This exploratory study investigates the probable causes of compulsive-addictive buying behavior, employs the family system's theory developed by Constantine (1986) as a theoretical framework, and develops an appropriate measuring scale in order to classify individuals according to family types. The purpose of the study is to examine the influence of childhood and family experiences on this phenomenon which is emerging in industrialized nations, and to explore the question of whether individuals raised in different family types are more or less likely to become addictive buyers.

A questionnaire was administered to 52 clients of the Consumer Credit Counseling Services, in Oregon and Washington, investigating the degree of buying addiction and the family background. In addition, 14 personal interviews provided more detailed information about the family situations of the addicted consumers.

No significant difference was found between individuals belonging to a particular family type and their degree of addictive buying behavior, although the mean rank on the addictive buying scale was highest for individuals raised in a closed family and lowest for individuals raised in a random family. A positive relationship was found between five pairs of variables; 1) addictive buying behavior and family discord, 2) addictive buying behavior and obsessive-compulsive personality traits, 3) obsessive-compulsive personality traits and family discord, 4) addictive behavioral tendencies of the subjects' parents and
addictive buying behavior of the subjects themselves, and 5) childhood experiences, such as the suppression of feelings, especially the suppression of negative feelings, and high expectations by parents which could not be fulfilled, were associated with a high level of family discord. A high score on the family discord scale indicates that a person perceives his/her parental family life as unpleasant. This was particularly prevalent for individuals raised in a closed family.

The results of the study suggest that the development of addictive buying tendencies is influenced by family and childhood experiences and that addicted shoppers often face severe psychological difficulties. Personal interviews also supported these results. The findings indicate that individuals raised in a closed family type are more likely to experience their family lives as less pleasant and more disturbing which may contribute to the development of behavioral problems.
Compulsive-addictive buying behavior: Exploring effects of childhood experiences and family types

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In recent years a new consumption phenomenon has emerged in the United States and other industrialized nations (e.g. Canada, West Germany). This phenomenon is termed compulsive or addictive buying behavior. It is viewed as "an inappropriate type of consuming behavior, excessive in itself, and obviously disturbing for the existence of individuals who seem to be prone to impulsive consumption." (Faber, O'Guinn & Krynch, 1987, p. 132).

Research on this topic began in the mid 1980's. However, in 1972 Tauber was already investigating people's motivation to go shopping. He found that for some people the main reason for going shopping is not to buy certain needed goods and products. Some people go shopping because they search for diversion when bored, for social contacts when lonely, or sometimes just for something nice for themselves when depressed. Tauber suggested that the primary motivation for these people to go shopping was the utility of the buying act itself and not the expected utility of consuming the product (Tauber, 1972). In more recent studies about compulsive-addictive consumer behavior, the utility of the buying act itself was found to be one of the characteristics of the addicted buyer.

In 1980, Bellenger and Korgaonkar picked up the topic and profiled the kind of shopper Tauber was talking about. They also found that not the product but the buying act itself is the primary motivation for certain people to go shopping. Bellenger and Korgaonkar termed these kind of shoppers "recreational shoppers". In their study approximately 40 to 70% of the shoppers surveyed fell into the category of recreational shoppers. Most of these recreational shoppers were females, and the most important criterion for choosing a store was not a convenient location, but an appealing store decor and a comfortable environment (Bellinger & Korgaonkar, 1980).

In the mid 1980's, the compulsive or addictive side of consumers gained increasing recognition by journalists, and numerous articles appeared in magazines (e.g., Jacoby, 1986). More recently, some research teams have started to explore this phenomenon more seriously (Faber, O'Guinn & Krynch, 1987; Faber & O'Guinn, 1988a, 1988b, 1989; O'Guinn & Faber, 1989;
Rationale

One reason for studying compulsive or addictive buying behavior becomes obvious when considering the definition. "It is .... obviously disturbing for the existence of the individual..." (Faber et al., 1987, p. 132). Like any other form of addiction, the buying addiction doesn't fall in the range of 'normal' behaviors. It may be caused by psychological problems from within the individuals themselves, and, overall, it is not a pleasurable experience. Buying pervades the lives of addictive consumers and sometimes results in severe consequences. Numerical figures suggest that overspending becomes an increasing problem in the United States. Data from the periodical review analysis (1987, 1990) of the National Foundation for Consumer Credit show that the total number of clients referred to all Consumer Credit Counseling Services nationwide increased by 225% between 1985 and 1990, from 181,944 to 592,480. The average amount of debt per client in the same time period increased by 56.8%, from $11,672 to $18,312. While not all of this debt is directly related to addictive buying, it may be an important cause of debt for many families. Thus, an increasing body of knowledge in this area of abnormal consumer behaviors may provide further information for therapists and consumer counseling services to help addictive buyers (e.g., through better counseling). A second reason for studying addictive buying behavior is that exploring abnormal consumption can help to enrich the understanding of more typical consumer behavior (Faber & O'Guinn, 1989).

This particular study explores addictive buying behavior in relation to family paradigms and childhood experiences. Previous studies suggest that there may be a link between early childhood experiences, especially in the child's relationship to parents, and later addictive buying behavior (Faber & O'Guinn, 1988b; d' Astous et al., 1990; Scherhorn et al., 1990).
Purpose of the study

The main purpose of this study is to explore any relationships between consumers who were raised in different types of family organization and their later buying behavior. Three family paradigms, closed, random and open, are used to classify compulsive or addictive consumers into subgroups of family types. It is assumed that these various childhood experiences may influence behavior in different ways. One question of interest is if certain family types are more likely than others to foster addictive behaviors, if at all. Second, this study may contribute empirical insights to help classify individuals according to family paradigms which represent different styles of family operation.

Third, the relationship between addicted buying behavior and psychasthenia or the obsessive-compulsive personality characteristic is tested. Psychasthenic people in general experience feelings of insecurity, inadequacy, inferiority, or guilt. They are lacking in self-confidence, are indecisive, and uncomfortable with feelings (Friedman, Weeb & Lewak, 1989, p. 192). Prior research has investigated the relationship between addictive buying behavior and psychasthenia. Faber & O'Guinn (1988a) and Scherhorn et al. (1990) found a positive relationship between psychasthenia and buying addiction. This study repeats this investigation. In addition, it explores if there is any relationship between family discord in the family in which the addicted consumer grew up and psychasthenic personality characteristics. Family discord is defined as a family with a high level of problems. An individual living in such a family is seen to have "had an unpleasant home life characterized by a lack of love in the family and parents who were unnecessarily critical, nervous, quarrelsome, and quick tempered." (Friedman et al., 1989, p.65.).

As mentioned earlier, there may be a linkage between childhood-experiences and compulsive-addictive behavior. This linkage is one of major interest to the researcher, and will be explored with individuals who seek help for their financial problems at Consumer Credit Counseling Services (CCCS). The assumption is that one is more likely to find compulsive buyers among CCCS clients since debt is a frequently observed symptom of compulsive-addictive buying behavior.
Family regime and paradigm - a definition

"A family regime is that set of mechanisms by which collective pattern in process is regulated. A family's paradigm is the image or set of images that models what a family is, can be, ought to be, thus, serving as a point of reference for the family regime." (Constantine, 1986, p. 98).

Constantine argues that all forms of family paradigms can be successful and enabled, or disabled. There is no "single" best way for families to solve the problems of their daily lives. Families guided by the closed, random, or open paradigm use different approaches to solve these problems. They may be successful in doing so, or they may fail. Each of the three paradigms is prone to somewhat different kinds of difficulties and advantages (Constantine, 1986, pp.19-20). Families guided by a closed paradigm prefer stability, security, and belonging, whereas, for the random family the guiding image is one of novelty, creativity and individuality. The random paradigm is the antithesis of the closed one, whereas the open paradigm tries to integrate the images of both the closed and random paradigm. The core goal of an open family is adaptiveness to the needs of both individual and system. The open paradigm emphasizes flexibility and balance.

Family paradigms and their influence on children

Previous research has pointed out that early family experiences have a considerable influence on children and their development (Brennau & Wamboldt, 1990). The family is the place where children learn the basic skills of how to cope with life, how to behave in certain situations, how to solve problems, etc.. A study by Elder, Caspi, & Downey (1983) showed that poor parental skills were related to problem behavior of children. Also Patterson & Stouthamer-Loebo (1984) reported that family management practices such as monitoring, disciplining, problem-solving, and supporting pro-social skills, and the behavior of children were correlated. They found a link between poor parental practices and children's antisocial behavior.

Childhood family experiences may differ depending on the family type in which the child is raised. Such differences may be due to the different approaches families guided by various paradigms use to solve the problems of family living. Thus, family and childhood experiences in
different family types vary according to these different approaches. For example, children in closed families are more likely to experience feelings of security and belonging, whereas in a random family they may experience more excitement but less stability. In an open family children learn very early that communication plays an important role in their families. Therefore, it is assumed that these various experiences may influence the child's behavior in different ways. This study explores how these experiences influence consumer behavior, especially abnormal consumer behavior.

