Compulsive Buying: A Theoretical Framework

By Letty Workman and David Paper

For the nearly 18 million Americans suffering from compulsive buying (Bragg, 2009), the process of shopping and buying has caused their lives to go out of control (Magee, 1994; Black, 2007). In an era of social responsibility (Kerin et al., 2011), marketers should understand the negative outcomes of this disease and ensure that marketing practices are not contributing to this social and economic problem.

A theoretical framework of compulsive buying is presented, incorporating constructs/data themes from previous research in psychiatry, psychology, sociology, and marketing. Personality antecedents and short and long term consequences describe the addictive consumer disease. Marketing implications and future research directions are discussed.

Keywords: Compulsive Buying, Compulsive Buying Theory, Compulsive Buying Framework, Compulsive Buying Antecedents, Compulsive Buying Consequences, Shopping Addiction

JEL Classification: D1

I. Introduction

Over the years many jokes, expressions, and sales of specialty merchandise have made light of consumers who shop and buy frequently e.g., “When the going gets tough, the tough go shopping,” I need some Retail Therapy”, or “I am a shopaholic.” Yet, for 18 million Americans suffering from compulsive buying, the process of shopping and buying has caused their lives to literally go out of control (Magee, 1994; Black 1996; 2007). These consumers are similar to substance abusers because they are unable to control their buying behavior, and they experience “a high” by buying merchandise (Magee, 1994; Black 1996; 2007). Only recently have researchers (e.g., McElroy et al. 1991; 1994; Christenson et al., 1992; Magee, 1994; Faber et al. 1995; Black 1996; 2007) begun to investigate the various negative social, psychological and financial consequences associated with the estimated 18 million compulsive buyers (Bragg, 2009).

In a marketing era of social responsibility (Kerin et al., 2011), if marketers either knowingly or unknowingly encourage increased consumption among compulsive buyers who cannot pay for their purchases, potential negative outcomes stand to impact others well beyond the span of the personal psychological and financial situations of individual consumers. Financial institutions providing retailer and customer credit, retail institutions, all other consumers, as well as the nation’s economy become subject to the increasing costs realized by compulsive buyers’ mounting and non-collectable debt (Bragg, 2009).

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The relevant marketing literature has evolved from initially focusing on impulsivity and how to encourage this consumption pattern among all consumers, (e.g., Patterson, 1963; Cox, 1964; Stern, 1962; Kollat and Willett, 1967). More recent research, has investigated the construct of compulsive consumption (e.g., Faber, O’Guinn, and Krych, 1987; Faber and O’Guinn, 1989; O’Guinn and Faber, 1989; 1992; Scherhorn, Reisch, and Raab, 1990; Valence, d’Astous, and Fortier, 1988; Peter, 1991; Natarajan and Goff, 1991; McElroy et al. 1991; 1994; Christenson et al., 1992; Hirschman, 1992; Magee, 1994; DeSarbo and Edwards, 1996; Faber et al. 1995; Black 1996; 2007), with a focus on the possible negative outcomes experienced by individual consumers predisposed to behave abnormally in the marketplace. A review of the relevant research follows, providing the basis for the development of this study’s theoretical framework.

From a theoretical perspective, the study offers an integrated framework by bringing together diverse constructs/data themes from previous research from the fields of psychiatry, psychology, sociology, and marketing, toward an improved general understanding of the compulsive buying addictive disease. Integrated from the reviewed literature, Figure 1 displays the construct and theme relationships for the antecedents and consequences of the compulsive buying disease.

II. Review of the Literature

Longman’s Dictionary of Psychology and Psychiatry (Goldenson, 1984) defines compulsion, as “a persistent, uncontrollable impulse to perform a stereotyped, irrational act, such as washing the hands 50 times a day. The act serves an unconscious purpose, such as a means of warding off anxiety, avoiding unacceptable impulses, or relieving a sense of guilt,” (Goldenson, 1984, p. 165). Driven by underlying urges of a serious and lasting nature, compulsive behaviors are repeated, sometimes to obsession, such as 50 washings of the hands, in an attempt to address unresolved underlying issues. This differs from when an impulse purchase occurs, as it is typically driven by an external stimulus and once it is consumed, the internal drive is satisfied. But with compulsive behaviors, the mere act of washing one’s hands an additional time does not resolve the deeper issue within, such as an abnormal fear of bacteria or disease. Thus, the act is repeated and continued because the compelling drive remains unresolved. When acted out and recognized, compulsive behaviors are nearly always considered negatively and as abnormal and/or socially undesirable.

Impulsive human behavior and compulsive behavior disorders have been described and operationalized over centuries in the literatures of philosophy (e.g., Plato, 300B.C. as discussed in Hamilton, 1962; Aristotle, 300 B.C. as discussed in McKeon, 1941), economics (e.g., Marshall, 1890; Bohm-Bawerk, 1959), psychiatry (e.g., Popkin, 1989; McElroy, Keck, Pope, Smith, and Strakowski, 1994; Lejoyeux, Hourtane, and Ades, 1995;) sociology (e.g., Klemmack, Carlson, and Edwards, 1974; Faber and O’Guinn, 1988b), social psychology (Rotter, 1966; Oxford, 1985), psychoanalytical psychology (e.g., Freud, 1936, 1959, 1962; Beck, 1967; Chelton and Bonney, 1987), as well as within the last several decades in marketing (Rook, 1987; Faber and O’Guinn, 1988a, 1988b, 1989). It is reasonable to believe that these constructs have captured the imagination of humankind for so long because, as we are differentiated from all other living creatures by our rational natures, we strive to better understand why we sometimes behave without reason. In addition, finding ways to avoid or at least reduce the suffering of corresponding negative consequences promotes our long-term best interests.

Plato addressed the issue of a compulsive behavioral tendency when he described the man who persistently acts without temperament or reason, and is thus inevitably destined for misfortune.
Serving as the central theme and point of philosophical discussion in several of Plato’s dialogues (e.g., _The Republic_ and _Philebus_ in Hamilton, 1963), Socrates debates with other philosophers about the importance of consistently acting with measure (temperance), proportion, reason, and intelligence in order to realize and live life to its fullest, “the good life.” Those acting without these characteristics are described as being ruled by the short term, impure variety of pleasure, as opposed to those acting in accordance with the purest form of pleasure, that of the soul (Hamilton, 1963).

It is important to note that although diverse literatures have historically focused on the negative outcomes of impulsive and compulsive human behaviors, thus serving as a warning to rational humans to “think before they leap,” marketers have traditionally been interested in encouraging “leaping before thinking” consumption behaviors, where purchases are made swiftly and/or repeatedly before deliberation of possible alternatives and consequences is given more time. Selling additional goods to more consumers is, after all, one of the major objectives when the goal is to increase market share and generate increased profits. Millions of dollars each year are appropriated by corporations to discover additional effective tactics that encourage rapid and repeated consumption behavior.

A body of marketing literature has developed over the past few decades in an effort to better understand the cognitive, affective, and situational variables impacting consumers’ propensities to purchase goods impulsively (e.g., Faber, O’Guinn, and Krych, 1987; Rook, 1987; Faber and O’Guinn, 1989; O’Guinn and Faber, 1989 and 1992; Peter, 1991; Hirschman, 1992; Nataraajan and Goff, 1991; Edwards, 1992, 1993, 1994a). Managerial implications of these studies have frequently related to prescriptive retail tactics designed to encourage this type of consumption pattern.

However, although striving to increase sales and profits via these tactics stands to benefit retailers, the encouragement and development of these behavioral tendencies poses serious problems for a growing number of consumers. The double digit rise in the number of this nation’s personal bankruptcy filings in the past decade, for example, points toward an increasing number of consumers who are evidencing consumption patterns far beyond their financial means (US Department of Commerce 2008). Moreover, national figures ending 2008 indicate that the average American family has accrued $8,329 in credit card debt (Bragg, 2009). In addition to serious financial difficulties, these consumers are also experiencing social and personal problems, which for many, require years to improve and resolve (Magee, 1994; Consumer Credit Counseling Services, 2009).

### III. Compulsivity and Compulsive Buying

Goldenson (1984) describes obsessive-compulsive disorder as “an anxiety disorder in which obsessions or compulsions are a significant source of distress, that interfere with the individual’s ability to function. Obsessions are persistent, recurrent ideas and impulses (e.g., thoughts of committing violence; ideas of contamination or doubt) that appear senseless or repugnant to the individual but force themselves on consciousness and cannot be ignored or suppressed,” (p. 506).

Compulsive buying is viewed as part of a broader category of compulsive consumption behaviors. Defined by the American Psychiatric Association (1985) as “repetitive and seemingly purposeful behaviors that are performed according to rules or in a stereotyped fashion,”
Compulsions are often excessive and ritualistic behaviors designed to alleviate tension, anxiety, or discomfort aroused by an obtrusive thought or obsession.

O’Guinn and Faber (1989) began work toward providing the theoretical underpinnings of the compulsive buying construct that conceptually links it with the larger category of compulsive consumer behaviors such as alcoholism, drug abuse, eating disorders, and compulsive gambling. Compulsive buyers have been found to exhibit a number of personality traits commonly included within these diverse compulsive consumption types. Building on this research, Hirschman (1992) provided a general theoretical model of addictive consumption suggesting that people exhibiting some forms of compulsive consumption have similar characteristics, and that these behaviors have common causes and follow similar patterns of development. In addition to personality linkages, theories of disease, sociocultural influences, affluenza, and social learning theory are provided as theoretical underpinnings to explain the compulsive and addictive consumption phenomena.

