

ONIOMANIA: VULNERABILITY FACTORS FOR PATHOLOGICAL BUYING BEHAVIOR**Dr. Ayesha Anwar**

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Abstract

Oniomania is a psychiatric syndrome and is characterized by obsessions (subjective feelings & thoughts) and compulsions (buying temptations) that are mostly glued by faulty beliefs. The main goal of this study was to explore low self-esteem and social identity as vulnerability factors towards compulsive buying. The primary data for this study was obtained from N=214 through a snowball technique of sampling. A compulsive buying scale, developed by Valence, d'Astous & Fortier (1998) was used to assess the degree of abnormal buying behavior. The Rosenberg's Self-esteem Scale was employed to explore the level of self-esteem. Other socio-demographic factors were explored through self-constructed questionnaire. Regression analyses identified family position, share of responsibilities, money management, materialism, social-identity, and low self-esteem as potential variables related to compulsive buying disorder. Linear relationship was also observed in age and compulsive buying as compulsivity seems to decline with the aging

Keywords: Oniomania, Compulsive Buying, Self-Esteem, Materialism, Social-Identity

Introduction

The culture of buying and selling first emerged in ancient Greece that eventually changed culture and moral values of the state. Power and supremacy in a tribe was enhanced by making purchases and commerce. According to Tavares et al (2008) this act of making purchases in fact has continued to mesmerize and captivated people in subsequent millennia and has led to a clinical disorder.

Based on the Esquirol's concept of monomania Kraepelin (1915) and Bleuler (1924) identified compulsiveness in buying behavior and named it as "oniomania" in the early decades of 20th century. Oniomanic consumers buy compulsively and purchase excessively to the extent that they exceed their financial limits and consequently experience significant psychological distress. McElroy et al (1994) did also recognize oniomania as a significantly distressing act that carry both psycho-social and financial difficulties.

The global statistics reveal that oniomania is affecting the lives of approximately 1.1% to 5.9% of the population across the globe (O'Guinn & Faber, 1994). Despite of these alarming statistics, the field of psychology is little attentive to this pathological condition as the repercussion of the disorder has never been calculated from psychopathological point of view. Moreover, the classification of compulsive buying disorder has remained elusive, and has failed to acquire its legitimate status in contemporary nosologic systems such as, Diagnostics Statistical Manual (DSM) or International Statistical Classification of Diseases and Related Health Problems (ICD).

There is much debate in the psychiatric literature, over which disorder should oniomania be grouped together (Workman & Paper, 2010; McElroy et al., 1994). Evidence of co-morbidity for oniomania indicated that it has been linked to impulse control disorder (Potenza, 2014; Robbins &

Clark, 2015; Muller et al., 2015), substance abuse disorder (Grant et al 2013), Kleptomania (Black et al., 2010), eating disorder (Jimenez-Murcia et al., 2015), bipolar disorder (Black, Monahan, and Gabel, 1997) and obsessive-compulsive disorders (Weinstein et al., 2015; Black, Shaw, & Blum, 2010). These disorders either occur as comorbid, or emerge serially after a previous one has been established, or after the initial disorder has been controlled (Hirschman, 1992; Mitchel, 1990).

Despite of this substantial progress made to theoretically link oniomania with other related disorders, a lot more work is still needed to declare and differentiate its clear boundaries and existence. Its legitimate status as a disorder needs to be recognized by the available contemporary nosologic systems. In this regard, future development is eagerly waited for.

Vulnerability Factors for Oniomania

One recent study by Kearney and Stevens (2012) conceptualized oniomania as a coping mechanism to escape from problems of various natures in consumer's life. In fact, when purchases are made unnecessarily and beyond affordability it can be seen as a response to deal with stresses, anxieties, disappointments, self-inadequacies, and self-negativities (O'Guinn & Faber, 1994). Again, it's imperative to understand that buying behavior can be reinforced when a consumer feels change in his arousal level and feels his self-esteem enhanced through buying products. During all this the consumers tend to drive utility from the purchase process and not from the product.

Researchers (e.g., Roberts, 1998; O'Guinn, Faber, 1989; Neuner et al., 2005; Koran et al., 2006; Drury, 2000; Faber, 2000) view compulsive shopping as a compensatory action to repair one's low self-esteem. From their perspective, personal judgment of worthiness or self-concept can be translated in consumers' persona. This implies that individuals, who use buying to compensate for their low self-esteem, are more prone to develop compulsive buying behavior. It therefore, people with low self-esteem and market self-doubt were extrinsically eager consumers.

