

Shopping Addiction

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Abstract

Shopping addiction is a subject studied for many years and yet still not clearly understood by people. Compulsive buyers are afraid that they are blamed for their behavior. This article clarifies some aspects regarding the types of buyers: classification according to their awareness and acceptance, and also according to the stimuli that cause them to buy. Gender differences are highlighted, implying that women buy compulsively to ensure emotional comfort, while men refer to the characteristics and utility of purchases. These people experience various negative effects at all levels of life, which makes them feel anxious, nervous, depressed, guilty, etc. Various triggers that stimulate one to buy are described: situational, cognitive, interpersonal, physical and affective. The most important part, in the structure of this article, is given by the last chapter, in which effective methods, which can be applied in order to heal the addiction of shopping are presented.

Keywords: *Oniomania, Gender differences, repetitive manifestation, personality changes, cognitive restructuring*

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I. DEFINITION AND CLASSIFICATION

People do not usually talk about their addictions, considering them to be shameful aspects of their lives that would denigrate them in front of others even though many suffer from various addictions such as: gaming, computer, the internet, tobacco, or the consumption of various substances.

Compulsive buying disorder (oniomania) is a serious problem which is growing by the day. Since the consumer market is constantly developing, traders have become increasingly focused on the ways in which consumers can be influenced to buy more. This can be done through discounts, promotional packages, bonuses, loyalty rewards and so on. As a result, shopping has become a lifestyle that makes one enjoy the time spent with their family. Another factor that contributes to the spreading of this phenomenon is the usage of credit/debit cards to buy products instead of paying cash. This causes the value of goods or services to be lost; needles to point out the fact that credit cards make sure that you always have money to buy something, so that the accumulated debt grows fast, leading, in many cases, to the inability to pay them back.

In the light of the above mentioned, many people might be wondering: how do I know whether I am addicted to shopping? One of the indicators that highlights dependence is that of excessive shopping, of buying that which is not necessarily needed, and purchases that fall into this category can be of any kind: food, clothes, trips, toys, etc. What actually determines the impulse to buy is the feeling one gets at the time of the purchase, it is the most important, and it is not what an ordinary buyer feels vis-à-vis the object that is bought.

Along the ages, many psychologists and psychiatrists have provided definitions for oniomania; one such example is the definition provided by Bearden and Netemeyer (1999) who argue that oniomania is “a chronic, repetitive manifestation that becomes a primary response to negative events or feelings”. There are also some defining features such as: spending more and more hours shopping, feeling a desperate need to enter a store, lying or concealing the truth about new purchases, getting into financial problems, or debts, going shopping instead of seeing your friends, passing quickly from the joy of buying something to regret and remorse, and then calming down after entering another store, etc.

If we take into account things such as addiction awareness and the ability to recognize it, we can classify people into three categories: those (the largest part) who do not realize that they have a problem and deny warning signals about their buying compulsion; those who do not have the power to recognize that they lost control and are ashamed to recognize their dependence on others; and, the category with the fewest people, the ones who identify the problem in their lives and agree to do something about it.

There are also several types of people, that can be grouped according to the stimuli that cause them to buy: stress determines compulsive buying; the collector constantly seeks to complete his or her collection, bargain seekers take advantage of sales, even if they do not need them; the desire to be in the top causes some others to buy so as to be over others; others have developed a normal lifestyle from buying and then returning objects,

Over time, various authors have presented different points of view regarding the classification of compulsive buyers. Some researchers have suggested that this addiction resembles that of drug or alcohol (Glatt and Cook, 1987; Krych, 1989; Scherhorn et al., 1990), while others have focused on similarities with obsessive-compulsive disorder (Frost et al., 1998; Hollander, 1993). Hollander (1993) described an impulsive-compulsive spectrum, that included compulsive shopping, in which he referred to several disorders related to obsessive-compulsive disorder.

In DSM IV (Association of American Psychiatrists, 2000), there is no separate diagnostic category for compulsive buyers, which is why people with such a disorder are referred to as “impulse control disorders not elsewhere classified”. This category of disorders has as a common element and that is the inability to resist an impulse, which leads to the act of putting into action something that can have negative repercussions on both the person and others. Before the action per se, excitement leads to increased tension, while during the action the individual will experience pleasant, liberating emotions; finally, after the action ends, feelings of guilt, regret, and suffering may appear. Intermittent explosive disorder, kleptomania, pyromania, pathological chance play and trichotillomania are included in this category of disorders.