A. Theories of Compulsive Buying

A.1. Disease Theory and Biological Factors

The field of medicine has provided research in the area of disease theories, a model that is currently the dominant metaphor used to conceptualize both drug addiction and alcoholism in American treatment programs such as Alcoholics Anonymous. The focus of research attention on the disease model is on the development of physical dependence (Tabakoff and Rothstein, 1983), the identification of genetic predispositions (Petrakis, 1985), and the assumption that the disease will worsen if left untreated. The presence of genetic abnormalities or tendencies that predispose some people to be susceptible to the effects of alcohol and/or certain narcotics have been evidenced to support that these traits can be inherited (Donovan, 1988; Hirschman, 1992).

Black (2007) states that some evidence exists that compulsive buying runs in families and that within these families, mood anxiety, and substance abuse disorders are excessive. McElroy et al. (1994) found that 17 of 18 respondents in their study had one or more first-degree relatives with a mood disorder, alcohol or substance abuse, anxiety disorder, or compulsive buying disorder, suggesting support for genetic predispositions being carried on by families.

Research on brain activity and intervention has pointed to a link with serotonin and compulsive behavior. An amino acid based neurotransmitter, serotonin helps relay impulses between neurons in the brain. Low levels of serotonin have been associated with several impulse control disorders, and treatment with medications to enhance serotonin levels has appeared to alleviate these disorders in many patients (McElroy et al., 1991a; Nathan and Rolland, 1987; Popkin, 1989; Winchell et al., 1989).

Although medications are one method of regulating serotonin levels, certain activities are also believed to regulate the production of neurotransmitters (Sunderwirth, 1985). Many behaviors that increase the neurotransmission are also associated with arousal (Milkman and Sunderwirth, 1982). Schmitz (2005) suggests that impulse control disorders such as compulsive buying may be better understood on the basis of dysfunctional neurocircuits and reward-based behaviors. That is, the process and act of buying is reported as pleasurable by most patients. Compulsive shoppers have described their shopping experiences as a “high” or a “rush” and they indicate that both the shopping experience and its consequences are experienced as heightened states of arousal (Faber and O’Guinn, 1991; Faber et al., 1987).
Thus, Faber (1992) suggests that compulsive buying may be a way of achieving a change in brain chemistry that is associated with the desired increase in neurotransmission. This relationship between addictive or excessive behavior and brain chemistry may explain why arousal is viewed as a critical component in a general theory attempting to account for a wide range of addictions (Jacobs, 1989; Faber, 1992). Christensen et al. (1994) found that many compulsive buyers feel happy (83 percent) or powerful (71 percent) when shopping, although this temporary emotional lift was usually followed by a mood let down.

The research of Christenson et al. (1994) and Schlosser et al (1994) indicate that the compulsive buying disorder is chronic for most, with few periods of remission. Episodic urges, usually lasting an hour in length and varying from hourly to daily to weekly in occurrence were reported by the balance of their subjects. Subjects reported shopping frequently and not limiting their trips to the mall exclusively for special holidays or birthdays. Rather, the compulsive buyers reported having irresistible urges to buy, with unsuccessful attempts to control themselves or their willpower (Christenson et al. 1994). Reasoning that the thinking and forethought of shopping resembles that of an obsession, and that the physical act of shopping resembles a compulsive ritual, Black (1996; 1997) has treated compulsive shoppers with antiobsessional medication, fluvoxamine (Black 1996; Black et al, 1997; Black 2007). Black (1996; 2007) reports that for nearly all of the participants treated, their shopping ardor has cooled.

A.2. Sociocultural Theory

The field of psychology has produced socially based theories that also provide explanation for drug addiction and alcoholism. Sociocultural theory proposes that some ethnic groups such as Jews, Italian Americans, and Chinese-Americans, have lower rates of alcoholism. This is due to the groups having specified appropriate ceremonial, nutritional, or festive uses of alcohol, but negatively sanctioning overindulgence and drunkenness. In contrast, other nationality groups such as Irish-and English-Americans, who have positively sanctioned alcohol consumption have also experienced a higher rate of alcoholism (Davison and Neale, 1986).

With regard to compulsive buying and negative sanctions, Black (2007) contends that negative sanctions are likely be imposed by non-compulsive buyers who shop with friends or relatives who are compulsive buyers. He states that compulsive buying tends to be a “private pleasure” which could lead to embarrassment if someone not similarly predisposed about shopping accompanied them.

Black (2007) holds that shopping is a major pastime in the U.S. and other developed countries, particularly for women. He suggests that because of our culture, frequent shopping does not necessarily constitute evidence in support of a diagnosis of compulsive buying. Black (2007) emphasizes that even normal buying in the U.S. can sometimes take on a compulsive quality, particularly around special holidays, birthdays, or among people receiving a large inheritance or winning the lottery. Relative to other cultures, Americans are widely perceived across the globe as materialistic due to patterns of consumption that are perceived as excessive.

Faber and O’Guinn (1992) and Elliot (1994) have focused on compulsive buying as a sociocultural phenomenon that has been facilitated through contemporary marketing strategies. They suggest that shopping opportunities afforded by a market-based economy, combined with sufficient disposable income, appear to be necessary ingredients of compulsive buying. For example, compulsive consumption is unlikely to occur in Third World economies, except among the privileged few (Faber and O’Guinn, 1992; Elliot 1994). Thus, based on sociocultural theory,
as well as the relatively high economic status of the U.S., it is reasonable to believe that compared to people in other countries, Americans will represent a higher percentage of compulsive buyers.

A.3. Affluenza

Black (2001; 2007) states that cultural mechanisms have been proposed to recognize that compulsive buying disease occurs mainly in developed countries that include a presence of a market-based economy, the availability of a wide variety of goods, disposable income, and significant leisure time. Therefore, Black (2007) holds that compulsive buying disease is more likely to occur in the U.S., and unlikely to occur in poorly developed countries, except among the wealthy elite.

Building on sociocultural theory, with a specific American emphasis, De Graff, Wann and Naylor (2005) further describe the U.S. as developing a social disease called affluenza. As the rate of consumer debt reached historically high levels in the U.S. by the late 1990s, De Graaf, Wann and Naylor (2005) coined the term, affluenza, as a way to describe how the U.S. has become imbalanced by an over emphasis on cultural consumerism where “more is always better,” and we are commended, even rewarded by banks and credit card companies, for “buying now and paying later.” Affluenza, defined as a noun by the authors is: “a painful, contagious, socially transmitted condition of overload, debt, anxiety, and waste resulting from the dogged pursuit of more,” (De Graaf, Wann, and Naylor, 2005, p. 2). Calling this economic and social crisis “the American epidemic,” “an addiction,” or “at least a pernicious habit,” the authors hold that this illness in our society “is deeply rooted in the obsessive, almost religious quest for economic expansion that has become the core principle of what is called the American Dream,” (p. 3).

The authors hold that the American advertising industry has trained consumers to solve problems with products, and they have been so successful at doing this that the majority of us are now hard wired to medicate any sense of uneasiness with our favorite drug, consumption. Shopping has become Americans’ emotionally powered response to every life experience, spanning from celebrating a graduation with honors, to splurging to comfort ourselves when we have failed in a marriage. “Filling non-material needs materially...shopping has become our programmed response to joy and sorrow, good fortune and bad, and despair and hope. It is thus considered, substance abuse,” (De Graaf, Wann, and Naylor, 2005, p. 2).

The authors suggest that there are blatant symptoms evidencing that the U.S is suffering in the Age of Affluenza. These symptoms include the following: (1) our persistent focus on shopping fever; (2) a rash of personal bankruptcy filings, and our status as “a plastic nation,” where the average American possess 6.5 credit cards, for a nationwide total of 1.2 billion (Cardweb.com, December 2004, as cited in De Graaf, Wann and Naylor, 2005); (3)“chronic congestion,” or the state of excessive material objects and clutter; (4) “family convulsions,” or broken relationships and the unhealthy shift of family values; (5) “dilated pupils,” where children have become marketer’s focus for the full life time value as customers they represent; (6) “community chills,” where working together for worthy community causes and the level of volunteerism has significantly decreased relative to higher levels in past decades such as the 1950s; and (7) an “ache for meaning,” where Americans have become so focused on acquiring wealth, power and prestige, that we have collectively lost our souls and sense of meaningful selves (De Graaf, Wann, and Naylor, p. 2., 2005).
Thus, with the U.S. cultural context currently evidencing so many symptoms of affluenza, or illness related to over spending and over emphasis on materialism, and its daily reinforcement by advertisers via electronic media, it is reasonable to expect that some consumers could be negatively impacted by these cultural influences, propelling them into spending beyond their means. In addition, for consumers who suffer from compulsive buying, these stimuli could serve as the impetus propelling them into more serious stages of their disease.

A.4. Social Learning Theory

The social learning theory of Becker (1953, 1969) proposes that novice drug users must learn from their more experienced peers how to detect and respond to the pharmacological properties of marijuana, LSD, and opiates. In addition, Ray (1961) has described the relapse of recovering drug addicts as attributable to their social discomfort and inability to identify with non-addicts. Their continual association with the addict subculture, thus, has a negative impact on their ability to recover (Hirschman, 1992).