**Definition of terms**

**Closed paradigm**

The family believes firmly that the rights of the individual members can be guaranteed only if the whole family's interests come first, and if each individual is willing at all times to sacrifice personal interests for the collective balance. Children's activities are closely screened and monitored. Strong emotions are rarely expressed in public. Important family events take place at the same time everyday (e.g., lunch and dinner).

Family tradition is based on ethnic, religious or ideological ideas. Power in the family is vertically organized. Rules are extensive and clear. Family ideals are certainty, unity and clarity.

**Random paradigm**

Under a random paradigm individual creativity is the source of family variety. If the family follows any pattern at all, it is the pattern of continual change. Each person in the family has the right to do whatever s/he wants to do, and when s/he wants to do it. The positions of authority are interchangeable and are determined by charisma and personal adaptability. Exceptions are the norm. All points of views are possible and are presumed to be supported by evidence of some kind. The expression of emotions is unlimited. Family ideals are ambiguity, diversity and originality.
Open paradigm

The family members in an open paradigm have responsibility toward each of the other members as individuals and toward the family group as a whole. The open regime is consequence oriented, seeking an adaptive mix of continuity and discontinuity that maximizes effectiveness. Both stability and flexibility are valued. Every family member has the possibility to influence decisions. There is no permanent static power hierarchy. All members are heard and their needs and desires are taken into account. Family members are encouraged to reveal honest feelings and thoughts to each other. With an open paradigm, family members search for joint solutions to the problems of family living. Their ideals are tolerance, relevance and affinity.

Compulsive buying behavior

Compulsive buying behavior is defined as being an inappropriate type of consumption behavior urging consumers to repeatedly engage in a buying activity even against their will. It is measured by the Compulsive Buying Scale for this study (see appendix D). The term compulsive buying behavior refers to the compulsive buying scale as a measure of behavior.

Compulsive-addictive buying behavior

The term compulsive-addictive buying behavior refers to the continuum of possible levels of this behavior. 'Compulsive means that one feels pressed to do and repeat an action even against one's will, whereas addiction is viewed to be driven by an irresistible urge which one experiences as one's own want or need' (Scherhorn, 1990, p.34).

Addictive buying behavior

Addiction is defined as a psychological need for habit forming (Webster's Dictionary, 1984). The term addictive buying behavior refers to consumers who seem to depend heavily upon buying as a means of compensation and who seem to display characteristics similar to those defined above. Since no instrument is available to measure addictive buying behavior, this classification relies on subjective measure.
CHAPTER II: LITERATURE REVIEW

Over the last few years the amount of consumer debt has rapidly increased. Faber suggests that a number of socio-economic factors contributed to this increase (e.g., slow economic growth, problems with budgeting, influence of mass media) (Faber et al., 1987). One recently uncovered psychological factor may also be very important in explaining the growing amount of debt for some consumers. This factor is termed compulsive consumption (Faber et al., 1987), or addictive consumption (Scherhorn, 1990). The term compulsive consumption is predominantly used by American and Canadian researchers. They also use the term addictive interchangeable with the term compulsive (Faber & O'Guinn, 1989; Valence, d'Astous and Fortier, 1988). Scherhorn prefers the term addictive consumption because of the crucial distinction which the field of psychology makes with regard to the terms addictive versus compulsive. 'Addiction' is viewed to be driven by an irresistible desire which the addict is experiencing as his or her own want or need. 'Compulsive' means that a person feels pressed to do and repeat something even against one's own will. Given these definitions, Scherhorn believes that it would be more appropriate to use the term addictive consumption to describe this particular form of buying behavior.

In the following discussion of the literature the term addictive consumption is used not only for reasons based on the above definitions, but also because it more adequately expresses the severity of the problem. Compulsive consumption is, moreover, perceived as a 'normal' behavior which everybody experiences once in a while. The next section will describe a general theory of addiction in order to show the similarities between other forms of addiction and the buying addiction. Thus, it will provide the rationale for using the term addictive instead of compulsive consumption.

A general theory of addiction

According to Peele & Brodsky (1975), the term addiction needs not to be used exclusively with regard to substance abuse or drug addictions. In general, researchers in the field of addiction are concerned with the question why people "seek to close off their experience through a comforting, but artificial and self-consuming relationship with something external to
themselves." (Peele & Brodsky, 1979. p. 55). These comforting, but artificial means to close off experiences are not always drugs. The choice of the object is irrelevant to the process of becoming dependent. Anything a person uses to release consciousness can be addictively used (Peele & Brodsky, 1975).

Personality characteristics of addicts

Peele & Brodsky (1975) believe that addicts are people who lack the confidence in their capacities to master life independently. Their views of life are negative ones. Addicts fear the surrounding world and their environment, and they experience it as a threat to themselves. When addicts are confronted with problems, they seek support from external sources such as other people, institutions, substances and/or behaviors which are viewed as stronger than the addicts themselves. Therefore they believe that external sources can provide them with a sense of security and protection.

Submission is a keynote of addiction. Addicts disbelieve their own adequacy, and they fear challenge. Therefore they welcome control from the outside. Blum in Peele (1979) found that as children addicts have already been trained by their families to give themselves up to outside forces.

A social-psychological approach to addiction

The social-psychological approach to addiction focuses on people's emotional states and their relationship to their environment. It emphasizes thoughts and feelings which underlie an addict's behavior, and asks why a person comes to be as he or she is, and what pressure the person currently faces (Peele, 1979). With regard to this approach, they defined addiction as follows:

"An addiction exists when a person's attachment to a sensation, an object, or another person is such as to lessen his appreciation of and ability to deal with other things in his environment, or in himself, so that he has become increasingly dependent on that experience as his only source of gratification." (p. 61).

Peele argues that people who become addicted to a behavior or substance have not learned to accomplish things which they consider worthwhile. Feeling incapable of engaging in meaningful activities, they gradually turn
away from any opportunity to do so. This may result in a lack of self-respect which, in turn, may cause pessimism. Addicts believe that they cannot stand alone and that they need outside support to survive. They yearn to escape from a distasteful consciousness of their lives. Any experience which can temporarily erase the painful awareness of the addicts to themselves or to their situation is welcome (Peele, 1979).

According to Peele, the cost for seeking such a relief of consciousness is that addicts cease to cope with the world around them. They turn more and more toward the addictive object which promises safety and predictability. The paradox is that, as addicts become more and more involved with the addictive experience, they become progressively less able to deal with the anxieties and uncertainties which drove them to the addictive behavior in the first place. Thus, the addicts' anxiety and fear of the surrounding world increases even more, and they feel that they need more of the reassurance the addictive experience offers them. This reinforces the ongoing cycle of addiction. Eventually, addicts are totally dependent on the addiction for their gratification in life. The addictive experience then becomes the sole source of reassurance in the world (Peele, 1979). As a result, Peele reported, that if addicted individuals cannot engage in the escape behavior which they have chosen, they experience withdrawal symptoms. Addicts will do whatever they can to maintain their protected state against the world. In the completion of the addictive process, addicts themselves feel helpless not only against the world but also against the addictive object itself. They can neither live without it nor get rid of it. This may be the end result of the addictive process for people who have been trained to be helpless all their lives.

From this general theory of addiction, Peele (1979) derived five characteristics of addictive behavior which will be described in the next paragraph.

Characteristics of addictive behaviors

Peele identified five characteristics of addictive behavior. (1) An addictive experience absorbs a person's consciousness by eradication of the awareness of pain, tension, anxiety, and problems. (2) In later stages, the addiction destroys the person's ability to derive satisfaction from other involvements like work, relationships or various activities. (3) A third
characteristic is that the addictive experience lowers self-esteem. An opposing view is that the addictive experience is used to enhance and protect ones self-esteem. Research provides conflicting results (Jacoby, 1986; Faber & O'Guinn, 1988a). Yet, it is clear that low self-esteem is a frequently observed characteristic of addicted people, whether low self-esteem is a cause or a result of addictive behavior (Faber & O'Guinn, 1989). (4) A fourth feature of addiction is that it is not pleasurable. Even when addicts have the feelings of being 'high' or 'grandiose' in the very moment when the behavior occurs, negative feelings and feelings of guilt which follow make the addictive behavior unpleasant overall (Jacoby, 1986; Rook, 1987; Faber & O'Guinn, 1988; Scherhorn et al, 1990). (5) Individuals often use an addiction to escape the demands of life and the need of coping with them. They feel insecure about their abilities to cope and they try to turn over the responsibility for life to outside forces which may include other people, institutions or habits like buying. The ritual of the addictive behavior becomes part of the addiction itself. It is the ritual which gives a sense of security because it is predictable, and it is the most certain and reproducible part of the habit. Therefore the fifth characteristic of addictive behavior is its predictability (Peele, 1979).

