

Compulsive Buying-Shopping Disorder in The Digital Era: A Narrative Review

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Abstract—Compulsive Buying Disorder, also known as Compulsive Buying-Shopping Disorder is a condition where people buy excessively without thinking about the consequences. They keep buying even when it has negative effect on their life in general. This can affect their mind, relationships with others and their money.

The internet and smartphones have made it very convenient for people to shop from home. This can be an issue for people who have trouble controlling their desires to shop as everything becomes easily accessible this might lead to excessive buying. This article looks at what we know about Compulsive Buying Shopping Disorder. It talks about its prevalence, causes, Stages, diagnostic criteria & Treatment. The aim of the article is to create awareness about Compulsive Buying Disorder and help researchers to formulate a treatment that really work.

Compulsive Buying Disorder is a problem that can hurt people in many ways. We need to take it and help people who are struggling with it.

Index Terms—Behavioral Addiction; Cognitive Behavioural Therapy; Compulsive Buying Disorder; Emotional Dysregulation; Impulse Control Disorder; Online Shopping; Shopping Addiction.

I. INTRODUCTION

Online Commerce started in the early 1990s, increasing around 1994 as internet made it convenient for consumers like large catalog, ease of use, and consumer-friendly policies. Despite India being a developing country, e-commerce has expanded significantly, leading many online retailers to sell a wide range of consumer products from the comfort of their home or office, like fashion, jewelry and various electronics. Buying food or groceries online also has become a major market for consumers today.

Buying and shopping are essential parts of modern life. It has been constantly increasing in recent years due to greater accessibility due to smartphones and mobile applications any item can be purchased from anywhere in the world, often within just a few moments, and ranges from low-cost to high-cost items. As its immensely time saving, it has become a regular activity and an uninterrupted means to buy things and leads to a disorder called Compulsive Buying – Shopping Disorder (CBSD). Coping-driven shopping—using purchases to manage loneliness, boredom, or sadness—is often normative unless it crosses thresholds of impaired control or functional harm. (James et al.)

It can be listed in the International Statistical Classification of Diseases and Related Health Problems (ICD-11) as an example of “other specified impulse control disorder” (6C7Y) but not as an individual diagnosis. (World Health Organization)

Compulsive shopping tends to run in families, and these families usually present with a history of mood and substance use disorders. CBSD is characterized by excessive shopping cognitions and buying behavior that leads to distress or impairment. (Black) It is a behavioral addiction characterized by uncontrollable purchasing desire despite adverse consequences and buy things that they never use. Fashion, as a social and cultural factor, can lead to compulsive shopping tendencies by promoting inappropriate consumption patterns and pressure to match to societal standards. Females, due to their heightened sensitivity to beauty and fashion ideas, are susceptible to these influences can resort to compulsive shopping, hoarding, negative mood, and life dissatisfaction. (Liu et al.) (Muhammad)

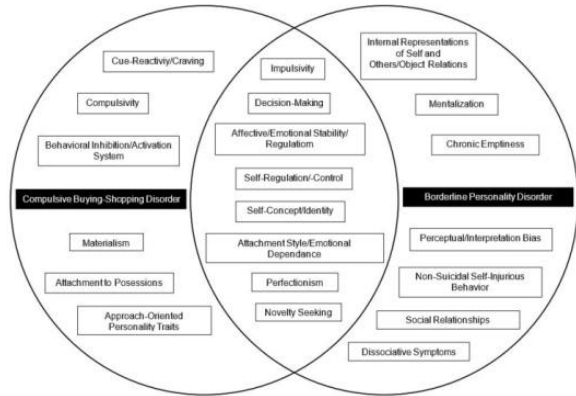


Fig 1: A Framework Representation of Compulsive Buying-Shopping Disorder and Borderline Personality Disorder. (Laskowski et al.)