With regard to compulsive buyers, it would follow that if they remain isolated and depressed, and/or separated from non-compulsive consumers, and/or surrounded only by other compulsive buyers, the probability of decreasing or discontinuing excessive shopping would remain low. Further, as compulsive buyers receive predominantly positive feedback about their excessive shopping behaviors (e.g., see Table 2), it follows that they would feel psychologically validated or enabled, and reinforced toward continuing in excessive shopping behavior.

Therefore, many compulsive buyers could reasonably fit into the previously described personality, disease, sociocultural, and social learning theoretical models. Thus, although disease theory could explain why researchers such as McElroy et al. (1994) and Black (1996; 2007) found that most respondents in their study had one or more first-degree relatives with a mood disorder, alcohol or substance abuse anxiety disorder or compulsive buying disorder, the modeling behaviors demonstrated by relatives of compulsive buyers could also be explained by social learning theory. Hirschman (1992) holds that compulsive behavior is intimately related to coming from a family that is characterized by patterns of alcohol/drug abuse, physical violence, and/or emotional conflict such as divorce or separation, characteristics which can be explained by these theories.

IV. Research on Compulsive Buying

As early as the turn of the last century, compulsive buying was recognized by Kraepelin (1915) and Bleuler (1924) as a mental disorder, referred to as oniomania, buying mania, compulsive consumption, compulsive shopping and addictive or impulsive buying. It has been largely unexamined by modern psychiatry (McElroy et al., 1994; McElroy et al., 1991; Black, 1991; Christenson et al., 1994), and only recently recognized within the marketing discipline as a construct worthy of further investigation (Faber, O’Guinn, and Krych, 1987; Faber and O’Guinn, 1989; 1992; O’Guinn and Faber, 1989 and 1991; Peter, 1991).

Compulsive buying has been characterized in psychology as an irresistible urge to buy (Krueger, 1988; McElroy et al., 1991), with some form of tension relief or gratification (usually temporary) following the purchase (Glatt and Cook, 1987; Krueger, 1988; McElroy et al., 1991; 1994). Evidence of comorbidity for compulsive buying and other impulse control disorders has indicated it is linked to alcoholism (Glatt and Cook, 1987; Valence, d’Astous, and Fortier, 1988),
kleptomania (McElroy et al., 1991; 1994), bulimia and shoplifting (Norton, Crisp, and Bhat, 1985; Mitchell et al., 1985; Williamson, 1990), alcoholism and drug abuse (Mitchell et al., 1985; Williamson, 1990), and binge eating disorder and bulimia nervosa (Faber et al., 1995). These disorders have occurred for some individuals as simultaneous, while for others they have emerged serially after a previous one has been established, or after the initial disorder has been controlled (Hirschman, 1992; Mitchell, 1990; Oxford, 1985). While efforts are being made to theoretically link the related disorders, there is much debate in the psychiatric literature over which disorders should be grouped together (Christenson et al., 1992; 1994; McElroy et al., 1994; Milkman and Sunderwirth, 1982).

Within the marketing literature, Faber, O’Guinn and Krych (1987) identified three characteristics that appeared to be common across addictive and compulsive phenomena: (1) the presence of a drive, impulse, or urge to engage in the behavior, (2) denial of the harmful consequences of engaging in the behavior, and (3) repeated failure in attempts to control or modify the behavior. Correspondingly, compulsive consumption was defined in the marketing literature by Faber and O’Guinn (1989) as “chronic, repetitive purchasing that becomes a primary response to negative events or feelings [which]…becomes very difficult to stop and ultimately results in harmful consequences,” (Faber and O’Guinn, 1989, p. 155).

Although previously described in the literature as a dichotomy of compulsive and non-compulsive consumers (d’Astous, 1990; Faber and O’Guinn, 1988a; 1988b; 1992; O’Guinn and Faber, 1987b; 1989; Valence, d’Astous and Fortier 1988), it has been reasoned that compulsive buying occurs and is more appropriately described as degrees of behavior on a continuum (d’Astous, 1990; Nataraajan and Goff, 1991; Hirschman, 1992). As with impulsive behavior, the various abilities/abilities of individuals to delay gratification (i.e., levels of impulse control) as well as other combined personality attributes, and their strengths provide a continuum of compulsive behavior. Nataraajan and Goff (1991) have suggested that the levels of compulsive buying are distinguished by a continuum of control over behavior that the individual is able to manage, combined with a continuum of motives.

Past research has identified the addictive nature of compulsive buying behavior (Briney, 1989; Edwards, 1992, 1993, 1994a; Hirschman, 1992; Scherhorn, 1990; Scherhorn Reisch and Raab, 1990). It has been suggested that addiction to spending can occur progressively, starting when the recreational buyer, who may shop as an escape, finds the experienced “high” to be an easy and gratifying way to deal with stress or negative emotions. Anxiety overload caused by a crisis then triggers the individual to buy compulsively. As progressively less relief is experienced with each shopping spree, the person requires another “fix,” thus beginning to depend on shopping and spending as the primary means of coping with anxiety. Thus, viewed as an addiction, compulsive buying may be considered a progression from normal to impulsive spending, to a means of escape from stress and anxiety, and finally to addiction (DeSarbo and Edwards, 1996).

The primary criterion to determine whether buying behavior is innocuous or potentially compulsive (abnormal) buying is whether or not such behavior is causing disruption in the normal life of the individual (Faber and O’Guinn, 1989; Nataraajan and Goff, 1991). Black (1996) described compulsive buyers as shopping excessively to the point that their lives are literally organized around a broad range of shopping experiences. Schlosser et al. (1994) reported that 85 percent of their subjects expressed concern about their compulsive buying related debts, and that 74 percent felt “out of control.” Thus, if buying behavior begins to interfere with other spheres of an individual’s life, such as relationships with family and friends, financial well being,
or aspects of employment, and acts as an impediment to normal functioning, then it is deemed disruptive and is indicative of abnormality (Nataraajan and Goff, 1991).

Compulsive buying manifestations are viewed as possibly having an addiction component or a general compulsion component or both. It is reasoned that if buying has an addiction component, then compulsive buying tendencies should be strongly linked to some general addictive propensity. When employing the MacAndrew Scale (1965) with a variety of compulsive buying tendencies discussed in the literature, it was indicated that addictive propensity correlated significantly with many aspects of credit card usage, self-realization of excessive spending, and self-acknowledgment that significant others had noticed and commented about the individual’s spending excesses (Nataraajan and Goff, 1990; 1991).

Based on their findings and the consideration of five widely used definitions of compulsion (American Psychiatric Association, 1985; American Psychoanalytic Association, 1987; Campbell, 1981; Rycroft, 1968; Stone, 1988), Nataraajan and Goff (1991) developed the following definition of compulsive buying:

“Compulsive buying has an addictive propensity and/or compulsive trait, and arises from persistently assailing, repetitive motive(s) to buy (or perform the ritual of buying) which may or may not be irresistible and may or may not be pleasurable or relieving but that which is fundamentally disruptive to normal functioning,” (p. 321).

A. Personality Traits

Personality traits provide an area for addiction theorization. Figure 1 provides some of the personality characteristics that have been correlated with compulsive behaviors in the research. Research has found that in the area of drug addiction, as well as in many other forms of compulsive behavior, a strong tendency has been common for people to exhibit anxiety, depression, and low self esteem as adolescents (Mendelson and Mello, 1986). In studies using the Minnesota Multiphase Personality Inventory (MMPI), people who later became alcoholics were found to be more non-conformist, independent, under controlled, and impulsive than their peers (Mendelson and Mello, 1986).

There is a generalized tendency among compulsive buyers toward compulsivity across behaviors (Kolotkin et al., 1987; Jacobs, 1986). These consumers tend to exhibit impulsive behaviors, doing things on the spur of the moment, and are frustrated when they cannot immediately get what they want. These people are additionally found to have difficulty establishing and maintaining emotional intimacy with others, often feeling alone or isolated. Mendelson and Mello (1986) note that these same traits are characteristic of people addicted to narcotics, amphetamines, barbiturates, and LSD, as well as people who are gamblers, heavy marijuana smokers, or have eating disorders (Hirschman, 1992).

The compulsive buying disorder has been linked to obsessive-compulsive disorder, mood disorders, depression, compulsive hoarding, and/or impulse control disorders (Gittelson, 1966; Weiner, 1976; Baer et al., 1985; Glatt and Cook, 1987; McElroy et al., 1991; 1994; Christensen et al. 1992; Black 1996; 2007; Koran, 2000; Archart-Treichel, 2002; Mitchell et al., 2002; Mittenberger, 2003; Schmitz, 2005; Mueller et al., 2007; Fernandez-Aranda et al., 2008). One of the most consistent findings is that low self-esteem is strongly associated with compulsive behavior (Marlatt et al., 1988; O’Guinn and Faber, 1989; Scherhorn, Reisch, and Raab, 1990). Due to this tendency toward low self-esteem, people suffering from various compulsive
behaviors may also be more likely to experience negative affective states such as depression (Marlatt et al., 1988; Nathan, 1988).

