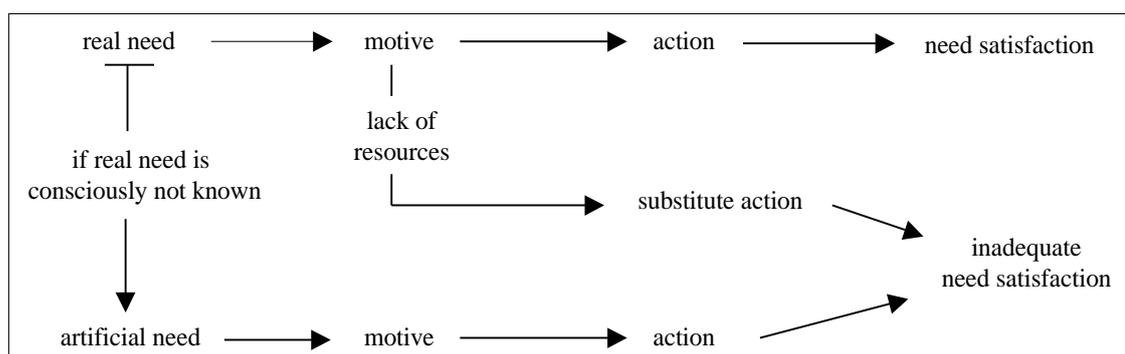


5 Symbolic product meaning and the compensatory function of buying

In the previous chapters, the importance of the symbolic and hedonic dimensions of consumption and consumer behavior has been presented. In particular it has been shown that consumer decision making is to a certain extent driven by concerns with self-image and that consumers not only buy because they need a certain product, but also because the shopping experience and the act of buying serves needs like diversion, self-gratification, sensory stimulation, physical activity or esthetic enjoyment. In this chapter one further aspect of shopping is considered, namely its function as a compensatory instrumentality for satisfying immaterial needs.

Within a psychological context, compensatory consumption has been described as an *inadequate* attempt to obtain need satisfaction. It is an effort to make up for failure or weaknesses in one activity through excelling in another activity, which is *a priori* not more valuable or desirable (Grønmo, 1988; Hilgard and Atkinson, 1967). In a sociological context, compensatory consumption is a reaction to threatened status, a way to make up for some lack or loss. It includes attempts to gain self-esteem by developing some quality other than the quality a person feels lacking. At the same time, the importance of the quality that is lacking is denied (Fairchild, 1968).

Figure 5.1: Antecedents of compensatory behaviors according to Grønmo



According to Grønmo (1988) two types of compensatory behavior can be distinguished. People may a) engage in compensatory behavior because of resource poverty or b) because they are unconscious of their real, objective needs. In the first case, real needs and motives are known, but a lack of resources prevents people from taking adequate action to satisfy their needs. In the second case, all actions taken are necessarily inadequate because they are not motivated by real needs. Hence, not only an

inconsistency between motive and action exists but also an inconsistency between need and motive (see **Figure 5.1**).

Attempts to differentiate between real and artificial needs have been a topic of much discussion in the literature because the arguments that have been put forward are often value laden and judgmental. A reason for this is that needs are based on subjective rather than on objective observable experiences. Therefore, based on scientific grounds it is difficult to determine whether a need is real or whether it has been artificially created. As a way around this, Hondrich (1983) proposed to distinguish between real and artificial needs based on the outcome of the actions taken to satisfy the need. The outcome can be assessed by asking the following questions: Did the action lead to inadequate or adequate need satisfaction? What were the intended or unintended consequences of the need satisfaction process and what kind of effect did it have on the satisfaction of other needs? Within the context of consumption, one may ask: Am I satisfied with the product I have purchased or do I feel regret or guilt? Did I stay within my financial limits or have I violated financial constraints and put myself into debt at the risk of losing financial security? If one does feel regret and guilt because for instance one did not really need the purchased object, or due to having purchased it one can now no longer buy other needed items, then the buying motivation was likely not based on an authentic true need. One might then ask the question what kind of need did one actually try to satisfy with the purchase? Was it the hunger for love and recognition, did one feel left out and neglected, was it to compensate for a heated argument with one's partner? If so, then a likely reason for having purchased the item is the promise of comfort, relief or self-enhancement that has been attached to the product in form of a symbolic message. The purchase thus was motivated by an artificially created need. In a different situation however the purchase of the same object can be based on a real need. This shows how difficult it is to objectively determine whether an action is based on a real or on an artificially created need. Despite this difficulty, it is still possible to pinpoint a number of basic or essential needs; at least as far as individuals from Western consumer societies are concerned.

Following Maslow (1954), basic human needs can be classified according to five criteria: physiological needs (e.g., food, water, air, shelter), safety and security needs (protection, stability), social needs like affection, friendship and belonging, Ego needs (prestige, success, recognition, self-respect) and self-actualization (self-fulfillment,

competence). Other authors developed different criteria, but essentially referred to the same needs. Alderfer (1972) for example proposed that basic needs are comprised of a) existential needs; b) relatedness needs and c) needs for growth and development. Nuber (1993) extended Maslow's list by adding three further needs: a cognitive need, which is expressed in needs for knowledge and education, an aesthetic need that longs for order and beauty, and a need for transcendence and unity with the cosmos.

Figure 5.2: *Hierarchy of basic needs*



Maslow proposed that needs are organized hierarchically based on the observation that all basic human needs have to be satisfied at some point. If one of these basic needs remain unsatisfied over a prolonged period of time, it cannot be held back longer and takes precedence over all other needs. Physiological needs form the most basic level within this hierarchy because hunger for example can only be suppressed for so long before it interferes with attempts to satisfy other needs. This most basic level is followed by safety and security needs on the second level, then by social and relatedness needs on the third level, ego needs on the fourth level and needs for self-actualization on the fifth level. Cognitive and aesthetic needs, according to Nuber, may be positioned somewhere between Maslow's fourth and fifth level (see **Figure 5.2**). The implicit assumption is that lower order needs are predominant as long as they remain unsatisfied. In other words, self-actualization is difficult to achieve on an empty

stomach, with no appropriate shelter, without feeling secure and loved and lacking in self-respect.

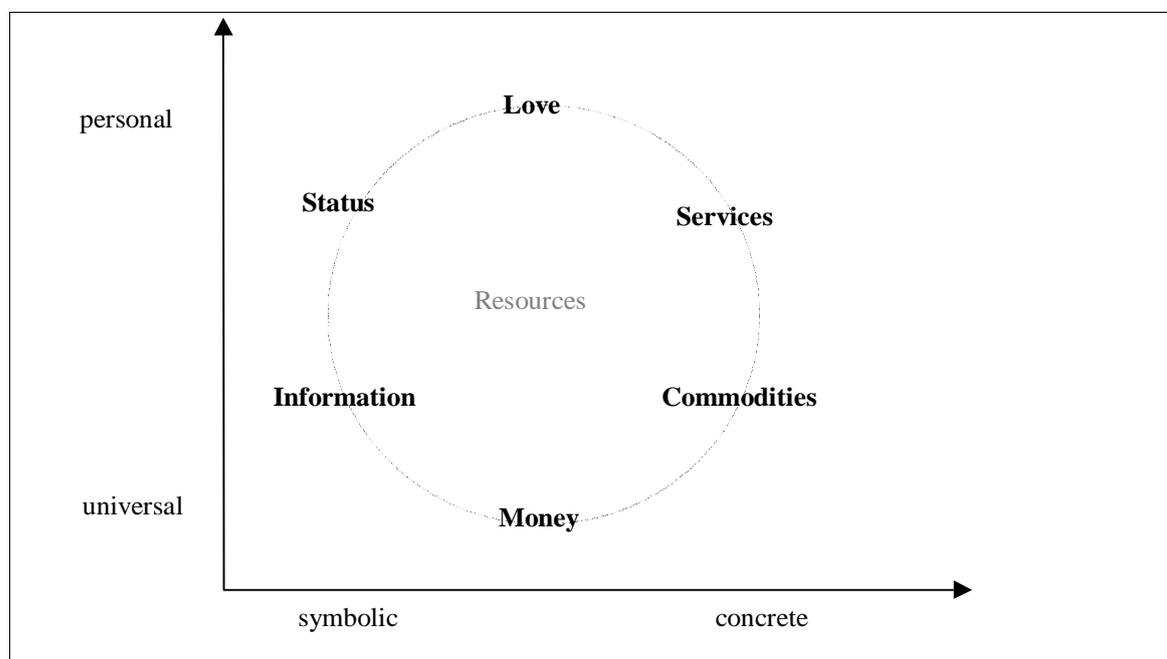
As all of the above needs are considered to be basic needs, they all have motivating power driving individuals to engage in appropriate action to seek fulfillment. If a need remains unsatisfied individuals will experience a deficiency that either motivates them to satisfy the need, or if this is not possible, to seek compensation. In the latter case, according to Freud, one possibility is to re-direct the unsatisfied need to a higher order need, for example by seeking satisfaction in intellectual or artistic activities for a perceived lack of affection and belonging. Freud called this strategy sublimation. Another strategy is to seek *ersatz* in a regression to the next lower level (Alderfer, 1972; Schnable, 1979; Scherhorn, 1995). If for instance the need for self-actualization is not satisfied, then people may try to compensate this lack via Ego needs, i.e. they will be more inclined to strive for recognition, success and approval. If the social need for love, affection and belonging is not satisfied, individuals might increasingly seek out security and protection or try to satisfy the need via food intake.

Empirical evidence for the various forms of compensation has been provided by a number of authors. Lange (1997) for example reported that young people from lower social classes and with lower levels of education exhibit a higher prestige orientation. This means that they show a higher tendency to purchase certain symbolically loaded products for the purpose of impressing friends and relatives. Other authors reported that people who either feel trapped in low social class positions or who experience a loss of status and personal identity due to unemployment are more likely to engage in excessive consumption of conspicuous products like clothing, modern appliances, owned homes and automobiles (Caplovitz, 1963; Chinoy, 1952; Jahoda, Lazarsfeld and Zeisel, 1933; Lynd and Lynd; 1937). Symbolically these kinds of products stand for the advancements and social mobility that have been denied to these individuals and provide visible evidence for the kind of status they desire. In addition, owning these products provides unemployed or low status individuals with feelings of self-respect because not having such products would mean to admit to failure since 'getting ahead' in Western societies is greatly valued.

From the empirical findings, it can be derived that individuals in consumer societies seem to heavily emphasize the consumption of objects as a reaction to a general lack of esteem, education, knowledge or self-actualization. Such attempts however are likely to

fail because material objects, as has been shown by a number of authors, can never be an adequate replacement for unfulfilled immaterial needs (see for example Grønmo, 1988; Kilbourne, 1991; Marcuse, 1964; or Scherhorn, 1994a). A reason for this is that the inherent qualities of consumer products have little in common with the kind of satisfaction that is sought, even if advertising messages may try to convince consumers otherwise. A further explanation is offered by Foa (1971). He showed that it is highly problematic to compensate one resource for the lack of another resource, especially if there is a large psychological distance between the two. Of particular interest to Foa were six different resources: love, services, commodities, money, information (knowledge, education) and status. On the basis of a number of experimental group sessions, Foa examined the psychological distances that exist between these resources. As can be seen from Figure 5.3, the psychological distance between the two resources *status* and *commodities* or between *love* and *commodities* is quite large. This means that they are not very good substitutes for each other. Hence, it can be concluded that the need-satisfaction that results from employing commodities as substitutes for a perceived lack of status, love or affection very likely will be inadequate and not satisfactory.

Figure 5.3: *Foa's circle*



Source: Grønmo (1988)

If money and commodities are such an inferior substitute for love and status, why then is it a preferred means for individuals in consumer societies to compensate perceived inadequacies via these means? A possible explanation is that such purchases are motivated by artificially created rather than by real needs. Beyond providing for the necessities of life, taking as baseline the standard of living in Western consumer societies, there would be no *real* need for people to buy a faster car, a bigger house, a newer, more fashionable suit, and so on and so forth. Thus, there are other forces that convince people that these items are necessary. These forces can be described as an inherent quality of the capitalistic systems, based on which consumer societies are brought into existence.

The most basic medium of exchange in consumer societies is money. Taken for what it is, it has no real value of its own. Over the centuries, however, money has come to symbolize many things. Hanley and Wilhelm (1992) for example reported that consumers equate money with attributes like failure, social acceptability, and the ability to purchase power, security, freedom, love and personal satisfaction. Mason (1992) investigated the meaning of money with regard to its effect on self-esteem. He found that personal self-esteem is enhanced when others recognize and approve one's financial achievement, or if power can be exercised by giving or withholding money and/or material goods. In recreational spending the very act of spending money may generate a certain level of satisfaction. It alleviates boredom and offers an easy way to escape from reality (also compare Belk, 1998).

