

**CONSUMER'S PSYCHOGRAPHIC FACTORS BEHIND ONIOMANIA**

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**Abstract**

*Oniomania is an abnormal psychological condition characterized by excessive and abnormal buying behavior. Using a psychographic method of investigation, oniomania is explored in relation to consumer's decision-making process, consumer attitude, values, life styles and preferences. Convenient sampling technique was employed to approach the population under investigation. Data was obtained through interview from N=1160 shopping mall customers from Khyber Pakhtunkhwa. The interviews addressed buying attitudes and behaviors, their consequences, and the respondent's financial and demographic data. In order to classify the respondents as either compulsive buyers or not, a clinically validated screening instrument called compulsive buying scale, developed by Valence, d'Astous & Fortier (1998) was supplemented. Respondents include a higher percentage of women and people ages between 17 to 65 years with mean age of 33.5 years. The estimated point prevalence of compulsive buying among respondents was 7.2% (by gender: 4.3% women, 2.9% for men). Prevalence was found higher among women and younger population. Regression analyses revealed that position in family, financial responsibilities, and money management strategies tend to be linked to abnormal buying behavior. Similarly, materialistic attitudes, need for social-identity, and self-fulfilling prophesy were found potentially related to compulsive buying disorder. Negative linear relationship was also observed in age and compulsive buying behavior suggesting that compulsivity seems to decline with the process of aging. This paper is timely for policy leaders both in Pakistan and internationally to control the reins of harmful marketing tactics.*

**Keywords:** Oniomania, Compulsive Buying, Materialism, Social-Identity, self-fulfilling prophesy

**Introduction**

Mental health problems are on rise and affecting million of individuals across the world (Baranne & Falissard, 2018). The burden of it continues to grow with significant impacts on individuals' social and economical health. Oniomaina is a unique form of abnormal mental health condition. It is characterized by excessive, persistent and impulsive purchases of products, in spite of its severe psychological, social, occupational and financial consequences (Muller et al, 2015). According to one recent survey by Jiang and Shi (2016) oniomaina is affecting 3.6% to 31.9 % of population across the world. Dittmar (2005) doubts this percentage would increase in future. On the other hand, there is no study carried out in Pakistan investigating the incidence of oniomaina. To ensure that this oversight does not exist, the present study is also estimating the prevalence of compulsive buying behavior in Khyber Pakhtunkhwa, Pakistan.

This study adopts psychographic approach to explore and understand abnormal buying intentions and behaviors that lead to psychosocial and financial crisis. Psychographic studies method of investigation is gaining popularity in the modern world due to its use in micro-targeting advertisements. However, it can also be valuable in the field of psychology as these kinds of studies will help to understand the personal characteristics that guide and control consumer's behavior at market places. In the present context, psychograph is operationalized as, consumer's life style, belief systems, cultural touch stones and other demographic variables such as age, gender, marital status, position in a family etc.

Surprisingly, compulsive shopping is becoming a problem of even those countries that traditionally do not contain consumption culture, (Park and Burns, 2005). Solomon (2006) explains that excessive buying in these cultures is caused by globalized consumption, where emergence of multinational corporations fosters such kinds of consumption for their benefits. In many cases, however, governments do also derive benefits from encouraging overall consumption by nations (Solomon, 2006).

Some researches (e.g., Bragg, 2009; Claes et al, 2010; Zhou & Wong, 2004; Yu & Bastin, 2010) believe that the disorder mainly occurs more in developed countries where people possess greater purchase power and temptational conditions at the same time as compared to underdeveloped or developing countries. Yet, evidences in the present research and from few other studies support that irrational buying does also prevails in developing countries. Therefore, it is concluded that consumers still buy compulsively even having less spending power. This indicates that if consumer's recreational spending slowed down the impulse buying behavior would still grow.

Other (Saad, 2006; O'Donohue & Ferguson, 2001; Li et al., 2009; Kim et al., 2004; Kacen & Lee, 2002; Mai, Jung, Lantz & Loeb, 2013; Lee & Kacaen, 2008) believe that the analysis of compulsive buying would be incomplete if cultural background is ignored (Ioane, 2015). Therefore, by taking the cultural background of this province into account, this research does also explain why compulsive buying is high in the members of this social environment.

As far as psychological factors are concerned, many researchers (eg., Rook & Fishers, 1995; Beatty & Ferrell, 1998; Baumeister, 2002; Jones et al, 2003; Kacen & Lee, 2002; Adelaar et al, 2003; Jones et al, 2003; Park & Lennon, 2006) are convinced that behind the sudden, strong, and compelling buying has a long and consistent history of psychological crisis. These studies urged to focus on the history of psychological state of a consumer.