Criteria for addictive and nonaddictive behaviors

There are addictive and non-addictive ways of doing anything. The difference between not being addicted and being addicted is how people perceive the world around them and the way they cope with it. The non-addicted person views the world as an arena for new and challenging experiences whereas the addicted person views the world as a prison. What distinguishes an addict from a non-addict is that the non-addict does not fear novelty and uncertainty. Even if non-addicts happen to be intensely involved in only one activity, they still enjoy this activity and it is energizing for them. In contrast to addicts, the primary reason for non-addicts to be intensely involved in an activity is to pursue it further, master it more, and understand it better.

According to Peele, the risk of becoming addicted is lower for individuals who are prepared to cope in a positive manner with the novelties and challenges of life, who are able to gain satisfaction from a variety of possible involvements in life, and for those who develop a certain
degree of competence in their own work and who have possibilities to share their emotions. These coping skills help individuals feel better about themselves and prevent them from becoming addicted (Peele, 1979).

Scherhorn reported that the risk of becoming addicted is higher for individuals who gradually narrow down behavior options in order to satisfy genuine needs. While feeling that they have fewer and fewer choices, they become dependent on one single behavior. This behavior, then, becomes a Choiceless behavior and the addicts see no other real means to gratify their needs. The narrowing process is started by a neurotic desire to avoid certain feelings which are experienced as disturbing and dangerous, and it is driven by a fear of novelty and challenge (Scherhorn, 1990).

Approach to a theory of buying addiction

Today we live in a society which encourages addictive and compulsive buying behavior. For example, advertisements continually send us the message that goods are able to solve our problems such as being ill, old, plain, fat, non-athletic, unloved, or not well respected (Scherhorn, 1990). Goods and products present ideal means to escape undesired feelings for a person who is vulnerable to become engaged in addictive behaviors. Scherhorn (1990) describes the addictive trait in buying behavior as a vicarious satisfaction caused by a distortion of autonomy. This is comparable to the notion of learned helplessness by Peele & Brodsky (1975). Similar to other forms of addiction, also the addictive trait in buying behavior is based on a fear of the surrounding world and the ability to handle this world (Scherhorn, 1990; Scherhorn et al., 1990). Because buying is used by certain consumers only as an escape behavior to avoid their real problems, the buying experience can never be satisfying. Instead it will increase the desire to gratify the genuine need which is the need to cope with life, stress, and/or tension (Scherhorn, 1990).

As mentioned earlier, addicts try to avoid negative feelings such as anxiety or fear of the world. Shopping for goods has the potential to immediately relieve consumers from these feelings (Faber & O'Guinn, 1988a, 1989). For example, addicted consumers describe the feelings they experience when shopping as being high, feeling good, happy, light, excited, wonderful or grandiose, whereas they do not care very much for the items
they buy (Rook, 1987; Scherhorn et al., 1990). The most important function of the buying act then becomes a symbolic one. Scherhorn et al. (1990) found that for most of the shopping addicts buying functioned as a substitute for care. When going shopping, the addicted consumers reported to have dreams of belonging to an exclusive group, being rich, sportive, good-looking, glamorous or noble. Thus, the act of buying confirmed the addicts phantasies of grandiosity which, in turn, compensated for their depressive feelings (Scherhorn et al., 1990).

Over half of the addicted buyers in the study by Scherhorn et al. (1990) experienced freedom and independence when shopping. While engaged in this activity addicted shoppers were able to forget about the restrictions of their daily lives, and they could act on their own. Money, for them, symbolized power and freedom. This may also be true for non-addicted consumers. For the addicted consumer, however, money as a symbol of power and freedom may fulfill a special function by enhancing self-esteem or feelings of insecurity. As described before, addicts, in general, are very insecure people. They grew up learning to be helpless and always dependent on someone, or on something (Peele, 1975). A derivation from the results of Scherhorn et al. (1990) may be that the buying experience provides shopping addicts with a means of feeling not so helpless and dependent any more, and it gives them the reassurance of being a worthwhile individual. These short-term positive rewards of the buying experiences further reinforce the buying behavior, and this drives the repetitive process of addiction (Faber & O'Guinn, 1989).

Long-term negative consequences of their excessive buying behavior are often disregarded by addicted shoppers (Rook, 1987; Valence, d'Astous & Fortier, 1988; Faber & O'Guinn, 1989). This may be due to a higher level of fantasy among addicted consumers. A study by O'Guinn & Faber (1989) showed that addicted buyers had, indeed, a higher level of imagination compared to 'normal' consumers. The higher level of imagination also fulfills a second function in the addictive buying process. Besides keeping consumers from admitting the negative consequences of their behavior, fantasies of personal success and social acceptance help to escape the negative feelings which the addicted consumers desire to avoid (O'Guinn et al., 1989).

Results of previous studies showed that the buying act itself produced not only positive but also negative feelings. Addicted buyers frequently reported feelings of being restless, nervous, distressed, out-of-control, or
helpless (Jacoby, 1986; Rook, 1987). After the purchase they often experienced feelings of guilt, fear, and anxiety (Faber & O'Guinn, 1988a, 1989; Scherhorn et al., 1990). They were afraid that someone could find out, and most of the times addicted shoppers hide their purchases, don't use or wear them (Scherhorn et al., 1990; Wesson, 1990). This further indicates that it is the buying act itself that is important to the addicted shopper, and not the purchased items. Negative feelings and denials may create additional anxiety and frustration which further propel the ongoing cycle of addictive behavior in which the consumer is caught. A denial of the addiction or the harmful consequences is very typical for the addicted buyer (Faber et al., 1987) as well as for other addicts. For example, it is very common that families with an alcoholic member never talk about the alcohol problem, or even refuse and deny to admit that there is a problem at all (Reagan, 1984).

Other similarities between the buying addiction and addiction in general were shown by Scherhorn et al. (1990). They found that addicted buyers have often not learned to accomplish things which seem worthwhile, or even simply never learned how to enjoy life. The self-esteem of the buying addicted consumers relies on outside support. They only see a few possibilities to shape the future and to cope with life.

Addicted shoppers are predominantly unhappy individuals who are trying to compensate for an enormous burden of negative feelings (Scherhorn et al., 1990). When they have no opportunities to go shopping, addicted buyers may experience withdrawal symptoms like any other addicted person. Withdrawal symptoms are feelings such as a painful restlessness, lack of mental well-being and anxiety. Since the buying act is predictable, the addicted shoppers know that going shopping again most probably will give them relief. The main purpose of the buying act then becomes the avoidance of painful feelings caused by withdrawal.

Because of its potential to provide reliable, immediate satisfaction and a feeling of security, buying can very easily be misused as a form of addiction (Scherhorn et al., 1990).

The roots of buying addiction
Studies on addictive buying behavior suggest that the roots for the buying addiction lie in childhood (Faber & O'Guinn, 1988b; Scherhorn et al., 1990). In our society today, children learn that it is the world of goods that
counts. Faber and O'Guinn (1988b) showed that addicted buyers are more likely to be socialized to give in to other people's desires rather than to express their own feelings which contributes to the learned helplessness that fosters addictive behavior in later stages of life. In families of addicted buyers, money and gifts were often used to reward behavior. Thus, children in these families learned that goods may be used to replace or compensate for caring and love (Faber & O'Guinn, 1988b).

Exploring addictive buying behavior in West Germany, Scherhorn et al. (1990) found that addicted buyers in their childhood were systematically exposed to a repeated and prolonged denial of their feelings. When conflicts arose parents did not deal with them openly. They pretended to have a harmonious relationship and thereby disregarded their children's anxieties (Scherhorn et al., 1990). In this way, these children were continuously taught to disassociate and suppress their own emotions. This can be seen as one of the "prerequisites" to develop a personality which is vulnerable to addiction.

Qualitative data in the study by Scherhorn et al. (1990) revealed that addicted consumers were raised to incompetence. Peele reported that for a healthy psychological development it is necessary that children learn that feelings, positive and negative ones, belong to the self, and that they should be expressed and dealt with openly (Peele, 1975). Parents of addicted consumers neglected to teach these capabilities. Examples from in-depth interviews conducted by Scherhorn et al. (1990) showed that the child's longing for tenderness and affection was barred by such parents. The children were raised experiencing punishment but seldom positive support and comfort. The expression of emotions, especially of negative emotions, was not permitted. Phrases such as: "Don't talk about this"; or "This is not true. It only exists in your imagination", were very common when the child started to talk about a bad experience. A lot of the addicted consumers felt that they were undesired by their parents or neglected in favor to their siblings. Others reported that they never could live up to their parents expectations. They always did things wrong or not good enough. Thus, they never learned to trust themselves and their own capabilities. Also, parents who were overprotective, who were always afraid that something could happen to their children and therefore rarely allowed them to be engaged in various activities contributed to the children's development to mistrust their own capabilities (Scherhorn et al., 1990).
Peele and Scherhorn et al. reported that parents of buying addicts and of addicts in general didn't respect their children's personality and the will for development. They demanded submission to authority, denied their children to discover their own identity, and to accept challenges. They tried to keep their children dependent on them by not allowing them to become independent and mature adults (Scherhorn et al., 1990; Peele, 1975). This contributes to the development of an addictive personality and an addictive striving for security which is longed to be satisfied with something external to oneself (Peele, 1975).

