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A STUDY OF MALADAPTIVE ABNORMAL TENDENCIES AMONG COMPULSIVE BUYERS

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Abstract

A causal comparative research design was used to assess pathological buying tendencies among consumers. The sample (N= 1160) consisted of men (n=416) and women (n=744) with age ranging from 17 to 65. The compulsive buying disorder scale was used to screen participants for maladaptive buying behavior. Depression, Anxiety and Stress Scale-21, and Rosenberg Self-Esteem Scale (RSES) were supplemented to assess the level of psychological distress and the level of self-esteem respectively. Approximately, 7.24% (84 out of 1160) were found as compulsive buyers, with women having a higher prevalence. Factors associated with pathological buying included persistent distressful obsessions, lack of resistance, compulsions related to buying, impairments in personal and social functioning, and financial implications. According to results Compulsive buying disorder is prevalent in 7.2% of individuals, and is influenced by gender, with women being more materialistic and reactive shoppers. It is found more prevalent among depressed individuals and those with low self-esteem. Future research should explore compulsive buying's developmental trajectory, considering context, personality, education, and socio-economic status. Psycho-education is crucial for prevention.

Keywords: Compulsive Buying, Psychological Distress, OCBD, Depression, Self-esteem.

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INTRODUCTION

Compulsive Buying Disorder (CBD), is a behavioral disorder characterized by an obsession with spending money and an insatiable urge to buy things, often leading to negative outcomes (Black, 2007). Compulsive buyers exhibit repetitive and obsessive urges to buy items (O'Guinn & Faber, 1989), often in environments like malls, frequently purchase low-value items to satisfy the urge. Compulsive buying is distinguished from healthy buying by its compulsive, destructive, and chronic nature, which poses a serious hazard. It is frequently associated with other psychological conditions such as, anxiety, stress, depression and obsessive-compulsive symptoms. Individuals suffering from CBD may demonstrate neurotic tendencies and difficulty with impulse control (Omer, 2014). With their low threshold of tolerance, they experience uncomfortable psychological states. Pradhn et al. (2018) consider compulsive buying as a stronger version of impulsive buying, with anxiety disorder and low self-esteem as underlying factors. It is also used as a mechanism of negative coping to manage anxiety and self-esteem-related issues (Zheng, et al., 2020). Many researchers (eg., Granero et al., 2016; Leckman et al., 1997) have shown concerns about this form of mental disorder as it compels some consumers foolishly discount their future and get involved in unnecessary excessive buying related thoughts or behaviors due to which they may experience adverse psychological, social, occupational and financial consequences.

Although compulsive and impulsive buying seem similar, they are not the same in terms of severity, frequency, source, or result. Impulsive buying is a common, ordinary behavior where a sudden urges to buy arises, often triggered by negative events or feelings (Mueller, 2007). Research on impulse buying focuses on individual characteristics, mood states, personality traits, and situational factors. Compulsive buying, on the other hand, is a psychological disorder where an uncontrollable urge to buy leads to extreme consequences.

Researchers have pointed over to the combination of biological, psychological, social, and cultural factors that lead to compulsive purchasing. The biological theory suggests it is a genetic predisposition (Leite, Pereira, Nardi, & Silva, 2014), while the behavior theory posits it as an acquired behavior resulting from the association between a conditioned and natural stimulus (Presskorn-Thygesen & Bjerg, 2014). The cultural theory suggests it is a cultural phenomenon that facilitates buying, leading to unnecessarily high purchases (Benson, Dittmar & Wolfsohn 2010). The social learning theory (Bandura, 2001) suggests that learning occurs through social

interactions with others, rather than directly exposed to a stimulus. Individuals develop compulsive buying behavior through observing others and being influenced by them as models (Vohs & Faber, 2007).

Bani-Rshaid & Alghraibeh (2017) identified three types of compulsive buyers: emotional, social, and self-buyers. Emotional buyers seek pleasure, social buyers seek socialization, and self-buyers build self-concept through excessive purchases. Regardless of the pattern, compulsive buyers often have distorted mental perceptions of themselves and their environment (Black, 2007). According to Lim & Yazdanifard (2015) decision-making processes in shopping are influenced by both internal and external factors. Internal factors are crucial for distinguishing individuals in buying behavior, while external influences also significantly impact internal influences and contribute to the development of consumer buying behavior. External factors include environmental factors such as, price discounts, and sales promotions, while internal factors include psycho-demographic factors related to buyers. They include: age, gender, education, psychological and states of the buyers. The specific etiology, however, remains unknown yet researchers (Black, 2007) have identified these internal and external factors contributing to maladaptive tendencies.

