

It takes two to tango! A study to understand the relationship between compulsive buying and coping strategies.



Psychiatry

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ABSTRACT

Background: In recent times there has been an exponential growth with respect to compulsive buying disorder. Despite growing concerns over the increasing incidence of compulsive buying, there is scarcity of research with

regards to factors affecting it.

Aim: This study aims to assess the prevalence of compulsive buying disorder, their socio-demographic profile and its relationship with coping strategies in medical students.

Materials & Methods: Ethics committee approval was obtained. Two hundred MBBS students, interns and post graduate residents were included in the study after written informed consent. Self-reported semi-structured questionnaire which included details about socio-demographic profile, Richmond Compulsive Buying Scale (RCBS) and Coping Inventory for Stressful Situation 21(CISS-21) were administered. Statistical analysis was done.

Results: Compulsive buying disorder was seen in 22% of the participants with significantly more prevalence in younger age group (18-22 years) and in females. With regards to marital status, residence, educational year and buying power there was no statistically significant difference between compulsive buyers and non-compulsive buyers. Compulsive buyers used more of avoidance based and emotion oriented coping while non-compulsive buyers had better coping and they used more of task oriented coping mechanisms. Severity of compulsive buying was negatively correlated with task based coping mechanisms and positively correlated with avoidance and emotion based coping.

Conclusion: This study is one of the very few studies in Indian context which explores the relationship between compulsive buying and coping strategies. Early detection and interventions to improve coping strategies will help a big deal in this group of patients

INTRODUCTION:

In the past few decades compulsive buying has become an increasingly prevalent phenomenon. Bleuler^[1] and Kraepelin^[2] were the first to describe compulsive buying disorder in the twentieth century. Compulsive buying (CB), or Oniomania (from the Greek: oné – shopping, mania – frenzy), is characterized by excessive preoccupations and desire to purchase objects, and unrestrained shopping to the point of personal suffering and financial hardship.^[3] The different terminologies used interchangeably to describe compulsive buying phenomenon are pathological buying, oniomania, buying addiction and shop-holism.

Compulsive buying is characterized by inappropriate shopping and spending behavior that leads to psychosocial impairment.^[4] Some researchers have linked compulsive buying to impulse control disorders or obsessive-compulsive disorder, while others have linked it to addictive disorders.^[5, 6] According to study by Raymond G. Miltenberger et al^[7] on 'Direct and retrospective assessment of factors contributing to compulsive buying' it was found that the participants reported the most common antecedents to compulsive buying behavior as negative emotions, and the most common consequence of compulsive buying as euphoria or relief from the negative emotions.

According to O'Guinn and Faber,^[8] there is no single factor that can explain the etiology of compulsive buying behavior. Rather they identify a range of factors including personality traits (e.g., impulsiveness, instant gratification), levels of arousal (e.g., low boredom or high excitement), sensation seeking, release of anxiety or stress or relief from a negative affective state such as low self-esteem. A literature review found that depression is one of the most commonly associated comorbidities of compulsive buying.^[9]

Compulsive Buying & Coping Strategies: Pearlin and Schooler^[10] defined coping as "Any response to external life strains that serves to prevent, avoid, or control emotional distress." Coping involves different strategies to alter the stressful situation, as well as efforts to regulate the emotional distress associated with the situation.^[11]

When compulsive buyers are surrounded by a stressful situation, they react to the same with a higher level of anxiety as compared to non-compulsive buyers. Incapable of managing stress and anxiety through internal means, the compulsive buyer resorts to escape from anxiety by external methods such as buying, alcohol and drug abuse, overeating, exercising, sexual promiscuity and other coping strategies.^[12] Compulsive buying can itself be considered as an avoidance coping strategy^[13-15] which provides only temporary relief from negative emotional state and stress.^[16,17] However whenever any stressful situation or emotional turmoil arises, this transient behavior gets reinforced.^[18-20]

In the study by Nicolai J et al,^[21] it was seen that in pathological buying, the impulsivity which is present is associated with deficits in behavioral inhibition. Buying episodes thus act as a maladaptive strategy to cope with negative emotions and thus they serve as a possible mechanism contributing to the development as well as maintenance of pathological buying. Previous research on association between variety of substance use behaviors and coping strategies have found that both emotion-focused and avoidant coping strategies are predictive of alcohol and illicit drug behaviors^[22-25]. Also with respect to internet addiction it was seen that students who used problem solving were more likely to experience a lower level of internet addiction.^[26] In a study on "Stress, gender and compulsive buying among early adolescents"^[27] it was found that higher levels of academic stress leads to higher incidences of compulsive buying, making compulsive buying a common coping strategy for adolescents.

