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Borderline personality disorder and compulsive buying: A multivariate etiological model

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HIGHLIGHTS

- 26% of those with CBD scored positive for BPD
- Contingent self-esteem is highly predictive of CBD in the presence of BPD among women.
- Psychiatric distress was predictive of CBD in the presence of BPD among men.
- Gender-dependent etiological risk factors support different theoretical models.

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ABSTRACT

Compulsive buying disorder (CBD) and borderline personality disorder (BPD) are highly comorbid. Accordingly, the theories concerning the etiological factors of CBD and BPD overlap. The present study aimed to test a multivariate etiological model of CBD in the presence of BPD. Our sample comprised shopping mall customers ($N = 1409$, 63% female, mean age: 31.2 SD: 12.1). CBD was measured using the Edwards Compulsive Buying Scale Revised Version, and BPD was measured using the McLean Screening Instrument for BPD. Impulsivity, global self-esteem, contingent self-esteem, and psychiatric distress were also assessed. Overall, 8.5% ($n = 120$) and 7.7% ($n = 109$) of participants scored above the cut-off value on the CBD and BPD measures respectively. In total, 2.2% ($n = 31$) had both BDP and CBD 26% of those with CBD also had BPD, corresponding to a risk ratio of 5.4. Path analysis revealed that contingent self-esteem ($\beta = 0.27$ $p < 0.001$) and impulsivity ($\beta = 0.27$ $p < 0.001$) exerted the strongest mediating effects, followed by psychiatric distress ($\beta = 0.15$ $p < 0.15$) and global self-esteem ($\beta = 0.12$ $p < 0.001$) after controlling for the effect of BPD. Distress had higher predictive value for men and contingent self-esteem had higher predictive value for women. The data suggest that impulsivity, contingent self-esteem, and distress (to a lesser extent) account for the high comorbidity between BPD and CBD and that etiological risk factors differ between men and women.

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1. Introduction

1.1. General introduction

The DSM-5 lists compulsive buying disorder (CBD) as an example of the impulsivity criteria of borderline personality disorder (BPD) (American Psychiatric Association, 2013). In spite of this, only few data are available on the comorbidity of CBD and BPD, which appears to be substantially high. Given that the theories about etiological factors of CBD largely overlap with those of BPD, the present study aimed to test the factors that predict CBD in the presence of BPD. These etiological factors may account for the high comorbidity between BPD and CBD.

Compulsive buying disorder is a behavioural addiction characterised by a chronic and repetitive purchasing behaviour that becomes a primary response to negative events and feelings (Faber, O'Guinn, & Krych, 1987). It is associated with significant psychological distress, and it may result in financial difficulties (Black, 2007; Maraz et al., 2015). About 5% (3.4–6.9%) of the general population has experienced compulsive buying in their lifetime, and women are somewhat more affected compared to men (Maraz, Griffiths, & Demetovics, 2016). Given the substantial overlap with other disorders (Mueller et al., 2010) and the challenges in determining the core symptom, there is an ongoing debate whether CBD is a compulsive–obsessive (e.g., Hollander, 1993), impulse control (e.g., Christenson et al., 1994), or mood (e.g., Lejoyeux, Tassain, Solomon, & Ades, 1997) disorder. Borderline personality disorder, on the other hand, is an official diagnostic entity which is "characterised by a pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships, and self-image" (p. 453) (Lieb, Zanarini,

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Schmahl, Linehan, & Bohus, 2004). BPD affects about 2% of the general population, although females are more likely to be affected (Swartz, Blazer, George, & Winfield, 1990).

Various theories regarding the etiology of CBD include low self-esteem, impulsivity, and distress. The objects we buy become a part of self; therefore, buying can be regarded as an attempt to control and strengthen the self and identity (Belk, 2000; Dittmar, 2007). From this perspective, possessions provide an opportunity to present the self to others in a way that triggers positive feedback and enhances self-esteem. Studies confirm this theory by reporting that compulsive buyers have lower self-esteem compared to non-compulsive buyers (Hanley & Wilhelm, 1992; O'Guinn & Faber, 1989). Although previous studies measured global self-esteem, we propose that contingent self-esteem may have higher predictive value in the behaviour than global self-esteem. As opposed to global self-esteem, which proposes that self-esteem is a trait-like attribute of the person, contingent self-esteem is conceptualised as the situation-dependent nature of self-esteem (Johnson & Blom, 2007). This corresponds well with the definition of compulsive buying which states that buying episodes are triggered by negative emotional states.

On the other hand, CBD can also be regarded as a maladaptive attempt to self-regulate one's impulses to buy. From this perspective, impulsive buying is an under-regulation of the behaviour (the individual is unable to resist the buying impulses) and compulsive buying is a dysregulation of the behaviour (where buying is a maladaptive coping mechanism against distress and anxiety) (Faber & Vohs, 2004). Indeed, many studies have confirmed the positive association between CBD and impulsivity (Desarbo & Edwards, 1996; Lejoyeux, Mathieu, Embouazza, Huet, & Lequen, 2007). One aspect of impulsivity, urgency (the tendency to deliberately suppress automatized responses and to experience strong reactions, frequently in a context of negative affect) is an especially strong indicator of CBD (Billieux, Rochat, Rebetez, & Van der Linden, 2008).