Compulsive behaviors have been suggested as serving to temporarily block out or overcome these negative feelings (Jacobs 1986), as well as alternatively serving as negative outcomes after engaging in these behaviors. Internal cues, negative affective states and external environmental stimuli have been found to trigger episodes of compulsive behavior (Christensen et al. 1994; Black 1996; 2007). With regard to external environmental cues, Black (1996) found that compulsive shoppers often describe their experiences as enhanced by colors, sounds, lighting, smells of retail stores, and textures of clothing. Compulsive behaviors seem to provide short-term relief from negative emotional states, eventually becoming operant conditioned responses when feeling depressed (Falk, 1981; Donegan et al., 1983). Christensen et al. (1996) found that while compulsive shopping nearly always led a compulsive shopper into a “happy” mood state, it was generally followed by a significant let down.

Thus, it is suggested that a feedback loop develops within a compulsive consumer, where positive reinforcement is initially experienced during or immediately following the performance of compulsive behaviors in the form of temporary relief from negative affective states, temporary “emotional lifts” or “highs”. Over the long term, however, the severity of negative outcomes resulting from the compulsive behavior reintroduces low self-esteem, guilt and negative affect, motivating a repeated behavior for the temporary positive affective state. This cycle repeats itself, with long-term outcomes eventually becoming disastrous.

The literature also suggests that the ability to fantasize may be necessary for compulsive behaviors to occur in order for the individual to temporarily escape the negative feelings underlying and associated with personal success and social approval (Jacobs, 1986). Other researchers believe that fantasies may also be important to reinforce compulsive behaviors by allowing people to mentally rehearse anticipated positive outcomes of these activities (Bergler, 1958; Feldman and MacCulloch, 1971). In addition, it has also been suggested that both fantasies and compulsive behaviors serve as a means of avoiding one’s true problems by interfering with focusing on these problems (Kaplan and Kaplan, 1957; Oxford, 1985).

Arousal levels have also been linked to compulsive buyers’ personalities. Both low levels of arousal, such as boredom, and high levels of excitement, such as anxiety and stress, have been indicated to increase the occurrence of compulsive behaviors (Miller, 1980; Zuckerman, 1979; Black 2007). Discussions of compulsions in terms of efforts to reduce anxiety date as far back as the 19th and 20th centuries (Esquirol, 1838; Freud, 1895/1924), as well as linking it to arousal or sensation seeking tendencies within the last several decades (Carr, 1974; Segal, 1976; Zuckerman and Kuhlman, 1978). Research has also suggested that compulsive buyers may be using the shopping and spending process to seek excitement and sensations by being perpetually on edge and walking a tightrope between control and loss (DeSarbo and Edwards, 1996; Schmitz, 2005).

Purchasing compulsively has been described as a “private pleasure” for compulsive buyers by Black (2007). Black’s (1996) research with regard to the particular notice compulsive shoppers pay to retail environmental stimuli such as smells, sounds, colors and textures, suggests a heightened sense of arousal experienced by compulsive shoppers within retail environments, not typically experienced by normal consumers. Some compulsive shoppers in Black’s (1996) study even described their shopping experiences as sexually exciting.
B. Demographics

Demographics are listed in Figure 1 as predictors of compulsive buying. Researching demographic factors related to compulsive buying has yielded findings that, as Faber (1992) suggests, are likely to over represent the types of people who seek help for personal problems and thus must be interpreted with caution. Nevertheless, the literature across disciplines indicates that compulsive buyers are strongly linked to the female gender demographic variable. Psychiatrists Kraepelin (1915) and Bleuler (1924) noted that such “buying maniacs” were reportedly almost always female, and several researchers have subsequently found that women tend to score higher as compulsive buyers (O’Guinn and Faber, 1989, 1992; d’Astous, 1990; Scherhorn et al., 1990; Christenson et al., 1992; McElroy et al. 1991; 1994; Black, 1996).

Findings regarding income have been mixed. Early research suggested that the problem might be confined to the middle or lower income individuals who had a high desire for things and little willpower to resist urges (Faber et al., 1987), although later research has supported that compulsive buyers appear to come from all income groups (Christenson et al., 1992; O’Guinn and Faber, 1989; Scherhorn et al., 1990). However, more recent research (Christensen et al. 1994; Schlosser et al., 1994; Koran, 2002) has suggested that it is lower socioeconomic status compulsive buyers who hit bottom sooner, and are thus impacted by the disease to a greater extent as compared with higher socioeconomic classes of compulsive buyers. This fact also suggests that since it is lower socioeconomic status compulsive buyers who have hit bottom more frequently and at a higher rate, subsequently reporting their disease either legally via personal bankruptcy or in an effort to seek help, that the compulsive buyers the general public is aware of could be skewed. In addition, Black (1996; 2007) has noted that most clinical studies in the disciplines of psychology and psychiatry have suffered sampling effects due to traditionally small samples.

Findings relative to age and compulsive buying have also been inconclusive. Consistent with the work of Moschis and Churchill (1978), O’Guinn and Faber (1989) and Dittmar (2005) found that compulsive buyers tend to be younger. Scherhorn, Reisch and Raab (1990), however, did not find age to be a significant factor. Several studies have suggested that the age onset of compulsive buying disease appears to be in the late teens or early twenties, (Christensen et al. 2994; Schlosser et al., 1994; Koran, 2002), though McElroy et al. (1994) reported a mean age at onset of 30 years (Black, 2007).

Thus, while research has indicated mixed results in linking compulsive buying to other demographic variables, there is strong support that there exist more female compulsive buyers than males. In addition, it would be reasonable to expect from social learning theory and sociocultural theory that more females in the U.S. predisposed to behave compulsively would act out their behaviors through shopping as compared to males. Especially in American society, many women have been socialized from a very young age to enjoy shopping with their mothers, grandmothers, and friends.

In addition, based on sociocultural theory as well as the level of economic development in the U.S., it would be reasonable to expect the U.S. to have a larger percentage of females who are predisposed to behave compulsively to be compulsive buyers as compared with those in other countries.
C. Materialism

Materialism is listed in Figure 1 as a possible predictor of compulsive buying. It is suggested from the level of purchases made by compulsive buyers that they have an inordinate desire for things, and are thus expected to score highly on measures of materialism. However, if their behavior is performed for the primary purpose of alleviating anxiety and negative affect, then desire for products among compulsive buyers may not actually differ from that of other consumers (O’Guinn and Faber, 1989).

As with demographic variables, the relationship between compulsive buying and materialism has been mixed. Materialism has been described as “a set of centrally held beliefs about the importance of possessions in one’s life,” Rindfleisch, Burroughs, and Denton (1997, p. 313). This research partially supported this causal linkage, finding that the relationship between family structure and compulsive consumption is mediated by both the amount of resources available within the family and the degree of family stress (Rindfleisch, Burroughs, and Denton, 1997). Dittmar (2005) also found support that materialistic value endorsement is the strongest predictor of compulsive buying. In each of these studies, the authors linked family stress characteristics to youths’ development of materialism.

Materialism has also been linked to low self-esteem, dissatisfaction with one’s life and an insatiable desire for higher income (Richins and Dawson, 1992). It has been suggested that material possessions serve as surrogates for inadequate or non-satisfying interpersonal relationships; individuals who are more materialistic place a higher emphasis on possessions than on interpersonal relationships (Dittmar, 2005; Belk, 1985; Richins, 1994).

Thus, earlier research supports that the motivation for compulsive purchasing appears to originate from desires to reach self created interpersonal and self-esteem goals, rather than from desires to actually possess the goods. For example, O’Guinn and Faber (1989) observed that compulsive buyers often appear to be more interested in attaining positive personal interactions and increased self-esteem from their purchases than economic or utilitarian value. More recent studies, however, have evidenced a strong link to the endorsement of materialistic values among younger compulsive buyers (Xu, 2008; Frost et al., 2007; Rose, 2007; Dittmar, 2005).

D. Product Categories of Compulsive Buyers

Although the findings linked to materialism have been mixed, Faber (1992) has suggested that the items purchased by compulsive buyers do not appear to be capricious or random. Several product categories evidence a higher frequency of purchase among compulsive buyers relative to others, results that parallel linkages supported in the research on impulse buyers (Dittmar, Beattie, and Freise, 1998). As listed in Figure 1, clothing, jewelry, makeup and collectibles with female compulsive buyers, and electronic equipment and collectibles with males have been examples of specific product categories of interest to compulsive buyers (Faber et al., 1987; O’Guinn and Faber, 1989; Christenson et al., 1992; Black 1996; 2007). These items are often tied to self-esteem either through affecting how one looks or how one thinks of oneself (e.g., a fashion maven, an innovator, etc.). In addition, these items can facilitate positive interactions with sales personnel, which can aid in avoiding isolation and in increasing self-esteem (Faber et al., 1987).
E. Affect Intensity

In addition to differences in perceptions and judgments about actions among compulsive and non-compulsive consumers, recent research has indicated that differences exist among all consumers with regard to the strength of emotions, or the degree of affect intensity experienced, as derived from various stimuli and exhibited in their corresponding responses to them (Moore, Harris, and Chen, 1995). Thus, Figure 1 lists affect intensity as a consumer antecedent characteristic to the shopping experience.

Based on the findings regarding emotional levels and mood fluctuations among compulsive consumers (i.e., overall states of depression as an antecedent to shopping, changing to an “emotional lift” or “high” experienced as a consequence of shopping), it is reasonable to believe that compulsive shoppers could be predisposed to have stronger affect responses to product related and marketing communications stimuli over other consumers. Black’s (1996) research, evidencing that some compulsive buyers even described their shopping experiences as sexually exciting, suggests a heightened sense of arousal experienced by compulsive shoppers, not typically experienced by normal consumers.