From a Marxist perspective, this kind of symbolism that is attached to money is endorsed and advanced by the capitalistic system. This is based on the following argument: Within a capitalistic system, a broad purchasing market is necessary that absorbs all products that have previously been produced, whether they are adapted to real human needs or not. A reason for this is that the aim of the capitalists is to maximize profits and this can only be achieved by selling all or most of the produced goods to a continually responsive market. If the needs that already exists within a given population do not result in sufficient demand, then artificial needs have to be created and stimulated. In contrast to real needs, these are needs that fit the qualities of the products to be sold rather than arising from within the person (Ewen, 1969; Marcuse, 1964). This further intensifies the alienation experienced by members of a capitalistic society, as a majority of tasks in such a society are not self-determined. Most

individuals work for someone else and need to do what they are told. This entails that they need to be susceptible to external rewards like money. Intrinsically motivated behavior is not supported by the system because it firstly makes people less willing to work for external rewards, and secondly because it is difficult to predict and to control. The inadvertent consequence is that the self-worth of people working under such conditions is weakened because it is dependent on external forces for reinforcement (Grønmo, 1988; Haubl, 1996; Scherhorn, 1990). Control thus is a prominent feature in a capitalistic system and people, in order to make up for this lack of influence, search for a compensatory freedom. This freedom can be exercised in the consumer market place. There it is promised that through buying a certain life style, distinction, and the longed for, but previously denied, social recognition and approval can be achieved. Ultimately, this means that individuals rather than satisfying their own fundamental needs purchase consumer goods in order to satisfy the real historic need of the capitalistic productive machinery (Kilbourne, 1991).

5.1 THE ROLE OF THE MEDIA IN COMPENSATORY CONSUMPTION

Advertising contributes its part by adding self-enhancing and ego-supporting qualities to consumer goods. In the advertising message, it is promised that through the consumption of goods all sources of discontent can be solved. On offer are mass-produced solutions that appeal to the 'instinctive' strivings of the individual as well as to the ills of mass society itself. This is achieved by surrounding the products with an aura of all the things that potentially could be missing in a person's life, like romance, exotic places, vivid experiences, love, beauty, adventure, freedom or comfort (King, 1981; Lash, 1979; Scherhorn, 1994a). If the consumer 'buys' into these messages, the commodity itself is transformed into a placebo. It is no longer important for its utilitarian value but for its symbolic meaning and the image it stands for. The paradox is that we, as consumers, are often not consciously aware that we are lured into buying an item for this reason. If an ad is done well and the message is mainly communicated to our emotional right brain, then the left part of our brain, which is responsible for analytical thinking and language, becomes idle. Thus, the information provided by ads may not be accessible to rational analysis and is persistent in spite of reasonable appeals to good-judgment and self-interest (King, 1981). An additional effect is that emotional

advertising appeals result in positive affective reactions, which have been shown to relate to higher ad and brand recognition, to an enhanced impression of the brand and a smaller inclination to think of reasons not to buy the product (Geuen and DePelsmacker, 1998).

In addition, to the appeals that are made to a person's emotions, advertising also makes use of human vanity by endowing consumers with a critical self-consciousness that keeps them dissatisfied and discontent with their own person and mode of life. The conveyed message is that it is *not* you who is beautiful or who has the ability to make friends, but your commodified smile, your embellished hair, your luxury car, and so on. Anything natural about the consumer is portrayed as worthless or needing improvement. The aim is to make consumers schizophrenically self-conscious in order to channel their desire for social success, recognition and similar immaterial needs toward a commoditised acceptance of 'civilization' (Ewen, 1969).

An adjunct effect of being constantly exposed to such images is that they are more and more taken for real, obliterating the difference between reality and the portrayed dream world (Baudrillard, 1970/1988). In advertising spots as well as in films and television shows, there is little time to develop the characters at length through verbal forms of communication. Instead, objects and possessions are displayed to give the viewer an impression about the kind of personality presented. This constructs a reality that does not exist and produces a biased worldview. O'Guinn and Faber (1987) for example have shown that heavy television viewers are more likely to have incorrect beliefs about the real world. They overestimate the chance of being a victim of crime and the stability of the nuclear family; they have a greater faith in doctors, a more negative attitude towards elderly people, and are more likely to display a sexist attitude. Weiman (1984) reports a similar effect. He showed that Israeli viewers due to their exposure to television images overestimate the earnings of Americans and the percentage of households that have air-conditioning, dishwashers, multiple cars, electronic can openers and freezers. Hence, the outcome of this kind of media socialization is that viewers have an inflated opinion of the things other people possess and they adopt the belief that wealth is desirable and common. This produces unhappiness about our own situation because we believe everyone else is better off, and it works as an inhibitor against feeling guilty for wanting to have more things. A further aspect is that our self-perception is likely to be influenced by the mass mediated 'ideal'

type, effecting the synthesis of who we (really) are or who we would like to be. This may lead to chronic unhappiness or malaise through comparing our real life with the false reality portrayed on television, which in turn creates an apparent necessity to acquire things and contributes to the belief that goods stand for happiness, success and life satisfaction (Brickman and Campbell, 1971). In other words, it results in a marked materialistic value orientation.

In summary, buying offers multifarious possibilities for compensation through the many symbolic meanings that are attached to it via personal experience and/or advertising and thus has the potential to function as a universal drug promising to alleviate the discomforts of life. Occasionally, it is used by many as a way to brighten up a sad day, as a reward for an achievement, to enhance one's self-perception or to relax a negative mood state (e.g., Kacen, 1998). If buying however is used excessively as a means of compensation, it can develop into an addictive behavior with serious consequences for the individual. Compensatory consumption becomes problematic if consumers constitute their entire lives around the meaning of goods, and if they limit themselves to the products provided by the market as a means to maintain and to enhance their self-concepts.

According to conservative estimates, about 20% of the population in Western consumer societies use buying regularly as a means of compensation, 5% rely heavily on it for compensatory purposes (Scherhorn, Reisch and Raab, 1990), and 1-2% of these are addicted to it (Faber and O'Guinn, 1992; Lejoyeux, Adès, Tassain and Solomon, 1996). Examining the Baby Bust generation in the US, born between 1965 and 1976, Roberts (1998) reported that 6% of this consumer group can be classified as addicted buyers. This means that buying for quite a few million individuals has become the focal point of life around which everything revolves, often to the detriment of relationships, healthy bank balances and last but not least authentic personal happiness.

Before, in section 5.3, a profile of the addictive buyer is given, at first it is explained why the phenomenon is here referred to as *addictive* and not as *compulsive buying*, since in the literature overwhelmingly the term compulsive buying has been used.⁹

⁹ The same also applies to other behavioral addictions like compulsive gambling (compare Looser and Schneider, 1999, p. 9).

5.2 IS EXCESSIVE COMPENSATORY CONSUMPTION A COMPULSION OR AN ADDICTION?

A compulsion can be defined as a pressing feeling that urges one to engage in an activity against one's own will, driven by a force that cannot be controlled. Buying addicts often experience urges that they are unable to control, however not all the time. In a study by Scherhorn et al. (1990), only 64% of the respondents felt a loss of control, and 28% were even planning their buying sprees. Excessive buying therefore is different from abnormal behaviors like compulsive hand washing or compulsive hair pulling. It however shares a number of characteristics with obsessive-compulsive disorders (OCD). The buying impulse for instance resembles an obsession and the buying behavior a compulsion (McElroy et al., 1994). In addition, excessive buying also fulfills DSM-III-R criteria of an impulse-control disorder. In detail the criteria entail a failure to resist the impulse, a drive or temptation to perform some act that is harmful to the person or others, an increasing sense of tension/arousal before committing the act, and an experience of either pleasure, gratification or release at the time of committing the act. In a number of studies, excessive buyers have depicted their behavior as episodic, uncontrollable and causing significant distress (e.g., Faber and O'Guinn, 1987, 1988b, Valence, d'Astous and Fortier, 1988). Most described irresistible urges, mounting tension or anxiety with the impulse. The impulse itself is experienced as senseless, intrusive, persistent, and overall as discomfort producing (e.g., McElroy et al., 1994). Most excessive buyers feel a relief of tension with the act of shopping or buying and experience pleasurable feelings, which they often compare to a high, a buzz or a rush (e.g. Elliott, 1994; Friese and Koenig, 1993; Krueger, 1988). Almost all run into significant problems due to their excessive buying behavior, either financial, personal or both. Thus, based on commonly accepted criteria, the observed phenomenon can also be described as a disorder of impulse control.

A similar view is put forward by Schlosser, Black, Repertinger and Freet (1994). They concluded that on the one hand addictive buying shares many superficial similarities with OCD such as repetitive and problematic spending, intrusive thoughts about spending and resistance to such thoughts and behavior. On the other hand, the behavior seems to have many characteristics in common with other impulse control disorders like pathological gambling or binge eating. Unlike patients with OCD who view their obsessions and compulsions as unwanted, addicted buyers experience

shopping as fun, exciting and desirable, at least initially. (Black, Monahan, and Gabel, 1997; Christenson et al., 1994; Faber et al., 1995; McElroy et al., 1994). Statistical evidence has been provided by Natarajan and Goff (1991) that excessive buying is related to both a disorder of impulse control and to an obsessive-compulsive personality trait. Thus, calling the observed consumption phenomenon *compulsive buying* describes only one aspect of it. The term addiction in comparison includes both the obsessive-compulsive as well as the impulsive side of it (Shapiro, 1981). Therefore, referring to this form of excessive buying as *addictive buying* seems to be more appropriate (compare also Scherhorn, 1990).

Generally, it can be stated that there is an inherent danger in any behavior to make a person addicted to it. The more functions a behavior serves, especially in terms of mood modification and self-enhancement, the more likely it is that people can become addicted to it. In other words, addictions are extension of behaviors that take place daily within society and have little to do with the content of drugs. More important is what individuals think a certain behavior can do to and for them (Orford, 1985; Peele and Brodsky, 1975). As shown in the previous chapter, shopping and the purchase of material goods fulfill a variety of functions and many symbolic meanings are attached to these activities. Therefore, it is not surprising that buying can also turn into an addiction for some individuals. How addictive buying differs from 'normal' buying and what kind of circumstances contribute to the development of an addiction to buying will become evident in the following sections.

5.3 PROFILING THE ADDICTIVE BUYER

5.3.1 The addictive buying experience

Most buying addicts rely on buying as an external source of mood modification and as a reaction to stress, unpleasant emotions or situations, which they seek to avoid. At times, these are also reasons why non-addicted consumers go shopping, but in comparison much less so. Belk (1985) reported that about 20% of consumers in the general population use buying to alleviate negative mood states, stress or unpleasant emotions. Among addicted buyers this percentage is much higher. Faber, O'Guinn and Krych (1987) reported that 75% of the addicted buyers in their sample mentioned these reasons as their main motive for buying. Further evidence for the difference in

underlying buying motives has been provided by Dittmar et al. (1996b) and Elliott (1994). Dittmar et al. found that psychological buying motivations are relatively more important for addicted than non-addicted consumers and functional buying motivations less so. The psychological buying motives assessed were: Shopping puts me in a better mood, it makes me feel more like the person I want to be, it expresses what is unique about me and it improves my social standing. Elliot found a strong association between addictive buying behavior and mood repair.

Furthermore, shopping is used by addicted buyers as a way to receive recognition and acceptance through the attention from sales personnel, as an occasion to fantasize and to escape into a dream world, or as a way to feel powerful and grandiose while spending money (Scherhorn et al., 1990). For a lot of women going on a shopping spree signifies freedom; freedom from their assigned roles and the freedom to just be (by) themselves. For others, carrying bags full with purchased items provides them with the sensation of inner fullness. A yet different motive is to purchase goods in the hope of receiving compliments and desired recognition when using the items or when giving them away as presents (compare chapter 6). Thus, the driving force behind the addiction to buying is not the purchased objects per se, but the symbolic properties of either the good or the shopping experience.

Almost all addicted buyers report irresistible urges, uncontrolled needs or mounting tension that they feel can *only* be relieved through buying. Often they try to resist the impulse and at times several days go by between experiencing the drive and the reaction upon it. Hence, there can be an element of planning in addictive buying, and not all addictive buying is impulsive and spontaneous. The buying itself gives pleasurable feelings and is often compared to a 'high', a 'buzz' or a 'rush'. This high state of arousal can in part explain why at the point of purchase no rational thoughts like "Can I afford to buy the product," or "Do I really need it" enter the addict's mind. It has been shown that during high states of arousal, the proprioceptive feedback from the heightened autonomic nervous system activities is highly salient (Mandler, 1975). As a person's attention capacity is not limitless, this leads to a narrowing of attention toward the primary, most salient task cue (the object to be purchased) and away from secondary cues like financial concerns.

The frequency of buying episodes an addictive buyer engages in can vary from 1 to 30 episodes a month, lasting between 1 to 7 hours in duration. When restrained from

buying, withdrawal symptoms like distress, headaches, fever or dizziness have been reported (Lejoyeux, et al, 1996; McElroy et al., 1994, Scherhorn et al., 1990).