O'Guinn & Faber (1994) and Valence, d'Astous, & Fortier (1988) on the other hand, suggest that compulsive buyers have lower self-esteem and place high value on materialism. These researchers believe that compulsive buyers show higher tendency to fantasize. They fantasize escape from negative feelings and view personal success and social acceptance for themselves. These fantasies are the product of disturbing thoughts and some dysfunctional beliefs that money or material possessions can buy wellbeing. Thus, the element of obsessions among compulsive buyers cannot be ignored, altogether.

In support to this, Koran, Faber, Aboujaoude, Large, & Serpe (2006) and Scherhorn, (1990) pointed over to the existence of obsessions and tendency to fantasize quite common among compulsive buyers (Koran, et al., 1990). Fantasies allow compulsive buyers to rehearse the expected outcome and to avoid focusing on the negative thoughts and real problems. Neuner, Raab, and Elger (2011) explains that when people fail to meet their safety and security needs they are more likely to place greater emphasis on desires and materialistic values which translates into buying as a mechanism to climb up or claim the status.

Kasser and Ryan (1993) related compulsive buying to one's intrinsic and extrinsic goals. He argued that intrinsic dissatisfaction like low self-esteem and insecurity about oneself drives many people to seek extrinsic remedies. One such remedy is material possessions to get approval and appreciation from others. As a matter of fact, material possessions provide emotional boost and temporarily repairs one's sense of worth especially in consumer cultures which suggest that sense of security and well-being can be purchased (Roberts & Pirog, 2004).

Unfortunately, in today's world of modernity, the development of self-identity has been linked to materialism which is some of the core values that define today's postmodern consumer culture (Kragh & Dyrhauge, 2010). Material possessions are believed to increase one's worth in the eyes of others. Consequently, in order to feel self-fulfilled people would increase purchases and possessions. Therefore, it is not even surprising that individualism will evolve in consumer cultures where materials will be used as a mechanism to express one's external image. Similarly, when individuals consider material possessions and physical comfort to be more important the risk of compulsive buying would also increase in them (Jalees, 2007; Rasool, Kiyani, Khattak, Ahmed, Mah-a-Mobeen Ahmed; 2012; Fah, Foon & Osman, 2011). In other words, excessive, unnecessary and disproportionate shopping is becoming a norm, a lifestyle, an image, through which consumers are expressing themselves (Neuner et al., 2005). In this way, compulsive buying is said to be increased by this increasing problem in today's society.

While looking at compulsive buying in a cultural contexts, McCrae, Yik, Trapnell, Bond and Paulhus (1998) evaluated East Asian and Western countries on self-sufficiency and argued that west focus on self as separate unit and thus, in order to outstand from society one has to prove uniqueness through strategies stimulating self-esteem. Contrary to this, Asian countries such as, Japan and China encourages humility, humbleness and modesty that discourage showing superiority through material possessions. As a result, compulsive buying is reported to be lower in these countries (Heine, Lehman, Markus & Kitayama, 1999).

METHOD

Statement of the Problem

The present study aims to explore the vulnerability factors for pathological aspect of consumptions among the adult population of Khyber Pakhtunkhwa.

Sample

Using a snow ball technique of sampling, consumers were recruited who were found in three main market places (Industrial State Markert, Sadar Bazar, & Kisa Khwani Bazar). The sample consisted of N=214 participants consisting of both men (n=52) and women (n=162) of age range 17 to 65 years with mean age of 33.5. The sample consisted of diverse age, education and socio-economic level.

Objectives

1. To ascertain psychological determinants of pathological consumer behavior.
2. To identify external determinants of compulsive buying behavior.

Hypotheses

1. Materialism as social identity tend to increase CBD scores.
2. Power prestige motive [urge to dominate others through material possessions] tends to be associated to compulsive buying.
3. Greater the discrepancy between one's real self and ideal self [feeling of inferiority], greater would be the urge to improve feeling of self-inadequacy through compulsive buying.
4. Lower self-esteem tends to encourage unnecessary and excessive purchases of goods in an attempt to improve self-image.

Instruments

1. Compulsive Buying Scale

A compulsive buying scale, developed by Valence, d'Astous & Fortier (1998) was used to collect the research data. The scale is a 11 item Likert scale with items answered on a five point from strongly agreed to disagreed. Total score is obtained by adding up the items response. The score

above 36 suggests high compulsivity in buying. The alpha reliability of the scale ranged between .78-.92 which is quite satisfactory (Valence, d'Astous & Fortier, 1998).