The development of an addictive tendency is not only a result of false parenting practices. Also other factors contribute to its development. According to development psychology theories and to results of the study by Scherhorn et al. (1990), a person develops tendencies to addiction only when s/he is exposed to numerous and repeated experiences of the kind such as described above. Childhood experiences can be seen as one contributing factor for the development of addictive tendencies. Additional factors may be a continuing dependency on a dominant parent, an unhappy marriage, a heavy blow, or an unsatisfied professional life. A person may be more likely to develop a buying addiction when early family experiences are combined with (1) the experience of using goods as a reward, and (2) an exposure to the numerous commercials which continually show us the often coveted, non-materialistic benefits of products such as being loved, young or athletic.

After presenting both a general theory of addiction and a theory of buying addiction the similarities become obvious. Like every other addicted person, addicted consumers have low self-respect, they are fearful of the world around them, and they lack confidence to handle this world. The buying act, like every other addictive experience, is used to avoid undesirable feelings. The buying experience gives immediate relief and short-term rewards which further propel the addictive process. In later stages of this process addicted consumers see no alternative means to gratify their needs except to go shopping. They have narrowed down their behavior options, and the buying act becomes a choiceless behavior (Scherhorn et al., 1990; Faber & O'Guinn, 1988a, 1989).

Because of these parallels the definition of addictive buying behavior is similar to the general definition of addiction. Addictive buying behavior
is viewed as "a response to an uncontrollable drive or desire to obtain, use, or experience a feeling, substance, or activity that leads an individual to repetitively engage in a behavior that will ultimately cause harm to an individual and/or to others". (O'Guinn & Faber, 1989).

Demographic characteristics

Gender

Prior research and case studies consistently reported that addictive consumers are mostly female and younger than the 'normal' consumer (Jacoby, 1986; d'Astous & Trembley, 1988; Faber & O'Guinn, 1989; d'Astous et al., 1990). Also Scherhorn et al. (1990) found that in West Germany women scored higher on the Addictive Buying Indicator than men (The Addictive Buying Indicator will be described in chapter III). Faber and O'Guinn (1989) argued that these results might be due to the greater exposure of women to radio interviews and press articles, and the greater likelihood for women to seek help for psychological problems. Therefore, it would be more likely to oversample women in surveys and studies about addictive buying behavior because women were more likely to hear about it via TV, radio or magazines, and they were also more likely to participate. However, Scherhorn et al. (1990) reported that there is some evidence that addictive buying is indeed a female addiction. It seems that shopping for things is a favored form of addiction by women because it perfectly fits the role-specific socialization of women, and the expectations of society. Women, more often than men, develop passive and emotional ways of coping with stress and conflicts. Therefore, women solve problems more secretly, in perfectly legal, and even socially desirable ways (Scherhorn et al., 1990). Shopping for goods and products meets this requirement. It can be done in isolation and secret, and it is socially desirable and acceptable. Shopping is a usual and necessary activity for women in order to fulfill their role as a home manager. Therefore, it is easily justifiable, and it can be kept secret as long as serious financial consequences do not arise.

Scherhorn et al. (1990), investigating addictive buying behavior in West Germany, could not confirm the results of American and Canadian studies that addicted consumers are younger than the normal consumer. In
Germany no correlation between age and severity of buying addiction was found.

**Psychological dispositions**

Faber et al. (1988a) found that addicted shoppers are generally more compulsive than normal consumers. The compulsive personality trait was tested by Faber et al. (1988a) using the psychasthenia subscale of the Minnesota Multiphasic Personality Inventory (MMPI) (Dahlstrom et al., 1972). Scherhorn et al. (1990) confirmed these results. In their study, shopping addicts also were generally more psychasthenic than normal consumers. Psychasthenics are known to be people of a weak psychical and physical health. They have great difficulties to accept reality and to adjust to their environment, and sometimes they experience feelings of severe fear and compulsion (Scherhorn et al., 1990). With regard to the general theory of addiction, psychasthenic people display the features of a personality which is vulnerable to engagement in addictive behaviors as described by Peele (1975). These results further indicate that the observed excessive buying behavior in industrialized nations is indeed a form of addiction.

**Income and social class**

Prior research showed some inconsistent results with regard to income brackets and social class of the addicted consumer. A study by d'Astous (1990) revealed a possible inverted-U relationship between income and addicted buying. Addictive buying seemed to occur more often in the middle income bracket. However, Faber and O'Guinn (1989) found no differences in economic status between addicted and normal consumers. Also, d'Astous et al. (1990) could not support their hypothesis that addictive buying behaviors are more prevalent in lower social classes (which are partly determined by income). Also in West Germany Scherhorn et al. (1990) could not find a relationship between disposable income and addictive buying behavior. The only function income seemed to have was to help determine how long the buying behavior could be kept secret. According to Faber and O'Guinn (1988a) consumer debts are a frequent symptom of addictive buying. Often it is only because of this symptom that families with an addicted member find out about the buying problem.
Location

To the author's knowledge, only Scherhorn et al. (1990) explored the effects of location and surrounding on consumption behavior in relation to buying addiction. They could not find any differences between consumers living in urban or rural areas. Reasons for this might be that addictive shopping is not dependent on stores which are mostly located in urban areas. It can be done everywhere, through catalogue or TV shopping, grocery shopping in supermarkets, shopping in small boutiques or in big department stores, etc. (Scherhorn et al., 1990; Wesson, 1990).

Specialization in products and shops

Previous research and case studies showed that addicted shoppers specialize on certain products, a way of shopping and/or on the kind of stores they go to (Jacoby, 1986; O'Guinn & Faber, 1989; Scherhorn et al., 1990). The kind of specialization is not necessarily stable over time. It can change, and depends on the buyers' mood (Scherhorn et al., 1990).

The most frequently bought items of addicted shoppers were found to be clothing, books, groceries, cosmetics, antiques, electrical appliances, expensive gifts for friends or family members, and sports equipment. Women seemed to prefer different products than men. They mostly bought clothes, shoes, jewelry, household goods, books, and groceries. Men specialized on items like extras for cars, sports equipment, antiques, and prestigious items such as expensive and high quality products (Scherhorn et al., 1990). An explanation for the different specializations might be that women's emphasis, because of role-specific socialization, is more on their appearance. Therefore looking good with the help of clothes and accessories is possibly a way to enhance self-esteem for addicted female shoppers. Jacoby (1986) pointed out that women who are addicted shoppers are unusually sensitive about their looks and are more influenced by fashion trends than non-addicted female shoppers. Men, nevertheless, too can become addicted buyers. Scherhorn et al. (1990) reported that for men it was a way to demonstrate that they can afford it, or they felt that the purchases were their fair share. But the main reason for men's excessive buying behavior was to support their self-worth.
Family experiences and their influence on behaviors

Brennau and Wamboldt (1990) investigated how individuals define their family experiences. The researchers emphasized the importance of childhood family experiences, especially the quality of parenting received by the child. Early relationships with significant others are very important "because these early experiences are internalized, becoming organized as inner models of intrapsychic schemata." (Brennau & Wamboldt, 1990, pp. 445, 446). Previous research in various areas shows that early childhood and family experiences have an influence on the development of addiction. For example, research on alcohol addiction and family history of alcoholism strongly suggests that there is a link between the addiction and the childhood experiences of the addicts, in this case, a positive family history of alcoholism. Numerous studies showed a positive relationship between experiences with an alcoholic parent in childhood and later addiction. The risk for developing an alcohol addiction is higher for children having a positive history of family alcoholism (Pandina & Johnson, 1990; Rogosch, Chassin & Sher, 1990; Harwod & Leonard, 1989; Chassin, McLaughlin Mann & Sher, 1988; Cutter & Cutter, 1987; Hesselbrock, Hesselbrock & Stabenau, 1985; James, 1984; Schuckit, 1984;). Children of alcoholics (COA) seem to be at higher risk of becoming addicted as adults because they are known to experience a range of psychological difficulties including learning disabilities, anxiety, attempted suicide, eating disorders and compulsive achievement. COA often develop an excessive sense of responsibility and denial of feelings which result in low self-esteem, depression, isolation, guilt and difficulties in maintaining satisfying relationships (Matthews, 1990, p.4).

A common feature of families with an alcoholic family member is the denial that there is an alcohol problem in the family. This teaches the children to reject their own feelings. They develop a lack of confidence about how they really feel and this keeps them from trusting themselves. COA often suffer from severe anxiety and depression (Vernon, 1985).