Studies that have investigated temperament and personality (Edwards, 1993; Arnelt, 2000; Rican, 2004; Park & John, 2011) as relevant antecedents pointed over to overpowering and long term problems rooted deeply in the past. These studies indicate that people who buy compulsively as a personality trait, have lower self-esteem, and are more prone to fantasy than normal consumer. These consumers tend to derive psychological benefits out of excessive buying. As a result, consumers devote more time shopping in environments where the chance of buying on impulse is higher (Hausman, 2000, Wood, 1998). Thus, buying like some other forms of behaviors may operate on the principle of pleasure (Schmitz, 2005). This particular pleasure seeking behavior provides temporary gratification to myopic consumers who foolishly discount their future (Strotz, 1956). For Dittmar (2007) compulsive act of buying is also a self-identity-seeking behavior. This means that consumers buy on impulse because of the symbolic function of the good. Buying help consumers boost their self-image by turning them into someone that they may be idealizing (Dittmar, 2005c; Dittmar & Drury, 2000). Greater the discrepancy between the ideal and real self, greater would be the chance to buy on impulse.

On the other hand, the relationships between oniomania and temporal ones have also been investigated (Turley & Milliman, 2000; Xiao & Nicholson, 2012). Abnormal buying behavior has been

proven to be triggered by disposal money (Beatty & Ferrell, 1998), time (Young & Faber, 2000; Baumeister, 2002; Peck & Childers, 2006; Mattila & Wirtz, 2008), and place (Piron, 1991; Crawford & Melewar, 2003; Mai et al, 2003; Zhou & Wong, 2004; Weun et al, 1998; Phau & Chang-Chin, 2004). Crawford and Melewar (2003) reported that people buy most in certain environments such as at super markets, malls, airports, and railway stations. Sign boards, sale season, discounts, new arrivals, new shops, new trends, and special occasions do also encourage excessive buying. Special occasions for example, birth days, holidays, rituals etc. may create different impulse buying situations for consumers (Youn & Faber, 2000). Young and Faber, (2000) held that this intention of consumer is abused by offering special discounts and seasonal sales from marketers and retailers. Under such conditions, consumers discount their future too and outweigh the consequences (Dittmar et al, 1995). In connection to this, cognitive buying researchers (e.g. Shiv & Fedoriklin, 1999; Youn & Faber, 2000; Shiv & Fedoriklin, 2002; Vohs & Faber, 2007; Zhang & Shrum, 2009) urge to consider the potential role psychographic factors in lowering down the threshold of consumer's self-control. Policy makers should capitalize on control the rains of marketing strategies and implement policy intent.

## **METHOD**

### **Statement of the Problem**

The present study aims to explore demographic variables, such as, position in family, financial responsibilities in a family and/or money management strategies and oniomania. The study also explores temporal conditions (availability of finances, materialist culture, marketing tactics & trends) in relation to pathological consumptions among the adult population of Khyber Pakhtunkhwa.

### **Sample**

Consumers were recruited through convenient sampling, who were found in three main market places (Industrial State Market, Sadar Bazar, & Kisa Khwani Bazar). These customers broadly represented general population of Khyber Pakhtunkhwa and consisted of diverse age, education and socio-economic statuses. The sample comprised of N=1160 participants representing both men (n=416) and women (n=744) of age range 17 to 65 years with mean age of 33.5 years.

### **Objectives**

- To find out the incidence of compulsive buying in district Peshawar, Khyber Pakhtunkhwa.
- To identify psycho-socio-demographic determinants of compulsive buying.

### **Hypotheses**

- Effective money management tend to decrease the incidence of compulsivity in customers.
- Materialism for social-identity tend to increase the incidence of compulsivity in customers.
- Responsibilities in terms of family-finance tend to discourage customers to buy compulsively.
- Compulsive buyers would experience more physical pain after recalling a financially unstable situation as compared to those who are not compulsive buyers as they view about a secure situation.
- More women than men buy compulsively.
- Compulsivity in buying decreases with aging.

### **Instruments**

#### **•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).

**•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.

**Inclusion-Exclusion Criteria**

The inclusion criteria were the shopping mall customers, irrespective of their ages and gender, and had never been under any psychopharmacological treatment or psychotherapy. Information about the past psychiatric treatment, including medications, hospitalizations, and psychotherapy was obtained. To rule out medical explanations as a cause of the CBD (e.g., neurological disorders, brain tumors) a history of physical illness, surgical procedures, drug allergies, or medical treatment was also obtained to exclude cases other than compulsive buyers.