2. Self-esteem

Self-esteem was assessed using Rosenberg's Self-Esteem Scale. It is a ten item Likert scale with items answered on four point scale-from strongly agrees to strongly disagree. It is developed by Dr. Morris Rosenberg in 1965. The scale measures state self-esteem by asking the respondents to reflect on their current feelings. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment. It has been also translated and adapted to various languages (Crandal, 1973).

3. Demographic data sheet

Demographic data sheet obtained information pertaining gender, age, marital status, educational background, position in a family, money management patterns, social identity, materialism, suggestibility and early childhood deprivations.

Results

Table 1. Incidence of Oniomania by Age

	Age				Total
	14.00 - 26.00	27.00 - 39.00	40.00 - 52.00	53.00 - 65.00	
Normal	9	13	3	3	28(13.08%)
Episodic spenders	29	31	11	5	76(35.51%)
Frequent spenders	31	43	13	7	94(43.93%)
Compulsive spenders	9	7	0	0	16(7.48%)
	78	94	27	15	214
	37.0%	45.4%	12.4%	5.2%	100.0%

(X^2 (9, n=1160) 20.19, p<.05)

Age wise variations in buying behavior were also significant for all groups. As for the age distribution, compulsive buying was more prevalent at the age of 14-26 years. This constituted almost half of the compulsive buyers. It was followed by respondents with age 27-39 years who represented 42.86 % of the compulsive buyers and spenders. Linear relationship was also observed in age and compulsive buying as compulsivity seems to decline with the aging, (X^2 (9, n=1160) 20.19, p<.05).

Table 2. Difference between the Mean on Compulsive Buying by Gender

	Gender	N	Mean	Std. Deviation	Std. Error Mean	T	Sig
Tendency to Spend	Women	162	15.8827	5.09462	.40027	.415	.679
	Men	52	15.5385	5.54292	.76866		
Reactive Aspects	Women	162	14.2284	4.14081	.32533	2.905	.004
	Men	52	12.2692	4.50758	.62509		
Post Purchase Guilt	Women	162	13.5247	3.61192	.28378	2.557	.011
	Men	52	12.0577	3.56130	.49386		

Gender wise variation on Tendency to Spend is not supported, [t(1, 214).415, p>.05]. However, significant differences are seen on reactive aspects of purchasing and post purchase guilt, [t(1, 214)2.905, p<.01] and [t(1, 214)2.557, p<.05] respectively. Based on these statistics, it is concluded that both men and women are equally prone to compulsive buying. In case of women, buying is being used as stress coping strategy which is an inappropriate way to handle any stressor therefore; the post purchase guilt is also found high among them.

Table 3. Difference between the Mean on Rosenberg’s Self-esteem Scale and DASS by Gender

	Gender	N	Mean	Std. Deviation	Std. Error	T	Sig
					Mean		
Self Esteem	Women	162	15.2963	5.30193	.41656	-2.604	.010
	Men	52	17.5000	5.33395	.73969		

Since the obtained t value for self-esteem is in the critical region therefore, it is concluded that there exists a significant difference between men and women when compared on the level of their self-esteem, t = (1, n=500) -2.604, p<.05. Self-esteem was significantly high for men than women, M=17.5 with SD=.739; M=15.29 with SD=.417.

A). Demographic Predictors of Oniomania

Table 4. Model Summary for Demographic Predictors

Multiple R	R Square	Adjusted R Square
.837	.701	.680

The Categorical Regression in Table 4 yields R² of 0.701, indicating that almost 90% of the variance in the transformed preference rankings is explained by the regression on the optimally transformed predictors of Marital Status, Position in a Family, Compulsions and Money Management.

Table 5. Standardized Regression Coefficients Analyzing Predictor Effects

	Standardized Coefficients		Df	F	Sig.
	Beta	Std. Error			
Marital Status	.031	.070			
Position in a Family	-.782	.071	1	122.25	.000
Share of Family Responsibilities	-.391	.159	1	6.031	.017
Money Management	-.370	.158	2	5.496	.006

This table shows the standardized regression coefficients explaining predictor effects. These values are divided by their corresponding standard errors, yielding an F test for each variable. However, the test for each variable is contingent upon the other predictors being in the model.

Standardized coefficient for position in a family is interpreted as important predictor for oniomania as the largest coefficient occurs for position in a family followed by share of responsibility in a family and effective money management. In a Family, three groups placed in hierarchy (as, 1=head of the families, 2=supportive members of the families and 3=dependent members) were contrasted on their level of

consumption. According to the results, supportive and dependent members have shown more tendency towards excessive buying, $\beta = -.782$. Similarly, on the bases of share of responsibility, consumers were categorized as 100% share responsibilities, 50% share responsibilities, and 0% share. It is concluded that as the maximum share of responsibility decreases the compulsivity to spend increases. Similarly, as the effectivity of money management decreases the compulsivity in buying behavior increases.