In addition, it is reasonable to believe that other types of retail stimuli, such as consumer socialization, could also evoke differentially strong responses among compulsive consumers. Other compulsive consumers’ positive comments about the appropriateness of excessive purchase behaviors, as well as aggressive selling tactics employed by retail sales personnel, could also more strongly impact compulsive buyers who are not predisposed to make rational choices about their purchases, as compared to normal consumers.

Examples of such conversations between hosts of television home shopping channels and consumers evidencing excessive purchasing are found in Tables 1 and 2, where actual conversations between customers and hosts were recorded and transcribed for two of the major home shopping channels, QVC and HSN.

Table 1: The Language of Addiction: Viewer Testimonials from Television Home Shopping

<table>
<thead>
<tr>
<th>Viewer comments</th>
<th>Firm</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I have made myself a jewelry wardrobe now.”</td>
<td>HSN</td>
<td>4/3/97</td>
<td>7:39 p.m.</td>
</tr>
<tr>
<td>“I have enjoyed you being my show host...you have made me spend over $1000. I get so many compliments.”</td>
<td>HSN</td>
<td>4/3/97</td>
<td>6:20 p.m.</td>
</tr>
<tr>
<td>“When I get off the phone I call my friend to tell her, ‘Guess what I just ordered!’ I’ve got more than one ring. I’m a frequent QVC shopper. You’ve added greatly to my wardrobe.”</td>
<td>QVC</td>
<td>3/1/97</td>
<td>6:57 a.m.</td>
</tr>
<tr>
<td>“I’ve bought 6 rings from you so far this month. It’s like an obsession!”</td>
<td>HSN</td>
<td>2/9/97</td>
<td>7:40 p.m.</td>
</tr>
</tbody>
</table>

Table 1: The Language of Addiction: Viewer Testimonials from Television Home Shopping: Continues

<table>
<thead>
<tr>
<th>Viewer comments</th>
<th>Firm</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I have every color of cubic zirconium that you sell—you should come over to my house and buy from me! I buy jewelry for me and for all of my friends. I love jewelry. I’m a shopaholic.”</td>
<td>HSN</td>
<td>8/19/97</td>
<td>10:59 p.m.</td>
</tr>
<tr>
<td>“I keep going away and something keeps drawing me back to this television.”</td>
<td>HSN</td>
<td>12/26/97</td>
<td>6:10 p.m.</td>
</tr>
</tbody>
</table>

Table 2: The Language of Addiction: Host Responses to Viewers of Television Home Shopping

<table>
<thead>
<tr>
<th>Host comments</th>
<th>Firm</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’ve been shopping with you for a few months and I’m becoming addicted.”</td>
<td>HSN</td>
<td>4/4/98</td>
<td>1:20 p.m.</td>
</tr>
<tr>
<td>“You deserve this, so go ahead and treat yourself!”</td>
<td>HSN</td>
<td>2/10/97</td>
<td>7:30 a.m.</td>
</tr>
<tr>
<td>“Are you doing a little shopping to take away the blues? Well, why not? Nothing wrong with that!”</td>
<td>HSN</td>
<td>2/23/97</td>
<td>8:26 a.m.</td>
</tr>
<tr>
<td>“Use automated ordering, for those ladies who like to shop late at night and sneak one in on their husbands.”</td>
<td>HSN</td>
<td>8/26/97</td>
<td>8:50 a.m.</td>
</tr>
<tr>
<td>“...and it’s (shopping HSN) addictive, isn’t it?”</td>
<td>HSN</td>
<td>12/30/97</td>
<td>7:45 p.m.</td>
</tr>
<tr>
<td>“Ha, ha,...well it’s certainly something that can get you hooked, but it’s a good hooked.”</td>
<td>HSN</td>
<td>4/4/98</td>
<td>1:20 p.m.</td>
</tr>
<tr>
<td>“I hope this is the beginning of you becoming addicted to this jewelry. It is a good thing to become addicted to, (Kathy Levine).”</td>
<td>QVC</td>
<td>8/8/98</td>
<td>8:32 pm</td>
</tr>
<tr>
<td>“Stock up, save them, hoard them! Give them to all of your friends!”</td>
<td>HSN</td>
<td>7/12/97</td>
<td>12:59 p.m.</td>
</tr>
<tr>
<td>“We know we are women. The estrogen makes us shop. We know how to shop. I’ve been shopping for a living for 14.5 years,” (Lisa Robertson).</td>
<td>QVC</td>
<td>10/26/09</td>
<td>7:50 p.m.</td>
</tr>
</tbody>
</table>

It is apparent that the language of addiction is occurring in at least some marketing and shopping venues, thus positioning these particular marketers as enablers of the compulsive buying disease. It is also reasonable to believe that the same stimuli can compel one consumer to buy one item on impulse (e.g., a cubic zirconium ring), while it can compel a consumer...
predisposed to behave compulsively to go on a shopping binge resulting in the purchase of over $1,000 (see Table 1). This situation is analogous to encouraging an alcoholic to consume another alcoholic beverage. In addition, increased purchase frequency and eventual compulsive buying behavior are likely to be higher as compulsive shoppers are able to shop within the privacy of their own homes via catalogs, televisions and computers, thus avoiding negative social judgments by others.

F. Normative Evaluations and Impulse Control

Compulsive buying has been described as an impulse control disorder in the psychiatric and consumer behavior research (Christenson, et al., 1994; 1994; McElroy, et al., 1991; Faber and O’Guinn, 1988a, 1988b, 1989; O’Guinn and Faber, 1989, 1992; McElroy, et al., 1994; Black 1996; 2007). A lack of impulse control has been associated with people unable to resist or delay gratification when an impulse strikes them to buy. Although compulsive buyers are impulsive in their behavior, their buying binges are precipitated by internal stimuli. Black (1996; 2007) found compulsive buyer subjects to evidence a wide range of buying episodes, ranging from hourly to weekly in occurrence. However, it is reasonable to believe that impulsive buying, that is generally stimulated by external stimuli, may be associated with lower levels of compulsive buying (DeSarbo and Edwards, 1996).

Rook and Hoch (1985) noted that impulsive consumers often seek to enact special rules or behavioral devices to assist in controlling their behavior. Later, Rook and Fisher (1995) gave clarification to this notion in their discussion of normative evaluations. It is reasoned that having an impulse is not necessarily acting on it, as even highly impulsive buyers do not succumb to every spontaneous buying demand. Research has shown that gratification delay, for example, is more prevalent among people who are high in need for achievement (Atkinson and Feather, 1966; Mischel and Gilligan, 1964).

Rook and Fisher’s (1995) study found support for consumers’ normative evaluations moderating impulsive actions. Applying a sort of “interrupt mechanism” of Bettman’s (1979) consumer behavior model, a variety of factors may alert consumers to the need for immediate deliberation and thus, consequently “interrupt” the transition from impulsive feeling to impulsive action.

It is reasonable to believe that compulsive buyers would be more likely to demonstrate lower levels of gratification delay as compared to other consumers. While inner psychological drives or urges are powerfully driving both impulsive and compulsive buying scenarios, it is reasonable to believe that both the number and quality of normative evaluations performed by highly compulsive consumers will be fewer and less detailed as compared to those performed by non-compulsive consumers. The number of normative evaluations performed that relate to relevant financial issues, social visibility and self-awareness of non-compulsive buyers are more likely to be higher as compared to those of compulsive buyers. Christensen et al. (1994) found that nearly 21 percent of compulsive shoppers suffered from weak impulse control, as compared to that of 4.2 percent of normal shoppers. In addition, compulsive buyers are more likely to perform normative evaluations about how to get their next “high,” e.g., when and where will be the next opportunity to shop, as compared to non-compulsive buyers, who may be more inclined to perform normative evaluations about the need for and/or financial feasibility of items purchased.

Magee (1994) found that possessing compulsive purchasing tendencies often influences a consumer’s perception of other’s shopping behaviors, coloring what is perceived as appropriate
behavior. Support for this was suggested by Black (1996), when he found that 74 percent of his study’s compulsive shoppers preferred to shop alone, but one of his respondents preferred shopping with her friend, also a compulsive shopper.

Compulsive buyer testimonies evidenced on Tables 1 and 2 lend additional support that compulsive shoppers tend to hold a skewed perception of what is perceived as appropriate shopping behavior. For example, purchase behavior seemingly normal to compulsive consumers, such as purchasing 50 cubic zirconium rings from a television home shopping network, most likely is perceived as eccentric and excessive behavior to consumers without this compulsive propensity. It is reasonable to believe then, that normative evaluations performed by compulsive buyers in the presence of encouragement by others such as sales personnel, or among other compulsive buyers demonstrating similar behaviors, will be directed positively toward the act of shopping. Normative evaluations performed by compulsive shoppers, when among non-compulsive shoppers, would most likely be less positive toward the act of shopping.