Consumer research studies (Rigway, KukarKinney & Monroe, 2008; Hirschman, 1992) reveal that consumers have diverse needs and urges, leading to varying behaviors for satisfaction. This consumer behavior literature suggests that purchasing decisions often align with desire, mood, or emotion, rather than economic theory. These individuals prioritize the utility of the buying act over the expected utility of consuming products. Many researchers (Rook & Fishers, 1995; Beatty & Ferrell, 1998; Baumeister, 2002; Kacen & Lee, 2002; Adelaar et al, 2003; Park & Lennon, 2006) are convinced that behind the sudden, strong, and compelling buying can be the problem with emotional dysregulation. According to them impulse buying is a decision made based on emotional or heart-felt urges, often resulting in spontaneous, reflexive, and automatic purchases. It is a natural and quick reaction, often causing consumers to feel out-of-control and make decisions without planning. Impulsive purchases are often perceived as bad rather than good, and consumers often feel "out-of-control" when making these purchases. According to Schiffman and Kanuk (2007), impulse buying is a behavior where consumers make purchases suddenly, without planning, and with a strong desire to buy without considering the emotional, financial and relational consequences.

Crawford and Melewar (2003) reported that people buy most in certain environments such as at the airport or in a mall. Studies (Turley & Milliman, 2000; Anwar, et al., 2021) point over to the environmental factors that can agitate unconscious forces to lower the level of self-control. Environmental factors include overall materialistic culture, marketing tactics, points of purchases (e.g., super markets, malls, airports, and railway stations), sign boards, sale season, discounts, new arrivals, new shops, new trends, and special occasions etc. These are among the potential factors encourage excessive buying. Special occasions for example, birth days, holidays, rituals etc. may also create different impulse buying situations for consumers (Youn& Faber, 2000). This intention of consumer is abused by offering special discounts and seasonal sales from marketers and retailers. Under such conditions, consumers discount their future too and outweigh the consequences (Dittmar et al, 1995). Cognitive buying researchers find the role these external factors in lowering down the threshold of one's self-control (Shiv & Fedoriklin, 1999; Youn& Faber, 2000; Vohs& Faber, 2007; Zhang & Shrum, 2009).

Based on the preceding reasoning, it is assumed that compulsive buying can be a serious problem if not addressed properly. To combat this, reassess your habits and devise a coping strategy. When combined with poor money management and other psychological issues, it can lead to financial problems such as debt or bankruptcy, as well as a severe influence on family and work life, causing distress and interfering with social functioning. It is recommended that the identification and management of factors linked to compulsive buying disorder is crucial for promoting overall well-being.

METHOD

Statement of the Problem

Compulsive buying disorder is a growing mental disorder where consumers discount their future and engage in excessive buying behaviors, leading to severe psychological, social, occupational, and financial consequences. This study aims to explore vulnerability factors like anxiety, stress, depression, and obsessive compulsive indicators among customers for effective prevention and intervention strategies.

Sample

The sample comprised of N=1160 participants representing both men (n=416) and women (n=744) of age range 17 to 65 years with mean age of 33.5 years. The prevalence rate of CBD is found 7.24%, with a greater frequency in women. These customers broadly represented general

population of Khyber Pakhtunkhwa and consisted of diverse age, education and socio-economic statuses.

The data for this study were collected during a pre-COVID period. The study employed one-year duration to ensure comprehensive sampling and seasonal representation of consumer behavior. Using a convenient sampling technique, consumers from four main market places (Shopping Centers located at University Town, Industrial State Market, Sadar Bazar, & Kisa Khwani Bazar) of district Peshawar was recruited for this study. Data were collected via in-person sessions. Researchers ensured that all participants were briefed about the study objectives and signed informed consent forms. Confidentiality and anonymity were maintained throughout the study. The rigorous data collection process over a full calendar year provided robust and reliable insights into pathological buying tendencies and associated psychological factors.

Objectives

1. To examine the influence of consumers' psychological distress on compulsive buying.
2. To examines the influence of consumers' social and lifestyle characteristics on compulsive buying.

Hypotheses

1. Low self-esteem tends to encourage unnecessary and excessive purchases of goods in an attempt to improve self-image.
2. Psychological distress tend to increase compulsive buying behavior.

Instruments

1) Depression Anxiety and Stress Scale

Psychological distress was assessed using Depression Anxiety and Stress Scale (DASS). The DASS is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Each of the three subscales contains 14 items. The essential function of the DASS is to assess the severity of the core symptoms of depression, anxiety and stress. DASS has shown high internal consistency and yielded meaningful discriminations in a variety of settings (Lovibond & Lovibond, 1995). The reliability of the DASS meets reasonable standards, with Cronbach's alpha of .91, .84 and .90 for the scaled scores on depression, anxiety and stress respectively (Crawford & Henery, 2003).