Compulsive buyers are more likely to experience negative affect states compared to non-compulsive buyers (Beatty & Ferrell, 1998; Miltenberger et al., 2003). For this reason, several authors have argued that buying may function as a self-regulatory mechanism to cope with negative feelings (Christenson et al., 1994; McElroy, Keck, Pope, Smith, & Strakowski, 1994; Miltenberger et al., 2003). From this perspective, compulsive buying, as any other addiction disorder, is an attempt to self-medicate against the negative mood states (Khantzian, 1997).

Similarly to CBD, decreased self-esteem (Rüsch et al., 2007; Zeigler-Hill & Abraham, 2006), increased impulsivity (Berlin, Rolls, & Iversen, 2005; Dougherty, Bjork, Huckabee, Moeller, & Swann, 1999), negative affect and affect-regulation problems (Donegan et al., 2003) in individuals with borderline personality disorder have been described in the literature and included in the diagnostic criteria of BPD (American Psychiatric Association, 2013). Persons with BPD typically experience these negative traits chronically, for a long period, sometimes for decades (Zanarini, Frankenburg, Hennen, & Silk, 2003).

However, etiological factors should be interpreted as interacting factors rather than separate systems. For example, impulsivity may be a result of an attempt to avoid emotional distress through behavioural means (Anestis, Selby, Fink, & Joiner, 2007). This emotional distress may arise from the guilt of an unnecessary purchase (Black, 2007). For this reason, etiological models, which incorporate multivariate variables, are a fundamental tool to investigate prognostic factors in epidemiological research (Tripepi, Jager, Dekker, & Zoccali, 2008).

Studies propose that common factors mediate the development of substance use disorders (SUD) in the presence of BPD pathology. In a review by Trull, Sher, Minks-Brown, Durbin, and Burr (2000), personality traits of affect instability and impulsivity were found to be central to the development of both BPD and SUD; thus, they were found to account, at least partly, for the comorbidity between these disorders. Although longitudinal data have not yet confirmed these assumptions, there is substantial reason to believe that personality traits mediate a large part of the association between BPD and substance abuse. To our knowledge, no previous studies explored a multivariate etiological model to test the relationship between BPD and another behavioural addiction.

Compulsive buying and borderline personality disorder co-occur frequently. For example, Sansone and Wiederman (2012) and Sansone, Chang, Jewell, Sellbom, and Bidwell (2013) reported that excessive spending and borderline symptomatology are strongly associated ($r = 0.49$ and $r = 0.43$, respectively). In other studies, 15% of self-selected compulsive buyers (7 out of 46) (Schlosser, Black, Repertinger, & Freet, 1994) and 20% of treatment-seeking compulsive buyers (6 out of 30) (Mueller et al., 2009) had BPD. Due to their high comorbidity, the DSM-5 lists CBD as an example of the impulsivity criteria of BPD (American Psychiatric Association, 2013). Despite this fact, it is still unclear which factors contribute to the development of CBD in the presence of BPD symptoms. Specifying mediating factors would contribute to the prevention of CBD as a symptom of BPD as well as to determine treatment directions in an effort to reduce excessive buying tendencies.

Studies assessing the degree of functional impairment indicate that those with a BPD diagnosis or features exhibit a greater degree of functional impairment than participants with other, non-BPD personality disorder features (Hueston, Mainous, & Schilling, 1996; Nakao et al., 1992). Given that having more than one diagnosis is associated with higher functional impairment than having „only" one diagnosis (Trull et al., 2000), it is paramount to explore etiological factors behind the comorbidity in an effort to increase functionality. To our knowledge, this is the first study to investigate a multivariate etiological model that considers BPD along with a behavioural addiction, such as CBD.

1.2. Aims of the study

The aim of the present study was to explore the comorbidity between borderline personality disorder and compulsive buying disorder. More specifically, we aimed to investigate a multivariate etiological model with impulsivity, self-esteem and psychiatric distress as candidate mediators of the relation between borderline personality disorder and compulsive buying disorder. We hypothesised that high impulsivity, deficit in self-esteem and high psychiatric distress each increase the probability of having CBD in the presence of BPD. Finally, we aimed to test gender differences in the model.

2. Methods

2.1. Participants and procedure

The study used the data from participants recruited at three different shopping malls in Budapest and one in Győr (Western-Hungary) between April and November 2012. We utilized this sample in previous, unrelated studies (Maraz, Király and Demetrovics, 2015, Maraz, van den Brink and Demetrovics, 2015), none of which examined the mediating factors between BPD and CBD.

Overall, 37,469 people passed the entrance to the mall at the time of data collection. Customers who were excluded from data collection ($N = 8840$) included those who (i) were younger than 18 years of age, (ii) did not have an email address, and/or (iii) did not speak Hungarian. Of the 28,629 individuals approached, 5068 persons agreed to participate (17.7%) by providing an email address. Participants provided written consent and provided their e-mail address. An e-mail was sent containing study link and password within 24 h of providing consent. Overall, 1776 individuals began filling out the questionnaire, with 1409 of them completing and providing valid responses with no missing data on any of the variables used for this study (27.8%). Those who participated did not receive any financial remuneration for participating. However, all participants received brief feedback

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