RUNNING HEAD: Compulsive Buying Disorder – addiction, compulsion, poor impulse control, or no problem at all?

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ABSTRACT

This paper explores research completed on compulsive buying disorder (CBD) and covers a brief overview about the disorder including its history, definition, symptoms and/or hallmark markers and known treatment options. This paper examines articles and research conducted by Black et al (2010), Hartston (2012), Benson (2013) and some aspects of Sohn (2014) in order to discover if compulsive buying disorder is a compulsion, an addiction, poor impulse control, or just a plain shopping spree.

SUMMARY & ANALYSIS

If you've ever watched an episode of the reality TV show "Extreme Couponing" or the movie "Confessions of a Shopaholic", you've seen a person exhibiting some aspects of behavior associated with a personality disorder called compulsive buying disorder (CBD), otherwise known as a "shopping addiction" or compulsive shopping. Compulsive buyers are more commonly known as "shopaholics" who will "shop 'til they drop" and spend more than they can afford. Compulsive buyers are generally interested in purchasing material goods such as clothing, shoes, jewelry, makeup, kitchen items, and CD/DVDs. Compulsive buying disorder is a chronic, time-consuming and frankly expensive condition that can fluctuate in intensity due to seasonal and/or holiday deals. Sohn calls it "dysfunctional consumption behavior" that is characterized by phases with themes and titles like retail therapy, denial, debt-ridden, impulsive buying, and compulsive buying that have different thoughts and feelings associated with them (244). Black et al characterize it in four phases: anticipation, preparation, shopping, and spending. Or in other words, the individual starts thinking frequently about having a certain item, makes plans to buy the item, followed by actually shopping for the item and then purchasing the item which is often subsequently followed by "a sense of letdown or disappointment" (177-178). Benson (2013) used McElroy et al's (2000) definition that describes the disorder as a "maladaptive preoccupation...that [is] either: (a) irresistible, intrusive, and/or senseless, or (b) results in frequent buying of more than can be afforded, frequent buying of items that are not needed, or shopping for longer periods of time than intended" (3-4). As we'll see, when it comes to behavior, a fine line exists between a healthy coping mechanism and a maladaptive behavior turning into a compulsion and/or an addiction.

After hearing a compulsive buyer's description and phases, one might call to mind a reality TV show called "Hoarders" documenting an introduction to a hoarder and their home and their attempt to help the individual dispose of their multitude of hoarded items in order to live a healthier and more fulfilling life. However according to Black et al, the disorder is distinctly separate to hoarding because hoarders hoard and refuse to dispose of items that are of "limited use or value" whereas compulsive buyers purchase items that "are not inherently valueless or useless" (181).

Now why and how can someone develop compulsive buying disorder? A laymen would consider CB to predominantly affect women due to generalized thoughts about accepted societal gender roles i.e. accepted masculine or feminine behaviors, however CB seems to affect men and women nearly equally hovering around 6% for the U.S. general population and has an onset age of late teens and early 20's (Black et al, Hartston). The compulsive buyer spectrum is wide and reflects people who vary "in age, gender, socioeconomic status, patterns of buying, the intensity of their compulsion, and underlying motivation" (Benson, 5). Benson cited Koran' "large-scale telephone survey [that] suggested that 5.8% – approximately 17 million Americans – have exhibited symptoms of compulsive buying" (4). According to Black et al, no study has shown hereditary or genetic markers to account for CB but societal and cultural markers do show a positive correlation because more developed countries with higher merchandise availability allow for an individual to have the desire and means to become afflicted with this disorder. Sohn disagreed with his comments about a family history correlation and said, "Compulsive shopping tends to run in families, and affected family members can also have mood disorders and substance abuse problems" (244). However, Benson corroborated with Black et al and called compulsive buying a "cultural syndrome" because we live in a culture of "competitive consumption" that is commonly reported to exist "only in cultures with "mushrooming credit facilities and boundless buying opportunities" though globalization seems to be expanding CBD's reach to more countries as they develop economically (4). Hartston argues that companies have spent billions learning how to specifically market and tailor their products to influence buyers to purchase their products. Hartston cites Robischon's analysis of neuromarketing which says companies use marketing to "bypass the conscious adult rational decisionmaking brain functions to maximize excitement, emotional attachment, brand attachment, reward pathway activation, medial prefontal identification and oxytocin stimulation..." in order to influence your shopping behavior consciously or unconsciously (66). Hartston gives some examples of different strategies designed to get shoppers to remain in the store and buy merchandise such as by playing "sneaker radio" to "slow a shopper's pace" and "increase impulsive purchases (66)."