2) Obsessive-Compulsive Buying Disorder Scale (OCBDS)

In order to assess the subjects on obsessive-compulsive disorder (OCD), participants were asked to complete prepared items on Obsessive-Compulsive Buying Disorder Scale (OCBDS). In respect to this, contents for this scale were generated based on the criteria for OCD presented in Fifth Edition of Diagnostic Statistical Manual (2013). The scale is consisted of 13 items that are rated on 5 point Likert scale. The internal consistency scores on split half reliability analyses meet reasonable standards, with Cronbach's alpha of .885 and .954 for part 1 and part 2, respectively (Anwar, et al., 2021).

3) Rosenberg Self-Esteem Scale (RSES)

The RSES is a widely used self-esteem measure, It uses a four-point Likert-type scale and has high reliability, with test-retest correlations typically in the range of .82 to .88 and Cronbach's alpha in the range of .77 to .88 for various samples (Sinclair et al., 2010).

RESULTS

Table 1

Comparative Statistics on Demographic Variables

Customer's Profile	Compulsive buyers N=84	Non-compulsive buyers N= 1076	Total N=1160
Prevalence of CBD	84 (7.2%)	1076 (92.7%)	1160 (100%)
Men	34 (40.47%)	382	416 (35.9%)
Women	50 (59.52%)	694	744 (64.1)
Marital Status			
Unmarried	55 (65.5%)	513	568 (49%)
Married	29 (34.52%)	563	592 (51%)
Financial Dependency Status			
Dependent	36 (42.9%)	360	396 (34.13%)
Supportive	42 (50%)	208	250 (21.55%)
Independent	6 (7.1%)	238	244 (21.03%)
Occupation			
Public Sector	12 (14.3%)	333	333 (28.71%)
Private Sector	39 (46.4%)	441	441 (38.1%)
Student	28 (33.3%)	285	285 (24.56%)
Jobless/house wives	5 (6%)	97	102 (8.8%)
Retd.	0 (0%)	4	4 ((0.34%)

The findings indicated that 7.24% of people had compulsive buying tendencies, with more women (59.52%) than males (40.47%) having this condition. Compared to married and independent people, those who are single and financially dependent are more likely to engage in compulsive buying. In a similar vein, private sector employees were more likely to engage in compulsive buying.

Table 2

Difference between the Mean on Compulsive Buying Disorder, and DASS for Compulsive Buyers (n=84) and Non Compulsive Buyers (n=1076)

	Groups	N	Mean	Std. Deviation	T
Obsessive-Compulsive Disorder Scale (OCBD)	Buying NC-buyers	1076	26.185	6.339	-41.716**
	C-Buyers	84	55.500	4.037	
a. Tendency to Spend	NC-buyers	1076	14.494	5.252	-16.115**
	C-Buyers	84	23.750	1.160	
b. Reactive Aspects	NC-buyers	1076	12.815	4.515	-12.679**
	C-Buyers	84	19.095	1.625	
c. Post Purchase Guilt	NC-buyers	1076	9.773	2.992	-15.073**
	C-Buyers	84	14.705	.658	
DASS	NC-buyers	1076	17.020	5.789	-10.247**
a. Depression	C-Buyers	84	23.56	2.926	
b. Anxiety	NC-buyers	1076	12.78	5.730	-11.498**
	C-Buyers	84	20.036	2.770	
c. Stress	NC-buyers	1076	24.574	6.211	-9.251**
	C-Buyers	84	31.559	10.964	

NC-buyers= non-compulsive buyers; c-buyers= compulsive buyers

Descriptive statistics shown in the Table 2 reveals that compulsive buyers scored significantly high (M=55.50 with SD= 4.03) on obsessive-compulsive buying disorder Scale than the non-compulsive buyers (M=26.18 with SD = 6.339). The difference between the means of the two groups is found significant, $t(1158) -41.716$ $p<0.01$. Similarly, significant difference is obtained for spending tendency, reactive aspect and post purchase guilt, $t(1158) -16.115$ $p<0.01$; $t(1158) -12.68$, $p<0.01$; $t(1158) -15.07$, $p<0.01$ respectively. Compulsive buyers score high on scales measuring depression, anxiety, and stress, $t(1158) -10.25$, $p<0.01$; $t(1158) -11.50$, $p<0.01$; $t(1158) -9.25$, $p<0.01$ respectively.

