

Oniomania through the Window of Obsessive-Compulsive Disorder

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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 association of oniomania with Obsessive-Compulsive Disorder. Convenient sampling technique was applied to identify the compulsive buyers from the shopping mall customers of Khyber Pakhtunkhwa. Sample was made up of 416 men (35.9%) and 744 women (64.1%), whose age ranged from 17 to 47 with the mean age of 30.89 ± 10.24 years. Valence, d'Astous and Fortier Compulsive Buying Scale was initially used to identify compulsive buyers who were later tested and interviewed for Obsessive Compulsive Buying Disorder. Out of $N=1160$, a total of 84 (7.24%) met the criteria for oniomania. Prevalence of oniomania was found significantly higher for women ($n=50$, 59.52%) than for men ($n=34$, 40.47%). Compulsive buying is found to be the product of cognitive, behavioral and environmental components. Factor analysis identified five major factors associated to oniomania. These including; persistent distressful obsessions, lack of resistance, compulsions related to buying, actual purchases, impairments in personal and social functioning, and financial implications. It is concluded that compulsions arise from a need to repair self-esteem through material goods. Buying is used as a coping mechanism to avoid or endure distressed created by disturbing thoughts related to self. Future studies need to provide various effective clinical models highlighting important psychological processes involved in oniomania, symptoms, and guidelines to draw diagnosis.

Keywords: *Oniomania, OCD, Compulsive Buying disorder, dysfunctional Belief, compulsions, obsessions, self-control.*

INTRODUCTION

Industrialization and technological advancements have led to a rapid evolution of consumer society, often encouraging excessive consumption (Vohs & Faber, 2007; Hertler, 2013; Ching, Tang, Wu, & Yan, 2016). This phenomenon has sparked global research on its consequences. Growing evidence (e.g. Frost, Steketee, & Grisham, 2004) suggests that this psychological disorder carries serious emotional and financial consequences and is affecting a large population across the globe. Researchers (e.g. Kerin et al., 2011; Dittmar, 2005; Workman & Paper, 2010) have suggested a serious need for policies to prevent this form of massive consumption, as the impact of it is going well beyond the personal, psychological, and financial bounds of individual consumers and nationwide.

In the early decades of the 20th century, Bleuler (1930) presented compulsive buying disorder as a clinical symptom. The technical term used for compulsive behavior was "Oniomania," which is derived from two Greek words: *onios*, meaning "for sale," and *mania*, meaning "insanity" (Dittmar, 2004). In the present context, it is operationalized as "a form of compulsive consumption that appears as chronic, repetitive purchasing that occurs as a response to negative events or feelings" (O'Guinn & Faber, 1989, p. 149). On the other hand, Campbell (2000) differentiates between compulsive buyers and spenders by arguing that some people are more interested in spending money regardless of what is being purchased, while others may be interested in buying regardless of the price of what is purchased. Both, however, are considered maladaptive behaviors but guided by different beliefs. Compulsive buyers assume that well-being can be bought through money and products (Harnish & Bridges, 2015; Klontz & Britt, 2012; Muller, Arikian, deZwaan, & Mitchell, 2013), while spenders believe that they can get rid of restraints and psychological discomforts through spending money (Kearney & Stevens, 2012). Nonetheless, for Benson (2013), it is quite difficult to make these kinds of distinctions, as both buyers and spenders seek well-being, but in an inappropriate manner that often causes significant distress enough to badly affect their social, occupational, and personal lives. He argued that under both conditions, individuals might get involved in destructive deflection of resources in terms of money, time, and/or energy.

The psychiatric literature (e.g., Workman & Paper, 2010) debates the classification of compulsive buying disorders. Ironically, the categorization of this psychopathological condition in the International Classification System (ICS) continues to be disputed, and consensus on diagnosis criteria has yet to be reached. On the other side, oniomania is not yet classified as a distinct disorder even in the DSM-5 (APA, 2013); rather, it is considered a kind of anxiety based condition. Therefore, currently, the available operational definitions for oniomania have relied on

similarities with disorders in the impulse control spectrum (Potenza, 2014; Robbins & Clark, 2015) and obsessive compulsive disorder.