Other studies also confirm the link between early family experiences and children's competence to cope with life and their environment. Baumrind (1967) found that children showed more competent and cooperative behavior with peers when they had warm and responsive parents. In another study, socially rejected children were found to be
growing up in families where parents practiced physical aggression and few positive interactions (Pettit, Dodge & Brown, 1988).

Children in divorced families showed higher rates of delinquency, antisocial behavior, depression and behavior disorders than children in intact families (Brady, Bray & Zeeh, 1986). However, Enos and Handal (1986) found that it is not the present marital status (divorced or not) which affects children the most, it is the children's perception of the level of family-conflicts which causes symptoms like anxiety and depression. In order to complete the list of the most prevalent problems in American families, children of battered women and children who have witnessed family violence also showed significant behavior problems (Wolfe, Jaffe, Wilson & Zak, 1985).

Family experiences and their influence on buying behavior

With regard to the mentioned studies the link between childhood family experiences and later behavior problems becomes obvious. As discussed earlier, scholars investigating addictive consumer behavior suggested a link between family experiences of consumers and their later buying behavior. d'Astous et al. (1990) studied the compulsive tendencies of adolescent consumers. They found that certain family problems such as divorce had a considerable influence on teenagers' compulsive buying disposition. They also found a positive relationship between parents' and adolescents' buying mania. Possible explanations given in the literature are that this may occur because of modeling effects (d'Astous et al., 1990), or it may be explained by genetic inheritance (Faber et al., 1987).

Childhood experiences and family paradigms

As discussed earlier, families guided by various paradigms use different approaches to deal with the problems of their daily lives. Thus, children who grow up in different family types are exposed to various experiences. They may learn alternative skills to cope with life and display a variety of behavior patterns according to what they have observed in their families, especially by observing their parents (Brennan & Wamboldt, 1990; d'Astous, 1990; Constantine, 1986). This present study investigates the possible links between different childhood experiences in various family
types and consumer behavior. Each family type, depending on the paradigm, has certain characteristics, advantages and disadvantages. Therefore one question of interest to the researcher is how these differences may affect consumer behavior.

As defined in the introduction, family regimes build the framework for family actions; this determines the strategies for dealing with the problems of family living. Family paradigms are an image of what is important to keep in mind as these problems are faced (Constantine, 1986, p.117). Different family types can be distinguished by the values they place on the various alternatives to deal with family living and its problems.

The next section will describe three family paradigms, their emphases, their advantages and their disadvantages.

Family paradigms

The closed family paradigm

The closed family believes firmly that the rights of the individual members can be guaranteed only if the whole family's interests come first and if each individual is willing at all times to sacrifice personal interests for the collective balance. The closed paradigm prefers stability to change. Therefore problems are solved in a way that minimizes change. The closed regime does things "the way things have always been done." (Constantine, 1986, p.101).

Information which comes from the outside as input into the family system is carefully controlled. Closed families are more likely to have secrets and certain topics like finances and sex are never discussed. Communication in closed families is restricted and channeled. Emotions have a place in the family but they are rarely expressed. Children's activities are closely screened and monitored. Power in the family is vertically organized. Rules are extensive and clear, and the boundaries of closed families are clearly marked. It is easy to tell the insider from the outsider. Family tradition is based on ethnic, religious or ideological ideas, and family ideals are certainty, unity and clarity. The motto of the closed family paradigm might be described as: Stability through tradition (Constantine, 1986, pp. 101-105).
The advantages of closed families are that they achieve stability and offer security, but in doing so, they tend to sacrifice excitement and individual creativity.

The random family paradigm

The random paradigm is the antithesis of the closed paradigm. Under a random paradigm individual creativity is the source of family variety. If the family follows any pattern at all, it is the pattern of continual change. Each person in the family has the right to do whatever s/he wants to do, and when s/he wants to do it. The individual is considered more important than the group. When conflicts arise the group must give way. Random families do not always do things independently but they depend on spontaneous cooperation. In random families exceptions are the norm. All points of views are possible and are presumed to be supported by evidence of some kind. Stability is not the primary goal in the random paradigm. Creativity and innovation are more important. New input from the outside is valued but it might only be short-lived; the family can be occupied and fascinated by it one week and might have forgotten it the next. With regard to the environment, boundaries in a random family are very open. On the one hand the environment is seen as an extension of the family, but on the other hand, it can also be experienced as a limitation of the individual’s independence and creativity because of outside pressure from authorities. Inside the family the positions of authority are interchangeable and determined by charisma and personal adaptability.

Due to the priority which is given to the freedom to express ideas, and the importance of the individual, truth in the random paradigm is always relative. There is no necessity for family members to agree or even to understand each other. The expression of emotions in this type of family is unlimited, and allowed at all times. The ideals of a random family are ambiguity, diversity and originality and their motto might be: Variety through innovation (Constantine, 1986, pp. 105-109).

The advantage of random families is that they promote individuality and novelty, but they achieve this at the expense of some degree of stability.

The open family paradigm

The family members in an open paradigm have responsibility toward each other as individuals and toward the family group as a whole. The open
regime is consequence oriented, seeking an adaptive mix of continuity and discontinuity that maximizes effectiveness. Both stability and flexibility are valued. The open paradigm combines features of both the closed and random paradigm. In an open family each individual is expected to disclose fully. For example, family members are encouraged to reveal honest feelings and thoughts to each other and to contribute freely to family discussions. All members are heard and their needs and desires are taken into account. With an open paradigm, family members search for joint solutions to the problems of family living.

The boundaries of open families are usually flexible and fluid, but clear. Open families combine the clarity of closed boundaries with the flexibility of random ones. The environment is seen as masterable. It is a source of information useful for problem solving, and therefore increases effectiveness which is the central goal in the open paradigm.

Open families with children favor early socialization to collaborative problem solving. Children are seen as full members and parents place expectations upon them which they think are appropriate for their age. In general the open regime prefers an egalitarian role structure. Family ideals are tolerance, relevance and affinity, and their motto might be: Adaptability through negotiation (Constantine, 1986, pp. 109-112).

Open families seem to integrate the benefits of both closed and random paradigms, offering stability and excitement, creativity and security, but their sacrifice is an ongoing struggle for consensus through intense, authentic communication (Constantine, 1986, p.121).

Constantine also discusses a fourth family paradigm which he calls the synchronous paradigm. It is based on the extent to which its members 'think alike' in order to avoid conflicts. It depends on the coincidence of goals and worldview among its members. Families guided by the synchronous paradigm are not well understood and fairly uncommon (Constantine, 1986, p. 21). This study investigated addictive buying behavior only with regard to the three discussed paradigms because of the difficulties to classify a synchronous family.
Summary

Addictive buying behavior is one possible alternative for people who wish to escape problems, and to avoid facing undesired negative feelings. Certain people are prone to addictive behaviors due to a 'learned helplessness' in coping with life (Peele, 1975). They have often not learned to set and accomplish goals which are worthwhile to them. They suffer from low self-esteem and high levels of anxiety, and they fear the world around them. The buying act offers them a way to escape these fears and, indirectly, to enhance their self-esteem, for example, through the attention they get from the sales personnel, or the items they buy (Scherhorn et al., 1990).

Shopping for things turns into an addictive behavior when a person is attached in such a degree that s/he decreases the ability to deal with other things, so that this person becomes increasingly dependent on the buying experiences as the only source of gratification for genuine needs (Scherhorn et al., 1990).

Because the buying act offers only vicarious satisfaction, it can satisfy the addicted consumer only for the brief moment in which the buying act occurs. The addict has to go shopping again in order to reach the same level of satisfaction. Thus, each successive buying experience further propels the addictive process. This process is comparable to all other forms of addiction. An object, a substance, or a behavior can be used by the addict to avoid his or her 'real' problems. Genuine needs such as coping with life, stress and/or tension can never be satisfied by this behavior (Scherhorn et al., 1990).

Searching for the roots of addictive behaviors, researchers emphasized the importance of early childhood experiences (Faber & O'Guinn, 1988a). Feelings and behavior patterns, both observed and experienced by children in the families in which they grew up, influence the children's way of seeing things, solving problems, and coping with life. Poor parental managerial skills, high levels of conflict in families, and other family problems such as alcoholism can cause behavior problems which may continue through adolescence and adulthood (Pettit et al., 1988; Patterson & Stouthamer-Loebo, 1984; Schuckit, 1984). This leads to the assumption that the roots of addictive behaviors may lie in childhood. Previous research supports this assumption. It was found that addictive buyers experienced a variety of problems during their childhoods, primarily caused by their parents (Scherhorn et al., 1990; Faber & O'Guinn, 1988a).
Depending on the paradigms which guide a family, childhood experiences and the behavior patterns children observe in their families differ because parents have different ways of dealing with problems and coping with life. Constantine argues that, regardless of the guiding paradigm, every family has the potential to succeed in coping with life, and in raising healthy children without behavior problems. An unavoidable dilemma is, however, that families, according to their guiding paradigm, have established particular, somewhat inflexible ways to cope with life. This can create a barrier to successful problem solving and family living. When conflicts arise, families have their unique way to deal with them. If these conflicts become more severe, families try even harder to solve them. Because families are inclined to a particular approach they try harder by doing more of the same. This may not solve, but instead increase the problem which can eventually cause a family to fail (Constantine, 1986).