The shopping location is mostly chosen purposefully and often addicted buyers specialize on a certain range of shops and items. Some addicted buyers get a kick out of finding good bargains; others only buy in exclusive and expensive shops. Where they shop and what they shop for is frequently influenced by the kind of need they are trying to satisfy. This need often is expressed in certain ideal or dream images like wanting to be like the rich and famous or, more modestly, just to be someone, or simply to feel happy and content with oneself (compare chapter 6). Understanding this underlying motivation makes it more comprehensible for the non-addicted mind why many addicted buyers often buy multiples of one item. Let's consider the case of consumer Y, a male buying addict:

Consumer Y always dreamt about being a sportive, slender, good looking popular and self-assured disc jockey. In reality, however, consumer Y is quite the opposite of his dream image. He is very uncertain of himself and heavily over-weight. The only place where he can live out his dream is when shopping. He goes to record and clothing stores and looks for accessories that are suitable for the idealized person in his mind. He always purchases something because there is this glimmer of hope that one day he might be like this person of his dream (Expressed in McCracken's terminology: through purchasing pieces of clothing that suit the disk jockey of his dream and records for him to play, consumer Y tries to build the bridge to lay claim to this dream). However, the clothes he buys are much too small, and the records also soon lose their magic because the living room simply lacks the proper atmosphere to live out his dream in reality. Thus, when coming home from a shopping trip, consumer Y soon realizes that the purchased items actually are not very helpful in moving him closer to his ideal. In order not to be laughed at for his foolish purchases, he quickly puts the clothes away and adds the records to his record collection. He also feels a bit guilty and does not want to be reminded of the acquired items. The idealized image he has in his mind however cannot be put away so easily; it prevails. Therefore, on his next shopping trip consumer Y will once again seek out record and clothing stores, and very likely he will find the same types of clothing and records appealing because of their good fit with the dream image (compare chapter 4). Thus, consumer Y frequently ends up with multiples of the same item, which he however generally does not notice, as he rarely checks his closet for its

content. It would just bring to light all the guilt laden and embarrassing purchases he does not want to be reminded of.

It needs to be pointed out that this pattern does not describe all addicted buyers; it is only a particular manifestation of the addiction. A number of addicted buyers also use and wear the items they purchase. Their motivation for buying may nonetheless also be driven by the desire to achieve an idealized image through buying, but this image may be less tangible. Examples of the various types of ideal image addicted buyers are striving for are presented in chapter 6.

Typical for all addicted buyers is that after a buying episode feelings of guilt, anxiety and shame over the buying are experienced. Hiding the purchases is also common. It reduces feelings of guilt since one does not have to admit a purchase to other family members, and it is a way to keep the addiction a secret. In most studies, addicted buyers describe their buying as causing significant financial or personal problems. Financial problems range from addicted buyers owning an average of \$5,000 from purchases they attribute to addictive buying to losing their homes due to mortgage payments falling behind (Schlosser et al., 1994, Lejoyeux et al., 1996). Personal problems include severe depression, feelings of guilt, suicidal tendencies, anxiety, and break-up of relationships or marriages.

5.3.2 Demographic characteristics

With regard to income, education, marital status or geographical locations, little or only inconsistent differences have been found so far between 'normal' and addicted buyers. Modern payment systems like paying in installments or using store and credit cards make it possible for many to acquire the items they believe they need to have. Addictive buying thus is not restricted to people with a high income, but can be found across all income levels.

Considering that the main reason for people to engage in excessive buying behavior is based on psychological motives, it is not surprising that people from all walks of life are affected. There is little theoretical ground to explain why richer or poorer, more or less educated, or people living in cities as compared to people living in sub-urban or urban areas should be exempt from being exposed to life circumstances that ultimately cause the addiction. The only difference might be that people from different walks of

life purchase different items or frequent different shops because their corresponding reference groups and the symbolic meanings they attach to certain goods are not the same. For example, for someone with a small income a medium priced store may already symbolize luxury and may offer the promise that the items bought there will result in the desired recognition and approval. For a wealthier person, the same effect might only be achieved by purchasing something in an upscale boutique. Therefore, a relative measure like percentage of income used to repay debts might be a more appropriate measure than overall income. Common among all addicted buyers is that they will sooner or later experience financial distress and mounting debts, for the richer among them, this may occur a bit later in their addictive buying 'career'. Education may also not prevent a person from becoming an addicted buyer because the deep-seated psychological problems, which are the main cause of the behavior, are oftentimes not accessible to rational thoughts and efforts to curb the behavior.

Age. In a number of studies it has been shown that younger people score higher on scales measuring the propensity to engage in addictive buying behavior (d'Astous, Maltais and Roberge, 1990; d'Astous, 1990; Scherhorn et al., 1990). This is likely due to the fact that adolescents and young adults are still in the process of identity formation. During this period, young people experiment with different coping mechanisms and in consumer societies, buying is likely to be one of them. An additional aspect is that with early adulthood a certain level of financial independence is achieved. Some individuals may first have to learn how to manage their money, realizing that it is not possible to always purchase whatever they want and desire and whenever they feel like it. An alternative explanation is that within the past years, increasing numbers of consumers have become addicted to buying. This would hypothetically mean that in the future we will see a rise in the number of addicted buyers also among older consumers (see Roberts, 1998).

Gender effects. Both women and men can become addicted to buying, however the percentage of women is higher. From a large random sample of the West-German population, a 60:40 ratio was estimated (Reisch and Scherhorn, 1996). In other studies, it has been as much as 90:10. The latter results are however likely due to a methodological artifact. People were mostly recruited through television shows or self-help groups. More women are likely to watch those shows and they are also more likely

to seek help for problems of a physical or psychological nature than are men. Nevertheless, the addiction to buying can be regarded as more likely to appeal to women. This is evident in women generally scoring higher on scales that measure addictive buying tendencies (d'Astous et al., 1990; Lange, 1997; Valence, et al., 1988; Roberts, 1998; Scherhorn et al., 1990). For women it is more socially acceptable and even desirable to go out shopping. It is an activity they do anyway, easy to keep a secret, at least for a while, and perfectly legal. In addition, fashion ideals strongly influence how the 'ideal' woman is supposed to look. This pushes many women towards buying items like clothes and cosmetics in the hope of becoming more like the idealized images portrayed by the mass media. It can therefore be assumed that the construction and maintenance of women's self-identities are more likely to depend on shopping and the acquisition of certain goods than is the case for men.

Men's self-esteem is more anchored in characteristics like having a good job and a successful career, in being strong and powerful, or in being adventurous and courageous. Shopping and the acquisition of material objects therefore cannot do much for men to increase their feelings of self-worth. The display of certain status symbols may come in as an additional factor. Therefore, it is likely that men will opt for other means of compensation like work, sports, alcohol, and the like. If they do engage in buying as a self-completion strategy, it is not surprising to find that they buy different items from women. Men are more likely to buy technical appliances, things for the car, sports equipment, antiques and/or other prestige items. In other words, those items that are most closely tied to their sense of self-esteem. Women are more likely to buy clothing, shoes, jewelry, cosmetics, household goods, books and groceries (Friese, 1998). This is a pattern that can also be observed in a non-addicted population. Belk, Ger and Askegard (1997) for example found that women in order to feel more attractive want to have slender bodies, new clothes and perfumes, whereas men desire muscular bodies, cars and status symbols.

An additional indicator that buying is more likely to be a female addiction is that for women there exists a high comorbidity between addictive buying and eating disorders (Faber, et al., 1995; Schlosser et al., 1994). It is well known that women are more affected by eating disorders than men. The same seems to be true for the propensity to become addicted to buying. Both of these addictive behaviors promise to fulfill similar needs and therefore can be used as substitutes. According to Faber et al. (1995) binge

eaters attempt to regulate some inner sense of emotional emptiness. They hold themselves to stringent standards and are highly aware of failures if they do not live up to these standards. Like addicted buyers (see next section), they suffer from a low self-esteem, higher levels of depression and anxiety and a higher prevalence of other psychiatric problems. Faber et al.'s study showed that binge eaters have a significantly greater addictive buying tendency and addicted buyers are significantly more likely to report having engaged in an episode of binge eating. They are also likely to have a negative body image, i.e. feeling fatter, having greater fear of becoming fat and are more dissatisfied with their body proportions similar to people with an eating disorder. The authors explain that in Western cultures women are socialized to engage in both shopping and weight control as a way to gain attention, pleasure and appraisal. If deprived of one reinforcer (e.g., buying), the use of the other reinforcer is increased (e.g. eating).

5.3.3 Personality characteristics, attitudes and behaviors

5.3.3.1 Experiences shaping the self-understanding of addicted buyers

Numerous studies have shown that addicted buyers have a lower self-esteem than average and show a low self-acceptance (e.g., d'Astous, 1990; Elliot, 1994; Faber and O'Guinn; 1992; Lange, 1997; Scherhorn et al., 1990, 1992). In addition, addicted buyers display higher levels of depression and anxiety (Scherhorn et al., 1990; Valence et al., 1988; Schlosser et al., 1994), and score higher on a general test of obsessive-compulsiveness (Friese and Koenig, 1993; O'Guinn and Faber, 1989; Scherhorn et al., 1990). Other studies have shown that major mood, anxiety, eating and impulse control disorders as well as substance abuse are more prevalent among addicted buyers than they are in the general population (Black, 1996; Faber et al., 1995; McElroy, Satlin, Pope, Keck and Hudson, 1991; Schlosser et al., 1994). A reason for this is that addicted buyers have often been raised in family circumstances that were less favorable for developing a healthy and stable sense of self. In a recent study, investigating a large sample of young people in one Eastern and one Western German city, Lange (1997) found that especially an overprotecting parenting style leads to weakened self-esteem and indirectly to the development of buying addiction. Other studies showed that addicted buyers frequently come from families with a history of addictive behaviors and mental disorders. They are also more likely to have experienced the divorce of their

parents (d'Astous, et al., 1990; Friese and Koenig, 1993; Rindfleisch, Burroughs and Danton, 1997; Valence et al., 1988). Negative feelings were often suppressed in their families of origin and verbal approval was less prevalent. Many addicted buyers report that they tried hard to please their parents, but most often they failed. Their family of origin can be described as more likely to be close and authoritarian with a socio-oriented communication style. Individuals from such families are socialized to appear to get along with others and to give in to people's desires, rather than to express their own opinions (Faber and O'Guinn, 1988a; Friese and Koenig, 1993; Scherhorn et al., 1990). Inconsistent parental behavior and overprotection were also common experiences for addicted buyers. Instead of love, time and attention, or as a reparation for their inconsistent behavior, parents often gave money or presents. The genuine need for tenderness and bodily nearness remained unsatisfied. As a consequence of this prolonged denial of their own feelings and absence of necessary approval, these individuals developed feelings of inadequacy and started to despise an important part of their very own self. Scherhorn et al. (1990) have described this as a distortion of autonomy, whereas Dittmar et al. (1996b) have conceptualized the outcome of such experiences in terms of a high discrepancy between a person's actual and ideal self. Both positions are discussed in more detail in the next two sections.

5.3.3.1.1 Addictive buying and the distortion of autonomy

According to Deci and Ryan (1985, 1987), human action is guided by three fundamental behavior orientations: autonomy, control and impersonal orientation. The autonomy orientation enables individuals to integrate thoughts and emotions, to act based on intrinsic desires and to take responsibility for their actions. The control orientation furthers adaptation, the will to power and the will to defend oneself. The role of the impersonal orientation is to show understanding for one's own and other people's weaknesses. Hence, all three behavior orientations fulfill an important function and are necessary. The autonomy orientation however should prevail over the other two because otherwise one would not perceive one's own action as emanating from within the self (Scherhorn, 1994b).

Persons who are mainly autonomy oriented are self-directed and to a certain extent independent of outer circumstances, inner drives and impulses. They are receptive to both internal signals from their body and external signals from others and their behavior is self-guided. In contrast, the behavior of individuals whose autonomy has been

distorted is not self-directed. Rather, these individuals believe that they are dependent on external or internal forces, which are beyond their control and which cannot be predicted. This is reflected in a predominant impersonal orientation or, in its weaker form, a predominant control orientation. Control oriented people, too, believe that they are exposed to external pressures, however, they see these forces as controllable; at least as long as they are willing to adjust. Thus, control oriented individuals show both a willingness to subordinate themselves under the authority of others, but at the same time they also engage in efforts to subdue others under their own authority.

Deci and Ryan (1987) attribute a distortion of autonomy to experiences of exceeding control. They argue, if controlling influences over a person are very strong, feelings of self-worth are considerably weakened. This is typically accompanied by feelings of helplessness, ineffectiveness and a low level of self-acceptance. Scherhorn (1994a) reported that such an impeded development of abilities often begins when dominating or overcaring parents do not allow their small children to engage in certain activities because they do not trust their children's capabilities. Children then come to believe that they cannot do anything right in their parents' eyes or that parents' expectations are so high that they cannot live up to them. A further step is when patronizing influences continue throughout adolescence and adulthood with parents or another close person prescribing activities like which sport or instrument to play (whether they like it or not), which profession or even what kind of friends or partner to choose. The person's own feelings and emotions are not supported and reinforced. Over time, the individual will come to suppress and to hide personal feelings and emotions rather than to subject them to constant rejections. This eventually leads to a detachment of the person's own wants and needs from the accessible consciousness and to a distortion of autonomy. The fundamental behavior orientation of such an individual becomes impersonal.

When comparing the above described determinants that result in a distortion of autonomy with the childhood experiences and life histories of addicted buyers, one can observe many similarities. Scherhorn et al. (1990, 1992) have validated this observed relationship empirically. As predicted, they found a highly significant positive correlation between addictive buying and impersonal orientation, a significant positive but lower correlation between addictive buying and control orientation, and a significant negative correlation between autonomy orientation and addictive buying. The moderate correlation between control orientation and addictive buying tendencies supports the

assumption stated at the beginning of this chapter that the controlling forces within capitalistic consumer societies are 'successful' in convincing individuals to employ consumer goods in order to compensate for the discomforts of life often caused by the same forces.