**Results**

		Compulsive N=84	Percent (7.2%)	Non Compulsive N=1076	Percent (92.76%)
Gender	Men	34	2.9	382	35.5
	Women	50	4.3	694	64.5
Marital Status	Unmarried	55	4.7	513	47.68
	Married	29	2.5	563	52.32

Based on the criteria of compulsive buying disorder, 84 out of 1160 subjects were identified. Compulsive buyers had shown abnormal buying tendency that significantly affected their social-personal lives and invited debts. These respondents represent 7.24% of the total population understudied. Approximately, 92.76% of the respondents didn't exhibit compulsiveness in their buying behavior as they did not exceed their financial limits while making purchases.

On the other hand, the incidence of compulsive overspending was more prevalent among unmarried (65.48%) than married (34.52%) respondents. The results show statistically significant difference in buying tendencies of the two groups, ( $X^2(3, n=1160) 11.47, p<.01$ ).

**Table 1**  
**Incidence of Oniomania by Age**

Age (Binned)		Shopping Mall Costumers		
		Normal	Compulsive Buyers	
14.00 - 26.00	f	388	41	429
	%	33.4%	3.5%	37.0%
27.00 - 39.00	f	491	36	527
	%	42.3%	3.1%	45.4%
40.00 - 52.00	f	137	7	144
	%	11.8%	.6%	12.4%
53.00 - 65.00	f	60	0	60
	%	5.2%	.0%	5.2%
Total	f	1076	84	1160
	%	92.8%	7.2%	100.0%

( $X^2(3, n=1160) 9.456, p<.05$ )

The current statistics support age wise variations in buying behavior. Shopping mall customers consisted of individuals between the age ranges of 17-65 years. Linear relationship was observed in age and compulsive buying showing that compulsivity seems to decline with the aging, ( $X^2$  (3, n=1160) 9.45,  $p < .05$ ). The predominant compulsive customers were found between the ages of 14-26 years. This constituted almost half of the compulsive buyers (41/84) suggesting that buying and spending are the most popular activities of this age group.

**Table 2**

***Difference between the Mean on Compulsive Buying Disorder Scale by Gender***

	Gender	N	M	SD	T	Sig
Tendency to Spend	Women	744	15.566	5.547	3.273	.001
	Men	416	14.447	5.649		
Reactive Aspects	Women	744	13.569	4.687	2.927	.003
	Men	416	12.736	4.579		
Post Purchase Guilt	Women	744	10.508	3.059	5.520	.000
	Men	744	15.566	5.547		

Gender wise variation on Tendency to Spend is strongly supported, [ $t(1, 1158) 3.273$ ,  $p < .01$ ]. Significant differences are also seen on reactive aspects of purchasing and post purchase guilt, [ $t(1, 1158) 2.927$ ,  $p < .01$ ] and [ $t(1, 1158) 5.520$ ,  $p < .01$ ] respectively. Based on these statistics, it is concluded that more women than men are 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 4**

***Model Summary for Demographic Predictors of Oniomania***

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

The Categorical Regression in Table 4 yields  $R^2$  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
Financial Responsibilities	-.391	.159	1	6.031	.017
Money Management strategies	-.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 financial responsibility in a family and effective money management strategies.

Based on Position 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 increases the compulsivity to spend decreases. Similarly, as the effectivity of money management decreases the compulsivity in buying behavior also increases.

**Table 6**  
**Transformation analysis Representing Contributions of Predictors**

	Correlations			Importance	Tolerance	
	Zero-Order	Partial	Part		After Transformation	Before Transformation
Marital Status	.292	.052	.028	.013	.863	.863
Position in a Family	-.821	-.795	-.717	.915	.842	.830
Financial Responsibilities	-.168	-.280	-.159	.094	.166	.259
Money Management Strategies	.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 financial 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). Psychographic 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-fulfilling Prophecy	-.568	.058	2	95.797	.000
Suggestibility (External Temptations eg., 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-fulfilling prophecy. 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			Importance	Tolerance	
	Zero-Order	Partial	Part		After Transformation	Before Transformation
Social Identity	.576	.305	.121	.295	.076	.161
Materialism	.874	.598	.282	.765	.141	.447
Self-fulfilling Prophecy	.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-fulfilling prophecy 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 multi-co-linearity for materialism, self-fulfilling prophecies, and social identity as the tolerance measures for these three predictors is not very high.