Another aspect of why a person might compulsively shop is their motives for shopping. Compulsive buyers shop for three reasons. First, Benson used Dittmar's reasoning (2004) that the compulsion arises from a need to fulfill a gap between the ideal self and perceived self or rather that material goods will fill that gap (5). Secondly, Dr. Hartston concurs and argues that another way to make shoppers addicted to shopping is to create an inflated sense of importance on shopping and owning things in order to increase one's self esteem and elevate their social and professional status. The individual becomes dependent on the validation and approval of others and again one motivation for this addiction is to use it to fill a perceived gap in their lives. Third, Sohn reports that many participants reported "feelings of deprivation, loneliness, depression, and low self-confidence" and they've turned CBD into a twisted coping mechanism to help the individual avoid or soothe everyday life stressors and bad feelings.

For the past 100 years, compulsive buying disorder has had a contentious identity in the field of psychology due to an inability to agree on its classification. Initially, people acknowledged the disorder's existence but put it to the wayside in favor of more debilitating and maladaptive disorders but around 30 years ago the disorder saw some scrutiny. There was initial difficulty in deciding which spectrum the disorder should be classified under: a compulsion, an addiction, or poor impulse control. It is currently classified in the DSM-IV as an "impulse control disorder not otherwise specified". There seems to be a general consensus amongst Hartston, Benson, Black et al, and Sohn that the disorder should be newly classified in the DSM-V as a behavioral addiction rather than an undefined impulse control disorder. Black et al's research exclusively worked to prove it belonged outside the obsessive compulsive disorder spectrum despite CB's name. Black et al cited that obsessive compulsive's derive no pleasure from their compulsion whereas compulsive buyers do at most points of their episodes. Hartston argues CB is a behavioral addiction and studied the brains of individuals with substance abuse addictions to drugs like nicotine or heroin and found similarities in their brain chemistry to corroborate her addiction theory. Sohn and Benson agreed it should be classified as a behavioral addiction but Sohn's paper focused more on detailing the phases of CB and Benson focused on a possible treatment plan.

Treating compulsive buying disorder comes with its own challenges. There is great difficulty in learning to restructure your mindset to resist compulsions. The biggest difficulty in retraining compulsive buyers lies in the necessity to actually purchase items in daily life and then resisting the compulsion to spend more when confronted with sales and any life stressors. Black et al and Hartston touch on psychopharmacological experiments that have failed as does Benson. However, Benson discards its inclusion almost immediately in her article and focuses on her 12-week program. As yet, there have been a few pharmacological trials using fluvoxamine or citalopram or escitalopram, but they have produced mixed results (Black et al, 178). Something to also consider when developing treatment plans is the strong psychiatric overlap of disorders that compulsive buying disorder can sometimes mask or be mentally jointly present with CBD. Sohn as well as Black et al cite the presence of strong instances of "psychiatric comorbidity, particularly mood and anxiety disorders, as well as substance abuse disorders, eating disorders, and other disorders of impulse control" (Christenson et al. 1994; Faber et al. 1995; Mitchell et al. 2006).