Extensive review of literature indicate that it has been linked to various psychological conditions such as: impulse control disorder (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), and obsessive-compulsive disorders (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 this substantial progress, a lot more work is needed to declare and differentiate its clear boundaries and existence.

In the present context, however, oniomania is proposed to be better conceptualized as an obsessive-compulsive disorder (OCD) as it carries both cognitive and behavioral components. Impulse control is driven by affect, whereas OCD is driven by obsessions and faulty beliefs, which cause repetitive and ritualistic symptoms. Similarly, the responses of impulsive patients are sudden and lack cognitive processing of information, whereas the compulsions in OCD are guided by dysfunctional beliefs and thus become purposeful. From this perspective compulsive buying disorder psychologically seems more coherent in the family of OCD (Han, 2020). However, anxiety is considered as a hallmark symptom and representative of the deep underlying principle of compulsive buying. Anxiety serves as a coherence-granting symptom where all other psychological symptoms can subordinately gather. This hallmark symptom also hierarchically organizes other disorders and consequently provides a psychological, interpersonal, behavioral, or cognitive pattern that is invariably and essentially true of the oniomanics.

MATERIALS AND METHODS

Objectives

1. To explore the underlying obsessive-compulsive symptoms behind oniomania
2. To establish criteria for diagnosing oniomania

Hypotheses

1. Persistent thoughts about buying and spending tend to increase anxiety.
2. Failures to exercise self-control and give in to hedonistic urges tend to make consumers feel guilty.
3. Excessive preoccupations tend to impair social, occupational, or other functioning among compulsive buyers

Sampling and sample size

With a focus on obsessive purchasers, the study included 1160 individuals from four major shopping districts in Khyber Pakhtunkhwa. The sample had a mean age of 30.89 ± 10.24 years, with 35.9% men and 64.1% women. 7.24% of the subjects had oniomania, with a greater frequency in women. The majority of the age distribution fell between 27 and 31 years old, with 8.33% of those in the 40–52 age range and 42.86% of those in the 14–26 age range. 34.52% of people were married, and 65.47% of people were single. More than half of the participants have finished their 14 years of schooling. The subjects were contacted at a variety of retail locations. The researcher collected data from outside food vendors. The participants and shops gave their prior consent. Participants received education about the significance of giving truthful answers. Data gathering required an average of 15 minutes from a single respondent.

Data Collection Tool

1. The Valence, d'Astous, and Fortier Compulsive Buying Scale

To identify obsessive purchasers, Valence, d'Astous, and Fortier (1998) created an 11-item Likert scale for compulsive buying. A score of more than 36 on the scale is indicative of compulsivity in buying behavior. This measure works well for detecting purchasers who are obsessive. The test-retest reliability is high, with an alpha reliability of .78 to .92.

2. Obsessive-Compulsive Buying Disorder Scale (OCBDS)

The study assessed obsessive-compulsive disorder (OCD) by assessing participants using the Obsessive-Compulsive Buying Disorder Scale (OCBDS). The scale was created based on the criteria for OCD in the Fifth Edition of the Diagnostic Statistical Manual. The scale initially had thirteen items, but factor analysis identified five out of them as most relevant to OCBDS. The remaining factors were included in the scale due to their latent involvement. The criteria for OCBDS include recurrent, persistent, and time-consuming thoughts about perceived self-inadequacy, repetitive behaviors, excessive preoccupations with buying and spending, and increased engagement in buying that interferes with normal routines, occupational functioning, or social activities, causing a feeling of guilt. The reliability of OCBDS meets reasonable standards, with Cronbach's alpha of .885 and .954 for parts 1 and 2, respectively.

3 Demographic Data Sheet

The demographic data sheet included information on socio-demographic and psycho-demographic characteristics, including postal addresses, telephone numbers, and email IDs, gender, age, education, income, buying experiences, and health-related history.

RESULTS

Table 1

Descriptive Statistics on Components of Obsessive-compulsive Buying Disorder Scale.