II. WHAT LEADS TO SHOPPING ADDICTION?

There are various triggers that stimulate one to buy, so researchers have divided them into five main categories: situational (discounts, going to parties, magazines, TV, weather, online, holidays); cognitive (I can't get it anymore, I deserve something special, I buy something to apologize to someone, I look horrible, I am mad, I deserve a reward); interpersonal (after a quarrel, other people's opinions, going to the mall with someone); affective (life looks gray, buying to forget about your problems, paying the people that give you attention, euphoria, being stressed-out); physical (trying not to eat, experiencing a headache, or back pain ...) (Benson, 2011).

The etiology of this addiction has not yet been accurately described, but predisposing factors such as the developmental and cultural environment, as well as neurobiological or genetic factors, have been mentioned in the studies. They can predispose inherited patterns from childhood; for instance, parents who have been abused, and then received gifts that tried to repair

the wrong done to them, usually do the same with their children; the desire to win the affection of the parents by doing good deeds to receive something (thus forming conditioned emotional rewards); some parents do not give their children the time they need to feel safety, love, appreciation, and, as future adults, such children will feel important through their purchases; there are cases of families who have had financial problems over certain periods and the adult child will make associations between the quantity and quality of the purchased goods; lack of financial education in which the child is not taught to manage and understand the value of money; the lack of emotional growth the child experiences in the family can lead to feelings of helplessness, shame, pain, which the adult then experiences through excessive buying.

Society must be seen as a factor favoring the emergence of oniomania, due to the predisposition and vulnerability of certain people, which explains why not all people, who undergo the same stimuli, develop this disorder. The affected person displays other compulsive or addictive behaviors in the clinical picture, all of which are associated with an inability to effectively control impulses, an incapacity of self-control (Davenport, Houston & Griffiths, 2012).

III. CHARACTERISTICS

Oniomania may be chronic or intermittent, and the onset age is reported since late adolescence, about 20 years old. It is a disorder found in many countries around the world, especially in developed countries based on market economy, and is developing mainly in families with mood disorders and substance abuse (Black, 2007).

Compulsive buying disorder is characterized by out of control or excessive preoccupation with the behavior of buying and spending money, causing the person in question to be unadapted to real-life situations and suffer. This disorder is estimated to have a frequency of 5.8% of the adult population of the United States; the vast majority of those on clinical evidence are women, approximately 80% (Black, 2007). The gender gap is certainly not the same in real life, because the percentage of those who do not recognize or do not think they would need specialized help is very high, especially among men. Even though oniomania is a subject studied and analyzed by scientists for many years, it is still not fully understood by ordinary people, and those in question are afraid of being judged or blamed for shopping without measures.

Dittmar (1989, 1991) has classified the lists of items that individuals prefer to acquire, revealing that choices differ according to gender: women prefer objects they invest with sentimental value, while men choose articles related to spending free time or with financial status. Women see the goods as important for their emotional comfort in dealing with others, while men refer more to the features related to its use, to the related activities they are buying

and to the way they are discussing about new acquisitions. Scherhorn and collaborators (1990) highlighted in a study that women had bought more clothes, jewelry and cosmetics, while men were turning to high technology, electronics and sports equipment.

One of the questions involving this type of behavior is: what causes these people to buy in excess? There have been many answers and among them we can find: to change your mood, to show that you have a lot of money, to avoid unpleasant situations such as visits to the doctor, to improve your self-image, to win someone's love, to feel that you are in control, to relieve yourself of suffering, to give meaning to life, or simply for the thought that doing excessive shopping is the smallest evil of your life (O'Connor, 2005).

Oniomania is associated with a variety of emotions in Harvanko and collaborators (2013) study according to which, the subjects mentioned emotions such as happiness (80%), strength (71%) or enthusiasm (54%). Immediately after the shopping spree, the subjects remembered feelings such as disappointment (63%), frustration (58%), irritability (42%), depression (33%), and pain (29%). It is worthwhile pointing out that in this study, 17% of the subjects talked about sexual arousal while others remembered experiencing a changed state of consciousness. Almost all subjects (96%) talked about the initial state of tension and then about the gratitude that they experienced after shopping. However, these positive experiences from the first moments are most often followed by guilt, anger, sadness, or indifference (Hollander & Stein, 2007).

