



Brief report

Compulsive buying and depressive symptoms among female citizens of the United Arab Emirates



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ABSTRACT

Compulsive buying is particularly relevant in nations with high levels of consumer spending. Most previous studies have focused on European and North America populations. This study explores compulsive buying amongst citizens of the United Arab Emirates, an Arab nation with high retail outlet density, and high levels of consumer spending. Female college students ($N=100$) completed an English/Arabic version of the compulsive buying scale along with a measure of depression. Rates of compulsive buying were higher than those reported in any previously published study. Furthermore, in line with previous findings from other nations, compulsive buying was associated with elevated depressive symptomatology.

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1. Introduction

Compulsive buying disorder (CBD) is characterized by excessive and uncontrollable preoccupations, urges or behaviours regarding shopping and spending, resulting in harmful consequences such as interpersonal, social and financial problems (Faber and Guinn, 1992; McElroy et al., 1994). Although not listed as an official diagnostic entity in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013), compulsive buying disorder is referred to within the behavioural addictions section of the manual. One of the current classificatory issues for CBD is whether it is best conceptualized as a behavioural addiction, impulse control disorder, obsessive-compulsive disorder or even a mood disorder (Black, 2007; Rosenberg and Feder, 2014). Others, however, object to the psychiatric categorization of CBD as a diagnostic entity at a more fundamental level, arguing that any such categorization would be “medicalizing” a moral problem (Hollander and Allen, 2006). Despite the on-going nosological issues, there is little debate that compulsive buying can be associated with significant levels of distress and impairment amongst those experiencing the problem (McElroy et al., 1994).

Studies attempting to quantify compulsive buying or estimate the epidemiology of the posited disorder (CBD) have tended to rely on self-report measures, the most commonly used being: the

compulsive buying scale (Valence et al., 1988) and the compulsive buying screening scale (Faber and Guinn, 1992). On both of these scales, scores that are higher than the pre-determined cut-off point are viewed as being indicative of potentially problematic levels of compulsive buying. Studies employing these instruments have surveyed clinical, community and student populations (Claes et al., 2011; Dittmar, 2005; Faber and Guinn, 1992; Harvanko et al., 2013; Hassay and Smith, 1996; Koran et al., 2006; Magee, 1994; Roberts, 1998). The percentage of student or community participants scoring above the cut-off in such studies ranges from 3.6% to 16%. A recent meta-analysis spanning 40 CBD studies and 32,000 participants, reported a pooled prevalence of 4.9%. Amongst university students ($N=14,947$), the pooled prevalence rose to 8.9% (Maraz, Griffiths, & Demetrovics, 2015). The vast majority of the studies reviewed also reported females as being more likely to report compulsive buying tendencies. The female preponderance is typically explained in terms of gender-role socialization, with retail shopping viewed as being more strongly associated with the female gender-role. Several studies also report that depressive symptoms are strongly correlated with elevated compulsive buying scores, although the specifics of this relationship are not yet clear (Kyrios et al., 2004; Williams, 2012). Depression may be a consequence of the social, financial, and interpersonal complications associated with compulsive buying. Conversely, compulsive buying may serve as a maladaptive means of alleviating negative emotional states in vulnerable individuals – the mood repair hypothesis (Williams, 2012). Faber and Christenson (1996) report data supportive of the mood repair hypothesis, specifically, 95.8% of compulsive buyers (individuals scoring above the CBS cut-off) in their study reported experiencing a positive shift in mood

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following a purchase, compared to only 29% amongst the low-CBS scoring comparison group. More recently however, several lines of research also suggest that materialistic values, and attitudes towards money are also potentially useful predictors of compulsive buying behaviours (Müller et al., 2013).

To date however, explorations of CBD prevalence and its correlates have focused heavily on populations within Europe and North America. This study is the first to explore compulsive buying in an Arab population, specifically, amongst female citizens of the United Arab Emirates (UAE).

Since the UAE's federation, in 1971, few nations on earth have witnessed such rapid and far-reaching socio-economic change (WHO, 2006). The commercial exploitation of the nation's oil and gas reserves led to an influx of overseas workers, ultimately making Emiratis – as the indigenous citizens of the UAE are known – a minority group (Thomas, 2013). Comprising around 12% of the population (The National Bureau of Statistics, 2009) the UAE's citizens enjoy one of the world's highest per capita GDPs, as well as a host of social benefits such as free healthcare and education (Fox et al., 2007; Mourtada-Sabbah et al., 2008). Beyond these economic and demographic changes, the UAE's rapid development has also led to shifts in lifestyle, one aspect being a massive increase in consumer spending. Between 2002 and 2007, consumer spending in the UAE increased by 122 per cent, reflecting an average per capita consumption level seven times greater than the rest of the Arab world (Haider, 2008). The UAE also regularly features in market intelligence reports, ranking amongst the top-10 nations in terms of consumer spending (The Nielsen Company, 2012). Furthermore, the UAE intermittently lays claim to hosting the world's largest shopping mall (Dubai Mall), and is reported as having the one of the highest per-capita retail shopping-centre densities in the world (Mourtada-Sabbah et al., 2008).