G. Credit Card Usage

Research indicates that the number of credit cards used regularly and the levels of credit debt are variables linked to compulsive buying (Norum, 2008; Joji and Raveendran, 2008; Park and Burns, 2005; Schmitz, 2005; Dittmar, 2005; Edwards, 1992, 1994a; Black 1996; 2007). Compulsive buyers tend to rely on credit cards more than normal buyers, they tend to have more of them, they are less likely to use cash as a payment method, and they are more likely to have used multiple credit cards to their maximization financial limits than are non-compulsive buyers (Black 1996; 2007).

H. Short-Term Consequences

Although the literature largely views compulsive consumption as an undesirable form of behavior for both the individual and for society, compulsive consumers have experienced at least some temporary positive outcomes. These include reduction of stress and tension (Schmitz, 2005; Rindfleisch, Burroughs, and Denton, 1997), and temporary restoration of self-concept and self esteem during times of personal crisis and key life transitions (Hirschman, 1992). In addition, some compulsive buyers sometimes use the act of purchasing as a means of bolstering self-esteem, enhancing interpersonal relations, as well as receiving a “high” or emotional lift from performing the behavior (Schmitz, 2005; O’Guinn and Faber, 1989; Faber and O’Guinn, 1992; McElroy et al 1994; Black 1996; 2007).

Similarly, Dittmar (1996; 2005) and Dittmar, Beattie and Freise (1998) found that consumers purchase impulsively as a means of acquiring material symbols of personal and social identity. Strong support was indicated that mood and self-image concerns are important in impulse buying behavior. Overcoming perceived self-discrepancies and symbolic self-fulfillment were found to be positive outcomes for some impulsive purchasers. Thus it seems reasonable to believe that compulsive buyers may be more strongly predisposed to experience these feelings too.

Shapiro (1993) also found that compulsive purchases often serve as a form of therapeutic self-giving. Consumers suffering from loneliness were found to use compulsive shopping as a means of assuaging feelings of loneliness and lack of locus of control. Schlosser et al. (1994) found that compulsive buyers typically buy for themselves (39 percent), but they also buy for friends and family members.
Thus, it is apparent that even though society at large regards compulsive buying as behavior that is detrimental over the long term, evidence exists that compulsive buyers may be receiving positive outcomes and reinforcement from their behavior; else it would most likely not be repeated. The situation is analogous to other addictive behaviors such as drug addiction, gambling and alcoholism. For the short term, shopping provides compulsive buyers with relief from stress, heightened positive affective states, enhanced self-esteem and sense of self worth, as well as escape from feelings of loneliness and other negative feelings. These positive feelings provide further motivation to repeat the behavior in an effort to sustain them, eventually becoming operant conditioned responses when negative feelings recur (O’Guinn and Faber, 1989). Short-term consequences are listed with an underlying feedback loop in Figure 1.

I. Long-Term Consequences

Despite any temporary positive effects derived from purchasing, long-term compulsive consumption is by definition harmful and, when left unchecked, has adverse consequences for most individuals (Schmitz, 2005; Dittmar, 2005; Hirschman, 1992; O’Guinn and Faber, 1989). Severe consequences related to the behavior disorder have been identified as including personal distress, extreme financial debt, and marital and family disruption (Schmitz, 2005; Dittmar, 2005; Glatt et al., 1987; McElroy et al., 1991; 1994; Black 1996; 2007). Such negative consequences resulting from compulsive buying behavior are listed in the last section of Figure 1 on the far right. As it is estimated that approximately 18 million Americans fit the general personality and behavioral profile of the compulsive shopper (Arthur, 1994), this consumer type stands to negatively impact the economic health of financial/credit institutions and retail corporations in terms of non-collectable debt, and nations over the long term.

V. Summary of Compulsive Buying Research

Researchers have found that compared with other consumers, more compulsive buyers are female than male (Kraepelin, 1915; Bleuler, 1924; O’Guinn and Faber, 1989, 1992; d’Astous, 1990; Scherhorn et al., 1990; Christenson et al., 1992; Scherhorn et al., 1990; McElroy et al. 1994; Black 1996; 2007). In addition, compulsive buyers tend to possess low self-esteem (Schmitz, 2005; Dittmar, 2005; d’Astous, Matais, and Roberge, 1990; O’Guinn and Faber, 1989a; Scherhorn, Reisch, and Raab, 1990; Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007); a greater tendency to fantasize (O’Guinn and Faber, 1989a); have higher levels of depression (Schmitz, 2005; Dittmar, 2005; Scherhorn et al., 1990; Valence, d’Astous, and Fortier, 1988; Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007); and higher levels of anxiety reactions and obsessions (Schmitz, 2005; Dittmar, 2005; O’Guinn and Faber, 1989a; Scherhorn et al., 1990; McElroy et al. 1994, Black 1996, 2007). Materialism has been linked to some compulsive buyers as a result of family stress during developmental years, where purchases are used as surrogates for personal relationships that are lacking (Xu, 2008; Dittmar, 2005; Rindfleisch, Burroughs, and Denton, 1997), as well as relating specific products to compulsive buyers as a function of their desired self images (Black 1996; 2007; Dittmar, Beattie, and Freise, 1998).

Although long-term consequences of compulsive buying have been described as generally negative and harmful to the individual as well as to others, compulsive buyers derive short-term benefits from the act of shopping such as reduced anxiety, increased self-esteem, and positive
emotional feelings (Christenson et al., 1992; McElroy et al. 1994; Schlosser et al., 1994; Black 1996; 2007). These short-term benefits serve to provide an operant conditioned response within high compulsive buyers to repeat and continue the behavior.

Table 3 provides an overview of the relevant compulsive buying literature reviewed for this study.

Table 3: Literature Review Summary

<table>
<thead>
<tr>
<th>Themes &amp; Variable Structures Identified</th>
<th>Relevant Studies: Authors and Years</th>
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<tbody>
<tr>
<td>Compulsivity</td>
<td>Kraeplin 1915</td>
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<td></td>
<td>Bleuler 1924</td>
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<td></td>
<td>Gittelson 1966</td>
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<td>Weiner 1976</td>
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<td>Goldenson 1984</td>
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<td>Mitchell et al. 1985</td>
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<td>Norton, Crisp, and Bhat 1985</td>
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<td>Faber, O’Guinn, and Krych 1987</td>
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<td></td>
<td>Glatt and Cook 1987</td>
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<td>Valence, D’Astous, and Fortier 1988</td>
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<td></td>
<td>Faber and O’Guinn 1989; 1992</td>
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<td></td>
<td>Williamson 1990</td>
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<td></td>
<td>Hirschman 1992</td>
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<td></td>
<td>McElroy et al. 1991; 1994</td>
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<td></td>
<td>Christenson et al. 1992; 1994</td>
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<td></td>
<td>Schlosser et al. 1994</td>
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<td>Faber et al. 1995</td>
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<td>Black 1996; 2007</td>
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<td>Low Self-Esteem</td>
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<td>Marlatt et al. 1988</td>
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<td>Nathan 1988</td>
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<td>O’Guinn and Faber 1989</td>
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<td>Christenson et al. 1992; 1994</td>
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<td>McElroy et al. 1991; 1994</td>
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<td>Black 1996; 2007</td>
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<td>Negative Affect/Depression</td>
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| **Negative Affect/Depression: continues** | O’Guinn and Faber 1989  
Scherhorn et al. 1990  
McElroy et al. 1991; 1994  
Christenson et al. 1992; 1994  
Faber and O’Guinn 1992  
Black 1996; 2007  
Rindfleisch, Burroughs, and Denton 1997  
Koran 2000  
Archart-Treichel 2002  
Mitchell et al. 2002  
Mittenberger et al. 2003  
Schmitz 2005  
Mueller et al. 2007  
Fernandez-Aranda et al. 2008 |
| **Loneliness** | O’Guinn and Faber 1989  
Faber and O’Guinn 1992  
Shapiro 1993  
Schlosser et al. 1994 |
| **Arousal Seeking** | Esquirol 1838  
Freud 1895  
Carr 1974  
Segal 1976  
Zuckerman and Kuhlman 1978  
Miller 1980  
Zuckerman 1979  
O’Guinn and Faber 1987a; 1987b; 1989  
Faber and O’Guinn 1988a; 1988b; 1989  
Valence et al. 1988  
Briney 1989  
Scherhorn et al. 1990  
Faber 1992  
Hanley and Wilhelm 1992  
Christy 1993  
Edwards 1992; 1994a  
DeSarbo and Edwards 1996  
Black 1996 |
| **Fantasizing** | Kaplan and Kaplan 1957  
Bergler 1958  
Feldman and MacCulloch 1971  
Jacobs 1986  
Oxford 1985 |
Table 3: Literature Review Summary: Continues

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<td></td>
<td>Black 1996; 2007</td>
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<tr>
<td><strong>Demographics</strong></td>
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### Table 3: Literature Review Summary: Continues

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| **Normative Evaluations and Impulse Control** | Freud 1959; 1962  
Faber and O’Guinn 1988a; 1988b; 1989  
O’Guinn and Faber 1989; 1992  
McElroy, Satlin, Pope, and Keck 1991  
McElroy et al. 1991; 1994  
Christenson et al. 1992; 1994  
Faber and O’Guinn 1992  
Magee 1994  
Rook and Fisher 1995  
DeSarbo and Edwards 1996  
Black 1996; 2007 |
| **Short Term Consequences of Compulsive Buying** | Jacobs 1986  
Falk 1981  
Donegan et al. 1983  
Hirschmann 1992  
Rindfleisch, Burroughs, and Denton 1997  
McElroy et al. 1991; 1994  
Christenson et al. 1992; 1994  
O’Guinn and Faber 1989  
Faber and O’Guinn 1992  
Schlosser et al. 1994  
Black 1996; 2007 |
| **Long Term Consequences of Compulsive Buying** | Glatt et al. 1987  
O’Guinn and Faber 1989  
McElroy et al. 1991  
Hirschmann 1992  
DeSarbo and Edwards 1996  
McElroy et al. 1991; 1994  
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The proposed theoretical framework, Figure 1, is presented next. The model incorporates the constructs previously reviewed in the relevant compulsive buying literature.

