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## Measuring compulsive buying behaviour: Psychometric validity of three different scales and prevalence in the general population and in shopping centres

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#### ABSTRACT

Due to the problems of measurement and the lack of nationally representative data, the extent of compulsive buying behaviour (CBB) is relatively unknown. The validity of three different instruments was tested: Edwards Compulsive Buying Scale (ECBS; Edwards, E.A., 1993. Development of a new scale for measuring compulsive buying behaviour. Financial Counseling and Planning. 4, 67–85), Questionnaire About Buying Behavior (QABB; Lejoyeux, M., Ades, J., 1994. Les achats pathologiques: une addiction comportementale. Neuro-Psy. 9, 25–32.) and Richmond Compulsive Buying Scale (RCBS; Ridgway, N.M., Kukar-Kinney, M., Monroe, K.B., 2008. An expanded conceptualization and a new measure of compulsive buying. Journal of Consumer Research. 35, 622–639.) using two independent samples. One was nationally representative of the Hungarian population (N=2710) while the other comprised shopping mall customers (N=1447). As a result, a new, four-factor solution for the ECBS was developed (Edwards Compulsive Buying Scale Revised (ECBS-R)), and confirmed the other two measures. Additionally, cut-off scores were defined for all measures. Results showed that the prevalence of CBB is 1.85% (with QABB) in the general population but significantly higher in shopping mall customers (8.7% with ECBS-R). Conclusively, due to the diversity of content, each measure identifies a somewhat different CBB group.

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### 1. Introduction

In today's consumer society, shopping is an integral part of everyday life as well as of our economy. Consumers are spoilt for choice and the function of shopping is more than just about the purchasing of items. More specifically, shopping has become both a form of entertainment and a rewarding behaviour (Mukhopadhyay and Johar, 2009). Consequently, it has become a habit that may be potentially abused by a minority of individuals and lead to a harmful psychiatric problem, called compulsive buying behaviour (CBB) (Christenson et al., 1994; McElroy et al., 1994; Black et al., 1998).

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http://dx.doi.org/10.1016/j.psychres.2014.11.080 0165-1781/© 2014 Elsevier Ireland Ltd. All rights reserved. The consequences of compulsive buying behaviour (CBB) are often underestimated in the general population. Research by Christenson et al. (1994) noted that excessive shopping induces large debts (58%), guilt (46%), inability to meet payments (42%), criticism from acquaintances (33%), and criminal legal problems (8%) based on the examination of 24 individuals with CBB. Furthermore, those with CBB often describe an increasing level of urge or anxiety that can only lead to a sense of completion when a purchase is made (Black, 2007). Black et al. (1998) found that individuals with CBB are three times more likely to develop an eating disorder and over two times more likely to abuse substances or to have any mood or anxiety disorder than individuals without CBB.

Although compulsive buying is not a distinct category in the DSM-5 (American Psychiatric Association, 2013), it is considered by many to be a behavioural addiction (Davenport et al., 2012; Demetrovics and Griffiths, 2012; Lo and Harvey, 2012; Rose and





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Dhandayudham, 2014; Starcke et al., 2013). Like most addiction disorders, compulsive buying is characterised by both impulsive and compulsive properties (Hollander and Allen, 2006; McElroy et al., 1994; Ridgway et al., 2008). As an impulse-control disorder, it is marked by irresistible impulses to perform harmful behaviours that are beyond the individual's control (i.e., debts that create problems at home or in work life). On the other hand, as an obsessive-compulsive disorder, CBB is characterised by anxiety, obsessive thoughts and behavioural compulsions that interfere with normal functioning (i.e., buying things becomes the most important activity in the person's life and all other behaviour fits around it). The most widely accepted definition of compulsive buying behaviour was developed by McElroy et al. (1994). They emphasised that CBB is a maladaptive behaviour or preoccupation with buying or shopping, as a response to negative effects that interfere with everyday functioning and results in financial problems.

As yet, there are no robust longitudinal studies of CBB. However, based on retrospective studies, almost every study of individuals with CBB reports the episodic appearance of addiction-like symptoms, and some individuals describe the disorder as lasting for decades (McElroy et al., 1994; Schlosser et al., 1994; Black, 2007). This suggests that CBB can be asymptomatic without complete remission.

Due to the various conceptualizations of CBB, there are also a number of different instruments that measure the behaviour. The most frequently used self-report scale is Faber and O'Guinn's (1992) seven-item Compulsive Buying Scale (CBS). This scale assesses thoughts, affects, and behaviour (before, during and after the purchase) including items on general shopping behaviour. However, the CBS contains several culture-related items, such as "Wrote a check when I knew I didn't have enough money in the bank to cover it". In many countries the system of bank checks does not exist and in other countries, checks are considered to be an out-dated method of payment (Quinn and Roberds, 2008). For these (and other) changes in banking and payment culture, new instruments have been developed to assess compulsive buying behaviour. For example, the Edwards Compulsive Buying Scale (ECBS) (Edwards, 1993) is based on the Compulsive Buying Scale, and the Questionnaire About Buying Behavior (QABB) was developed by Lejoyeux and Ades (1994) and Lejoyeux et al. (1997) and is based on McElroy et al.'s (1994) definition of compulsive buying. The more recently developed Richmond Compulsive Buying Scale (RCBS) (Ridgway et al., 2008) assesses CBB as an impulse control problem as well as an obsessive-compulsive disorder.

