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## Experimental evidence for the influence of cognitions on compulsive buying



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### ABSTRACT

**Background and objectives:** Compulsive buying is a disabling condition, where individuals are unable to resist or control their buying behavior, leading to substantial social and financial problems. Cognitive models implicate the role of beliefs as one factor in buying behavior, for example, “this item is unique and will help me improve my life”.

**Methods:** This study experimentally examined the contribution of such beliefs to the disorder, in individuals who compulsively buy ( $N = 18$ ) and in non-clinical controls ( $N = 17$ ). Participants were presented with photographs of idiosyncratically appealing and unappealing items, in the context of imagined scenarios that either minimized or maximized aspects relevant to hypothesized “compulsive buying beliefs” (i.e., beliefs that acquisition can compensate for negative feelings, beliefs regarding uniqueness and lost opportunities, and emotional reasons for buying).

**Results:** It was found that individuals who compulsively buy demonstrated stronger urges to purchase than control participants, regardless of context, but the overall strength of these urges was responsive to manipulations of beliefs about consumer items said to be associated with compulsive buying.

**Limitations:** The main limitation of the study was a small sample size, potentially reducing power.

**Conclusions:** Nonetheless, these findings provide insights into the processes underlying compulsive phenomena, in particular supporting the role of cognitions in compulsive buying.

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## 1. Introduction

While not recognized as a separate clinical disorder in the DSM (American Psychiatric Association, 2013), compulsive buying is a chronic and debilitating problem, which is associated with adverse social, emotional and financial problems including marital conflict, bankruptcy, theft, embezzlement and even suicide attempts (Christenson et al., 1994). Core features of compulsive buying include preoccupations about buying, urges to buy which are experienced as irresistible, loss of control over buying, and maintenance of excessive buying despite adverse consequences (Dittmar, 2005a; McElroy, Keck, Pope, Smith, & Strakowski, 1994). Buying behavior is time-consuming and repetitive (McElroy et al.,

1994). Studies indicate that it is usually performed in response to negative events or feelings (Miltenberger et al., 2003), and it gives a sense of euphoria, relief, or a “buzz” (Kellett & Totterdell, 2008; Miltenberger et al., 2003). Compulsive buying is commonly comorbid with other psychiatric disorders, such as Major Depressive Disorder, Binge Eating Disorder, Obsessive Compulsive Disorder, and Hoarding Disorder (e.g., Black, Repertinger, Gaffney, & Gabel, 1998; Christenson et al., 1994; Mitchell et al., 2002; Mueller et al., 2007; Mueller, Mitchell, Black, et al., 2010). As studies from the US and Germany estimate that between 5.8 and 8% of the population are affected (Koran, Faber, & Aboujaoude, 2006; Mueller, Mitchell, Crosby, et al., 2010; Neuner, Raab, & Reisch, 2005), it is important to establish the validity of psychological models of the disorder that may serve as a basis for intervention.

The cognitive model of buying (Frost, Kyrios, McCarthy, & Mathews, 2007; Kellett & Bolton, 2009; Kyrios, Frost, & Steketee, 2004), regards erroneous beliefs, particularly regarding the nature of objects and the psychological benefits of buying, as being particularly important to the etiology and maintenance of compulsive

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buying, along with other factors such as decision-making difficulties and negative mood (see also the etiological buying model by [Ertel, Marino, & Müller, 2011](#)). Specifically, the beliefs concern the consequences of buying – that buying objects will compensate, reward, or neutralize negative feelings, or that buying will lead to emotional security – and to specific perceptions about the objects themselves – that objects are unique and one is responsible for the objects, and that not purchasing will lead to a loss of opportunity. Questionnaire-based research has supported this model, finding that the severity of buying relates strongly to such beliefs, over-and-above any contribution of age, mood, OCD symptoms, decision-making fears, and perfectionism; where the beliefs are measured with the Buying Cognitions Inventory (BCI; [Kyrios et al., 2004](#)).

While previous studies have examined the relationship between compulsive buying symptoms and such cognitions, or between buying and more general beliefs about self and materialism (e.g., [Dittmar, 2005a, 2005b; Dittmar, Long, & Bond, 2007](#)), they have been limited to questionnaire-based ([Kyrios et al., 2004](#)) or qualitative ([Sohn & Choi, 2012](#)) methodologies, with consequent limitations on statements of direction of effect and causality. Therefore, to strengthen evidence for the role of such cognitions in compulsive buying, we utilized an experimental methodology comparing a control sample with a clinical group. In particular, the two groups of participants were shown a series of images of subjectively appealing or neutral consumer items; and presented with scenarios designed to minimize or maximize buying-relevant beliefs in response to essential and non-essential consumer items, whilst tracking the resulting urge to buy. It was expected that compulsive buyers would report greater urges to buy non-essential items than controls, and that all participants would show greater urges to buy when object-beliefs are maximized, but that this effect would be greater for participants with compulsive buying.