The reason why individuals with a dominant impersonal orientation show a higher propensity to develop an addiction is related to a number of factors. Due to not having learned to trust their own capabilities and having been subjected to a continued denial of their own emotions and feelings, impersonal oriented individuals have come to accept that they themselves are worthless and that reliable gratification can only be obtained from an external source. Hence, impersonal oriented individuals are not only more dependent on outside sources for reinforcement but they are also in greater need of it. This by itself however may only result in a higher tendency to engage in compensatory behavior. The increased likelihood of impersonal oriented individuals to become addicted has to do with the fact that they have lost access to some of their own wants and needs due to certain experiences. The suppressed needs nonetheless have motivating power and urge a person to take actions. As shown in **Figure 5.1**, any action undertaken to satisfy such needs will be inadequate. This is due to the inconsistency that exists between both the need and the action and the motive and the need. This necessarily does not preclude an individual from experiencing gratification since it is conceivable that the *ersatz* behavior will at least provide relief from the uncomfortable feelings induced by the unsatisfied need. Soon however the uncomfortable feelings will return because the underlying true need has not yet been satisfied. The likelihood that the gratification seeking individual will choose to engage in the same *ersatz* behavior again is high because the behavior has already proven once that it has the potential to offer gratification and relief, even if only short-lived. This means that on the one hand impersonal oriented individuals may well decide to engage in the *ersatz* behavior without necessarily feeling that something external is pushing them to do so. On the other hand, it is a truly choiceless behavior because the individuals cannot refrain from engaging in it as they have come to rely on it for the purpose of reinforcement (Scherhorn, 1989).

Case studies offer support for the existence of the corrupted linkage between the suppressed need that buying addicts actually try to satisfy and the articulated contents of their consciousness. 'Discovering' the underlying real need however is seldom easy

because the emotions and feelings connected to the need have been suppressed for a reason and this reason, in most cases, is to protect the person's self-integrity. Opening the bucket of suppressed feelings often is painful and forces people to deal with problematic aspects of their lives. Nonetheless, finding out what the real underlying force is that motivates the addictive behavior most often is the key for individuals to overcome their addiction. In chapter 6 some examples of this will be provided.

5.3.3.1.2 The role of self-discrepancies in addictive buying

Based on the findings that addicted buyers have a low self-esteem, are less likely to be satisfied with themselves and often despise an important part of who they are, Dittmar et al. (1995) proposed that this might have an effect on the subjectively felt gap between their actual and ideal selves, thus between who they perceive themselves to be now and who they would rather like to be. Generally, the existence of a gap between one's actual and ideal self or between one's actual and ought self is not problematic. It is even desirable as such discrepancies serve as self-guides and have motivational consequences. If for example the ideal self entails a picture of oneself to be knowledgeable in conversational Spanish, then the actual self will feel motivated to undertake efforts toward achieving this aspired to self-definition. As reported in chapter 3, such attempts can however only be successful if a person is committed to a particular self-definition. If this is the case, then self-definitional goals can take on the character of needs. Failure to satisfy this need will result in substitute action. This is likely to occur if attempts to achieve the self-definitional goal are disrupted (Wicklund and Gollwitzer, 1982). Another reason for failure might be that the self-definitional goal is too far away from a person's actual self-state. Based on these considerations, Dittmar et al. (1996b) hypothesized that excessive buying might be a result of seeking self-completion via substitute actions, motivated by a large gap between the consumer's actual and ideal self-state. The results of their study support this thesis. Respondents who displayed higher addictive buying tendencies also had larger actual/ideal self-discrepancies than other consumers.¹⁰ The mean self-discrepancy scores for the two groups were 16 and 10.47 (possible scores ranged from 1 to 36). This difference was highly significant. In other words addicted buyers are more likely to perceive that their actual self state is far away from the kind of person they rather would like to be. This kind of self-discrepancy has been shown to negatively effect self-esteem and to result in dejection-related

¹⁰ For a detailed description of the research methodology, see appendix A.

emotions like disappointment, dissatisfaction and sadness. (Higgins et al., 1986; Higgins, 1987; Moretti and Higgins, 1990). Hence, the maladies experienced by addicted buyers like low self-esteem and depression might be related to their high actual/ideal self-discrepancies. Another kind of self-discrepancy that has also been described by Higgins (1987) is the difference between a person's actual and ought self-state. The ought self-state comprises representations of the person's belief about his duties, responsibilities and obligations. A high discrepancy between these two self states is related to agitation-related emotions like fear, threat, restlessness and anxiety. As these kinds of emotion have also been observed in addicted buyers, it can be assumed that actual/ought self-discrepancies also play a role in addictive buying. They may for instance explain different manifestations of the behavior.

Drawing on two of the theories introduced in chapter 2 (Campbell's theory of the modern hedonist and McCracken's theory of displaced meanings), the negative consequences that arise as a likely result of large actual/ideal self-discrepancy can be explained further. Just as a reminder, Campbell proposed that individuals, for the purpose of deriving pleasure, engage in fantasies whose building blocs commonly consist of consumer goods. As the greatest pleasure lies in letting the dream come true, this frequently results in actual purchases. The contents of the fantasies may evolve around aesthetic images, or they may include idealized images of the self. In the latter case, the pleasurable fantasies mainly consist of oneself embodying perfection. Such fantasies encourage the belief that in reality one actually possesses these kinds of qualities. In order to obtain the necessary proof that this is indeed the case, this requires action in the form of conduct in the 'real' world. As reality however never matches the perfected dream, the dreamer necessarily experiences failure; the failure to live up to his ideal self-image. The consequences are severe since the degraded reality in this case is the individual himself and not an object that ceaselessly can be substituted. This results in feelings of guilt, self-condemnation and a deepening sense of worthlessness, leading to an ever-widening gap between the ideal and the real self. In turn, this adds extra pressure to the individual to reassure his feelings of self-worth, eventually causing a spiral of events that becomes difficult to control. The same effect has also been described by McCracken. To briefly recap McCracken's theory, he proposed that people relocate their ideals to a distant, safe location in order to prevent these ideals from being devalued by the facts of reality. Consumer goods in this scenario serve as bridges to

these distant locations in order to reassure oneself that one's ideal or parts of it are within one's reach and can potentially become reality. McCracken also stated that a problem is likely to arise if the displaced meanings evolve around idealized images of the self, because then the goods intended to serve as bridges are unlikely to deliver their promise. This promise is to give access to the displaced meanings. This will result in individuals engaging in desperate and repeated but unsuccessful attempts to lay claim to the displaced meanings. The conclusion that can be drawn from these theoretical perspectives is that dreams or fantasies involving idealized images of the self are highly problematic. Instead of serving as thriving motivational forces, they lead to feelings of self-condemnation and despair.

Addicted buyers, as it appears, are likely candidates for falling into this trap. Along with displaying larger actual/ideal self-discrepancies than non-addicted consumers, they also show a higher propensity for fantasy-imagination (Faber, O'Guinn and Krych, 1987; Roberts, 1998). A reason for this might be that they expose themselves more than others to influences that induce fantasizing like television viewing and advertising (Elliot, 1994; Faber and O'Guinn, 1988b; Lange, 1997; Roberts, 1998). In addition, to watching more television, they react more favorably toward image-oriented ads that have been shown to be especially likely to motivate the formation of consumption dreams (d'Astous and Bellemare, 1989; Phillips, 1996). An adjunct effect of adverts is that they generate social comparison and a change in comparison standards. This may further widen the gap between the actual and ideal self-states of addicted buyers, as highly attractive images portrayed in adverts for instance have been shown to negatively affect feelings about the self (Richins, 1991). Contrary to expectation, this however does not result in viewers disliking the ad. Instead, they find it more appealing and like the featured products even better (Joseph, 1982; Loken and Pitney, 1988; Richins, 1991). The conclusion that can be drawn from these findings is that addicted buyers are especially susceptible to all those factors that invite them to engage in consumption fantasies and that entice them into purchasing certain products. The hoped-for-effect they are trying to achieve is to become more like the person they want to be. This suggests that addicted buyers might have an overall more pronounced materialistic value orientation than other consumers.

5.3.3.2 The influence of materialism on addictive buying

Studies on addictive buying mainly have used the two materialism scales discussed in chapter 4, the Belk scale measuring personality traits and the Richins and Dawson scale measuring a materialistic value orientation. Since it is uncertain whether the Belk scale really measures materialism, in the following only the results obtained from the various subscales of this measure are discussed. On the possessiveness subscale, addicted buyers did not differ from 'normal' consumers. They did however score higher on the sub-measure for envy. Addicted buyers thus do not seem to have a greater desire to own things than others do; yet, they are more jealous of what other people have. The explanation given for this finding generally is that addicted buyers are not envious of the material goods other people own but of immaterial things like love, comfort, social standing or happiness (Faber and O'Guinn, 1988a; O'Guinn and Faber, 1989, Scherhorn et al., 1990). Conflicting results have been obtained with regard to the personality trait generosity. One likely reason for this is that various measures have been applied to assess this trait. Faber and O'Guinn, for example, have used the Belk generosity subscale. They found addicted buyers more likely to be non-generous. In contrast, d'Astous et al. (1990) have characterized addicted buyers as more generous based on the following single-item measure: I like to buy things for others without specific reason (gift, restaurants...). A similar finding has been reported by Scherhorn et al. (1990). Based on qualitative assessments, they classified only 4% of their sample of addicted buyers as non-generous. Considering the observation that a lot of addicted buyers frequently buy for others and that they are more eager to please (Faber et al., 1987; Friese and Koenig, 1993; O'Guinn and Faber, 1989), a fair assumption seems to be that generosity is a characteristic that better describes addicted buyers than non-generosity. The rudimentary reasons for being generous however might be based on egocentric motives. Buying for others rather than for oneself firstly provides a good excuse to go on a shopping trip and to spend money, and secondly it can be hoped that the receiver of the gift is thankful and gives approval, praise and recognition.

Employing the Richins and Dawson's materialism scale, Dittmar et al. (1996a, 1996b), Cole and Sherrell (1995), Mick (1996), and Rindfleisch et al. (1997) all found a positive correlation between addictive buying tendencies and a materialistic value

orientation.¹¹ Hence, addicted buyers believe more strongly than others that consumption and the acquisition of consumer goods is an important route to success, happiness and self-definition. Other studies, although not employing the Richins and Dawson materialism scale, offer further support for this interpretation. Individuals with addictive buying tendencies have been found to associate a perceived social status and image benefit with buying (Elliot, 1994; d'Astous and Tremblay, 1989; Roberts, 1998). Lange (1997) reported that the single-item measure "You are what you have" correlates positively significant with addictive buying; and Hanley and Wilhelm (1992) noted that addicted buyers feel that they own less and are inferior when comparing themselves to others, and that they are more likely to regard money as a means of solving problems and achieving a higher status.

Some further interesting insights can be gained from re-analyzing the Dittmar et al. data. So far the three authors, including myself, have only included the overall materialism scale in their analysis. In order to assess the effects of the three subscales (centrality, happiness and success) in a first step, the full 18-item materialism scale was tested for reliability. As four items of the full scale showed a low item-total correlation, the full scale was reduced to 14 items. The internal consistency of the reduced scale was highly satisfactory, $\alpha = 0.87$ (c.f. Nunally, 1978). The 14-item scale was then submitted to a factor analysis. Based on the extraction criterion *eigenvalue* > 1 , three factors were extracted. The first factor explains 38.8% of the variance in the data, the second 10.6% and the third 8%, adding up to a total of 57.5% explained variance in the data. The interesting question now was whether the variables contained within these three factors match those reported by Richins and Dawson (1994). Aside from three items, two centrality and one happiness variable, this was the case. The statement "Buying gives me lots of pleasure," a centrality item, loaded on the happiness factor, and the statement "I like (or would like) a lot of luxury in my life," also a centrality item, loaded on the success factor. The shift of the latter item from the centrality to the success factor has also been reported by Wells and Anderson (1996). The happiness item "I would not be happier if I owned nicer things," although loading on the happiness factor, loaded most highly on the centrality factor. Since the shift of the three variables did not interfere

¹¹ Dittmar et al. assessed addictive buying tendencies based on the compulsive buying scale originally developed by Valence et al. (1988) and later refined by d'Astous et al. (1990). Mick, Rindfleisch and Burrough employed the 7-item clinical compulsive buying screener developed by Faber and O'Guinn (1992), and Cole and Sherrell (1995) employed both scales.

with the interpretation of the three factors, it is for example quite or even more comprehensible that the statement "Buying gives me lots of pleasure" loads on the happiness rather than on the centrality factor. The three subscales were computed based on the solution suggested by the factor analysis. The internal consistency of all three subscales is satisfactory. The alphas are: 0.82 for the success subscale; 0.82 for the happiness subscale and 0.63 for the centrality subscale.

Next, the relationship between the three subscales and the addictive buying measure was tested. While all three subscales correlated positively significant with the addictive buying measure, the belief that material goods are an important source for achieving happiness seems to have the strongest effect. The correlation coefficient between the happiness dimension and the addictive buying was $r = 0.56$ as compared to $r = 0.32$ for the centrality and $r = 0.31$ for the success dimension. This finding was further supported by results of a one-way analysis of variance (ANOVA). For ease of comparison, the sample was split into extreme groups, i.e. only 25% of the respondents with the lowest score and 25% of the respondents with the highest score on the addictive buying measure were included. For the overall materialism scale and for all three subscales the means of those who show a low or a high propensity to addictive buying were significantly different. The results are reported in **Table 5.1**. Most notable is the difference between the two extreme groups on the happiness subscale ($M = 14.06$ and 21.94).