Children who experience these struggles in their families may suffer and develop behavior problems similar to those seen in children of alcoholics. With regard to family paradigms, one assumptions may be that families guided by the closed, random, or open paradigm may prevent, or reinforce the development of behavior problems (such as addiction) when faced with an increasing amount of difficulties. This may be due to the various approaches of how to cope with life used by different types of families. This assumption leads to the research hypotheses which will be described in the next section.

Research hypotheses

The hypotheses of this study are based both on the research on compulsive or addictive consumers, and on Constantine's theory of family systems. One basic assumption made by Constantine is that there are many ways for a family to fail, but also many ways to succeed. Families guided by every kind of paradigm may be enabled or disabled. A family is enabled if it can realize its own paradigmatic goals, the demands of the environment, the goals of its members, and the satisfaction of their needs as individuals. The needs of both the individual and the group as a whole may not be met at all times. Constantine (1986) termed this "the core dilemma in human existence" (p.96). Various family types can be distinguished by the ways they
solve this dilemma. Enabled families guided be the closed, random or open paradigm may chose different methods to achieve a balance or integration of individual and group needs. But what they all have in common is that they are relatively successful in dealing with this dilemma. Thus, enabled families are successful in meeting the needs of both the group as a whole and the individual, and contribute, therefore, to a healthy psychic development of their members which may help to prevent behavior problems. Disabled families fail to meet the needs of both the group and the individual. This may cause a variety of psychological difficulties which may result in behavior problems such as addiction (Matthews, 1990). Accordingly, the following research hypotheses are put forward:

**H1:** The three family paradigms (close, open and random) are not associated with addictive buying behavior.

**H2:** Family discord in the parental family not associated with addictive buying behavior.

**H3:** The relation between family discord and addictive buying behavior is not moderated by family types.

Hypotheses 4, 5, 6 and 7 are put forward with regard to the discussed literature in related areas about early family experiences and personality characteristics with regard to addictive behaviors.

**H4:** Psychasthenia is positively associated with addictive buying behavior.

**H5:** Family history of addictive behaviors of any type is positively associated with addictive buying behavior.

**H6:** Psychasthenia is not associated with family discord.

**H7:** Childhood experiences are not associated with family discord.
CHAPTER III: METHODOLOGY

The primary purpose of this study was to explore the linkage between childhood experiences in various family types and addictive buying behavior. A questionnaire was designed and mailed to clients of three Consumer Credit Counseling Services (CCCS) in Oregon and Washington in order to investigate this relationship.

Development of the instrument

Compulsive Buying Measurement Scale

The first part of the questionnaire consists of the Canadian Compulsive Buying Measurement Scale (CB Scale) developed by Valence et al. (1988), see appendix D for a copy of the original CB Scale. This scale was used as an indicator for addictive buying behavior. Previous empirical research showed high reliability and validity for this scale (Valence et al., 1988; d' Astous & Tremblay, 1988). The internal consistency of the Compulsive Buying Scale has been assessed using Cronbach's alpha. An initial test showed a coefficient of 0.88. Later studies showed a lower coefficient of 0.83 which is still satisfactory (Nunnally, 1978). d'Astous, Maltais and Rohberge (1990) in their study of adolescent compulsive shoppers used a modified version of the scale. Their result showed an acceptable reliability with an alpha coefficient of 0.78.

The Compulsive Buying Scale also proved to have discriminating ability. Valence et al. (1988) found a statistically significant difference between the addictive buying averages of a general pool of consumers and a second pool of compulsive consumers. The average of the items for the compulsive group was 42.237, while the average of the other group was 28.211 (p=0.0001) for the 13 item, five point Likert scale.

The 13 items of the CB Scale relate to three basic dimensions: the tendency to spend, a reactive aspect to triggers which may lead to shopping, and postpurchase guilt. These dimensions were derived by Valence et al. (1988) from the known symptomatic aspects of addictive buying behavior. The compulsive buying scale used in this study consisted of 12 items from the original scale by Valence et al. (1988), and 1 item of the modified scale by d'Astous et al. (1990). The item from d'Astous et al. was preferred over the
item from the original scale because the wording was easier to understand (see appendix C for the CB-Scale used in this study).

**Family Type Scale**

The second part of the questionnaire classified the family types in which the respondents were raised: closed, random or open. Six questions were developed by this researcher. They encompass the following areas: family communication patterns, control of activities in the family, the relationship between outsiders and family members, problem solving inside the family, the relationship between parents and children, and a phrase designed to typify the different family types. All questions were based on family system's theory as developed by Constantine (1986). In the following, these six questions are referred to as Family Type Scale.

As a first step in the development process of the Family Type Scale, seven questions with three to seven response categories were given to ten experts in family theory, mainly faculty members and graduate students in the Human Development and Family Sciences Department, in order to assess the content validity of the scale. The experts were asked to evaluate the answer categories according to whether they would describe a closed, random, or open family. The percentage of expert agreement on the answer categories with regard to the three family types was used as a criterion for inclusion. When at least 70% of the experts responded with the same family type, a category fulfilled this criterion. One of the seven questions was eliminated because of extremely inconsistent classification. Finally, six questions, with three answer categories each standing for one family type, were selected and used for an initial pretest.

A pretest was conducted in order to test convergent validity of the Family Type Scale. The pretest questionnaire consisted of the six questions which showed the highest content validity as a result of the expert evaluation, and an additional set of three statements giving a description of the closed, random and open family type. The pretest was administered to 79 undergraduate students. A correlation analysis showed significant correlations between three of the six questions evaluated by the experts and the set of statements which described the three family types.

In order to improve the correlation coefficients on the other three items, a second pretest was conducted using revised versions of the three
weak items. The second pretest was administered to another group of 53 undergraduate students. As a result, five of the six items showed high correlations with the set of family type statements. One item was not considered for further investigation because of its low correlation coefficient with the item describing the family types ($r=0.0443$).

**Internal consistency**

The initial consistency of the Family Type scale was assessed with Cronbach's alpha. Following the second pretest and without the weakly correlated item, the coefficient was 0.76. Based on Nunnally (1978) recommendations in regard to the internal consistency of a test in a developmental stage, this coefficient is acceptable. According to Nunnally, a coefficient is acceptable when its appreciable margin is above the threshold of 0.50 to 0.60.

**Assessing the dimensionality**

To assess the dimensionality of the Family Type Scale, a factor analysis was run including only the five most highly correlating items. The eigenvalue associated with the first factor was 2.66. The magnitude of the eigenvalues of the subsequent factors was considerably less; 0.855, 0.664, 0.45, and 0.38. By applying the elbow rule which is to "break" the scale above the elbow, only one factor remains; which accounts for 53.2 percent of the variation. These results attest to the scale's unidimensionality. The plot below shows the one factor solution graphically.

**Figure 3.1**

Dimensionality
Final version of the Family Type Scale

The final version of the Family Type scale (see appendix C) which was included in the questionnaire consisted of the five items remaining after the two pretests, and an additional item which was substituted for the eliminated one. Since the additional item was not pretested for reliability and validity, this was done with the data of the actual mail-survey.

Childhood experiences

Item 20 was included in the questionnaire in order to assess childhood experiences. The answer categories for this item were developed on the basis of the results of a West German study by Scherhorn et al. (1990). Addicted buyers in Germany reported various life events which might have led them to their disabled consumer behavior. All response categories in item 20 describe life experiences which are generally negative for individuals.

Psychasthenia Scale

Items 21 to 25 of the instrument are a subset of the psychasthenia (obsessive-compulsive syndrome) content-scale of the MMPI which measures trait compulsivity. The items chosen for this study have a very high item-to-total score relative to the full obsessive-compulsive scale (Dahlstrom et al., 1972). The items reflect the scale homogeneity both in the values of their correlations with the scale and the content they cover. Therefore, it was felt that using only five items out of the full scale was justified.

The subset of the psychasthenic scale was used to verify any positive relationship between addictive buying behavior and trait compulsivity found in previous studies (d’Astous, 1990; O’Guinn & Faber, 1989; Valence et al., 1988).

Family discord (FAM) Scale

The FAM Scale is formed by items 26 to 36. These items are another content-scale of the MMPI (Friedman et al, 1989). The FAM Scale describes levels of family problems with regard to the parental home rather than the individuals' current home. Since the original scale is ambiguous in some parts, some items were reworded to emphasize the parental home since this
was of special interest to the study. As mentioned before, the FAM Scale was used to assess to what extent item 20 (childhood experiences) could measure negative life events and family problems. Determining this relationship could be of value for future studies. In addition, the FAM Scale was used to assess the interrelationships among family problems, addictive buying behavior, and family types.

