quart of milk. I've always got to buy two."

"Why?"

"It's an act of pleasing. I had been brought up to please everybody and everyone around me because that was the way you got anything was to please. So I thought I was pleasing the store." (f, 35)

Although some of these comments could be nothing more than elaborate rationalizations, we tend to doubt this. The consistency of comments among the informants interviewed here and among those participating in the earlier group interviews that led to this study, and the consistency of these findings with those from studies of other forms of compulsive consumption, support the belief that interpersonal and self-esteem motivations are extremely important in explaining this behavior.

To further address emotions as a motivational aspect of compulsive buying, mean scores on the emotional lift factor, adjusted for age, were compared across strata. Results indicate that compulsive buyers report significantly ($F = 117.75$; $df = 1,603$; $p < 0.001$) greater emotional lift associated with the buying process than do members of the general population.

The strong need for an emotional lift or a change in arousal level has been suggested as a necessary but insufficient condition for the development of compulsive behaviors (Jacobs 1986). For some compulsive buyers, the stimulation provided by the retail environment appears to produce a feeling of heightened arousal.

But it was like, it was almost like my heart was palpitating, I couldn't wait to get in to see what was there. It was such a sensation. In the store, the lights, the people; they were playing Christmas music. I was hyperventilating and my hands were starting to sweat, and all of the sudden I was touching sweaters and the whole feel of it was just beckoning to me. And if they had a SALE sign up, forget it; I was gone. You never know when you're going to need it. I bought ten shirts one time for \$10 each. (f, 40)

Informants often spoke of their need to lead more exciting lives, "feel alive," and be stimulated by their surroundings. The qualitative data are supportive of the notion that part of the motivation for compulsive buying is a more basic desire to create a more stimulating or arousing environment. This need may even outweigh the negative consequences that result from overspending. Indeed, for some, the fear of these consequences may itself be stimulating and, therefore, reinforces the behavior.

The findings in general suggest there is a great deal of support for the notion that the process of buying is a very important aspect of the consumption experience for compulsive buyers. It seems to facilitate positive social interaction and increased self-esteem. Even in situations where the item purchased seems important, it appears to be largely because this item contributes to one of these other factors.

Consequences

Several survey questions sought to assess the economic and emotional consequences of compulsive buying. At the simplest level, we can see a large difference between the compulsive buyers and the comparison sample in their reliance on credit cards. The compulsive buyers have more bank credit cards (3.7 versus 2.2; $F = 22.86$; $df = 1,610$; $p < 0.001$), but pay fewer of them in full each month (1.0 versus 2.0; $F = 21.54$; $df = 1,538$; $p < 0.001$). Additionally, they have more credit cards within \$100 of their limit (1.8 versus 0.4; $F = 34.17$; $df = 1,543$; $p < 0.001$).

A more dire consequence can be seen in the level of debt load of the compulsive buyers as compared to the general sample. Respondents were asked, "Approximately what percent of your take home pay, excluding your rent or house payment, goes to pay for debts each month?" The mean for the general sample was 22 percent, while for the compulsive buyers it was 46 percent ($F = 68.00$; $df = 1,594$; $p < 0.001$). Although we cannot be certain that this debt is a direct outcome of compulsive buying, given that there was no significant difference in income level between strata, this appears to be a very likely explanation.

Another type of negative consequence may be emotional. Compulsive buyers commonly develop feelings of shame or guilt associated with their behavior. This can be seen in the mean difference across strata, adjusted for the covariate age, in the three-item "remorse" factor. The compulsive consumers exhibited a significantly greater degree of remorse following shopping ($F = 258.74$; $df = 1,607$; $p < 0.001$).

The qualitative data are useful in extending these findings to deeper and more personal areas of compulsive buyers' lives. Feelings of alienation, legal problems, and marital difficulties were mentioned as consequences of compulsive buying. The depth interviews revealed a strong sense of loneliness and alienation from others. The compulsive buyers typically were ashamed and embarrassed by their behavior, and felt that others could not understand it. They sometimes described themselves as unloved and rejected because of their behavior.

I didn't have one person in the world I could talk to. I don't drink. I don't smoke. I don't do dope. But I can't stop. I can't control it. I said I can't go on like this. . . . My husband hates me. My kids hate me. I've destroyed everything. I was ashamed and I just wanted to die. (f, 40)

Part of the reason for these feelings seems to stem from the fact that buying problems are not recognized as a compulsive disorder. That compulsive buying remains so secretive, unaddressed, and unlabeled gave rise to informants' belief that this behavior was particularly aberrant and deviant. A recurrent theme in letters and interviews was that people were relieved to know others had this problem and they weren't the

only ones. Thus, just giving a label to this problem and publicizing it seems to be beneficial.