When conducting the ANOVAs separately for men and women, the results were similar with one interesting alteration. For men the success dimension seems to be of high importance generally, whether they show a propensity to addictive buying or not.

Table 5.1: Relationships between addictive buying and materialism

Addictive Buying	centrality 0	happiness 0	success 0	overall materialism 0
All respondents				
lowest 25%	12.89	14.06	24.22	39.59
highest 25%	16.05*	21.94*	27.67*	55.13*
Men				
lowest 25%	11.18	13.27	25.09	37.75
highest 25%	16.42*	21.29*	28.00	54.85*
Women				
lowest 25%	13.98	14.56	23.68	40.77
highest 25%	16.00*	22.01*	27.64*	55.16*

* indicates a significant difference of the mean scores

If one assesses gender differences just within the two extreme groups, the following pattern emerges: There is no difference between men and women on all three subscales and on the overall materialism measure for those with a high propensity to addictive buying. Within the low propensity group, however, women have significantly higher scores on the centrality dimension (see **Table 5.2**).

Table 5.2: Addictive buying, materialism and gender

Addictive Buying	centrality 0	happiness 0	success 0	overall materialism 0
highest 25%				
male	16.67	23.67	28.67	58.17
female	16.15	22.07	27.68	55.44
lowest 25%				
male	11.18	13.27	25.09	37.75
female	13.98*	14.57	23.68	40.77

* indicates a significant difference of the mean scores

The finding that women score higher on the centrality subscale also holds true when comparing levels of male and female materialism independent of addictive buying scores (see **Table 5.3** below). In contrast to the findings reported by Browne and Kaldenberg (1997), women in the present study score higher on the happiness subscale and on the overall materialism scale.

Table 5.3: *Gender and materialism*

Addictive Buying	centrality 0	happiness 0	success 0	overall materialism 0
male	12.68	16.56	26.51	44.46
female	15.01*	18.86*	26.55	49.61*

* indicates a significant difference of the mean scores

A likely explanation for this divergent finding is that in the present study addicted buyers, who often are female, were oversampled. As the happiness dimension seems to be of particular relevance in addictive buying, the higher scores on both the overall materialism scale and the happiness subscale for females is likely due to a sampling artifact. This assumption can be backed up by results of a multivariate analysis of variance¹². When controlling for levels of addictive buying, the relationships between gender, the happiness subscale and the overall materialism scale are no longer significant ($F = 0.18$ and 0.61 , respectively). The only gender effect that remains is on the centrality dimension ($F = 10.86$). Thus, similar to previously reported findings, this study also lends support to the Pythagoras hypothesis indicating that for women possessions play a more central role in life, whereas for men they seem to be more important as an indicator of success and status. This difference dissolves if one only considers the group of individuals that score highly on the addictive buying measure. Independent of gender, within this high propensity group all three materialistic value orientations were pronounced very strongly. The value orientation that showed the greatest impact is the happiness dimension, which is expressed in the belief that the acquisition of material goods offers the greatest source of satisfaction and dissatisfaction and provides personal happiness. Lange (1997) reported similar findings. Adolescents and young adults in Western Germany who displayed addictive buying tendencies were more likely to attach affective aspects to consumption like love and comfort rather than instrumental ones. This supports the conclusion drawn by a number of authors like Faber and O'Guinn (1988a), Haubl (1996), Krueger (1988), or Scherhorn et al. (1990). They all state in more or less the same words that addicted buyers are profoundly unhappy individuals for whom buying serves emotional rather than utilitarian needs and who attempt through buying to restore a depleted sense of self. In summary, a materialistic value orientation seems to propel the likelihood of becoming

¹² The overall materialism scale and the happiness subscale were entered as dependent variables, gender as a factor and the addictive buying measure as a covariant.

addicted to buying if one feels unhappy with oneself and with one's current life circumstances.

5.3.3.3 Links between self-discrepancy, materialism, and addictive buying

The above reported results and interpretations offered already indicate that a high actual/ideal self-discrepancy or a pronounced materialistic value orientation by itself may not necessarily result in an addiction to buying. Actual/ideal self-discrepancies may for instance also result in other addiction. Singer (1993, cited in Toates, 1996) for example showed that a high actual/ideal self-discrepancy is also present in cocaine addicts who employ the drug as a form of self-medication against depressed moods. Cocaine addicts thus seem to have chosen a different compensation mechanism than addicted buyers for bridging the perceived gap between their actual and ideal self-state. A likely reason for this is that the two groups of addicts have been subjected to different kinds of key experiences. From addicted buyers we know that through childhood and other life experience they came to associate material goods with love, attention and happiness and therefore they may prefer buying over taking drugs as a means of compensation. Whether the assumption, that the use of buying as a preferred compensation mechanism together with a high self-discrepancy leads to an addiction to buying, holds up empirically has been tested by Dittmar et al. (1996b). As a proxy measure for denoting buying as the favored compensation mechanism, they have used the Richins and Dawson's materialism scale. As a result of a hierarchical regression analysis they were able to show that the association between self-discrepancy and addictive buying is weak when materialism is low and strong when materialism is high. In other words, if consumers make use of consumption as a compensation strategy then an increase in self-discrepancy is likely to result in a high propensity to addictive buying. As above, this analysis did not take into account the three materialism subscales. Therefore, the analysis was repeated here also taking the three subscales as predictor variables into account.

The first step of the analysis consisted of a main-effects-only model with self-discrepancy and materialism entered as the predictor variables. In the second step, the presence, strength and nature of the interaction between materialism, the three subscales and self-discrepancy were assessed. An additional variable that needed to be taken into account was gender. In a first trial run of the model, the only interaction term that was

significant was the interaction term for the centrality subscale. That this effect is likely due to sampling artifact has already been discussed previously. When gender is added into the model, this effect disappears and the only remaining interaction term is the one for the overall materialism score. In addition, self-discrepancy by itself and the happiness dimension showed an independent effect on addictive buying as well. The final result of the regression analysis is presented in **Table 5.4**.¹³ The full model explains 39% of the variance in individuals' addictive buying scores.

Table 5.4: *Predictors of addictive buying tendencies*

Variable	β	SE (\exists)	stand. r	t-value	sig. t
Self-discrepancy	0.574522	0.144659	0.25	3.972	0.0001
Happiness (high/low)	6.646301	1.710194	0.24	3.886	0.0001
Gender	4.880980	1.497305	0.16	3.260	0.0013
Interaction term					
for Materialism	0.352714	0.129366	0.21	2.726	0.0068
(Constant)	14.111605	2.892815		4.878	0.0000
Variables not in the equation:					
Centrality (high/low)				0.492	0.6234
Success (high/low)				0.045	0.9642

As can be seen from the results, addicted buyers especially seem to use material goods to compensate for negative mood states and for unsatisfactory life circumstances (the happiness dimension). Since the centrality and success dimensions had independent effect on addictive buying, it can be assumed that acquiring objects for the purpose of lending meaning to life (the centrality dimension) or for projecting socially desired self-images as a sign of success and status (the success dimension) appear to be of lesser importance to addicted buyers. The finding that only the interaction term of the overall materialism score and not the interaction terms of the three subscales is significant supports the proposition that a generally high materialistic value orientation is an

¹³ A basic assumption of the regression model is that the explanatory variables are independently distributed. In other words, there should be no multi-collinearity among the explanatory variables. This assumption is violated in the above model, which however does not effect the validity of the reported results. If the explanatory variables are correlated, the variance of the estimates SE(\exists) will increase. This means that the computed t-ration will fall as $t = \exists/SE(\exists)$ and one is more likely to accept the null-hypothesis (type-II error). Thus, the test is more conservative.

indicator for individuals using buying as a compensation mechanism for perceived actual-ideal self-discrepancies. In summary, it can be concluded that if both a high self-discrepancy and a materialistic value orientation are present, then there is a high risk for individuals to become addicted to buying.

5.3.3.4 The significance of behavioral orientations for addictive buying

A number of research findings indicate that certain behavioral orientations may make a person more or less susceptible to developing an addiction to buying. Lange (1997) for instance reported that addictive buying is positively related to both an external causality orientation and an outside oriented parenting style. The construct *external causality orientation* in Lange's study refers to the belief that successes and failures are attributed to outer circumstances, luck or chance. In contrast, a person characterized by an internal orientation attributes successes and failures to personal competence/incompetence, efforts and accomplishments. An *outside oriented parenting style* refers to a parenting style that instills the view that it is important to form certain impressions on others. The results reported by Scherhorn et al. (1990) can be taken as indirect support for the assumption that other-orientation is a likely explanatory factor for addictive buying inasmuch as both control-oriented and impersonal-oriented individuals are more inclined to defer responsibilities to outside sources. Direct support is offered by d'Astous (1990) who found that susceptibility to social influence and addictive buying are positively significantly correlated.

Based on these findings, it is proposed that addicted buyers are more likely to be other-directed. *Other-directed individuals* as defined here show a greater willingness to conform and to present themselves in accordance with the requirements of a given situation. *Inner-directedness* in contrast is expressed in the belief that it is important to be true to oneself and to act in accordance with one's own convictions. In order to investigate this hypothesis, a revised self-monitoring scale was included in the Dittmar et al. survey (see appendix A). The scale contains 10 true/false items, six measuring other-directedness and four inner-directedness. This was confirmed by a factor analysis. When extracting two factors, the 6 other-directed items loaded on the first and the 4 inner-directed items on the second factor. One other-directed item was eliminated from further analysis due to a very low factor loading. The reliability coefficients for the two scales are acceptable: 0.69 for the other-directed scale and 0.49 for the inner-directed

scale. As the correlation between the two factors is close to zero ($r = 0.07$), in the following the two factors are regarded as independent constructs and treated as two separate scales.

As predicted, the other-directed scale correlated positively and the inner-directed scale negatively with both the addictive buying measure and all four materialism measures.¹⁴ All but three of the relationships were significant (see **Table 5.5**).

Table 5.5: *Correctional associations with the other- and inner-directedness scales*

	other-directed	inner-directed
Addictive buying	0.2556***	-0.0748
Materialism	0.3598***	-0.1240*
Centrality	0.2123**	-0.0643
Happiness	0.3098***	-0.0956
Success	0.3232***	-0.1566*
Self-discrepancy	0.1237*	-0.1285*

* $p < 0.05$; ** $p < 0.001$; *** $p < 0.000$

An additional finding was that both scales correlated significantly with self-discrepancy; other-directedness positively and inner-directedness negatively. This finding indirectly supports the previously stated assumption that high actual/ideal self-discrepancies and autonomy distortions are related constructs. About individuals with a distorted autonomy we know that they have little trust in their own sentiments and capabilities. Instead they turn to outward sources, for instance to receive recognition and approval. The present data show that this also applies to people with high actual/ideal self-discrepancies. They too are more likely to choose a behavior mode that arouses the least resistance and that will help them to obtain their goals even if this means disregarding their own beliefs and attitudes.

In order to test whether the type of behavioral orientation has an independent causal effect on addictive buying, the inner- and other-directed scales were added as variables to the above described hierarchical regression model. The details of the regression model are shown in **Table 5.6**.

¹⁴ This finding also lends support to the previously reported relationship between self-monitoring and materialism (Browne and Kaldenberg, 1997).

Table 5.6: *Predictors of addictive buying including behavioral orientations*

Variable	\exists	SE(\exists)	stand. r	t-value	sig. t
Self-discrepancy	0.586944	0.143700	0.26	4.085	0.0001
Happiness (high/low)	5.970755	1.724407	0.22	3.462	0.0006
Gender	5.213902	1.493738	0.17	3.491	0.0006
Other-directed	1.691489	0.758740	0.11	2.229	0.0266
Interaction term for Materialism	0.318418	0.129329	0.19	2.462	0.0145
(Constant)	7.486661	4.132356	1.812	0.0712	
Variable not in the equation:					
Inner-directed				-1.151	0.2508

Only other-directedness but not inner-directedness showed a significant independent effect on addictive buying. However, the added explanatory value in terms of explained variance is minimal, increasing by only about 1.1% from 39% to 40.13%. This result parallels Scherhorn et al.'s findings. The correlation they found between addictive buying and control and autonomy orientation, the two causality orientations that most closely match the two behavioral orientations considered here, were both significant but not very highly (control orientation: $r = 0.19$; autonomy orientation: $r = -0.17$). This suggests that other-directedness adds to the risk of becoming addicted to buying, however other factors like using the acquisition of material goods as a compensation mechanism, the presence of large actual-ideal self-discrepancies, the distortion of autonomy as evident in a strong impersonal orientation, and the belief that material goods provide happiness and satisfaction offer more explanatory power. A likely reason for this is that these indicators are more tailored to the specific nature of addictive buying. The measures for control/autonomy orientation and other/inner-directedness describe broader phenomena. Using such measures usually leads to larger standard-deviations and therefore to smaller and less significant correlation coefficients.