Surprisingly, research on compulsive buying has paid little attention to coping strategies which is one of the constructs which has the greatest potential in changing the compulsive buying behavior. With this background, we decided to conduct a study to assess the prevalence of compulsive buying disorder, their sociodemographic profile and its relationship with coping strategies among medical students.

METHODOLOGY:

This was a cross-sectional single interview study done at a tertiary care hospital and teaching institute. Study population included MBBS students, medical interns and post graduate residents studying at the institute. After Ethics committee approval, 200 consecutive students were selected and explained about the nature of study. Written informed consent was obtained and the confidentiality was ensured. Classroom for MBBS students and ward visits for medical interns and Post graduates were made and only those students who agreed to volunteer & were devoid of any diagnosed psychiatric illness were included in the study. Students were administered a self-reported semi-structured questionnaire to obtain details about socio-demographic profile. Also Richmond Compulsive Buying Scale (RCBS) and Coping Inventory for Stressful Situation 21(CISS-21) were administered to assess compulsive buying disorder and coping strategies respectively.

Richmond Compulsive Buying Scale ^[28] by Nancy Ridgway et al has six items which were measured using a 7-point Likert scale. There is a cutoff of 24 points such that values above 24 points were considered to be indicators of the presence of compulsive buying disorder. The total scale has internally consistency (α value) of 0.84.

Coping inventory for stressful situations-21(CISS-21) by Endler and Parker ^[29] assesses coping by three basic coping strategies: Emotion-oriented, Task-oriented and Avoidance coping. Each scale of the CISS-21 consists of 7 items. Respondents are asked to rate each item on a five point scale ranging from (1) "not at all" to (5) "very much."

The prevalence of compulsive buying was initially estimated. Accordingly, participants were classified into two groups: compulsive buyers and non-compulsive buyers. Comparisons among these groups were established using Chi-square tests for categorical variables. Mann Whitney test and Spearman's coefficient of correlation test were administered as per the requirement. Statistical significance was determined at the 0.05 level of confidence. Statistical analysis was done by using statistical package for social science (SPSS) version 16.0 for Windows.

RESULTS:

The study population includes 200 participants wherein 13% students were studying in first year MBBS, 23% students in second year, 18.5% in third year and 13.5% in final year MBBS. Also 11.5% participants were interns and 20.5% were postgraduate residents.

A) PREVALENCE OF COMPULSIVE BUYING:

In our study, 44 participants has scored more than the cutoff of 24 points in Richmond Compulsive Buying Scale which is considered to be indicator of the presence of compulsive buying disorder. The Richmond Compulsive Buying Scale comprises of six questions wherein most subjects answered last three questions with higher scores which were: I consider myself an impulse purchaser, I buy things I don't need and I buy things I did not plan to buy. Thus there was a high prevalence of compulsive buying i.e. 44 out of 200 students were compulsive buyers (22%).

B) SOCIO DEMOGRAPHIC PROFILE:

In our study group, 92 subjects belonged to age group of 18-22 year while 108 subjects were from 23-27 age group. Of these majority of the subjects having compulsive buying belonged to younger age group [18-22year] as compared to non-compulsive buyer and the difference was statistically significant.

Also there were 88 males and 112 female participants in our study. It was seen that most compulsive buyers were females as compared to males and this difference was statistically significant. (p<0.05). With regards to marital status, residence, educational year and buying power there was no statistically significant difference between the two groups. Buying power meant self-earned money through stipend or salary.

TABLE 1: Socio Demographic Profile [n=200]		Compulsive Buying [n=44]	Non Compulsive Buying [n=156]	Significance
Age	18-22 years	28	64	$\chi^2=7.0636$ p=0.007 Significant
	23-27 years	16	92	
Gender	Male	12	76	$\chi^2=6.4057$ p=0.011 Significant
	Female	32	80	
Marital Status	Single	42	149	$\chi^2=0.0003$ p=0.986 Not Significant
	Married	2	7	
Residence	Rural	9	23	$\chi^2= 0.8328$ p=0.361 Not Significant
	Urban	35	133	
Education Year	First year	6	20	$\chi^2=7.79$ p=0.168 Not Significant
	Second year	15	31	
	Third year	10	27	
	Final year	2	25	
	Internship	4	19	
Buying Power	Residency	7	34	$\chi^2=1.2703$ p=0.259 Not Significant
	Yes	11	53	
	No	33	103	

P<0.05 is significant

C) COPING STRATEGIES FACTORS AFFECTING COMPULSIVE BUYING:

The CISS assesses coping by three basic coping strategies: Task-oriented, emotion-oriented and avoidance coping. In our study it was seen that compulsive buyers used more of avoidance and emotion oriented coping mechanisms while non-compulsive buyers used more of task oriented coping mechanisms and this difference was statistically significant.