**Family history of addictive behaviors**

Items 37 and 38 were included to assess any linkage between occurrence of addictive behavior of parents and that of children. Item 37 was used to answer the question whether respondents are addicted to other behaviors such as eating, reading, working, watching television, etc. Item 38 asked the same question with regard to the respondents' parents (see appendix C). According to Scherhorn et al. (1991) buying addiction often occurs either interchangeable or concurrently with other forms of addictive behaviors.

**Demographic section**

Items 39 to 45 assessed socio-demographic characteristics including sex, age, marital status, number and ages of children, income and education level. The demographic information may show whether addictive buying behavior is predominantly a female addiction, and whether it occurs among all age groups, income and education levels as indicated by previous research results (Scherhorn et al., 1991; d'Astous, 1990; d'Astous et al., 1990; Jacoby, 1986). The questions about the respondents' marital status and the number and ages of dependent children are of interest with regard to the people who might be affected by possible negative consequences of excessive buying behaviors.

**Procedure**

Because of the pilot nature of the study and high costs of conducting a representative study of the general population, no random sample selection is made. Rather, respondents who were likely to fit the target population were selected in the most direct method possible.
In order to find potential addictive buyers for the survey, the initial step was to write to fifteen Consumer Credit Counseling Services in Oregon and Washington to ask them for their participation in the study. The initial contact letter asked the CCCS counselors whether they could identify compulsive-addictive buyers among their clientele. Only two organizations, the CCCS of Tacoma (WA) and Salem (OR), replied positively to this request. The remaining organizations either named problems due to confidentiality or time restrictions as reasons for not participating.

In an attempt to find additional respondents for the planned survey, a poster was mailed to five CCCS offices for display. The poster asked the CCCS clients to voluntarily participate in a study about compulsive-addictive buyers and their family environment. As mentioned above, eight volunteers were obtained from the CCCS office of Albany, Oregon.

Subjects

A total of 161 people from Oregon and Washington served as the sample. Except for three subjects, they all were clients of Consumer Credit Counseling Services (CCCS). It was assumed that the likelihood of finding compulsive-addictive buyers would be higher among people who are seeking help for their financial problems at CCCS.

Twenty-five individuals from Tacoma, Washington were identified as compulsive-addictive consumers by professionals working as counselors at the CCCS. One hundred twenty-five subjects were selected by the CCCS office of Salem, Oregon. The criterion for choosing the 125 clients was the date that they first consulted the CCCS for help with their financial problems. The cut off was set at July 1, 1991. Therefore, the most current clients were chosen from the complete list of clients of the Salem office. The remaining eleven subjects of the sample were volunteers who had identified themselves to the researcher as addictive buyers. Three volunteers were identified while conducting a pretest among students at the Oregon State University, and the remaining eight were volunteers from the CCCS of Albany, Oregon. Scherhorn et al. (1990) reported that self-identification served as a reliable indicator for addictive buying behavior. All self-identified subjects in the study by Scherhorn et al. scored high on the Compulsive Buying Indicator. This gives some evidence justifying to pool the subjects from all sources.
Implementation

The appropriate number of questionnaires, including return envelopes and cover letters, was sent to the CCCS in Tacoma (WA), Salem (OR) and Albany (OR). The CCCS of Tacoma and Salem included an additional cover letter which explained their participation in the survey. All three organizations mailed the questionnaires from their offices to the clients. In this way the confidentiality of the clients was assured.

Follow-ups

Two weeks after the first mailing a preprinted postcard was mailed to those subjects who had not returned the questionnaire. All questionnaires were marked with a number. Thus, it was possible to know whether subjects had responded. The CCCS offices kept a list with the clients' names and addresses and the identification number to which the researcher had no access. This procedure was necessary in order to maintain confidentiality. The preprinted postcards provided a friendly remainder to return the questionnaires. The second follow-up consisted of a letter and a second copy of the questionnaire sent about a month after the first mailing. Cost factors prevented the administration of a third follow-up. The follow-up procedure was conducted according to recommendations given by Dillman (1978).

Personal interviews

On the back page of the questionnaire (see page 113) the respondents were asked whether they would like to volunteer for an in-depth interview. If they were willing, the subjects sent a postcard, which had been included with the questionnaire, to the Department of Human Development and Family Sciences with their name, address and telephone number. In this way, the researcher could get in touch with the volunteers, and confidential handling of the questionnaires was assured. The personal interview covered questions on the two areas of interest, the buying behavior and the family environment. The questions asked during the first half of the interview were concerned with the buying behavior of the individuals; especially the process, time and location of occurrence, feelings, consequences and possible actions to prevent overspending when it became a problem. In the second half of the interview, subjects were asked to describe their families, important childhood experiences, the relationship to parents and siblings,
family problems and their influences on the subject, especially with regard to later compulsive behaviors.

At least 10 to 15 personal interviews were desired, as a way to glean further information about the behavior of interest and to gain insights for the interpretation of questionnaire data. The interviews were tape recorded and lasted approximately one hour each. The major reason for conducting in-depth interviews was to discover information in greater detail about the buying process, the feelings accompanying it, the parental family, and possible causes for the excessive buying behavior.
Analysis of data

For data analysis the Statistical Package for the Social Sciences for Personal Computer (SPSS PC) was used. Descriptive statistics, including information on the frequencies, means and distribution of all variables, were calculated. The hypotheses as stated in chapter I were statistically tested as follows:

1. The association between family paradigms and addictive buying behavior was assessed with the Kruskal Wallis test. The test compared individuals belonging to the three family types to their responses on the Compulsive Buying Scale (CB Scale).

2. The association between family discord (FAM Scale) and addictive buying behavior (CB Scale) was determined by a simple regression analysis.

3. The question of whether this relationship is moderated by family types was tested by examining the homogeneity of the correlation coefficients among the three family types on the FAM and CB Scale.

4. The question of whether obsessive-compulsive personality traits (Psychasthenia Scale) and addictive buying behavior (CB Scale) are associated was determined by a simple regression analysis.

5. The relationship between the level of family history of addictive behaviors (Q38) and addictive buying behavior (CB Scale) was assessed by using a correlation analysis.

6. The question of whether obsessive-compulsive personality traits (Psychasthenia Scale) and family discord (FAM Scale) are associated was determined by a simple regression analyses.

7. The question of whether particular parenting practices and negative life events (Q20) are associated with family discord (FAM Scale) was determined by a series of t-tests.
Summary

This study involved a survey of consumers, mainly clients of CCCS, to identify addictive buyers and to learn about the possible causes of excessive buying behavior. Previous studies have indicated that a relationship exists between early childhood experiences (child-parent relationship) and addictive buying behavior.

One hundred and sixty-one questionnaires were sent to subjects either identified by CCCS or to self-identified subjects. Data used for analysis were obtained from a mailed survey. A number of personal interviews were planned with volunteers. Various analytical techniques were employed for hypothesis testing. The in-depth interviews added information in more detail and were analyzed according to qualitative analysis methodologies. The survey consisted of seven basic parts:

1. **Compulsive Buying Scale** (Q 1 to Q 13) to determine whether an individual is a compulsive buyer, based on the level of responses (1-4) for each of the 13 items. Possible scores ranged from 13 to 52.
2. **Family Type Scale** (Q 14 to Q 19) to assess whether an individual belongs to a closed, random, or open family.
3. **Childhood experiences** (Q 20) to assess the occurrence of various parenting practices and negative life events. Nine childhood experiences were listed. The responses were yes and no to each of the items listed. Responses were not summed.
4. **Psychasthenia Scale** (Q 21 to Q 25, taken from the MMPI) to determine the degree of obsessive compulsive personality traits. The responses were yes and no to each of the 5 questions, and possible scores ranged from 0 to 5.
5. **FAM Scale** (Q 26 to Q 36) to assess the degree of family discord. The responses were yes and no to each of the 11 questions, and possible scores ranged from 0 to 11.
6. **Addictive behaviors** (questions 37 and 38) to determine the types of addictive behaviors that were present in a subject's family and personal life.
7. **Demographic characteristics** (questions 39 to 44) to assess the sex, age, marital status, number and ages of children, income and education level of the subjects.
Limitation of the study

Since no effort was made to obtain a random sample, no inference to a general population can be made. All of the results reported are based only on the given sample of Credit Counseling Services' clients.