5.3.4 The role of self-gift giving in addictive buying

A frequently suggested but not yet considered idea is to explore the link between addictive buying and self-gifts. A connection is assumed to exist because of the observation that addicted buyers often buy things for themselves. If they buy something for somebody else, then most often the hoped-for effect is to be acknowledged for it and

to receive the longed for love and attention. This also seems to be a general feature of gift-giving as has been pointed out by Belk (1979) and Sherry, McGrath and Levy (1995). Belk (1979) in comparing the characteristics of gifts with the self-concept of the giver and the receiver found that the giver's ideal self-concept was most reflected in the characteristics of the gift chosen, followed by the giver's actual self-concept and last by the perceived characteristics of the receiver's self-concept. This suggests that gift-giving generally is more a means of enhancing the giver's concept of self than a means of enhancing a group-based identity. Based on these findings, Sherry et al. (1995) propose to use the term monadic giving rather than other- or self-gift giving to describe the ritual process of giving, because gifts given to others are often self-gifts as well. This however blurs the distinction between goods bought by oneself exclusively for oneself and goods bought by oneself for others. Therefore, in the following, if the term 'self-gift' is used, then this implies that a gift is bought by oneself for oneself. In all other cases the term 'monadic giving' is used.

The nature of self-gifts. According to Mick and DeMoss (1990) self-gifts can be defined as a "personally *symbolic self-communication* through *special* indulgence that tends to be *pre-mediated* and highly *context bound*" (p. 328, italics added). In other words, self-gifts are used to transmit messages between various parts of one's self-concept. An act of communication with oneself could go for example as follows: Consumer X's actual self is inclined to be lazy but ideally he would rather like to be very industrious and striving. Despite his laziness, consumer X manages to be very diligent over a period of time and as a result he achieves an important goal. As diligence is a desired quality, consumer X's ideal self wants to reward the actual lazy self for this accomplishment. Consumer X experiences a motivation to act and he may for example feel driven to give himself a gift. In other words, by buying himself a gift he expresses the communication that has taken place between his actual and ideal self in a symbolic form. An additional feature of self-gifts is their exchange dimension expressed in the form of self-contracts. Envisioned self-gifts for example can serve as incentives and as behavioral guidelines reinforcing the achievement of various self-conceptions. Thus, with the help of self-gifts consumers may alter, generate or display their self-attitude with the aim of elevating, protecting and mediating their self-concepts.

The situations and conditions under which one is driven to buy oneself a gift can be very variable but the motives behind them are mostly very similar. Mick and DeMoss

(1990, 1992) and McGrath, Sherry and Levy (1993) found that self-gifts are primarily used as a form of reward, for therapeutic reasons, to mark special occasions like birthdays and holidays, or simply to be nice to oneself if one has extra money to spend. People who live alone show a higher propensity for reward and therapeutic self-gifts. Females are more likely to engage in self-gift giving in a therapeutic and nice-to-oneseft context, whereas males are more inclined towards situations where a self-gift serves as an incentive to reach a goal. Overall, women seem to have a higher propensity for self-gift giving (McKeage, Richins and Debevec, 1993; McKeage, 1992). The same holds true for younger consumers and for individuals with a pronounced materialistic value orientation. Materialists tend to give more self-gifts on their birthdays, to cheer themselves up, to relieve stress, to be nice to themselves and because they haven't bought anything for themselves in a while. This is reflective of their view that consumption can be used as a means of increasing positive feelings and happiness.

For all consumer groups, it has been shown that clothing, fast food/grocery, non-fast-food restaurants, music products, personal care services, recreational products and electronic equipment are the most frequently chosen self-gifts. Within various contexts, however, different kinds of self-gifts are preferred. For example, in a reward context, the most frequently chosen self-gifts are clothing, non-fast-food restaurants, recreational products and travel, in other words luxury items. They are sought for their inspiring, memorable and lasting qualities. In a therapeutic context, people are more likely to choose products with inspiring and relaxing qualities like fast food, groceries and personal care service because it is hoped that these products will provide relief and escape from life's problems (Mick and DeMoss, 1992).

True and pseudo self-gifts. Not all self-gifts are successful gifts. Mick and DeMoss (1990) reported that a self-gift is only a *true* self-gift if it is special and distinct from ordinary personal acquisitions. It is frequently perceived as 'the perfect thing' and the acquisition of it is active, intentional and pre-mediated. In other words, the giver is aware that a message is transmitted via the self-gift. Schultz Kleine, Kleine und Allen (1995) found that true self-gifts generally are perceived as an 'it's me' purchase, link the self-gift givers to significant events and accomplishments in their lives and/or are signifiers of self-esteem. Unsuccessful self-gifts, in contrast, do not provide the sought-after effect. They fail to symbolize personal identity and are perceived as 'just not me'. Over time they even can come to symbolize unpleasant aspects of a person's life-story.

As the meaning of self-gifts is not inherent in a particular object but constructed by the individual, it cannot be determined a priori which kinds of products are true self-gifts and which ones are not. The most important aspect is that the transmitted message is not self-deceptive. If it is self-deceptive, then individuals will feel regret rather than satisfaction soon after they have acquired the self-gift. The following example, an episode out of consumer X's life again, illustrates such a situation:

It was a particularly hard day at work for consumer X. He feels stressed out and low in energy. On his way home he picks up some groceries and also two big pieces of cake. He feels deserving of a little treat. Incidentally, he is also on a diet and his long term goal is to lose 10 pounds. Nonetheless, he enjoys eating the cake and it helps him to forget all about the hassles at work. A few hours later, however, not only his stomach is complaining, but he also very much regrets having eaten the two pieces of cake and he is angry with himself because he had disregarded his long term goal of losing weight. Thus, the gift he has made to himself was self-deceptive rather than self-fulfilling because it violated one of his other important self-goals.

This example shows the important role of premeditation in successful self-gift giving. If one does not take into account all salient aspects of the self-concept in the self-talk, a likely consequence of giving oneself a gift is regret and feelings of guilt. This can easily happen if one does not take the time to think about what one wants to achieve with the self-gift. Likely situations where this might occur are purchase decisions made on impulse. Mick and DeMoss (1990) have characterized such purchases as non-self-gifts. The same applies to addictive buying acts, because they are seldom self-directed and motivated by self-dialogue. Instead, buying addicts often feel out of control and compelled to purchase certain items. Hence, if one applies the term self-gift in the context of addictive buying, then quite likely the alleged gifts are pseudo rather than true self-gifts. A reason for this is that addicted buyers often have no conscious access to certain parts of their self-concept and therefore the self-gifts cannot offer adequate satisfaction. Another aspect, why self-gifts in the addictive buying context most often are pseudo self-gifts, is the lack of specialness of the purchased items. Addicted buyers quite regularly buy something for themselves and frequently they purchase the same items. Thus, almost all criteria that are described by Mick and DeMoss that constitute a successful, true self-gift do not apply to addictive buying. This however does not mean that addicted buyers do not engage in attempts of self-gift

giving. Like other consumers, they might well seek to reward themselves with a gift; or they might buy something just to be nice to themselves or to brighten up a sad mood. Therapeutic self-gifts, for example, are predominately bought when a lack of affective nourishment is felt. This is a motive, which is also frequently observed in addictive buying. An additional similarity is that the items preferably bought by addicted buyers and those that are most frequently chosen as self-gifts are the same (e.g., clothing, fast food/grocery, music products, personal care services, recreational products and electronic equipment). This is also applicable to the kind of qualities sought by addicted buyers and self-gift givers. They both seek fun, excitement, satisfaction, inspiration or relaxation. Thus, there are a number of parallels between addictive buying and self-gift giving and one might be inclined to just call the addiction to buying an extreme form of self-gift giving.

Yet, this view fails to take one consequential difference into account. This is the distinction between true and pseudo self-gifts. For the above mentioned reasons, it is highly unlikely that addicted buyers, when in the addictive buying mood, will be able to purchase a true self-gift. This, in part, is also what further propels their addiction. As the satisfaction derived from the pseudo self-gift is only short-lived, they will soon after feel compelled again to buy something anew. In addition, if one considers that addicted buyers at times feel so desperate that going shopping to them appears as the only way out, next to suicide perhaps, then any comparison between self-gift giving and addictive buying becomes a farce. Such a situation has little to do with self-gift giving but with a powerlessness to deal with underlying personal problems and with a lack of compensation strategies to choose from. Oftentimes the driving force that motivates addicted buyers to purchase something for themselves is the elimination of rising negative feelings. They just want to feel good for a while, no matter what the consequences are and how short-lived the relief may be (compare chapter 6).

5.3.5 Etiology

Among addiction researchers, there is a growing consensus that all addictive behaviors generally have the same origin and follow the same principles. Generally it is assumed that it is more than one factor that leads to the development of an addiction (Loosen and Schneider, 1999; Roche, 1989; Ward and Hudson, 1998). This also applies to the addiction to buying. Above a number of influencing factors have already been mentioned, which either have biological, psychological or sociological roots. O'Guinn

and Faber therefore have proposed a multidimensional model to explain the development of addictive buying (O'Guinn and Faber, 1989; Faber, 1992).

Biological factors. Some addicted buyers may already have a genetic predisposition to develop an addiction. It has been shown that addicted buyers are more likely to have relatives with other impulse control disorders, and often they also display other addictive behaviors like binge eating. Mood and anxiety disorders are common as well. In recent years, it has been proposed that a lack of neurotransmitters, notably serotonin, is related to the development of certain impulse control disorders (c.f. Faber, 1992). A reason for this is that certain activities, especially those associated with a heightened state of arousal, can make up for a lack of serotonin. Therefore, people who lack sufficient serotonin often feel driven to engage in certain behaviors to balance their brain chemistry household. As many addicted buyers report feelings of high arousal when buying, the buying activity could just simply be an attempt to achieve a change in brain chemistry. Hirschman (1995) points out that in many cases mental disorders and addictive behaviors are connected, in the order that mental disorders precede the addiction. The disorders can be inherited but they can also be caused by certain prolonged and stressful experience in childhood, as certain experiences can alter a person's brain chemistry in such a way that emotional disorders are the consequence. The later addiction thus may just be a form of self-medication motivated by rational efforts to make oneself feel better (Becker, 1992; Becker and Murphy, 1988; Hirschman, 1995; Toates, 1996).

Psychological factors. The psychological factors that contribute to the development of a buying addiction can be summarized as follows: Many addicted buyers have had a childhood and adolescence marked by feelings of inadequacy and low self-esteem. In addition, emotional independence and an acknowledgement of their competencies often have been denied to them combined with the message that material goods equal love, affection and attention. As the effects of and possible reactions to such experiences have already been discussed in previous sections, they are not repeated here. One aspect that has not yet been mentioned is how addicted buyers came to associate material goods with qualities like love and attention. One possible reason is that they have been spoiled as children with material goods but quite the opposite can bring about the same association as well. Some addicted buyers have been raised in families where money was spent very carefully, often too carefully. As children the later buying addicts felt

disadvantaged in comparison to other children because they, for example, did not get anything new at the beginning of a school year as all of the other children did; or their parents did not think that it was necessary to buy them a new dress for the school ball, which they had asked for many times and desired so dearly. Because of these or similar kinds of deprivation experiences, they promised to themselves that they would make up for it as soon as they earned their own money. This by itself of course did not trigger the addiction, but it contributed to the belief that material goods stand for happiness, success and recognition.

Sociological factors. The increase in of addictive buying behavior in recent years is unquestionably related to recent developments in modern consumer societies. A difficult childhood alone does not yet produce an addiction to buying. The opportunity to engage in the behavior must exist, as well as a blend of positive associations that surround the behavior. Only when the attraction is strong enough can the behavior potentially turn into an addiction for some. As described at the beginning of this chapter, within a capitalistic system a lot is done to increase both the opportunity to engage in buying and its attractiveness. One of the factors that has not yet been mentioned is the now widespread possibility of paying with store- or credit cards. A few decades ago, it was quite uncommon to own a credit card. Today, debt has become socially acceptable and almost every adult has at least one card. Mendoza and Pracejus (1997) reported that in the US in 1995, 376 million Visa and Master cards were in circulation. This constitutes a 30% increase over a 5 year period. A reason for this success is that generally the use of credit cards is perceived as a convenient, painless way of spending. The desired or undesired 'side effect' of credit card usage is that consumers spend more money and they hesitate less about whether to purchase a product or not. Further, it has been shown that the more systems of payment consumers possess, the more elevated their purchasing. Thus, credit cards seem to lower the perceived cost and through that beget further use (Feinberg, 1986; White, 1980).

All of this assists rather than hinders people to become addicted to buying if they have a disposition to it. Buying is an accepted and promoted behavior in consumer societies. If one's disposable income is not sufficient to allow for frequent shopping trips, there is always the possibility of getting an extra credit card, a loan, or an increase in your overdraft. Without this option of payment we would presumably observe much less addictive buying behavior, as a prolonged engagement in excessive buying, in most

cases, can only be financed by way of using multiple store- and credit cards. This is supported by a number of studies showing that addictive buying is significantly associated with the possession and frequent use of numerous store- and credit cards (d'Astous, 1990; Faber and O'Guinn, 1992; Magee, 1994; Roberts, 1998). As only a small amount of the total credit card bill has to be paid back every month, an option that is frequently chosen by addicted buyers, is to continue to spend until one reaches the limits on all credit cards. Then, one possibility is to get a new card, or to hope that the credit card companies will increase the card limits because one is such a good customer. Addicted buyers often first notice that they have a problem if they do not get another credit card or if their limits are not further increased; in other words, if they have to face the fact that they have accumulated a large amount of debt.

