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Personality prototypes in individuals with compulsive buying based on the Big Five Model

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ABSTRACT

Personality prototypes based on the Big Five factor model were investigated in a treatment-seeking sample of 68 individuals with compulsive buying (CB). Cluster analysis of the NEO Five-Factor Inventory (NEO-FFI) scales yielded two distinct personality clusters. Participants in cluster II scored significantly higher than those in cluster I on neuroticism and lower on the other four personality traits. Subjects in cluster II showed higher severity of CB, lower degree of control over CB symptoms, and were more anxious, interpersonally sensitive and impulsive. Furthermore, cluster II was characterized by higher rates of comorbid anxiety disorders, and cluster B personality disorders. The two personality prototypes did not differ with respect to obsessive–compulsive features. Finally and of considerable clinical significance, participants in cluster II reported lower remission rates after undergoing cognitive-behavioral therapy. Implications of the results for treatment are discussed.

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Introduction

Although “oniomania” was described by the German psychiatrist Kraepelin (1909) one century ago, compulsive buying (CB) has only received increased attention from psychiatric research over the last two decades. The many names given to this phenomenon reflect the various ways in which it has been conceived: CB (e.g., McElroy, Keck, Pope, Smith, & Strakowski, 1994), impulsive buying (e.g., Rook & Fisher, 1995), impulsive–compulsive buying (Dell’Osso, Altamura, Allen, Marazziti, & Hollander, 2006), pathological buying (Müller, de Zwaan, & Mitchell, 2008), and addictive buying (e.g., Scherhorn, Reisch, & Raab, 1990). CB seems to be common in the U.S. and Europe. Koran, Faber, Aboujaoude, Large, and Serpe (2006) reported a prevalence rate of 5.8 per cent in a general U.S. population sample. In Germany, the point prevalence of CB has been estimated to be about 7 per cent (Mueller et al., 2010; Neuner, Raab, & Reisch, 2005).

CB seems to have some characteristics of obsessive–compulsive disorder (OCD) such as experiencing relief from anxiety and negative affect through spending. However, the egosyntonic preoccupation with thoughts about shopping or buying differs from the egodystonic obsessions in OCD. It also appears that CB shares commonalities with impulse control disorders (ICD) such as irresistible impulses to buy, and feelings of excitement and pleasure due shopping and buying. For those reasons many investigators place CB as a type of impulsive–compulsive spectrum disorders (e.g., Dell’Osso et al., 2006). With regard to psychotherapy studies, cognitive-behavioral techniques seem to be effective in the treatment of patients with CB, particularly stimulus control, development of alternative behaviors, cognitive restructuring, and exposure and response prevention (Mitchell, Burgard, Faber, Crosby, & de Zwaan, 2006; Mueller et al., 2008).

Previous research investigating clinical samples has shown that CB is associated with significant comorbidity with axis-I disorders, especially with mood and anxiety disorders (e.g., Black, Repertinger, Gaffney, & Gabel, 1998; Christenson et al., 1994), and compulsive hoarding (Frost, Steketee, & Williams, 2002; Mueller et al., 2007).

Studies that have focused on the association between personality traits and CB tendencies have come mostly from consumer research. For example, in an earlier study among college students,

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Mowen and Spears (1999) linked the Big Five personality traits to CB. They found that CB was positively related to neuroticism, and agreeableness, and negatively related to conscientiousness. DeSarbo and Edwards (1996) analyzed self-report data from 104 subjects with CB and 101 community controls. A cluster analysis yielded two clusters they termed an internal and an external cluster, and both were characterized by high levels of impulsivity. For participants belonging to the internal cluster, CB seemed to be driven by low self-esteem, dependent personality style, and anxiety. In the external cluster, CB was linked to materialistic values, an escape or avoidance coping style, social isolation, and denial. Rose (2007) investigated narcissism, materialism, and impulse control as correlates of problematic buying behavior in 238 undergraduate consumers with varying degrees of spending problems. He concluded that both materialism and impulse control mediated the association between narcissism and CB.

To date, fewer studies have focused on the association between personality disorders and CB in individuals who met the diagnostic criteria for CB. In an earlier study nearly 60 per cent of patients with CB were found to meet criteria for at least one DSM-III-R personality disorder, most commonly obsessive–compulsive (22 per cent), borderline (15 per cent), and avoidant (15 per cent) personality disorder (Schlosser, Black, Repertinger, & Freet, 1994). In the only controlled study published thus far (Mueller, Mühlhans, Müller, Mertens, Horbach, Mitchell et al., 2009), 73 per cent of subjects with CB met criteria for at least one personality disorder, most frequently avoidant (37 per cent), depressive (37 per cent), obsessive–compulsive (27 per cent), and borderline (20 per cent) personality disorder.