TABLE 2	Compulsive Buy Mean [SD]	Non Compulsive Buying Mean [SD]	T - Test
CISS Task	11.68 [1.82709]	24.1 [2.28086]	-33.22 [p<0.0001] Significant
CISS Emotion	26.98 [3.2742]	14.36 [3.10452]	23.53 [p<0.0001] Significant
CISS Avoidance	28.86 [3.7453]	13.33 [2.73605]	30.49 [p<0.0001] Significant
SPEARMAN'S CORRELATION			
	CISS Task	CISS Emotion	CISS Avoidance
Compulsive Buying	Correlation Coefficient	-0.73348	0.79433 0.82536
	Sig(2-tailed)	.000	.000 .000

On administering Spearman's correlation [Table 2], it was found that compulsive buying was negatively correlated with task based coping mechanisms and positively correlated with avoidance and emotion based coping, i.e. more the compulsive buying more is avoidance and emotion oriented coping and less of task based coping.

DISCUSSION

Compulsive buying disorder is affected by various factors and their assessment would definitely help in predicting its outcome. The prevalence of compulsive buying using Richmond compulsive buying scale was 22% in our study. Few studies ^[29, 30] report the prevalence to range from 12 % to 16%. A higher prevalence of 31.9% was found in a study titled "Study of compulsive buying in depressed patients" done by Lejoyeux M et al. ^[31]

As shown in Table 1, majority of the subjects having compulsive buying belonged to younger age group [18-22years]. Similarly in previous studies ^[32-34] compulsive buying behavior is inversely related to age, i.e. compulsive buying is seen more in younger age group as compared to older group. The age of onset appears to be in the late teens or early twenties. ^[35,36]

It has been observed from various studies that 80- 95% of compulsive buyers are women.^[35-37] similar findings were seen in our study with majority of compulsive buyers being females. Certain culture specific gender roles wherein women are supposed to do the household chores along with shopping while men are supposed to earn and manage the finances, more prevalence of depression in females, having poor self-esteem and using methods to improve the same, all may lead to a female preponderance. The marital status of an individual, their residential status, or the education level created no difference between compulsive buying and non-compulsive buying group. Similar findings were seen in study by Leite et al^[38]

In our study subjects, only interns and post graduate residents were getting a monthly stipend while MBBS students were not earning anything through the stipend. Though it seems that buying power should be a major factor in compulsive buying tendency, however results in our study seem to be otherwise. According to results of a study on 'Prevalence study of compulsive buying in a sample with low individual monthly income'^[38] compulsive buying is not linked to the purchasing power since it was also found in a low-income population.

Coping or attempting to restore order into one's life is a psychological process evoked by stress in dealing with the changes in the environment. In previous research,^[39,40] it was found that self-critical people shop in order to escape, or cope with, negative feelings. In fact, some authors have suggested that the act of buying itself might function as a coping mechanism for dealing with problems and negative feelings, or serve as a way to escape from reality and block out obsessive thoughts.^[41] On comparing coping between medical students [Table 2], it was found that students with compulsive buying disorder used more of avoidance based coping mechanisms and emotion oriented coping while non-compulsive buyers had better coping towards stressful situation, they used more of task oriented coping mechanisms.

Emotion-based coping which has negative emotions towards self, leads to person not being able to cope up with stressful situation effectively. It includes blaming oneself, feeling of guilt, self-preoccupation and fantasizing behavior. Avoidance coping prevents a direct hands on experience with the problem and also the emotional reactions secondary to it.

According to Spearman's correlation, [Table 2] severity of compulsive buying was negatively correlated with task based coping mechanisms and positively correlated with avoidance and emotion based coping, i.e. more the compulsive buying more is avoidance and emotion oriented coping and less of task based coping.

Similar findings were seen in a study on "Prevalence, sociodemographic factors, psychological distress, and coping strategies related to compulsive buying: a cross sectional study in Galicia, Spain."^[15] It was found that compulsive buyers employed passive-avoidance coping strategies much more frequently and active strategies of problem solving and cognitive restructuring much less frequently. In a study by Ching TH et al^[42], it was found that avoidance coping partially mediated the link between psychological distress and compulsive buying severity in females.

CONCLUSION

This study is one of the very few studies which assess the relationship between compulsive buying and coping strategies. There is a rising trend of compulsive buying disorder. Unhealthy coping mechanisms adopted by the students further push them into the trap of addictive behavior. An early detection will definitely help in carrying out timely interventions.

Those students who have better ways of coping, who instead of using avoidance coping focus on problem solving are less prone for developing compulsive buying disorder. Interventions should therefore be aimed at improving coping strategies

For the benefit of the students and the community at large we hope that further research in this area would definitely help us in the long run.

LIMITATIONS:

There are few limitations of this study. It was a cross-sectional study done in medical students hence findings cannot be generalized to general population.

Secondly, socially desirable responses may have been given due to the fact that all the variables were assessed by self-report measures.

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