The conclusion that cannot be drawn from this evidence is that the problem of addictive buying can be curbed by restricting companies to issue credit cards, like for example Roberts (1998) has done. It may prevent the onset of developing an addiction to buying, but it does not help to prevent the circumstances that have caused the addiction in the first place. Therefore, taking away the means would not stop a predisposed individual seeking compensation for perceived inadequacies. Prevention, in order to be meaningful and effective, thus would need to focus on providing an appropriate environment for children and adolescents to develop a healthy and stable sense of self. In summary, it can be stated that sociological factors, although contributing to the manifestation of the addiction to buying, do not cause the behavior. The motives that drive the addiction are anchored in the biological and psychological factors.

5.3.6 Treatment for addicted buyers

Most addicted buyers will first seek debt counseling and financial advice because they frequently recognize that they have a problem when they find themselves struggling financially. Financial counselors can sort out the most pressing need at this stage, which is to deal with creditors and how to negotiate repayment plans. They, however, are not the answer to the problem of addictive buying. They are neither trained psychologists to address the important underlying motives, nor would they have the time to do so. Financial or debt counseling services are mostly free services either community based with small budgets or financed by private companies. The main

motive for the companies to finance such services is not to help addicted buyers. Their foremost interest is in getting their money back. Hence, financial counseling services will mainly give budget advice and provide clients with tools to manage their finances. This is a valuable service, but for addicted buyers it is only a first step in re-taking control over their money and lives.

In order to tackle the buying addiction more directly, various forms of treatment have been suggested. Which kind of treatment is advocated depends on what is viewed as the main cause of the addiction. Some research groups, mainly comprised of psychiatrists, propose a treatment with anti-depressants, anxiolytics, mood stabilizers or antipsychotics. They view the main cause to be physiological in nature, being based on chemical imbalances in the brain or other mental disorders. Thus, they follow the disease model of addiction (Davison and Neale, 1996; Ward and Hudson, 1998). Consumer researchers, in contrast, consider the main underlying problem to be psychological in nature, triggered by unpleasant life experiences, low self-esteem, high self-discrepancies and a distortion of autonomy. Therefore, the suggested form of treatment by these authors is cognitive therapy or in-depth therapy in the psychoanalytic or psychodynamic tradition.

First tests with antidepressants and other psychotropic medication showed that addicted buyers are responsive to physiological treatment. McElroy et al. (1991) initially administered fluoxetine, an antidepressant, to three addicted buyers. For two of the patients it led to a remission in buying after four to six weeks, and for one patient to a reduction of her shopping urges to only once a week. An additional effect of the medication was that the urges were easier to control. In a subsequent study, 13 addicted buyers were treated with thymoleptic medications and 9 received psychotherapy. Only two of the nine patients who received psychotherapy reported improvement, whereas nine out of the thirteen patients on medication reported a complete or partial remission in buying (McElroy et al. 1994). Further support for the effectiveness of drug therapy has been provided by Black (1996) and Black et al. (1997). They conducted an open-label study in which 10 subjects with moderate to severe addictive buying tendencies were given fluvoxamine, a serotonin reuptake inhibitor. Nine of the ten subjects responded to the treatment. They experienced fewer preoccupations with shopping, fewer shopping behaviors, they spent less money and were better able to resist the urge to shop. For three of the subjects improvement was already felt in week one and for the

others by week five. It could however not be excluded that the treatment success was due to a placebo effect. In addition, after a discontinuation phase, most subjects requested continuation therapy because the intrusive thoughts, the preoccupations with shopping, and the shopping itself gradually returned.

Psychologists therefore question the lasting benefits of drug therapy, because it just transforms the addiction to buying into a dependency on medication. Hence, medication only offers another means of escape. One of the reasons why drug therapy works is likely due to the frequently reported effect that the medications detach people from their emotions and sensations. If you ask a person on antidepressants to close their eyes and to guess what number you are drawing with your finger into the palm of their hand, they will not be able to tell you.¹⁵ Hence, it is not surprising that addicted buyers are better able to control their buying urges when on antidepressants, because the previously intensively felt emotion that motivated them to buy is not perceived as that strong any more and therefore has lost its power. This by itself can be viewed as a positive effect since it helps addicted buyers to find a new (emotional) balance. It however has its price. This price is to (further) lose touch with one's own feelings and to become dependent on the medication. Some individuals may perceive this as a blessing, because their emotions are so painful or overpowering that they prevent them from properly conducting their lives (compare Hirschman, 1995). If however the root to the problem is not an inherited mental disorder, then there might be a chance of finding out what the underlying but unconscious need is that demands satisfaction. Initially, this may demand drug treatment if the individual first needs to be stabilized. In the long run, however, medications might hinder the therapeutic efforts because they prevent the individuals from accessing their feelings. This view is supported by Roche (1989) who reviewed the treatment forms for various types of addiction since 1960. He concluded that addicts generally do not benefit from psychiatric-oriented therapies because they only eliminate the abuse. He suggests that instead the therapeutic emphasis should be on the acquisition of coping skills, on relapse prevention counseling and on assisting clients to build a network of people who will assist them beyond therapy. Such a network could either consist of family or friends, or a self-help group modeled for example after the 12-step program of Alcoholics Anonymous. It is not necessary that the self-help group is only comprised of individuals who are addicted to the same behavior.

¹⁵ personal conversation with Karl Humiston, a psychiatrist and counselor, Albany, Oregon.

As the underlying processes of addiction are similar, clients with various addictive behaviors can learn from each other and this is likely to even have a positive effect on treatment.

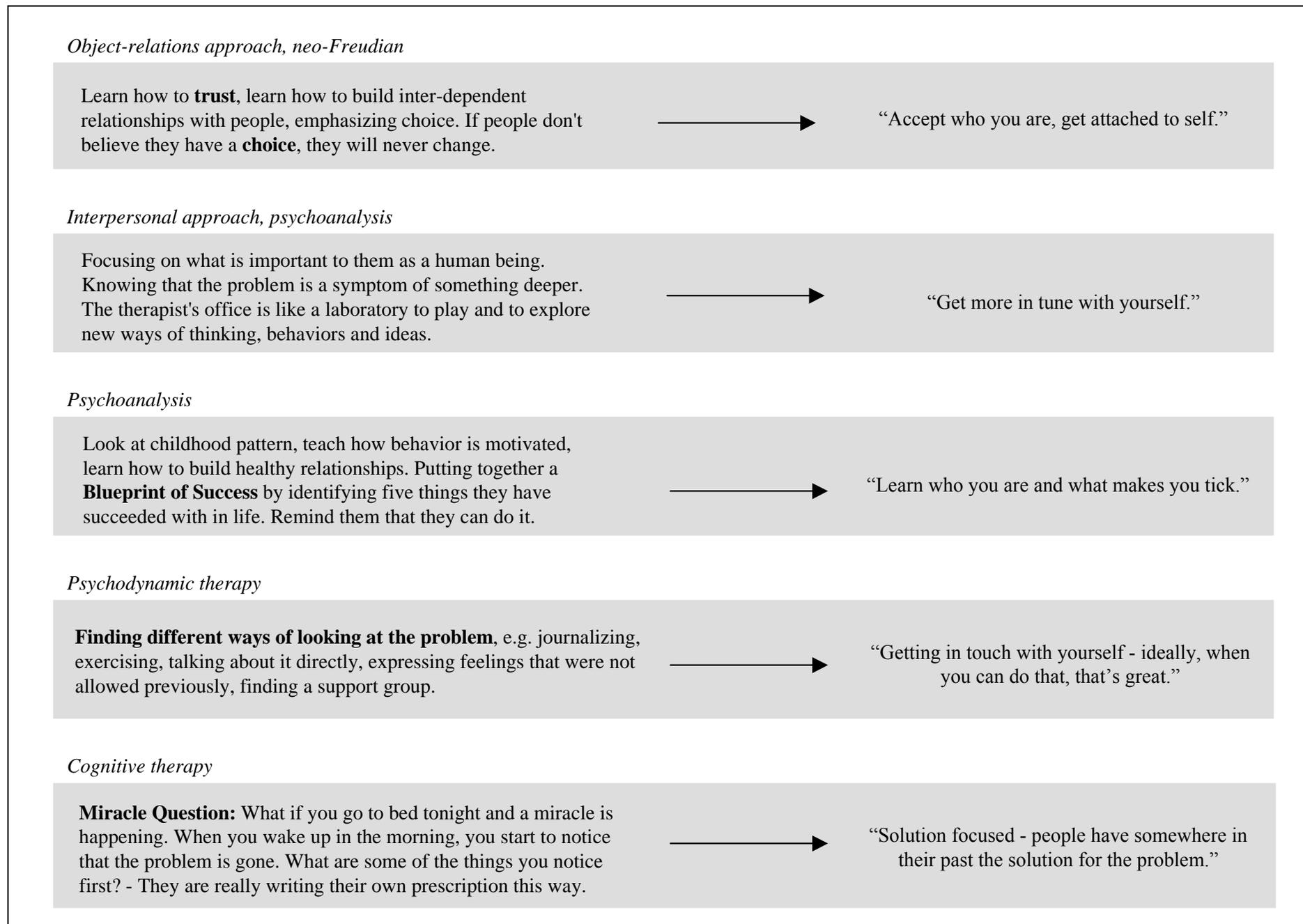
Generally, it can be stated that overcoming an addiction is not easy since it involves quite lengthy learning and realization processes, which are contrary to the quick fixes that the buying addict has sought previously. An additional obstacle is that for many addicts facing the 'real' issues is painful and associated with high stress, tension and anxiety. The role of the therapist therefore should be to function as a coach.

In the addictive buying literature, two forms of therapy have been proposed as particularly relevant for addicted buyers. Krueger (1988) and Haubl (1996) regard psychoanalytic therapy as especially appropriate because the objective is the development of a more cohesive sense of self. If this can be accomplished, they argue, then the buying addict will no longer feel the urge to engage in buying because buying is no longer necessary for the purpose of reinstating the internal balance. Chatterjee and Farkas (1992) and Elliott (1994) advocate cognitive behavior therapy. The aim of this type of therapy is to increase the clients' awareness, in this case, of their relationship to money and material goods and to the factors associated with the act of buying. Once the addicted buyers have recognized what they are actually trying to satisfy through buying and what buying can and cannot do for them, the next step is to experiment with more appropriate and less detrimental alternatives to satisfy the underlying need(s), which previously have driven the addiction. Based on a series of interviews conducted by this author with therapists in the US on the issue of treatment for addicted buyers, it can however be concluded that it does not matter much which therapeutic school of thought is followed. Which kind of therapy is most appropriate depends on the nature of the self-deficiency, the personality of the addicts, their current life situation and last but not least on the personality characteristics of the therapist. If the therapist is unable to build up a trusting relationship with the addicted buyer, then even the best fitting therapy is doomed to fail. As the summary statements of the interviews with the therapists in **Figure 5.4** show, the aimed at end results of any of the suggested therapies do not vary much. They are all geared towards making the person whole, self-confident and self-loving again (Friese, 1995). This view is echoed by Peele (1989) who stated:

.... the science of addiction is a science of common sense and human coping. The best thing people can do to solve or prevent addiction is to learn to control their destinies - or at least to bring within controllable limits - stress and fear, including their fear of the addiction (p. 202).

In summary, it can be stated that addictive buying like any other addiction can be treated, even if no generalization can be made with regard to which form of therapy might be the most appropriate. From the addiction research literature, it can be derived that psychotherapy is likely to be more effective than drug therapy. Nevertheless, this does not mean that drug therapy should be dismissed totally as it might be necessary at first to stabilize the addicted individual. Which type of psychotherapy works best depends on the individual case. The likelihood of finding a therapy that works may be higher if one chooses a therapist who uses an eclectic rather than a single approach, or a therapy form that most closely matches the goal that one wants to achieve. If the goal is to manage and control the addiction, then cognitive behavioral therapy might be preferable since the focus is on learning coping skills. If one wants to find out what the underlying cause is, then a more lengthy in-depth therapy might be advisable. Professional help is however not always necessary. Some addicts also recover from their addiction without help. Examples of this and other experiences with the recovery process are provided in chapter 6.

Figure 5.4: Summary statement of interviews with therapists on the treatment of addictive buying



(fig.5.4 contd.)

Conscious connectedness, personal approach

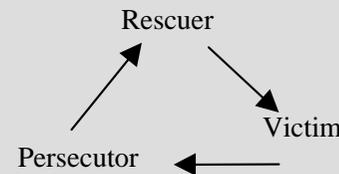
Premise: Addicts think that they won't be able to handle what they think they are going to feel. **Cure:** Make them imagine it happening, make them feel it in their bodies and they will realize that they won't die.



“Get back into your body.”

Psychoanalysis, personal approach

Premise: Addicts play the addictive game. **Cure:** I ask people where they are on the map (see right), and then we make a contract. Some people say that's all the help they need. Real help is durable, contractual, equitable.



“Know who you are and where you go.”

Psychoanalysis, Behavioral therapy

Dealing with the inner child. **Therapy is spiritual growth.** Teach skills how to handle the situation.