The lifetime prevalence rates of compulsive buying in representative studies are estimated to be between 1% (former East Germany) and 11.3% (Brazil) (Faber and O'Guinn, 1992; Koran et al., 2006; Mueller et al., 2010a; Neuner et al., 2005; Villella et al., 2011). The reported prevalence rates show wide variation despite the fact that most of the above studies have used the same instrument for screening CBB (i.e., Compulsive Buying Scale (Faber and O'Guinn, 1989)). On the other hand, in nonrepresentative populations, lifetime prevalence rates may be substantially higher. For instance, 19% of Chinese high-school respondents of four, economically highly developed schools were classified as individuals with CBB whereas 25% of Thai respondents from Bangkok fell into this category (Guo and Cai, 2011). Lejoyeux et al. (2007) conducted a study where they assessed all women entering a prestigious Parisian department store. They reported that 32.5% out of 200 women met both McElroy et al.'s criteria of compulsive buying as well as scoring 10 or more (out of 19) on the Questionnaire of Buying Behavior (Lejoyeux et al., 1997).

Large heterogeneity in the prevalence of compulsive buying is due to the diversity of demographical variables (notably age and gender), sample differences, the use of instruments with different conceptual definitions of CBB, and the unreliable cut-off scores of these instruments. Furthermore, some instruments assess lifetime whereas others assess current prevalence of the disorder, resulting in further confusion in prevalence rates. However, it is unclear whether the prevalence rates obtained via the various instruments reflect existing differences in prevalence rates or are due to their different criteria. Furthermore, the prevalence of CBB in shopping malls relative to the general population is unknown.

The purpose of the current study was therefore threefold. The present study aimed to (i) test the validity and the factor structure of three different compulsive buying questionnaires and (ii) define a cut-off score for those questionnaires where it is lacking, and (iii) assess the prevalence rate of CBB in both a nationally representative sample and on a specific sample of shopping mall customers. It was hypothesised that compulsive buying scores would correlate positively with distress, impulsivity, and sensation seeking, and would correlate negatively with self-esteem.

#### 2. Method

#### 2.1. Participants and procedure

#### 2.1.1. Sample 1: shopping mall customers

The study aimed to contact possible participants at three different shopping malls in Budapest and one in Győr (Western-Hungary) between April and November 2012. The shopping centres were carefully selected to attract different consumer groups from different capture areas within Budapest. Simultaneously, between two and five university students collected e-mail addresses on 155 occasions, covering all opening hours equally. On 79 occasions they stopped everyone who met the study inclusion criteria on entering the mall, while on 76 occasions they stopped those that were exiting. After introducing the goals of the study in detail, the participants were asked to sign the informed consent on which they provided their e-mail address.

Overall, 37,469 people passed the entrance at time of data collection. Customers that were excluded from data collection (N=8840) included those who (i) were below the age of 18 years (ii) did not have an email address, and/or (iii) did not speak Hungarian. Of the 28.629 individuals approached, 8438 did not stop at all, while another 15.123 stopped and received information on the study but did not participate in the study. The remaining 5068 persons agreed to participate (17.7%) by providing an email address. Those who agreed to participate were sent the study link within 24 h following written consent along with an individual password. Reminder emails were sent 7 days and 14 days after the first call when necessary. Participants that started but did not complete the questionnaire were also sent a reminder email. A total of 426 emails out of the 5068 bounced back due to invalid email address and 2866 individuals did not reply. A total of 1776 individuals began the questionnaire with 1447 of them completing and providing valid responses to all the compulsive buying measures (28.6%). Those that participated did not receive any financial remuneration for participating. However, all participants received brief feedback regarding their buying behaviour at the end of the study. The study design was approved by the Institutional Review Board of Eotvos Lorand University.

#### 2.1.2. Sample 2: nationally representative sample

Compulsive buying behaviour was assessed within the framework of the *National Survey on Addiction Problems in Hungary* (NSAPH) (Paksi et al., 2009). In this survey, both chemical addictions (i.e., tobacco smoking, alcohol and other substance use) and various behavioural addictions (i.e., pathological gambling, internet addiction, compulsive buying, eating disorders, work addiction, and exercise dependence) were also assessed.

The target population of the survey was the total population of Hungary between 18 and 64 years of age (6,703,854 persons). The sampling frame consisted of the whole resident population with a valid address according to the register of the Central Office for Administrative and Electronic Public Services (6,662,587 individuals). Data collection was executed on a gross sample of 3183 individuals, stratified according to geographical location, degree of urbanisation, and age (overall 186 strata) representative of the sampling frame. Participants were surveyed with so-called 'mixed methods' via personal visits. Questions on back-ground variables and introductory questions referring to specific disorders were asked in the course of face-to-face interviews, while symptom scales (including the QABB but not ECBS or RCBS) were self-administered as paper-and-pencil questionnaires. These questionnaires were returned to the interviewer in a closed envelope to ensure confidentiality. Participants were informed both verbally and in a written form that participation in the study was voluntary and anonymous. The net sample size was 2710 (response rate: 85.1%); however, only those that reported

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