**Discussion**

Following the research objective, the 12 month prevalence of oniomania in Peshawar, Khyber Pakhtunkhwa is found pretty higher (7.4%) than other international prevalence. The estimations revealed by Dittmar (2005), regarding the growth of compulsive buying incidence is turning true.

People of Khyber Pakhtunkhwa have long been living in remote, rigid, and harsh terrains since thousand years. In addition to this, they have been at war for a huge portion of history. These merciless environments and war like situations invariably have affected their genome overtime. For survival they had develop less dynamic yet overarching trait of adamancy that led them to learn rash decision-making skills. Therefore, it's not surprising that impulsive element stands too pronounced in every facet of this culture even in money consumption.

As the literature supports that impulsivity tends to mess up a person's financial judgment and thus can increase the chances of buying and spending to go out of control. This argument led us to investigate the patterns of behaviors that compel some to spend without restraint and invite debt or financial emergency. Further, these financial emergencies in the form of debt can also trigger unsettling emotional responses. Worrying about debts can further trigger stress, which reduces the level of resilience to its lowest where a person becomes unable to handle the stressful financial situation and make him fall a prey of mental health problems.

Oniomaina has also been found inversely related to age and has been found more common among young population than older. Buying experience give young individuals a sense of autonomy after prolong emotional and social dependency period. Further, purchasing can also fuel the power and dominance need of emotionally charged youth. But unfortunately and often, these young individuals lack the ability to manage credit effectively and use buying as a mean to combat emotional dysregulation, boredom, and in some cases self-loathing (Karim & Chaudhri, 2012).

Regardless of when oniomaina occurs and when it starts to decline, it is important that psychologists should recognize vulnerability of youth in developing abnormal buying behaviors (Balogh, Mayes, Potenza, 2013; Marza, Griffiths, & Demetrovics 2015; Karim & Chaudhri, 2012) despite of the fact that they remain financially dependent on elders, parents, or guardians in their youth. Similarly, Robert & Jones (2001) Kacen & Lee (2002) an Ergin (2010) found that poor judgment of the consequences in youth make the problematic buying to go unrecognized until debt hits and creates unmanageable financial crisis.

As far as gender is concerned, the estimated prevalence of oniomaina 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.

This study provides ample evidence that early childhood deprivation predisposes respondents to engage in compulsive buying. Individuals having strained relationships with family members tend to develop compulsive buying disorder. Growing up with problems and continuous sufferings in early years tend to lower the self-esteem in children. Moreover, depressive parents often emotionally cause their children to develop low self-esteem. In response to it, children 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.

Moreover, compulsive buying has been found linked to self-completion through material possessions. People depending on material possessions often need others to acknowledge what they possess to experience sense of self-completion (Yurchisin & Johnson, 2004). Therefore, low scores of compulsive buyers on self-esteem reveal 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, Raab & Reisch 2005) on different occasions.

Not only have these, majority of the compulsive-buyers purchased products to match their subjective perception of themselves. It is not even surprising that 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-fulfilling prophesy 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, Moulding&Kyrios2014; Konkoly-Thege, Woodin, Hodgins &Williams 2015).

Financial management strategies significantly predicted the compulsive buying. It is found that compulsive buyers were more likely to have poor money management skills. Pham et al. (2012) confirmed that poor money management strategies reinforce materialistic behaviors among compulsive buyers. It is therefore, urged that financial management strategies should be included in the current psychological intervention.

Gilbert (2003) pointed that individuals self-evaluate their social status within their social group. Pham et al. (2012) and Reeves et al. (2012) explained that this motive ultimately affect individual's buying behavior. It is therefore, young adults are more inclined to compulsive buying due to the habit of social comparisons than old people (Ajzen, 2012).

On the other hand, extravagant expenditures and excessive use of money have become 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.

### **Conclusions & Recommendations**

From the present study, it is concluded that maximum share of responsibility decreases the compulsivity to spend. Similarly, as the effectively of money management decreases the compulsivity in buying behavior increases. On the other hand, materialistic attitude, and low self-esteem do also encourage compulsive 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.

### **Limitations**

Research studies on compulsive buying is lacking in Pakistan, on the basis of which researcher could not successfully lay a foundation for understanding buying behavior in Pakistani context. On the other hand, researcher was unable to read and interpret some very relevant Turkish and French studies on the topic due to language barrier. Unavailability of data collections tools (tests) to gauge oniomania did also restrict researcher's ability to conduct a thorough analysis.

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