Studies done by Laskowski et al. suggest that there is a co-occurrence or parallel occurrence of CBSD and BPD is mixed and it appears to depend on the assessment methods and examined cohorts. (Laskowski et al.)

The prevalence of compulsive buying behavior becomes more evident in early adulthood, with rates of 11.3%, 18.5%, and 8.1% for emerging, early, and middle adulthood, respectively. Females show more compulsive buying behaviors than males across all age groups. Compulsive buying is also correlated with hoarding behaviors across all age groups. (Ye et al.) Compulsive Buying – Shopping Disorder (CBSD) is driven by impulsivity, digital retail accessibility, and emotional dysregulation. Neurobiological mechanisms link CBSD to hyperactivity and dopaminergic dysfunction along with substance addiction. (Yusaira et al.) According to a study conducted by Baptist et al CBSD patients can only find relief from stress through excessive shopping. (Baptist) For CBSD patients shopping can feel euphoric, reinforcing the habit. (Dănilă et al.)

Study done by Raez et al showed that OCD i.e., obsessive compulsive disorder strongly affects customers' Shopaholism among all compulsive buying criteria. (Reaz et al.) Kraepelin's study mentions the people buying obsessively as "oniomaniacs" in whom buying becomes compulsive and leads to debts with continuous delay of payment. (Kraepelin)

II. CLINICAL SYMPTOMS

Higher stress levels, female gender, younger age, and living in non-metropolitan centers predicted more severe CBSD symptoms according to a study done by Kollyrou et al.

The study has identified four distinct phases of CBSD: 1) anticipation; 2) preparation; 3) shopping; and 4) spending.

- In the first phase, the person with CBSD develops ideas, desires, or preoccupations with either having a particular item, or with the act of shopping in itself.
- In the second phase, the person prepares for shopping and spending. This can include decisions on when the purchase is to be done and where to go after wearing or basic utilization of the item purchased, on how to dress, and even choice of payment methods. Considerable research may be done about sale items, new fashions, new shops, coupons & discounts.
- The third phase involves the actual shopping experience, which many individuals with CBSD describe as intensely exciting, and can even lead to a sexual feeling (Schlosser et al.)
- Finally, the act is completed with a purchase, often followed by a sense of letdown, or disappointment with oneself mostly leading to guilt of overspending. (Koran et al.)

Most participants in the study Ni et al. reported a persistent and excessive pattern of buying/shopping, decreased control over buying/shopping, buying/shopping for mood changes, experiencing significant distress and impairment, with continuation despite of the negative consequences. (Ni et al.)

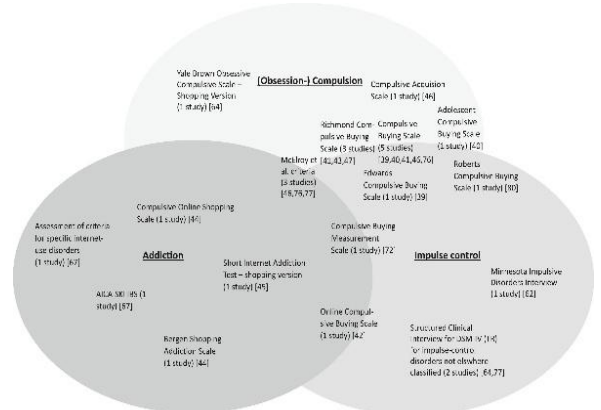


Fig. 2. Questionnaires in the included studies by conceptualization (Thomas et al.)

III. ASSESSMENT

Compulsive Buying Scale (CBS)

The validity and reliability of the CBS were originally confirmed by Faber and O'Guinn in 1992, using a Cronbach's alpha coefficient of 0.95. (Faber and O'Guinn) (Rastegar and Ali)

The scale consists of 7 items and it assesses compulsive buying behavior using a five-point Likert scale.

The first item (Question 1: "If I have money left at the end of my payment period, I should spend it") is scored as follows:

Strongly Disagree (5), Disagree (4), Neutral (3), Agree (2), and Strongly Agree (1).