## 2. Method

### 2.1. Participants

Participants were recruited via advertisements placed around universities, public libraries and notice boards, and through responses to media publicity including newspaper articles and television and radio interviews. All participants in the experimental studies had been involved in a larger questionnaire-based study ([Moulding, Kyrios, & Zabel, in preparation](#)) and completed two memory-based tasks detailed elsewhere ([Kyrios, McQueen, & Moulding, 2013](#)). Participants completed an initial screening questionnaire to determine suitability for inclusion, subsequently completed a range of additional questionnaires, and were invited to participate in the experimental studies. A small reimbursement of travel costs was paid to all participants who completed the experimental studies (AUD\$20).

Participants in the Compulsive Buying (CB) group had to obtain scores on the Compulsive Buying Scale below the cut-off score for compulsive buying of  $-1.34$  ([Faber & O'Guinn, 1992](#)) and had to endorse at least one of two additional screening questions, "I am a compulsive shopper (or 'addicted' to shopping)" or that they were, "Currently experiencing problems due to excessive buying". Of the 85 screening questionnaires returned, six participants were excluded for meeting only one of these two criteria. Control participants did not meet any of the criteria. In addition, as compulsive buying can be a symptom of manic states in bipolar disorder or of borderline personality disorder, individuals classified as compulsive buyers who scored above the threshold on the mania ( $>5$ ) or borderline personality screening measures ( $>8$ ; see below for scale descriptions), were excluded from the study. Individuals from either the compulsive buying or control group with DASS depression

scores in the extremely high range ( $>27$ ) were also excluded. This exclusion of individuals in the extremely high range for depression was due to the use of a depressive mood induction in a memory task that participants undertook in a separate study (see [Kyrios et al., 2013](#); overall 17 participants met one or more of these exclusion criteria). No participants reported significant psychiatric history besides prior treatment for depression or anxiety disorders. Overall, there were 35 participants invited to participate in the CB group and 27 in the NC group. Of these, a final sample of 35 participants (28 female) participated in the experimental tasks, with 18 in the control group and 17 in the compulsive buyer group. The remainder could not be contacted, or were unable or unwilling to participate.

Participants' ages ranged from 19 to 68 [ $M_{NC} = 37.1$  ( $SD = 13.7$ );  $M_{CB} = 38.9$  ( $15.7$ )]. Of the control participants, 11 were single/in a casual relationship, four married/de facto, and two separated/divorced, while for the CB group seven were single/casual; four married/de facto and one separated/divorced (six not reported). The control group averaged 15.6 ( $SD = 4.1$ ) years of education, and the CB group 14.9 ( $3.8$ ) years. Groups did not differ regarding being single,  $\chi^2(1) = .01$ ,  $p = .93$ ; gender  $\chi^2(1) = 0.87$ ,  $p = .35$ ; age,  $F(1,26) = .12$ ,  $p = .73$ ; or education,  $F(1,26) = .16$ ,  $p = .69$ .

### 2.2. Questionnaires

#### 2.2.1. Altman self-rating mania scale

(AMS; [Altman, Hedeker, Peterson, & Davis, 1997](#)) is a 5-item scale assessing the severity of manic symptoms. The scale has satisfactory validity, and Chronbach's alpha was acceptable (.68) in the current study.

#### 2.2.2. Borderline screening measure

(BSM; [Hyler et al., 1989](#)) is a widely-used 9-item scale measuring borderline personality tendencies, and is a valid measure; alpha was .81 in the current study.

#### 2.2.3. Compulsive buying scale

(CBS; [Faber & O'Guinn, 1989](#)) is the standard 7-item screening measure for CB and has demonstrated good reliability and validity ([Faber & O'Guinn, 1989, 1992](#)). Two of the seven items pertain to emotional reactions to shopping, while the remaining five relate to financial aspects of buying; alpha was .95 in the current study.

#### 2.2.4. Compulsive acquisition scale

(CAS; [Frost et al., 1998](#)) is an 18-item scale that measures the extent to which individuals acquire and feel compelled to acquire possessions. The CAS-Buy subscale has demonstrated satisfactory reliability in previous research ([Frost, Steketee, & Williams, 2002; Kyrios et al., 2004](#)), and had an alpha of .96 in the current study.

#### 2.2.5. Depression anxiety stress scales

(DASS; [Lovibond & Lovibond, 1995](#)) is a 42-item scale measuring depression, anxiety and stress over the previous week. Excellent two-week test-retest reliability for a clinical sample, as well as high discriminant validity between the 3 subscales (depression, anxiety, stress) have been reported ([Lovibond & Lovibond, 1995](#)). Alpha was .97 (depression), .94 (anxiety), and .96 (stress).

#### 2.2.6. Buying cognitions inventory

(BCI; [Kyrios et al., 2004](#)). The BCI measures cognitions considered relevant to compulsive buying, using 36 items rated on a 7-point Likert scale. Four separate but intercorrelated cognitive domains have been identified: Compensation; Reasons to Buy; Uniqueness and Loss of Opportunity; Control/Autonomy in buying. Reliability ranged from .86 (uniqueness) to .94 (compensation) for the subscales in this study.

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