Table 6. Transformation analysis Representing Contributions of Predictors

	Correlations				Tolerance	
	Zero-Order	Partial	Part	Importance	After Transformation	Before Transformation
Marital Status	.292	.052	.028	.013	.863	.863
Position in a Family	-.821	-.795	-.717	.915	.842	.830
Share of Family Responsibilities	-.168	-.280	-.159	.094	.166	.259
Money Management	.043	-.268	-.152	-.022	.169	.267

To interpret the contributions of the predictors to the regression, the correlations, partial correlations, and part correlations are computed. For this data, the largest correlation (-.821) occurs for position in a family representing how well the predictor is doing. Position in a family has a partial correlation of -0.795 . Removing the effects of the other variables, position in a family explains approximately 91% of the variation in compulsive buying tendency. Both share of family responsibilities and money management do also explain a large portion of variance if the effects of the other variables are removed. Marital status, on the other hand, explains less variation in level of increased buying tendency. Pratt's (1987) measure of relative importance did also signal marital status as unimportant predictor.

B). Predictors of Oniomania

Table 7. Model Summary for Psychographic Predictors

Multiple R	R Square	Adjusted R Square
.926	.857	.850

Regression Square of 0.857, indicating that almost 95% of the variance in the transformed preference rankings is explained by the regression on the optimally transformed predictors such as; social identity, materialism, power prestige, suggestibility, and early childhood deprivation.

Table 8. Standardized Regression Coefficients Analyzing Predictor Effects

	Standardized Coefficients		Df	F	Sig.
	Beta	Std. Error			
Social Identity	.439	.081	3	29.285	.000
Materialism	.750	.060	3	158.82	.000
Self-esteem	-.568	.058	2	95.797	.000
Suggestibility to External Temptations (sales, discounts etc)	.088	.023	3	14.050	.000
Childhood Deprivations	.096	.043	3	4.911	.002

The table above shows the standardized regression coefficients. oniomania is found contingent upon all predictors listed in the model. The largest coefficient occurs for materialism and

self-esteem. These two variables are found to be the strongest predictors of buying behavior. Social identity is also moderately linked to compulsive buying tendency

Table 9. Transformation analysis Representing Contributions of Predictors

	Correlations				Tolerance	
	Zero-Order	Partial	Partial	Importance	After Transformation	Before Transformation
Social Identity	.576	.305	.121	.295	.076	.161
Materialism	.874	.598	.282	.765	.141	.447
Self-esteem	.217	-.501	-.219	-.144	.148	.121
Suggestibility	.008	.216	.084	.000	.909	.239
Childhood deprivation	.764	.130	.050	.086	.266	.378

Removing the effects of the other variables, materialism explains $(-0.598)^2 = 0.91 = 91\%$ of the variation in the abnormal buying behavior. Both self-esteem and need for social identity also explain a large portion of variance if the effects of the other variables are removed. In addition to the regression coefficients and the correlations, Pratt's measure of relative importance support multicollinearity for materialism, self-esteem, and social identity as the tolerance measures for these three predictors are not very high.

Discussion

This study is one of the few to address antecedents of oniomania. It needs to become a major area of concern in psychology as compulsive buying is harmfully affecting all areas of individuals' functioning (Marza, Griffiths & Demetrovics, 2015). In this research both demographic and psychological factors were held accountable. Two assumptions were made. First, compulsions arise from a need to fulfill a gap between the ideal self and perceived self or rather that material goods will fill that gap. Second, shopping is used to create an inflated sense of importance. By shopping and owning things one can increase self-esteem and elevate social and professional statuses.

Oniomania has also been found inversely related to age. It has found more common among young population than older. Further, the liner relationship of age and compulsive buying denotes that age and experience tends to bring maturity in buying and spending patterns. Thus, decreases the incidence of oniomania in old age. This trend points over to the fact that abnormal patterns can get improved and corrected with aging. However, longitudinal research is recommended to verify.

Regardless of when oniomania occurs and when it starts to decline, it is important that therapists (eg., Karim & Chaudhri, 2012) recognize vulnerability of youth in developing abnormal buying behaviors (Balogh, Mayes, Potenza, 2013; Maraa et al, 2015). It is not only promoted by peer (Hurtson, 2012) but is socially tolerated too (Dayan, Bernard, Olliac, Mailhes, & Kermarrec, 2010).