On the other hand, some cognitive-behavioral therapy experiments have found some success amongst its participants. Mitchell et al (2006) and Mueller et al's (2008) cognitive-behavioral experiments showed signs of reduced compulsive buying behavior for at least 4 weeks after around 12 sessions over a period of 10 weeks with a follow-up a few months later (Benson, 10). Benson has developed an as yet untested but promising comprehensive 12-week treatment program designed to help shoppers stop over shopping. It focuses heavily on helping its participants understand where the motive to compulsively shop and spend money arises and where the attitude about the expenditure of money originates in their lives. Her program focuses on helping the participants through group therapy as well as drawing on cognitive-behavioral therapy tools, strategies, and skills and "psychodynamic psychotherapy, dialectical behavior therapy, mindfulness, motivational interviewing, and acceptance and commitment therapy" to recognize and ultimately confront their condition and restructure their lives and thought processes to a healthier mindset. (19).

OPINION

Initially, compulsive buying disorder seemed exactly as it sounded – a compulsion but also like an addiction so to find out the consensus agreed that it was a behavioral addiction was surprising. Benson developed a comprehensive plan that sounds like it has real merit and a high probability of helping people manage their disorder long term. Benson is the only one to really develop an idea to help people with

CBD. Hartston and Black et al focused on arguing its classification rather than any type of treatment other than brief mentions of the pharmacological trials and encouraging awareness, acknowledgement and/or intervention in order to stop over shopping.

In my opinion, Benson and Black et al's argument makes the most sense. If you consider the dangers of today's reality where we are inundated with ubiquitous ads, societal expectations of a certain sense of materialistic wealth to display status, the easily availability of online shopping, credit lines and credit cards, it's no surprise that we would feel expected to spend and do so. Benson agrees about the inundation of advertisements and said the "barrage is no exaggeration: In 2005, 2006, and 2007, an all-time high of nearly 6 billion credit card offers went out to America's 300 million people – more than 20 offers per year to every man, woman, and child" (6). It can be difficult to defend yourself from a barrage like that and even from developing the disorder itself. We live in a culture that promotes materialism and "now, now, now". If we think we want it and are told we should want it, then we must need it even if in reality it's an arbitrary item we could do without. The accumulated research also conclusively states that even if compulsive buying disorder is classified as an impulse control disorder it conclusively does exist as a growing psychological problem affecting around 6% of the general U.S. population. I've worked in retail for over a year and a half now and I can say with absolute certainty that CBD exists and while companies aren't just faceless corporations trying to push you into a psychological disorder they kind of have to in order to generate a profit and sustain themselves. So yes, there are marketing schemes designed to get you to spend more under the guise of saving.

One aspect of compulsive shopping not investigated in this paper and worthy of further detail would be the advent and upsurge in online shopping. Dealing with compulsive shopping when you had to leave your house and purchase in store probably gave the buyer more time to stop themselves but online shopping significantly reduces their wait time. The compulsive shopper will get tempted when confronted with a barrage of subscribed emails writing all about these deals that are only good for one to several days but they have to shop now or they'll miss it.

Sohn's experiment focused on a small group of Korean women to admittedly generalize the results and elucidate the different feelings and thought processes before, during, and after an episode of compulsive shopping. The experiment was based on the cognitive theory assumption that "human behaviors and outcomes are results of thoughts" which is an interesting idea when considering what CBD should be classified (244). Is CBD something that can be really helped or modified? Can we train or modify our thought processes enough to eradicate or stop the behaviors entirely or will we continually struggle? How much can we change a learned behavior? Pavlov's experiments and other cognitive-behavioral experiments tell us yes we can be retrained, but to what extent can a thought process can be changed especially when it's vital to going about your daily life. Pavlov's experiment only cross-trained the senses not the thought process involved. So the question remains. Can you change a thought?

CONCLUSION

Compulsive buying disorder is a real problem because of its intrusiveness and pervading space in a person's life. It deserves attention and in time it will become steadily more apparent what a problem it is as the world slowly grows its economies. More research needs to be done about the disorder in order to create treatment plans because as of now no definitive drug or plan has been discovered. Experts need to definitively decide which classification this disorder falls under in order to better guide their patients towards a healthier and fulfilling life. And lastly, more attention and scrutiny needs to be applied rather than a wave off denying the disorder's existence. Compulsive buyers have a real problem and in a world and culture promoting materialism and wealth as the archetypal ideal to reach success and happiness further solidify that they need as much help as they can receive.

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