One of the worst consequences of compulsive buying is the feeling of frustration, of not being able to control one's own behavior. Some described the feeling of being unable to stop as extraordinarily frightening and impossible for others to fully understand. As one informant put it:

I would always have to borrow between paychecks. I could not make it between paychecks. Payday comes and I'd pay all my bills, but then I'd piss the rest away, and I'd need to borrow money to eat, and I would cry and cry and cry, and everyone would say, "Well just make a budget." Get serious. That's like telling an alcoholic not to go to the liquor store. It's not that simple. (f, 28)

Arguments over money and threats of separation and divorce were common outcomes of compulsive buying. Some compulsive consumers reported that those close to them had finally "given up" on them and their problem.

My husband said he couldn't deal with this and he said, "I'm leaving you. We'll get a divorce. That's it. It's your problem. You did it. You fix it up." (f, 40)

It is ironic that for many people compulsive buying seems to be strongly tied to their need for affection and support from others. Yet, instead, it often results in pushing important others away.

DISCUSSION

In this study, the emergent definition of compulsive buying was one of chronic, repetitive purchasing that becomes a primary response to negative events or feelings. The activity, while perhaps providing short-term positive rewards, becomes very difficult to stop and ultimately results in harmful consequences.

Compulsive buying appears to closely resemble other compulsive consumption behaviors in several ways. Specifically, we found that compulsive buyers have lower self-esteem, score higher on a general measure of compulsivity, and have a higher propensity for fantasy than members of the general population do. Some of the most important findings here involve the motivations for compulsive buying, its frequency of occurrence, and the severity of its consequences. These areas distinguish compulsive buying from similar concepts, such as heavy use of products and impulse buying, and clearly demonstrate that it is a form of compulsive consumption.

In this study, compulsive buyers were no more possessive than general consumers, although they did exhibit more envy and non-generosity. They also indicated object attachment was a less important motivation in their buying. This suggests that the desire to own products is not a primary motivation behind this behavioral problem. Instead, as the qualitative data indicate, positive interpersonal interactions and en-

hanced self-perceptions appear to be the more important short-term gratifications received by compulsive buyers.

Compulsive buying is, by definition, a chronic state, while impulse purchasing is generally assumed to be an acute behavior. It is possible that some compulsive buyers start out engaging in impulse purchasing, but eventually this behavior provides sufficient positive reinforcement to become a primary response to negative feelings. Further study of how compulsive buying develops may help determine whether such a relationship exists.

Perhaps the clearest difference between compulsive buying and other concepts is in the severity of the consequences. Although Rook (1987) has pointed out that impulse buying is also frequently associated with negative consequences, it rarely results in the extreme levels of debt, depression, and domestic discord commonly found among compulsive buyers. However, these severe consequences may be apparent only in later stages of this problem.

The findings here suggest several areas that need attention. Perhaps the most important is the need to develop a diagnostic instrument to identify compulsive buyers. A diagnostic screening scale would allow researchers to go beyond studying only those people able to recognize and willing to admit that they have this problem, and would help provide an estimate of the incidence of compulsive buying in the general population, making earlier intervention possible.

Further research is needed on the commonalities and differences between compulsive buying and other forms of compulsive consumption. Both our research and others' suggest there are a number of commonalities underlying these behaviors. Studies comparing people with different forms of compulsive behaviors may further illuminate this issue and help explain why some people manifest a compulsive disorder through buying rather than in some other way.

Although compulsive buying represents an exploration of abnormal consumer behavior, it has the potential to further our understanding of more typical buying behavior. For example, it helps highlight the importance of fantasy and emotion in buying situations. In this study, compulsive buyers had a higher fantasy orientation than other consumers did. One possible explanation for this is that fantasizing allows consumers to disassociate negative consequences from the purchase decision, thus blocking the individual's willpower to avoid buying. This finding suggests that fantasy orientation may be an important construct in understanding impulse purchasing among more typical consumers.

Similarly, the data here highlight the importance of emotions during shopping in encouraging purchasing. Arousal, excitement, enhanced perceptions of sights, sounds, and tactile sensations, and feelings of power and being liked were important factors in purchasing for compulsive buyers. These emotions may

also be more important in the purchasing decisions of more typical consumers than is currently held. Individual difference concepts such as self-esteem, extroversion, self-monitoring (Snyder 1974) and the accessibility of attitudes (Fazio and Williams 1986) may serve as important constructs as well. Thus, the study of compulsive buying may provide valuable ideas for the study of consumer behavior in general as well as being an important topic in its own right.

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