**Theoretical Framework**

Figure 1 is a diagrammatic representation of the theoretic model that is supported by several literature streams previously discussed. It is a framework identifying the relevant variables and themes associated with compulsive buying and the consequences of this behavior.
A. Personality Variables

A.1. Compulsivity

Early research (Kraeplin, 1915; Bleuler, 1924, Bergler, E.1958) has indicated that some people possess a predisposition to behave compulsively, whether it is uncontrolled purchasing, gambling, substance addiction, etc. Further, research has also indicated the comorbidity of these behaviors among many consumers (Faber, O’Guinn, and Krych, 1987; Faber and O’Guinn, 1989; Faber et al., 1995; Glatt and Cook, 1987; Valence, d’Astous, and Fortier, 1988; Hirschmann, 1991; 1992; McElroy et al., 1991; 1994; Norton, Crisp, and Bhat, 1985; Mitchell et al., 1985; Williamson, 1990; Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007). Specifically, compulsive buying has been linked to other impulse control disorders (Gittelson, 1966; Weiner, 1976; Glatt et al., 1987; McElroy et al., 1991; Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007).

A.2. Low Self-Esteem

One of the most consistent findings about compulsive buyers is that low self-esteem is strongly associated with it (Marlatt et al., 1988; O’Guinn and Faber, 1989; Scherhorn, Reisch,

A.3. Negative Affect

Research has indicated a strong tendency for compulsive buyers to exhibit a higher level of depression over other people (Gittelson, 1966; Weiner, 1976; Baer et al., 1985; Glatt and Cook, 1987; McElroy et al., 1991; 1994; Christensen et al. 1992; Black 1996; 2007; Koran, 2000; Archart-Treichel, 2002; Mitchell et al., 2002; Mittenberger, 2003; Schmitz, 2005; Mueller et al., 2007; Fernandez-Aranda et al., 2008).

A.4. Loneliness

Compulsive buyers have been found to prefer to shop alone (Schlosser et al. 1994; Black 1996). Social isolation and feelings of loneliness have been linked to compulsive shoppers (O’Guinn and Faber, 1989; Faber and O’Guinn, 1992 Shapiro, 1993; Schlosser et al. 1994).

A.5. Arousal Seeking

Compulsive buying has been linked to excitement seeking tendencies (Esquirol, 1838; Freud, 1895; Carr, 1974; Segal, 1976; Zuckerman and Kuhlman, 1978; Miller, 1980; Zuckerman, 1979; Faber and O’Guinn, 1988a, 1988b, 1989; O’Guinn and Faber, 1987a, 1987b, 1989; Valence et al., 1988; Briney, 1989; Scherhorn et al., 1990; Faber, 1992; Hanley and Wilhelm, 1992; Christy, 1993; Edwards, 1992, 1994a; McElroy et al, 1994; Christensen et al., 1994; DeSarbo and Edwards, 1996; Black 1996). One would therefore expect more compulsive buyers to be associated with arousal seeking tendencies than consumers without the disorder.

A.6. Fantasizing

Research suggests a strong link between compulsive buyers and the ability to fantasize (Jacobs, 1986; Bergler, 1958; Feldman and MacCulloch, 1971; Kaplan and Kaplan, 1957; Oxford, 1985). Reasons for higher rates of fantasizing among these consumers include using it to serve as an escape for negative feelings underlying and associated with personal success and social approval (Jacobs, 1986; Kaplan and Kaplan, 1957; Oxford, 1985). In addition, fantasizing serves to reinforce compulsive behaviors by enabling people to mentally rehearse anticipated positive outcomes of these activities (Bergler, 1958; Feldman and MacCulloch, 1971).

B. Demographics

Demographic findings described in the literature review provide support that more women than men suffer from compulsive buying disorder (Kraeplin, 1915; Bleuler, 1924; O’Guinn and Faber, 1989, 1992; d’Astous, 1990; Scherhorn et al., 1990; Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007). Black (2007) states that although the reported gender difference in compulsive buying research could be artifactual, as more women acknowledge that they enjoy shopping as compared to men, community based and clinical surveys have suggested that 80-95
percent of compulsive buyers are women (Faber and O’Guinn, 1992; McElroy et al., 1994; Schlosser et al., 1994).

C. Affect Intensity

Magee’s (1994) study found differences in perceptions and judgments about actions among compulsive and non-compulsive consumers. Moore, Harris and Chen (1995) indicated that differences exist among consumers with regard to the strength of emotions, or the degree of affect intensity experienced, as derived from various stimuli, and as exhibited in their corresponding responses to them. Black’s (1996) research, evidencing that some compulsive buyers even described their shopping experiences as sexually exciting, suggests a heightened sense of arousal experienced by compulsive shoppers, not typically experienced by normal consumers. Some people, as compared with others, consistently experience their emotions with greater strength when exposed to emotionally provocative stimuli.

Thus, it is reasonable to believe that compulsive consumers, who are predicted to experience a greater degree of depression, lower mood states, and lower self-esteem over other consumers, may be predisposed to have stronger affect responses to certain stimuli over other consumers. In particular, these stimuli could include other compulsive consumers’ emotionally charged and positive opinions about the appropriateness of continuing with purchase behaviors, as well as being exposed to hard sell approaches by aggressive salespersons.

D. Normative Evaluations and Impulse Control

Low impulse control has been related to obsessive-compulsive personalities as their ability to delay gratification is lower than other people (Freud, 1959, 1962; Faber and O’Guinn, 1988a, 1988b, 1989; O’Guinn and Faber, 1989, McElroy, et al., 1991; 1992; McElroy, et al., 1994; Christenson, et al., 1992; 1994; McElroy et al. 1994; DeSarbo and Edwards, 1996; Black 1996; 2007). Rook and Fisher (1995) reasoned that not all consumers with impulses necessarily act on them, as even highly impulsive consumers do not succumb to every spontaneous buying stimulus. A variety of factors, such as knowledge and a sense of responsibility for one’s personal finances, social visibility, and/or awareness of one’s behavior, can interrupt a consumer’s transition from impulsive feeling to impulsive action. However, as the research has evidenced, most compulsive purchasers give little attention to considerations such as these (e.g., Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007). Rather, they are so strongly compelled to act in order to assuage negative inner feelings of self-esteem and self-worth that these considerations are either dismissed as unimportant, or not considered at all. In addition, as Magee (1994) suggested, compulsive consumers may deliberate positive normative evaluations about proceeding with compulsive purchases if they are in the company of others who share the compulsive predisposition, or if they are alone and are being encouraged to do so by an encouraging retail salesperson.

E. Credit Usage

Research has found that compulsive buyers demonstrate a higher usage and/or abuse of credit over other consumers (Edwards, 1992, 1994a; DeSarbo and Edwards, 1996; Black 1996; 2007).
F. Short and Long-term Consequences of Compulsive Shopping

The literature has provided evidence to indicate that compulsive shoppers may derive some positive outcomes from purchasing, such as reduction of stress and tension (Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007; Rindfleisch, Burroughs, and Denton, 1997), temporary restoration of a positive self concept (Hirschmann, 1992; O’Guinn and Faber, 1992; Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007), and enhanced interpersonal relations (O’Guinn and Faber, 1989; Faber and O’Guinn, 1992). The evidence is overwhelming, however, that these positive outcomes are ephemeral, and that long-term compulsive consumption has adverse consequences for most individuals in the forms of excessive personal debt, legal difficulties, as well as low self-esteem and guilt associated with these problems (Hirschmann, 1992; O’Guinn and Faber, 1992; Christenson et al., 1992; McElroy et al. 1994; Black 1996; 2007).

VI. Discussion and Implications for Marketing

The literature reviewed has provided a body of knowledge from which to better understand compulsive buyers. A theoretical framework, Figure 1 was developed from this literature review. While recent research and popular literature have begun to recognize compulsive consumption as a problem worthy of increased attention by researchers, it has been evidenced that significant gaps exist in the literature that should be explored to provide better understanding of these consumers’ propensities to behave. Given the significant differences existing between compulsive buyers and other consumers’ behavior within traditional retail formats, how can we better predict the differential impact global innovations such as the Internet and home shopping formats may have on compulsive consumers? As this population segment continues to grow, the question becomes increasingly important. And in the interest of better understanding consumer behavior in general, as well as building improved retail strategy toward addressing and avoiding the corresponding negative consequences for these individuals, as well as for society, it is a question that should be of interest to marketing researchers and practitioners, alike.

The study of abnormal consumer behavior is important because these behaviors have severe consequences for both the affected and non-affected individuals. Economic and social problems resulting from unmanageable amounts of debt can be experienced by compulsive buyers, as well as by their families. Creditors who are unable to retire this debt can also be adversely affected by this abnormal marketplace behavior.