“Learn to love yourself.”

Behavioral therapy, Psychodynamic therapy, Cognitive therapy

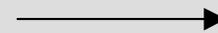
Managing the situation and **making sense** of it by working through unresolved issues from the past and by **creating a different kind of emotional atmosphere** in the present.



“Sending people out of therapy not only with a cookbook, but with an understanding of what cooking is all about.”

Behavioral therapy, Psychodynamic therapy, Cognitive therapy

At first, **managing** the situation, then **dealing with the underlying problem.** Letting go of childhood past, taking out the negativity and beginning to formulate new ways of viewing the self.



“See yourself as a person of value.”

5.3.7 Differences between 'normal' and addictive buying

One point of discussion in the literature over the past years has been whether addicted buyers differ qualitatively or quantitatively from 'normal' consumers (or both). Expressed a bit differently: Is addictive buying simply at one extreme of a generalized urge to buy continuum? Several authors have considered this question. Their results and conclusions are presented below and further developed based on new evidence provided by the present study.

Natarajan and Goff (1991) explored whether addicted buyers can be distinguished from non-addicted buyers based on their buying motives and the level of control they have over buying. As psychological buying motives are more important for addicted buyers than instrumental or functional buying motives, they tested whether these motives are only characteristic of addictive buyers or whether other consumers are also driven by these motives, but to a lesser degree. Their measure of psychological buying motives consisted of 25 true/false statements like: "Buying things gives me a feeling of self respect," "I buy items to create a new image for myself," "I get an emotional lift when I make most purchases," "When I buy I feel free from the pressures of life," "I often buy items to gain acceptance of others," or "Buying helps to compensate for setbacks in life." The standardized scores ranged from -1.42 to 2.15. This indicates that a continuum exists on psychological buying motives. They further investigated the question whether only addicted buyers have a problem in controlling their buying or whether this is a characteristic that also describes a 'normal' population. In order to measure this, they developed a scale consisting of 18 Likert-type items ranging from 0 (disagree) to 9 (agree) like "I know I shouldn't buy some items, but I do so anyway," "I have made resolutions to curb my buying only to find that I could not keep them," or "I will reduce my level of buying for a while only to go on a binge". The summed standardized scores ranged from -3.49 to 1.08. As all items were reverse coded, higher scores indicate greater control over buying. In other words, also within a 'normal' population consumers find it more or less difficult to control their buying. This result offers further support for the continuum thesis. Additional findings were that the assessed psychological buying motives correlated significantly negatively with the measure of inferred control and positively with obsessive-compulsive personality characteristics. The conclusion Natarajan and Goff draw is that at the high end of the continuum these variables are descriptive of some aspects of addictive buying.

Faber and O'Guinn (1989) take a different perspective. They assume that addicted buyers are systematically different from other consumers based on the reason that not every social drinker will necessarily become an alcoholic, and not every person who once in a while will eat to compensate for a bad mood will necessarily become a bulimic person, etc. If so, then addicted buyers should be different from 'normal' compensatory buyers but similar to individuals with other addictions. If addictive buying behavior however is on the extreme end of 'liking to buy', then addicted buyers may simply have a greater than 'normal' desire for products and less willpower. To test this hypothesis, O'Guinn and Faber compared data obtained from a sample of addictive buyers and a systematic probability sample of an adult population. The two samples were systematically different with addicted buyers showing lower levels of self-esteem, higher levels of compulsivity, and a higher propensity to fantasize than members of the general population. In addition, addicted buyers were not more possessive than other consumers; they did however engage in buying much more frequently and their buying had severe consequences. According to O'Guinn and Faber, especially these latter three findings "distinguish addictive buying from similar concepts, such as heavy use of products and impulse buying, and clearly demonstrates that it is a form of addictive consumption and not at the extreme end of liking to buy" (p. 155).

d'Astous (1990) criticizes O'Guinn and Faber's method by arguing that it is not surprising that one finds systematic differences if one creates a dichotomy by contrasting a group of addictive buyers with a group of so-called normal consumers. He advanced the thesis that a generalized urge to buy may characterize consumers at different levels and at different times. Based on this perspective, addicted buyers would simply be higher on the generalized urge to buy (measured by the addictive buying scale) most of the time. Therefore, d'Astous tested the various relationships that have been reported to characterize addicted buyers within a normal population. He found that self-esteem and addictive buying is also related positively within a normal population, and that women and younger individuals generally seem to be more likely to exhibit addictive buying tendencies. Based on these findings, d'Astous concludes that consumers can be positioned along a generalized urge to buy continuum and that those in the upper extreme can be called addictive buyers. One result he did not fully take into account when interpreting his findings was that people with a higher generalized urge to buy in his sample of 'normal' consumers did not report to have experienced

other abusive consumer behaviors in their families more frequently than others. He attributed this finding to the uncommon occurrence of other addictive behaviors in the surveyed population. An alternative explanation however could have been that there is indeed a qualitative difference between addicted and 'normal' consumers, which cannot be tapped if one only surveys 'normal' consumers. From the findings reported above, we know that within the families of addicted buyers the occurrence of mood or anxiety disorders and substance abuse is much higher. We also know that the kind of childhood experiences addicted buyers were subjected to differ from the 'norm' and that their motivation to engage in buying can also be clearly distinguished from the motivation of 'normal' consumers. The reason why Nataraajan and Goff have found a continuum on the buying motive has to do with the fact that many consumers use buying as a form of compensation. In other words, they make use of the additional benefits buying and material goods can offer, like serving as a reward, enhancing mood or symbolizing status. This however does not mean that all individuals who use buying for such purposes are or will become addicted to buying. The episodes where they will engage in buying for mere emotional reasons are likely to remain temporary events, whereas for addicted buyers they have become a chronic state (O'Guinn and Faber, 1989). In addition, as low levels of self-esteem also play a role in compensatory buying, the finding that self-esteem and addictive buying tendencies are also significantly related in a 'normal' consumer sample is not surprising. It only supports the continuum argument insofar as we can expect to find individuals within the general population who use buying more or less often as a form of compensation. Therefore, it seems more appropriate to give up on the dichotomy - 'normal' vs. addicted buyers - and to adopt a more differentiated classificatory scheme. Scherhorn et al. (1990) for example proposed to classify consumers according to the following criteria: non-compensatory or *utilitarian* buyers, *compensatory* buyers and *addicted* buyers. The term utilitarian buyers has been chosen here to express that this group of buyers is less likely to engage in buying for emotional and hedonic reasons. Compensatory buyers are similar to addicted buyers inasmuch as addictive buying is always also compensatory buying. Yet, compensatory buying is different from addictive buying, because compensatory buyers are not dependent on the behavior. They can stop their shopping splurges if, for example, they have reached the limits on their credit cards (see chapter 6). Highly compensatory buyers may be at risk of becoming addicted to buying if for instance something traumatic happens to them like the death of a close person, divorce, job loss,

etc. It will however be easier for them to control and eventually defeat the addiction once they have overcome the loss, because then the occasion that has caused the heavy reliance on buying has ceased to exist. For addicted buyers the process of overcoming the addiction is often more difficult because the experiences that have caused the addiction are deeply rooted. Facing the issues pertaining to the cause is seldom easy as these are exactly those issues, which they have sought to avoid for many years through buying.

Based on these considerations, the explanation that addictive buying simply lies at the extreme end of a generalized urge to buy continuum appears no longer convincing. The thesis advanced here is that addictive buying is qualitatively different from compensatory and also from 'normal' impulse buying, a view that is also maintained by Rook (1998). As a result of a cluster analysis including the eleven items of the addictive buying measure employed in the present study, the following cut-off points for dividing a given sample into utilitarian, compensatory and addicted buyers are suggested:

Table 5.7: *Classificatory schema*

	scores	group mean	n
Utilitarian buyer	11-28	21.04	100
Compensatory buyer	29-45	36.32	106
Addicted buyer	46-66	54.89	65
Total scale	mean: 35.13	standard deviation: 13.88	

As addicted buyers were purposefully oversampled, no inference can be drawn based on the group size. The large number of addicted buyers in the sample however makes it possible to compare the profiles of the three groups. To test whether the three consumer groups differ on the various scales and scale items, one-way ANOVAs were applied. All three groups responded significantly differently to all of the eleven questions on the addictive buying measure. In addition, they also differed with regard to their scores on the overall materialism scale, the happiness and centrality scale as well as the self-discrepancy measure. The only scale where not all three group means were significantly different was the success scale. Compensatory buyers had the highest score on the success scale, and utilitarian buyers believed the least that the acquisition of material goods is a sign of success. The addicted buyer group was lower than the compensatory

buyer group, but not significantly. Both however were significantly different from the utilitarian buyer group (see **Table 5.8**).

Table 5.8: *Group profiles, comparison of means*

	utilitarian	compensatory	addicted	overall
Materialism	40.37*	52.77*	55.69*	48.10
Success	24.58*	28.49	27.78	26.54
Happiness	14.45*	20.14*	22.22*	18.18
Centrality	12.87*	15.20*	16.20*	14.32
Self-discrepancy	9.68*	12.84*	16.71*	12.26

*significant difference, $p < 0,05$

As can be seen from the above table, both compensatory and addicted buyers have a more pronounced materialistic value orientation. The jump in the mean materialism and the mean happiness score between the utilitarian and compensatory buyer group is considerable. This supports the theoretical considerations that the acquisition of material goods is used as a compensation mechanism if it is viewed as central and as a means of achieving happiness and success. The sizable increase in self-discrepancy between compensatory and addicted buyers offers support for the qualitative difference argument indicating that addicted buyers have been subjected to more severe and prolonged experiences with detrimental effects on their feelings of self-worth than non-addicted consumers. The significant difference in self-discrepancy between the utilitarian and compensatory buyer group suggests that actual-ideal self-discrepancies generally motivate individuals to engage in compensatory behaviors. This result supports Campbell and McCracken's theses that the motivating force behind consumption lies in the inevitable gap between the real and the ideal.

Further support for classifying consumers according to the three suggested groups based on the addictive buying measure has been provided by Cole and Sherell (1995). Although the two authors have used a student sample and the main purpose of their paper was not to discuss the continuum argument, some of their findings are of particular interest here. Their main interest was in determining the performance of the two available scales that measure addictive buying tendencies. As part of their analysis, they clustered the respondents into three groups according to their scores on the two addictive buying measures as has been done above. For the Valence et al. (1988) scale,

which also has been employed in the present study, the following differences were reported: The group with the highest addictive buying mean showed significantly lower levels of self-esteem, higher levels of shopping involvement expressed in a greater need for the activity, and a higher tendency to use shopping as a means of escape. No significant differences were found for materialism (measured by the Richins and Dawson scale) and credit card usage. The means however were in the expected direction. The Faber and O'Guinn (1992) scale in comparison did discriminate the three consumer groups with regard to all employed measures including levels of materialism and credit card usage. As the Faber and O'Guinn scale has been specifically designed to screen addicted buyers also within a normal population, it may have been more effective in distinguishing between addicted and non-addicted consumers when applied to a student sample. The conclusion may be drawn that addicted buyers are indeed different from both utilitarian buyers and compensatory buyers in that they display lower levels of self-esteem, higher than average actual/ideal self-discrepancies, a more pronounced materialistic value orientation, a greater need for buying and different buying motivations. It is interesting to note that utilitarian buyers are both low in materialism and self-discrepancies. This suggests that people who perceive certain inadequacies are especially susceptible to the lessons taught by the 'secret curriculum' in capitalistic societies, e.g. promising that all shortcomings can be alleviated via material goods.

5.4 SUMMARY

Throughout this and the previous chapters, it has been shown that buying and material objects potentially provide individuals with recognition and approval; that both offer an escape through fantasy, that they allow acting out anger and aggression, that they promise power and control, represent love, security, affection, independence and identity, create mood change, relieve anxiety, lift depression, and elevate self-esteem (Chatterjee and Farkas, 1992; Faber, 1992; Mason, 1992). Therefore, it is not surprising that individuals in consumer societies have 'discovered' buying as a means of compensation. The reason why some people become addicted to it is related to certain predispositions, which may be inherited and/or are induced by certain life experiences, mostly during childhood. If such dispositions occur in combination with the experience

that objects and acts of consumption can serve as an ersatz for a missing parent, for love, affection, recognition or attention, it can be presumed that the preferred substitution mechanism for a perceived lack will be material goods and the associated shopping activities.

The problematic aspect is that the add-on benefits of buying will never satisfy the real underlying need of the addicted buyer. Firstly, material goods, although symbolically representing immaterial needs, can never be adequate substitutes for such needs (compare **Figure 5.3**). Secondly, as the driving force that motivates the addiction is often not consciously known, it is highly unlikely that the real needs that long for fulfillment are satisfied by the addictive behavior. If a basic need however is not satisfied, according to Maslow, it will become the predominant need driving people to engage in compensatory behaviors. This may either be achieved by re-directing the unsatisfied need to a top level need, or by regressing to the next lowest level. Both alternatives can be observed in addictive buying and are illustrated in the form of case study examples in the next chapter.

In **Figure 5.5** on the next page, all empirical findings that have been reported so far are summarized. The dashed lines represent provisional relationships that can be assumed to exist based on the overall picture that emerges from the studies conducted up to now.

Figure 5.5: Empirical findings on addictive buying