	M	SD	N
Obsession: My shopping-related thoughts are too strong and persistent, due to which I experience marked distress.	4.4762	.81368	84
Dysfunctional belief-1: When I am depressed, shopping can make me feel better.	4.11905	.855947	84
Dysfunctional belief-II: I believe that buying can repair my low self-esteem as it gives me a sense of superiority, confidence, and completion.	4.3571	.68798	84
Over importance to thoughts: My shopping fantasies and behaviors have always been overly time-consuming.	4.3810	.67493	84
Compulsion [prior to purchase feeling]: I feel the urge to shop and cannot get rid of this feeling until I satisfy my urge to buy something.	4.2262	.47469	84
Compulsion [actual purchase]: I go head straight to the mall for a shopping spree when I'm upset.	4.3452	.68537	84
Resistance: I resist hard to ignore my disturbing thoughts.	4.2500	.67440	84
Self-Control: I feel out of control while shopping.	4.0476	.57884	84
Personal Functioning: Excessive preoccupations with buying and shopping take up so much time that I am left with too little time for other activities.	4.2500	.55699	84
Social Functioning: People close to me have told me they are worried about how much I spend.	4.2619	.74638	84
Personal Implication: Shopping makes me feel worse rather than better afterwards.	4.3929	.67695	84
Financial Implication: My purchases exceed my financial limits, due to which I borrow money from others.	4.27381	.717277	84
Degree of insight [Guilt]: I acknowledge that my buying and spending behavior are problematic.	4.1190	.82732	84
Mean score	4.2692	0.3106	

Extraction Method: Principal Component Analysis; only cases for compulsive buyers are used in the analysis phase

The DSM-V's OCD criteria were used to generate the items. Proposed diagnostic criteria included an obsession with consumption or buying, coupled with compulsive and unreasonable shopping impulses, spending more money than one can afford, consuming so much time that one

has little time for other pursuits, and negative outcomes (such as significant distress, impaired social and occupational function, and financial difficulties).

Table 1 presents the mean scores for each item on the OCD scale, as determined by the primary analysis approach. A 5-point Likert scale might be used to rate each item on this measure. With a standard deviation of 0.31, the most common response received on average was 4.2692 showing the presence of these components among compulsive buyers.

Table 2

KMO and Bartlett's Test.

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.595
Bartlett's Test of Sphericity	Approx. Chi-Square	637.833
	Df	78
	Sig.	.000

Extraction Method: Principal Component Analysis; only cases for compulsive buyers are used in the analysis phase

The test of Kaiser-Meyer-Olkin for sampling adequacy indicates considerable proportion (.595) variance caused by some underlying factors. The value of Kaiser-Meyer-Olkin Measure also indicates that a factor analysis is quite useful with this data. Bartlett's test of sphericity supports the hypothesis of relatedness of variables and therefore, suitable for structure detection with the present data.

Table 3

Extraction of Communalities through Factor Analysis for Determination of Oiomania.

Obsessive-Compulsive Buying Disorder Scale Initial Extraction

1	1.000 .815
2	1.000 .466
3	1.000 .909
4	1.000 .915
5	1.000 .844
6	1.000 .841
7	1.000 .911
8	1.000 .747
9	1.000 .779
10	1.000 .614
11	1.000 .674

12	1.000 .810
13	1.000 .804

Extraction Method: Principal Component Analysis; only cases for compulsive buyers are used in the analysis phase

Using principal analysis method and only cases for which compulsive spenders, communalities in Table 3 indicate amount of variance in each variable that is accounted for. Since, the extraction communalities in this table are all high (i.e., ranging from 7 to 9) which indicates that all extracted components represent the model well and therefore, represent compulsive buying disorder.

Table 4

Representation of Total Variance Explained Initial solutions, and Rotated Component.