It has been argued that the study of harmful aspects of consumer behavior is essential to the field’s further development (Faber and O’Guinn 1988; Moschis 1987; Moschis and Cox 1989; O’Guinn and Faber 1989a). Thus, in the interest of an enhanced general understanding of the consumer behavior area, as well as the possibility for improving the related negative financial and social outcomes, additional marketing research is paramount in an area such as compulsive buying where a growing and significant number of consumers are emerging.

The social and psychological needs of compulsive consumers have been regarded seriously enough in recent years to support the development of Debtors Anonymous (DA), an organization similar to Alcoholics Anonymous. DA offers guidance and action plans to assist these consumers in moving toward a more “normal” consumption lifestyle. It is suspected by many of those associated with DA and Consumer Credit Counseling Services (CCCS), that compulsive buyers may actually be negatively impacted and encouraged to continue behaving compulsively by
existing marketing communications tactics such as advertising and aggressive personal selling (De Graaf, Wann and Naylor, 2005). Marketers have also been called enablers of compulsive buyers, a term that clearly does not hold respect or positive associations. If this is the case, additional research identifying how to deal with the problem and giving recommendations for addressing the possible negative outcomes is needed.

If marketers either knowingly or unknowingly encourage increased consumption by compulsive buyers who cannot pay for their purchases, potential negative outcomes stand to impact others well beyond the span of the personal psychological and financial situations of individual consumers. Financial institutions providing retailer and customer credit, retail institutions, all other consumers, as well as the nation’s economy can become subject to the increasing costs realized by compulsive buyers’ mounting non-collectable debt (Bragg, 2009).

A. Are Marketers Responsible?

As previously discussed in the literature review, the behaviors of impulsive and compulsive buyers in the marketplace can easily look the same to marketers on the surface, and, given marketers’ organizational goals, the outcomes of increased purchase behaviors, i.e. sales, are positive. It would not be reasonable to hold marketers responsible for triggering all compulsive consumption acts merely because they are trying to optimize their environmental store stimuli toward triggering impulse sales and improved profits. These are reasonable goals and are clearly in the best interests of most organizational stakeholders. After all, it is nearly impossible to discern in many cases whether a consumer is behaving according to temporary environmental stimuli, i.e., an impulse purchase, or whether she/he is in fact, on a 12 hour buying binge to escape life crises. It is of critical importance, however, that marketers at least begin to realize that crafting such successful in-store displays, could actually be contributing to the demise of some compulsive buyers. Granted, compulsive buyers do not typically represent the majority of consumers, but the disease has been growing significantly in the past decade. We know that compulsive buyers number around 18 million consumers, and as Peter (1991) suggests, whether knowingly or unknowingly, if marketers are at all contributing toward the increase of this social disease, it is time for marketers to begin a conversation about how they may be playing a role and what marketing strategies and tactics should be re-examined and modified.

VII. Consumer Socialization

Social learning theory is proposed to play a possible and significant role in the lives of some compulsive buyers, shaping their shopping behaviors in negative ways from an early age. This theory posits that compulsive buyers could be learning some of their disease related behaviors through socialization processes evidenced through roles played by family members and significant others as they are growing up. In addition, the process of consumer socialization in the marketplace could be playing an additional negative role among compulsive buyers, as evidenced in the Tables 1 and 2.

Tables 1 and 2 of this study point to one marketing area in particular, electronic retailing, which may attract and enable a higher number of compulsive buyers than others, simply because of its unique retail format. Consumers of this retail format buy merchandise in the privacy of their own homes, thus eliminating any risk of negative social judgment from others observing their abnormal behaviors. The conversations between program hosts and consumers recorded in
Tables 1 and 2 evidence shoppers who could be experiencing negative feelings such as depression and loneliness. Yet, it is clear that the hosts of the shows are in these cases, enabling their call-in customers with their disease by encouraging them to continue shopping. The hosts recorded in this sample are speaking the language of addiction with consumers, who can be easily identified as abnormal in their consumption patterns by what they state, e.g., “I have every color of cubic zirconium that you sell—you should come over to my house and buy from me!” Responses from the show hosts, marketers, to comments such as these include comments such as “Ha, ha, well it’s certainly something that can get you hooked, but it’s a good hooked.”

Consumer socialization is suggested by the comments, “Stock up, save them, hoard them! Give them to all of your friends!” and, “We know we are women. The estrogen makes us shop. We know how to shop. I’ve been shopping for a living for 14.5 years.” In each of these cases, the show host is suggesting to consumers that evidencing extreme shopping behaviors is normal, if not good. In addition, the element of humor is present, thus making a joke of the phenomenon of compulsive shopping. Compulsive buying research has evidenced that compulsive buyers respond more strongly to environmental stimuli (Moore, Harris, and Chen, 1995; Black, 1996), and are unable to make rational normative evaluations about their purchases, as compared with normal consumers (Christenson, et al., 1994; McElroy, et al., 1991; Faber and O’Guinn, 1988a, 1988b, 1989; O’Guinn and Faber, 1989, 1992; McElroy, et al., 1994; Black, 1996; 2007). Thus, aggressive selling tactic behaviors such as these evidenced by marketers are clearly playing the role of enablers for listening consumers who are afflicted with the compulsive buying disease. Because each of these shopping channels enjoys nearly 200 million households as their customer base, it is reasonable to expect a significant number of their customers are being socialized in this manner, and positively influenced to view extreme and compulsive shopping behaviors as normal.

Thus, although marketers may not be responsible for each of the behaviors of all compulsive buyers, there is evidence that some marketing tactics practiced and evidenced among millions of consumers clearly are not socially responsible. Enabling compulsive buyers by speaking the language of addiction, and attempting to socialize millions of consumers to believe that compulsive shopping behaviors are normal, good, or even funny, do not represent acts of socially responsible marketers. Tactics such as these represent marketers’ worst practices, and they can be what lead many consumers to a mindset of cynicism toward all marketers.

Modification of selling tactics employed by hosts of television shopping channels is an area where marketers stand to improve toward the goal of operational social responsibility. For example, hosts should be given sensitivity training about compulsive buying and be taught to recognize some of the obvious symptoms of compulsive buyers calling in to speak on air with them, as evidenced in Tables 1 and 2. When customers begin speaking about shopping without consideration for its consequences, hosts could modify their typical hard selling tactics to a softer selling style. An example could be, “We appreciate your business and are very happy that you like this merchandise. We realize that you may not be able to budget every piece of jewelry in today’s show, but we hope that you will return as our customer again real soon.” In this way, the host is not engaging in the language of addiction. Consumer socialization is also addressed as the customer base of millions of customers is not encouraged and socialized by compulsively.
A. Study’s Limitations

This theoretical study does not provide additional empirical evidence about the constructs and data themes related to the compulsive buying disease. Although literature was reviewed from four disciplines, there may be studies currently in press or progress that reveal new and significant constructs and data themes related to compulsive buying not previously published or reviewed. Such new constructs should be added to the current model and tested in future research.

B. Future Research Directions

Although the compulsive buying literature points to its first discussions as long ago as the early 20th century (e.g., Kraepelin, 1915; Bleuler 1924), the issue of compulsive buying has only reappeared as a significant personal, social, and economic problem in the U.S. within the past two decades. Future qualitative research is begged for a more detailed understanding of the lived experiences of compulsive buyers.

As the body of research increases in compulsive buying in the future, performing a quantitative study based on a positivist research paradigm becomes more meaningful and relevant. Based on the literature reviewed, we have developed a structural measurement model to be employed in a future quantitative study of compulsive buying. Figure 2 represents the variable relationships via arrows between dependent and independent variables, with either positive or negative associations between them based on the compulsive buying literature. In this future study, our plan is to collect data from a large sample of members seeking financial assistance from Consumer Credit Counseling Services (CCCS).

Future research is also called for in the area of comorbidity of disease. It would be very interesting to investigate other compulsive diseases such as bulimic eating disorder to see how closely associated it is to the compulsive buying diseases. Additional areas begged for future research include how Americans perceive the usage of credit cards and their meaning, as well as their perceived meaning of money. The socialization process of shopping and financial education among families, friends and retail personnel is another area ripe for future research.

In addition, the United Kingdom has Consumer Credit Counseling offices. It would be extremely interesting to perform this study across multiple cultures to determine similarities and differences, particularly related to the theoretical underpinning of this study, affluenza (De Graaf, Wann and Naylor, 2005). With the U.S. cultural context currently evidencing so many symptoms of affluenza, it is reasonable to expect that U.S. consumers could be differentially negatively impacted by these cultural influences, thus propelling them into spending beyond their means at a higher rate than consumers of different cultures.
VIII. Conclusion

The current study has offered an integrated framework by bringing together diverse construct/data themes from previous research from the fields of psychiatry, psychology, sociology, and marketing. The framework will serve a useful purpose toward an improved general understanding of the compulsive-buying, addictive disease and directing future research.

Particularly in an era of social responsibility, marketers should focus on the differential and individual needs of compulsive buyers. It is only through increased research in the future that we may come to better understand and effectively market to these 18 million and growing number of consumers. In an era of consumerism and affluenza, future research investigating compulsive buying, a serious personal, social and economic disease, from the perspective of individuals and groups is needed.
References

Bragg, J. (10/29/09). Digging Out From $80,000 in Debt. CNN.com.