Table 3

Descriptive Statistics on Compulsive Buying by Level of Self-esteem

Level of Self Esteem	Mean	Std. Deviation	N
Low (≤ 10.00)	49.147	10.249	80
Average (11.00-21.50)	35.062	9.787	745
High (21.51+)	26.612	9.277	335
Total	38.547	12.154	1160

Pillais' Trace = .413, $F(3, 1218) = 11.94$, $p < .001$.

Table 3 shows the mean scores on scale measuring compulsive buying disorder in relation to self-esteem. 80/84 had low self-esteem. Respondents with extremely high score (+25) on self-esteem had lowest mean of 26.61 on scale measuring CBD. Individuals who had self-esteem 10 or less than 10 scored high on scale measuring compulsive buying disorder ($M = 49.15 \pm 10.24$). The scores in this range indicate that individuals with high self-esteem do not fall a pray of any kind of buying temptations. The interaction effect between the various levels of self-esteem on CBD was found significant, *Pillais' Trace* = .413, $F(3, 1218) = 11.94$, $p < .001$.

Table 4

Correlation Matrix

	Self-esteem	Obsession	Urge to buy	Resistance	Self-control
Self-esteem	1				
Obsession	-.221**	1			
Urge to buy	-.149**	.336**	1		
Low Resistance	-.158**	.359**	.905**	1	
Low Self-control	-.135**	.314**	.992**	.910**	1

The correlation matrix shows that self-esteem inversely correlated with almost all aspects of Obsessive-Compulsive Buying Disorder (OCBD). In general as the self-esteem decreases, the tendency to get into pathological buying increases.

DISCUSSION

Compulsive buying disorder is a significant issue in Pakistan, particularly among young people and those who falsely believe in its benefits. The prevalence of this disorder is higher in Peshawar, Khyber Pakhtunkhwa, at 7.2%, with younger individuals being more likely to experience it than older individuals. Gender also plays a role in compulsive buying, with women tending to be more materialist and reactive shoppers, while men tend to buy impulsively. One plausible might be that women require high materialism or self-discrepancy to develop psychological buying considerations, while men require both.

Despite its worldwide prevalence, the classification of compulsive buying disorder remains elusive in nosological systems. This study found that buying-related obsession-compulsions existed among compulsive buyers. However, it is crucial for researchers and experts to determine which classification this disorder should fall under to better guide patients towards a healthier and fulfilling life. The study hypothesized that compulsions arise from a gap between the ideal self and perceived self, and that compulsive buying is a reactive activity in response to psychological distress. Compulsive buyers often seek temporary relief from excessive buying.

Upon comparing compulsive buyers with non-compulsive buyers it was found that they differed greatly on self-esteem and symptoms of OCBD. According to results, the assumption that compulsive buying is fermented by Low self-esteem is supported. Strong correlation is reported between low self-esteem and components of compulsive buying i.e., tendency to spend, reactive aspects, & post purchase guilt. Anxiety was found a risk factor for compulsive buying in consumers. Females were more likely to spend in the moment and experience guilt after shopping, while males were more likely to experience negative feelings about shopping. Anxiety in response to obsessions predicted the tendency to spend in the moment and buy compulsively, while stress and depression predicted post-purchase guilt. Physical and cognitive concerns predicted compulsive buying over negative affect, but no role was found for social concerns. Similarly, Compulsive buying disorder is more prevalent among depressed individuals and those who falsely believe in its benefits, leading to mood disorders. Other Studies (Black et al., 2012, Mueller et al., 2010, Ahn, Choi, & Sohn, 2013) do also support a direct correlation between compulsive buying disorder and depressive symptoms, and other mood disorders. It is also a common condition among patients with depression, anxiety, anger, boredom, and compulsiveness.

Conclusion

In conclusion, this study highlights the significant prevalence of compulsive buying disorder (7.24%) among consumers, with a notable gender difference, as women demonstrated higher susceptibility. The findings underscore the role of psychological factors such as depression, anxiety, and low self-esteem in contributing to pathological buying tendencies. The disorder is associated with severe personal, social, and financial consequences, necessitating early identification and intervention. Targeted psycho-educational programs are essential to mitigate the risks and foster healthier consumer behaviors. Furthermore, this research underscores the urgent need for a multifaceted approach to address compulsive buying and its broader implications.

Recommendations

Future research should explore the developmental trajectory of compulsive buying, focusing on factors like context, goods, personality, education, and socio-economic status. While much information is available, marketers' lens is often used. Social workers, educators, and mental health professionals should be educated on the importance of understanding this abnormal dimension to enhance individuals' potential for growth and wellbeing.

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