Several researchers have focused on highlighting the predisposing factors in the etiology of oniomania, while Lo and Harvey (2012) focused more on the decision-making processes underlying this disorder. They measured several aspects of the decision-making process identified in the act of compulsive buying, the method being used to compare two compulsive and non-compulsive groups in a simulated purchasing situation. They concluded that the two groups differ in six ways, depending on: the characteristics of the choice, the behavior of the search, the excess of expenditure, the budgetary consciousness, the effects of the availability of credit cards and the emotional responses to the excess spending. Thus, they have agreed that the cognitive system does not properly appreciate the magnitude of the desire to buy after the moment of addiction.

Shopping addicts experience a large array of negative effects, which, with the passage of time and the worsening of the situation, are destroying their lives. Financial problems are the obvious ones and they attract relationship problems, which, in turn, cause affective problems (they feel discouraged, anxious, nervous, depressed, guilty); work-related difficulties may also occur (shopping during the working hours, the need to stay overtime, poor performance, delaying possible promotions); excessive preoccupation with the act of buying gives them less time for domestic or health care activities (they do not go to a doctor, they feel pain and tension in the stomach, sleep is disturbed, they do not invite guests to their home); personal development is

affected as well (no money for studies, no time to learn, no hobbies, no more traveling); the spiritual plan is degrading (life does not make sense, a feeling of solitude, lack of appreciation for what is beautiful, values and lifestyle no longer coincide) (Benson, 2011).

Many shopping addicts are so obsessed with accumulating new things that they run out of storage space in the house, which leads to a tendency to hide purchases. They will end up jamming the objects into their original boxes, into closets (Robbins & Clark, 2015).

This situation becomes risky for survival conditions because sometimes they end up stumbling and falling; besides the problem of cleanliness in the home, there is also the one of health. Hence many people suffer personality changes, so they live in increasing solitary cutting relations to family and friends. Whether it is day or night (they lose track of time) they are increasingly absorbed by various shopping related ideas. Some feel very unhappy if they cannot buy and their way of life is degraded. A change in personality can be a huge problem because it can distract them from the desire to socialize with others, which is unhealthy for long-term mental health.

IV. STEPS REQUIRED TO TREAT SHOPPING ADDICTION

There is no default treatment that can be successfully applied to all patients presenting this disorder, but there were identified several strategies and patterns adjustable to each single individual (Kellett & Bolton, 2009).

Thus, using cognitive-behavioral group models, using a series of psychopharmacological treatments, other treatment options are made up of simplicity circles (support groups for those who want to simplify their lives), multi-step programs, financial counseling, reading and writing therapy (bibliotherapy), family therapy or couple therapy (Black, 2007).

The efforts the patient has to make are considerable, but an important role in the process is played by the therapist, which has to support and continuously motivate the individual but also has to skillfully manage any possible relapses. First of all, the patient must acknowledge that he has a problem and then accept that the best solution for him is to change destructive habits with more favorable ones for improving the quality of life (Lejoyeux, & Weinstein, 2013).

Once this step is successfully passed, the patient will have to notify his friends of his weakness, because on the one hand they can encourage him, and on the other they will react appropriately if, in moments of temptation, he wants to borrow money from them (he must ask his friends not to lend him money in times of crisis). Another change that a shopping addict has to do is to change his phone settings to remove notifications, as well as unsubscribe from online store newsletters. Giving up the credit card is beneficial in such situations.

The therapist has a wide range of techniques to use during psychotherapy sessions: distraction (it will replace the clients pleasure with a less expensive one); cognitive restructuring (directing attention to strengthening or finding a relationship in which to invest emotionally); the cost-benefit analysis technique; role playing technique, defense attorney, etc. In the therapy room occurs most of the awareness, if the therapeutic relationship has already been strengthened, the calculation of wasted money strengthens the need for change; the patient is directed to relax by watching a movie or a play, reading a book or, why not, attending courses with favorite themes (dance, cooking, painting, etc.), to which relaxation and meditation sessions can be added; engaging in sports activities; developing a strategy that motivates the person to raise money for something important, such as a trip or wedding; creating a plan of action on previously purchased items that are useless, for the purpose of returning, selling or recycling them; educating the customer to overcome the impulse to buy (for example by asking for a second opinion), etc. (Sohn & Choi, 2014).

It is important that the patient recognizes in these behaviors a psychiatric disorder and will strive to overcome addiction following the rules agreed with his therapist: to spend more time with family, which before had neglected altogether; to keep a buyer's diary in which to record all purchases; to make shopping lists before leaving home and respect it; to avoid being alone in the stores, if it was a habit before, etc.

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