The remaining six items (Questions 2 to 7) are scored as: Very Often (1), Often (2), Sometimes (3), Rarely (4), and Never (5).

Higher scores indicate a higher level of compulsive buying behavior in individuals.

The total score range is 7 to 35. A score of 7 to 11 shows a low level of compulsive buying, 12 to 23 represents a moderate level, and a score above 23 denotes a high level of compulsive buying. (Neupane)

Berger Shopping Addiction Scale (BSAS)

Berger Shopping Addiction Scale was established by Andreassen et al. (2015). The total number of points in the BSAS is twenty-eight. (Andreassen et al.)

Each statement was scored on the level of agreement with their own thoughts and actions over the previous 12 months.

For each item, a score from 1 to 5 is given: 1 for totally disagree, 2 for disagree, 3 for neither agree nor disagree, 4 for agree and 5 for absolutely agree, respectively.

The total score varies from 0 to 112 where 0-30 depicts no shopping addiction, 31-50 indicates moderate shopping addiction, 51-70 indicates severe shopping addiction and 71-112 indicates extremely severe shopping addiction (Chaudhary and Pandey)

IV. CLINICAL IMPLICATIONS

For the policy level, this brings forward the importance of enacting laws by the government that protect consumers from excessive digital purchase while keeping transparency, through mandatory over consumption or purchase notifications.

Even though personalized marketing approaches enhance an overall shopping experience, they may also exploit the psychological & behavioral tendencies of a person to over spend. Hence, marketing agencies ought to strike a balance between effective advertising should avoid actions triggering compulsive buying habits.

E-commerce platforms & Websites should take an initiative to develop features that make consumers controlled their excessive buying habits & resort to more conscious buying. It can be done by prompting people to review their purchases before making payments or cooling-off time before purchasing of bulk orders or confirming their purchase over phone or text could give the customer time to rethink their decision before purchase. (Chattopadhyay et al.)

Therapy should typically include cognitive behavioral therapy modules like psychoeducation, motivational interviewing, problem solving strategies, exposure therapy and stress management techniques. (Torres-Rodríguez et al.)

According to studies conducted by Hague, Ben et al (Hague et al.) an hourglass model should be used as a framework for developing and evaluating psychological treatments in case of CBSD in a systematic manner. The hourglass model was first proposed by Salkovskis in 1995 which describes how to introduce new therapies before they are widely used.

Stage 1 – Exploratory studies (Proof of concept):

Research should begin with small-scale, practical based studies (such as single-case or small-sample designs) to determine whether a treatment appears applicable or feasible.

Stage 2 – Efficacy studies:

If early results are encouraging, then the treatment is carefully tested under controlled conditions using larger sample population, strict participant inclusion criteria, standardized outcome measures, and research designs such as randomized controlled trials (RCTs). The goal is to identify which components of the treatment are effective.

Stage 3 – Effectiveness studies:

Finally, the treatment is evaluated in regular clinical settings across multiple sites to determine whether it

works well in real-world practice with typical patients and clinicians.

In Short, the hourglass model is a staged research framework that moves from small exploratory studies → controlled efficacy trials → large scale Practical effectiveness studies, while allowing continuous refinement of treatments based on new evidence.

Due to the severe impact of shopping addiction on psychological factors it is important to consider therapeutic interventions focusing on emotional and psychological causes of compulsive shopping.

As mentioned by UK Addiction Treatment Center, as common in all addictions, shopping addiction treatment usually requires a holistic treatment approach that focuses on all the aspects of the addiction. Inpatient treatment is the most suggested as it helps in providing that holistic approach where you get opportunity to shut yourself off from the outside world, smartphones, shopping apps and focus entirely on your recovery. However, in IPD Holistic treatments relapses can occur as the patient gets discharged & there is no control on the urges to buy. (Albuquerque)

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