In our clinical experience, individuals with CB and comorbid personality pathology show a more severe course, greater psychological distress, and a slower recovery. Therefore, the present study specifically focused on the relationship between CB and combinations of personality traits, known as personality prototypes, based on the Big Five personality traits, in patients with CB. Based on the literature on personality prototypes (e.g., Asendorph, Borkenau, Ostendorf, & van Aken, 2001; Claes et al., 2006; Wonderlich et al., 2007), we expected a three cluster solution characteristic of an 'overcontrolled', 'resilient' and 'undercontrolled' group. We hypothesized that the 'undercontrolled' cohort would present with more severe CB and higher psychiatric comorbidity. Furthermore, we expected that the personality subtypes of CB could be distinguished in treatment response with lower recovery in the 'undercontrolled' group.

Method

Participants

Participants were recruited for a study comparing the efficacy of a group cognitive-behavioral therapy (CBT) designed for the treatment of CB compared to a waiting list control group (WLC) (Mueller et al., 2008). Exclusion criteria were active suicidal ideation and current mania/hypomania. Since individuals with CB typically suffer from other psychiatric disorders psychiatric comorbidity was not an exclusion criterion. Inclusion criteria were age 18 years or older and current CB problems according to the proposed diagnostic criteria by McElroy et al. (1994). Thus, CB was defined by frequent buying episodes or impulses to buy or irresistible/senseless buying cognitions leading to impairment, e.g. social, marital, or occupational dysfunction, and financial or legal problems. One hundred and ten possible participants (96 women, 14 men) were screened by phone. Of them, 97 (85 women, 12 men) were found to be potentially eligible and were invited to a clinical evaluation to confirm the diagnosis. Sixty-eight subjects gave

written informed consent for the assessment part of the study. Sixty-six agreed to participate in the treatment study. Of those six individuals decided against participation before treatment started. The study was approved by the Institutional Ethics Committee of the University of Erlangen-Nuremberg.

Procedure

All participants were assessed at baseline (t_1). Subjects assigned to CBT ($n = 31$) were assessed at the end of treatment (t_2) and at the end of a six-months follow-up period (t_{FU}). Individuals assigned to the WLC ($n = 29$) were reassessed 12 weeks after the baseline assessment (t_2). After the waiting period, they had the option to receive CBT. If they decided to participate in the secondary treatment, they also were assessed at the end of treatment (t_3) and at the end of a six-months follow-up period (t_{FU}). Treatment lasted 12 weeks with one 90-minute group session per week. For the current study, all baseline assessment (t_1) data were analyzed. To analyse remission rates, the end of treatment assessments (CBT-group: t_2 , WLC-group: t_3) as well as follow-up data (t_{FU}) of the treatment completers were used. Participants completed all self-report questionnaires during the assessment visits. The assessments were conducted by research staff members who remained blind to treatment assignment throughout the study.

Measures

CB was assessed using two self-rating measures and a diagnostic interview. The Compulsive Buying Scale (CBS; Faber & O'Guinn, 1992) is the mostly used screening instrument for CB, and consists of seven items. Two items pertain to emotional and the remaining to financial aspects of CB. The authors developed an algorithm for scoring whereas lower scores indicate a higher level of CB. By using the German version of the CBS (Mueller et al., 2010), a cut off score equal to -1.09 indicates CB. Since most of the items address financial aspects, several researchers have noted concerns that the scale may be biased by age or culture (Manolis, Roberts, & Kashyap, 2008). For that reason we decided to add the Screeningverfahren zur Erhebung von kompensatorischem und süchtigem Kaufverhalten (SKSK; Raab, Neuner, Reisch, & Scherhorn, 2005) that consists of 16 items assessing attitudes and behaviors that might relate to CB (e.g., tendency to overspend, urge to buy or shop, post purchase guilt, financial consequences). Consumers are classified as being 'compulsive' when they reach a score of 45 or more. To also measure severity and interference caused by cognitions and behaviors related to CB (e.g., repetitive problematic buying, intrusive thoughts about buying, and resistance to such thoughts), we used the Yale-Brown Obsessive Compulsive Scale-Shopping Version (YBOCS-SV; Monahan, Black, & Gabel, 1996) that is based on the Yale-Brown Obsessive Compulsive Scale (YBOCS; Goodman et al., 1989). The scale is reliable and valid in measuring change during clinical trials (Monahan et al., 1996).

In contrast to the CBS and SKSK, the YBOCS-SV does not address financial consequences of overspending.

Personality assessment was conducted using the German version (Borkenau & Ostendorf, 1993) of the NEO Five-Factor Inventory (NEO-FFI; Costa & McCrae, 1992). This 60-item questionnaire measures the five major personality traits: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness.

To assess impulsivity, the German version (Preuss et al., 2008) of the Barratt Impulsiveness Scale (BIS-11; Barratt & Stanford, 2000) was administered. The questionnaire consists of 30 items. For this analyses, item 22 ('I buy things on impulse') and item 25 ('I spend or charge more than I earn') were excluded.

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