Component	Initial Eigenvalues			Extraction Squared Loadings			Sums of Rotation Squared Loadings		
	Total	Variance	% of Cumulative	Total	Variance	% of Cumulative	Total	Variance	% of Cumulative
1	3.538	27.218	27.218	3.538	27.218	27.218	3.119	23.994	23.994
2	2.310	17.766	44.984	2.310	17.766	44.984	2.669	20.533	44.527
3	2.023	15.560	60.544	2.023	15.560	60.544	2.035	15.653	60.181
4	1.180	9.078	69.622	1.180	9.078	69.622	1.218	9.369	69.549
5	1.080	8.305	77.927	1.080	8.305	77.927	1.089	8.378	77.927
6	.913	7.022	84.949						
7	.629	4.838	89.788						
8	.528	4.058	93.846						
9	.292	2.243	96.089						
10	.192	1.474	97.563						
11	.187	1.438	99.001						
12	.074	.567	99.568						
13	.056	.432	100.000						

Extraction Method: Principal Component Analysis; only cases for compulsive buyers are used in the analysis phase

Factor analysis identified five major components. The extracted components explain nearly 77.927% of the variability in the original variables. Moreover, cumulative percentage of variation is somewhat evenly spread. This shows that these variables are more closely defining the obsessive-compulsive buying disorder.

Table 5

Rotated Component Matrix for Determining Criteria of Oniomania.

Components	Component				
	1	2	3	4	5
1	.130	-.230	-.017	.857	-.104
2	.243	.186	.161	.243	-.536
3	.847	-.415	.135	-.015	.011
4	.846	-.402	.176	-.061	.048
5	-.022	.843	-.281	.227	.052
6	-.032	.262	.841	.222	.124
7	.897	-.305	.065	-.081	.051
8	.588	.609	-.114	.033	-.127
9	-.154	.256	.756	-.315	.136
10	-.047	.130	.744	.147	-.140
11	.525	.580	-.062	-.190	.149
12	.102	.031	-.031	.342	.825
13	.751	.475	-.113	-.023	-.026

Compulsive buying disorder is characterized by a dysfunctional belief that buying can repair damaged self-esteem. This disorder is characterized by difficulty resisting obsessions, dysfunctional belief-II, over importance to obsessed thoughts, and degree of insight. Components 1 and 2 are moderately correlated with self-control and personal implications of excessive buying. Component 3 is strongly correlated with compulsion to make actual purchases and impairments in personal and social functioning. Component 4 is most strongly correlated with obsessions, indicating that shopping-related thoughts are the main source of distress in compulsive buying disorder. Component 5 is strongly associated with financial implications, as compulsive buyers consume beyond their financial means.

Table 6

Split-half Reliability Statistics for Obsessive Compulsive Buying Disorder Scale.

Scales	Scale Statistics				Reliability Statistics			
	M	Varianc e	SD	N	Cronbach's Alpha	Correlation between forms	Spearman Brown coefficient for unequal length	Guttman Split-Half reliability
Part I	1.48	27.9	5.28	7	.885	.582	.601	.593
Part II	1.35	39.8	6.30	6	.954			
Both parts	2.83	96.21	9.8	13				

Using split-half reliability analysis, both descriptive and reliability statistics were obtained for the OCB scale. The Guttman Split-half Reliability Statistics for Obsessive Compulsive Buying Disorder Scale are moderately high ($r^2 = .593$). Whereas, Cronbach's alpha for the two parts was quite high with .885 and .954, respectively.

DISCUSSION

The study investigates the symptoms of obsessive-compulsive disorder (OCD) in compulsive buyers, finding that all symptoms are higher among these individuals. Oniomania is a maladaptive obsession with consumption, causing discomfort, money, time, and energy divergence. Higher debt rates lead to economic and psychological crises. Analyzing thoughts related to buying tendencies and psychological distress levels is crucial to determining if abnormal behavior is indicative of abnormality.

Recurrent and persistent obsessive thoughts trigger spontaneity within a person and encourage compulsive buying, leading to excessive purchases and financial limits. The shopping experience is initially perceived by these individuals as a rewarding way to deal with stress or negative emotions, but this backfires later.

Compulsive buying is a complex behavior influenced by cognitive and behavioral factors, with oniomania being a unique type of OCD. It is a coping mechanism for individuals who are deprived, stressed, or depressed and is linked to psychological distress and avoidance coping tendencies. This behavior is strongly comorbid with depression and anxiety disorders and is supported by disruptive beliefs about emotional security and an irrational cognitive pathway. This research supports the idea that compulsive buying involves "obsessive" shopping fueled by

high emotional and psychological involvement, consuming time, energy, and mental health. Studies by Harnish & Bridges (2015) and McQueen et al. (2014) do also support the role of obsessions in compulsive buying. Hertler (2013) identified three characteristics of obsessives: attention-focused, future-oriented, and affectively modulated. By evaluating compulsive buyers based on these symptoms, a better understanding of this behavior can be achieved.