Moreover, buying experience give young individuals a sense of autonomy after prolong emotional, social and financial dependency period. Further, increased status in purchasing fuel their power and dominance need. But unfortunately and often, individuals lack the ability to manage credit effectively and use buying as a mean to combat emotional dysregulation, boredom, and self-loathing (Karim & Chaudhri, 2012).

Other researches (e.g., Robert & Jones, 2001; Kacen & Lee, 2002; Ergin, 2010) addressing the relationship of age and compulsive buying indicates that younger consumers are more strongly

affected. Compulsive buying in young adults show their low ego strength (self-control) to resist internal and external triggers. Moreover, poor judgment of the consequences make the problematic buying to go unrecognized until debt hits and creates unmanageable financial crisis.

Estimated prevalence of oniomania did not significantly vary between men and women. These findings are surprising as prominent marketing studies and research suggests that mostly women are vulnerable to compulsive buying behavior, also discussed as a “female addiction” in consumer behavior literature.

The evidence that early childhood deprivation predisposed respondents to engage in compulsive buying is supported here in this study. Individuals with oniomania are most likely to develop compulsive buying disorder especially when relationships with family members are strained. This condition hits those who had problems growing up and suffered from parental neglect or early childhood deprivations that made them have low self-esteem. Moreover, depressed parents often emotionally cause their children to develop low self-esteem and resort to buy compulsively to find happiness. Likewise, parents who are inattentive to the demands of their children leave children to develop resentments, anger, and compulsions. These compulsions may take the form of buying compulsions too.

Similarly, individuals who suffer emotionally deprivation especially during early childhood years are often unable to deal with any negative feelings that may come in their way. Personal problems related to early life e.g., excessive dependency, seeking excitement or approval, need to gain control and perfectionism tend to develop a series of emotions like stress and anger in response to which they can manifest abnormal buying patterns.

Another assumption that compulsive buying is a way of symbolic self-completion is supported by the results. Compulsive buying in the present context has been found linked to self-completion through material possessions. They needed others to acknowledge that they possess a particular self-completion (Yurchisin & Johnson, 2004). Low scores on self-esteem reveal their compensatory efforts through shopping sprees. Purchases are believed to enhance their confidence and self-image. This relationship has been validated by other researchers (eg., Quoquab, Yasin, & Banu, 2013; Robert & Jones, 2001; Neuner, et al., 2005) on different occasions.

Not only this, many compulsive buyers buy products to match their subjective perception of themselves too. Compulsive buying provides an emotional boost and temporarily repairs one's sense of self-worth especially when it is assumed that wellbeing and sense of security can be purchased. Rather than relying on self-competency, individuals with low self-esteem turn to excessive buying to bridge the discrepancy or incompatibility between real self and ideal self. These individuals try to attempt to reduce the gap created by this discrepancy which otherwise can cause psychological disorders (Meskauskaite, 2013; Kasser & Ryan, 1993) but often fail to achieve this end (McQueen et al ,2014; Konkoly-Thege et al., 2015). .

Extravagant expenditures and excessive use of money have become a status symbols that can earn power and prestige. Hanley and Wilhelm (1992) found that this association appears predominantly strong for impulsive buyers. They argued that in a society dominated by men, women are particularly vulnerable because the role of money as a source of autonomy is underscored for men. As a way to address the desire for power and prestige, advertisers do also use status appeal along with price appeal. Mostly advertisers build hope through material aspirations and accentuate the need to decline inner tension by addressing the extrinsic reward of appearing wealthy and

attractive (Roberts & Pirog, 2004). In this way, people at risk are likely to fall a prey of this suggestibility so that feel better and powerful.

Further, social approval does also encourage irrational buying (Foxall, 2010) and finally reach its height as a likely addiction. The more one derive pleasure the more hedonistic consumption increases. Dittmar and Drury (2000) in support of the same argument reported that products represent symbolic consumption and praise from others encourage impulse buying. It is therefore, impulse buying can be linked to purchase of luxury goods (Hauck & Stanforth, 2007). However, it is imperative to identify the kind of consumers who are likely to get into impulse buy in specific situations.

From this study it is concluded that if buying is considered as accomplishment in the eyes of one's self and others, it would serve to boost self-esteem and hence would also encourage impulse buying. It recommended that more extensive research in the area of abnormal consumption is needed to assess its seriousness in terms of social, psychological and economic consequences. Awareness campaigns are needed to prevent consumers fall a pray of compulsive buying disorder. It is imperative to develop better understanding of oniomania through aggressive research. Stiff policies are required that could bring reform and control in marketing practices.

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