Given the UAE's association with consumer spending and high per-capita shopping-centre density, it is hypothesized that UAE citizens will report relatively high levels of compulsive buying. It is also hypothesized that, as in other populations studied, compulsive buying will be associated with elevated levels of depressive symptoms.

2. Method

2.1. Participants

An opportunity sample of Emirati college students ($N=100$) participated in the study for course credit. All participants were females attending an all female campus at a government-funded university in the Abu Dhabi, the UAE's capital city. The language of tuition at the institution is English, and all participants were bilingual in both English and Arabic. The mean age of participants was 22.16, ($SD=2.68$). The majority of the students were single (66%) and had never been married, however, a sizable portion reported their current marital status as married (32%). All students reported their nationality as Emirati (around 98% of the student population are Emirati).

2.2. Measures

The Compulsive Buying Scale (CBD): The CBD (Valence et al., 1988) was used to assess compulsive buying. The CBD assesses three related aspects of the compulsive buying construct: tendency to spend, reactivity and post-purchase guilt. These three dimensions are reflected across 12 items, with each item scored on a 5-point Likert scale, from 5 (strongly agree) to 1 (Strongly disagree). Example items include: "When I have money, I cannot help but spend part or the whole of it", "I sometimes feel that

something inside of me pushed me to go shopping" and "There are some things I buy that I do not show to anybody for fear of being perceived as irrational in my buying behaviour". The psychometric properties of the scale have been extensively explored and evaluated favourably (Cole and Sherrell, 1995). In the present study the scale was translated into Arabic by the second author of this paper and then independently back translated by the first author. Items were presented in English and Arabic alongside each other. The CBD's internal reliability in the present study was acceptable ($\alpha=.87$).

Beck Depression Inventory-II (BDI): The BDI (Beck et al., 1996) is a 21-item self-report inventory widely used to assess the severity and intensity of depressive symptoms. Each item reflects either a cognitive, or somatic-affective symptom of depression; items are rated from 0 to 3, with higher scores reflecting heightened symptom severity. Example items include: "I feel I am a total failure as a person." and "It is hard to get interested in anything." Studies of the BDI's psychometric properties, spanning many nations, report favourably on the instrument's construct, convergent, and predictive validity (Al-Musawi, 2001; Osman et al., 2004; Sprinkle et al., 2002). The BDI's internal reliability in the present study was acceptable ($\alpha=.86$).

2.3. Procedure

Working in a supervised classroom setting, students independently completed the CBS followed by the BDI. Data were analysed using SPSS version 22. Pearson's product moment was used to explore the correlation between depressive symptoms and compulsive buying.

3. Results

For the purpose of correlational analysis, marital status data was dichotomized 1=never married and 2=married. No students reported being divorced or widowed; 32% reported being presently married. The Means and correlation coefficients for all key variables are detailed below in Table 1.

The CBS cut-off score commonly used in previous studies is 42.2, in the present study 44.4% of participants scored above the cut-off. The subscale making the greatest contribution to CBS scores (see Table 2) was the reactive aspect, which reflects the tendency to make compulsive purchases and to shop as a mood regulation strategy, that is, to relieve stress or relax. The mean score on the BDI was 12.11 ($SD=8.22$). The mean scores for the BDI subscales, Somatic-Affective and Cognitive symptoms (Beck et al., 1996) were $M=2.55$, $SD=2.85$ and $M=6.62$, $SD=4.63$ respectively. The rate of participants scoring above the BDI cut-off for suspected

Table 1
Correlations and descriptive statistics for key study variables.

	M (SD)	Age	MS.	CBS	TTS	RA	PPG	BDI
Age	22.16 (2.68)		.18	.09	.20	.10	.12	.04
MS.	–			–.04	.21*	.11	.00	–.10
CBS	37.87 (13.12)				.55**	.61**	.47**	.28**
TTS	16.32 (4.38)					.60**	.49**	.18*
RA	14.66 (4.04)						.47**	.13
PPG	9.24 (2.99)							.15*

Notes. N 's range from 100 to 97 due to occasional missing data. MS.=marital status. CBS=Compulsive buying scale. TTS=Tendency to spend (CBS subscale). RA=Reactive aspect (CBS subscale). PPG=Post-purchase guilt (CBS subscale). BDI=Beck Depression Inventory.

* $p < .05$.

** $p < .01$. One-tailed.

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