Compulsive buyers fixate on the details of the whole, focusing on the physical details of what they buy and their purpose in their current situation. This attention is evident in their cognitive processes and perception, leading to compulsivity. Personification, symbolic consumption, and embodiment become obsessive archetypes that can be used diagnostically in the case of compulsive buyers. Further, compulsive buyers often experience feelings of inadequacy, helplessness, fear of rejection, and a strong desire to repair damaged self-esteem, creating a state of urgency to anticipate further distress. This leads to compulsive buying as a coping mechanism to avoid negative feelings. Thus the role of affect and impulsivity in the development of problematic buying cannot be denied, as cannot the effort that is extended to hold on to expressing them. Compulsive buyers are more likely to focus on emotional dysregulation that leads to excessive buying than emotional dysregulation that leads to problem behaviors in general.

Researchers view obsessives as refraining themselves from expressing a full range of emotions and often managing to conceal them through certain behaviors such as buying and spending. Hertler (2013) view this over control as the habitual obsessive-affective state, indicating some serious level of agitation being carried on intentionally by the obsessives. Millon and Davis (1996) succinctly capture this dichotomy in the metaphor of "appearing deliberate and well poised on the surface, the compulsive sits atop the tightly constrained but internal power keg." These aberrant lapses from over control into direct bursts of dyscontrol characterize their manic side of themselves.

The research concludes that individuals with oniomania have dysfunctional beliefs, with differing degrees of insight and long-term effects. Based on results, consumers believe in acquiring wealth to boost self-esteem, while compulsive buyers use symbolic consumption for power and social status and believe spending can alleviate worry, dread, and distress. Findings attest to the assumption that oniomania as a disorder is characterized by uncontrollable urges and a lack of self-control, which is often influenced by an individual's self-image. Compulsive buyers overrepresent themselves and believe that purchasing goods is a source of self-worth, social rank, and personal well-being. The buying process has been rewarding, providing a sense of fulfillment, autonomy, achievement, and superiority. However, this can further reinforce and fuel

compulsive buying behavior and increase the likelihood of developing dysfunctional beliefs. These findings help us understand how individuals manage their self-image effectively. Compulsive buyers reported that buying objects can bring happiness and improve moods. However, these feelings are often short-lived and can lead to negative feelings of guilt, a common emotion exploited by advertisers (Dedeoğlu & Kazançoğlu, 2010). They associate happiness with material possessions, which can improve quality of life if one lives within their means, lives a modest lifestyle, and pursues happiness the right way. The temporary effects of consumption, such as fulfillment, autonomy, achievement, and superiority, drive compulsive shopping behaviors quickly. As consumption increases over time, resources deplete and diminish, making satisfaction tied to maintaining financial limits. Therefore, the satisfaction of compulsive buyers is found dependent on living within financial limits.

The study supports the idea that individuals with buying disorders experience significant emotional and financial setbacks due to their purchasing habits. They struggle to control credit usage, leading to a decrease in their quality of life and impaired psychosocial functioning. Compulsive buyers often face challenges in their careers, studies, and role-functioning, leading to delayed tasks and poor performance. Social impairment can manifest in various forms, including loneliness and difficulty forming close relationships.

The study concludes that oniomania, a compulsive buying disorder, is a special type of OCD. It is characterized by both obsessions (the cognitive component) and compulsions (the behavioral component) that are mostly glued to faulty beliefs. This dysfunctional behavior is mostly fermented by low self-esteem and can impair personal and social functioning. Further, financial crises worsen the mental health status of compulsive buyers.

RECOMMENDATIONS

Abnormal consumption research is crucial due to its severe social, psychological, and economic impacts. It requires aggressive development of clinical models, guidelines for diagnosis, and the use of other measuring instruments. Pakistani researchers are encouraged to design new scales in English and Urdu to better understand and control this behavior.

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