In general, the calculations for the statistical tests used by this study assume a random sample. Therefore, the p-values must be interpreted with care. When the assumption of a random sample is not met, randomization techniques can be used in order to get exact p-values. Unfortunately, the computer software for this particular statistical program was not available to the researcher. However, Manly (1991) reported that numerous comparisons between conventional statistical tests and the randomization techniques showed that p-values calculated by conventional statistical programs using data from a non-random sample provide a good approximation for the exact p-values.
CHAPTER IV. RESULTS

Sample description

Fifty-two questionnaires were completed and returned to the researcher. The analysis combined the three sources of subject recruitment. The sample consisted of respondents from the following:

- 11 volunteers: 8 clients from the Consumer Credit Counseling Services (CCCS) of Albany, 3 students from Oregon State University

- 33 respondents from the CCCS of Salem

- 8 respondents from the CCCS of Tacoma

The return rate for the Salem respondents was 26%, and for the Tacoma respondents 32%. The overall return rate, including volunteers, was 32%.

Compulsive buying tendencies

The sample included consumers exhibiting compulsive buying tendencies ranging from low to high scores. As mentioned before, the Compulsive Buying Scale (CB Scale) is a four-point Likert scale with 13 items; the lowest possible score is 13 and the highest 52.

Fifty percent of the respondents in the sample scored lower than 28, with the lowest score being 18 and the highest being 49 (for table of frequencies and scale statistics see appendix F). As expected, subjects who identified themselves as compulsive buyers scored significantly higher on the CB Scale than subjects from other sources. The mean CB Scale score for self-identified subjects (volunteers) was 41.86, while the scores for the respondents from the CCCS of Tacoma and Salem were 36.01 and 32.83, respectively. A rank sum test was performed to test whether the mean group ranks on the compulsive buying measure for volunteers versus clients selected by the CCCS offices differ.

The average rank for volunteers was 39.68, and for the selected group of CCCS clients the average rank was 22.96 (p < 0.001). This result indicates that individuals who identified themselves as compulsive buyers score higher on a compulsive buying measure than a group selected because of the
existence of financial problems. It should be noted here that financial problems may stem from multiple causes, only one of which is compulsive spending.

Demographics

Gender

The sample was heavily skewed towards female respondents (86%). The extreme number of female respondents is probably a result of the fact that women are more likely to be compulsive buyers, and therefore, also more likely to respond to a questionnaire concerning this topic (d’Astous et al., 1990; Scherhorn et al., 1990; O’Guinn & Faber, 1989). However, there was no significant difference in the average compulsive buying scores between participating men and women. The mean CB score for women was 35.412 and for men 35.139 (p= 0.484)

Age

In this study, the mean age of all respondents was 34.5 years, ranging from 21 to 53 years of age. The mean age of the volunteers was 32.8 years, for the subject identified by CCCS counsellors from Tacoma, it was 41.5 years, and for the Salem respondents 34.5 years. The mean age of the latter is approximately equal to the mean age of all CCCS clients in the Northwest (National Foundation for Consumer Credit, 1991).

Previous findings suggest that compulsive buyers in general are younger than normal consumers. d’Astous et al. (1990) reported a highly significant negative relationship between age and compulsive buying tendencies in their study of adolescent consumers, aged between 13 and 19 years old. O’Guinn and Faber (1989) reported compulsive buyers, on average, being eight years younger than normal consumers. The data of this study showed no relationship between age and the tendency to spend compulsively (see figure 4.5). Also, Scherhorn et al. (1990) in West Germany could not confirm that younger consumers are more inclined to spend compulsively.
Income

Corresponding to other findings, no association between income, education and the degree of compulsive spending was found (d'Astous et al, 1990; Scherhorn et al., 1990; O'Guinn & Faber, 1989; d'Astous & Tremblay, 1988; Jacoby, 1986). The mean income before taxes in 1990 was approximately $30,000. Subjects from all income levels were represented in the sample, as income brackets reported ranged from less than $5,000 per year to $75,000 - 90,000 per year (see table 4.1).

Table 4.1

Before-tax income from all source in 1990

<table>
<thead>
<tr>
<th>Frequencies</th>
<th>Valid percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than $5,000</td>
<td>2</td>
</tr>
<tr>
<td>$5,000 to $9,999</td>
<td>6</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>4</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>16</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>7</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>8</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>5</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>1</td>
</tr>
</tbody>
</table>

Education

Sixty-two percent of the subjects had earned a high school diploma. All of the respondents had at least some high school education. The highest level of education was a completed graduate degree. The combined percentages of individuals with an education of completed four year college or higher was 23.5%, which is close to the United State average (see table 4.2 for list of frequencies).
Table 4.2

Level of education

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Frequencies</th>
<th>Valid Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some high school</td>
<td>4</td>
<td>7.9</td>
</tr>
<tr>
<td>Completed high school</td>
<td>3</td>
<td>5.9</td>
</tr>
<tr>
<td>Some college</td>
<td>12</td>
<td>23.5</td>
</tr>
<tr>
<td>Two year program</td>
<td>20</td>
<td>39.2</td>
</tr>
<tr>
<td>Completed four year college</td>
<td>5</td>
<td>9.8</td>
</tr>
<tr>
<td>Some graduate work</td>
<td>5</td>
<td>9.8</td>
</tr>
<tr>
<td>A graduate degree</td>
<td>2</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Scherhorn et al. (1991) noted that income mainly functions as an indicator of how long the excessive spending behavior can be kept secret. Consumer debt is a frequently observed symptom of addictive buying behaviors (Faber & O'Guinn, 1987). This suggests a negative correlation between income and such behaviors.

Marital status and dependent family members

More than one half of the subjects in the sample were married, one third were never married, and fifteen percent were divorced. One person in the sample was widowed. Thirty-nine percent have no dependent children, 45 percent have one or two children, and 16 percent have three or more children.

The plots on the next pages provide a visual picture of the demographic characteristic of this sample in relationship to the compulsive buying scale.
Figure 4.1

Demographic sample characteristics

Gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 to 25 years</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>26 to 35 years</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>36 to 40 years</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>41 to 45 years</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>46 to 50 years</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>51 to 55 years</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 to 25 years</td>
<td>2</td>
</tr>
<tr>
<td>26 to 35 years</td>
<td>1</td>
</tr>
<tr>
<td>36 to 40 years</td>
<td>2</td>
</tr>
<tr>
<td>41 to 45 years</td>
<td>5</td>
</tr>
<tr>
<td>46 to 50 years</td>
<td>4</td>
</tr>
<tr>
<td>51 to 55 years</td>
<td>5</td>
</tr>
</tbody>
</table>

Income before taxes in 1990

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $5,000</td>
<td>1</td>
</tr>
<tr>
<td>$5,000 to $9,999</td>
<td>2</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>3</td>
</tr>
<tr>
<td>$15,000 to $19,999</td>
<td>4</td>
</tr>
<tr>
<td>$20,000 to $24,999</td>
<td>5</td>
</tr>
<tr>
<td>$25,000 to $29,999</td>
<td>6</td>
</tr>
<tr>
<td>$30,000 to $34,999</td>
<td>7</td>
</tr>
<tr>
<td>$35,000 to $39,999</td>
<td>8</td>
</tr>
</tbody>
</table>

Regression statistics of CBSCALE on Q40:
Correlation .08723 R Squared .00761 Sig. .5427

Regression statistics of CBSCALE on Q43:
Correlation -.04430 R Squared .00196 Sig. .7625
Education

- Some high school
- Completed high school
- Some college
- Two year program

Completed four year college
Some graduate work
A graduate degree

Marital status

- Never married
- Married

Number of children

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

51 cases plotted. Regression statistics of CBSCALE on Q44:
Correlation .18688 R Squared .03493 Sig. .1891

49 cases plotted. Regression statistics of CBSCALE on Q42:
Correlation -.0544 R Squared .00307 Sig. .7052
Reliability estimates

Table 4.3 presents the internal consistency results of the Compulsive Buying, Psychasthenia, Family Discord (FAM) and Family Type scale.

Table 4.3

Reliability Estimates

<table>
<thead>
<tr>
<th>Scale</th>
<th>Cronbach's Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsive Buying</td>
<td>0.8865</td>
</tr>
<tr>
<td>Family Type</td>
<td>0.7638</td>
</tr>
<tr>
<td>Psychasthenia</td>
<td>0.5717</td>
</tr>
<tr>
<td>FAM scale</td>
<td>0.6919</td>
</tr>
</tbody>
</table>

As expected, the Cronbach's alpha for the CB Scale is substantial since this scale has been subjected to earlier reliability tests. Even though the coefficient alpha for the Psychasthenia and the FAM Scale are smaller, they are still satisfactory (Nunnally, 1978). Both of these scales have been used and tested in numerous studies. Therefore, it is assumed that the measures are reliable.

The Cronbach's alpha for the Family Type Scale is highly satisfactory, considering that this scale was newly developed for this project. As reported in chapter III, the Family Type Scale was assessed for reliability and revised prior to data collection.

Question 18 (How was the relationship between you as a child and your parents?) was added to the Family Type Scale after analysis of the second pretest. Therefore, this question has not been tested for validity and reliability. With regard to the reliability measure, question 18 added to the coefficient alpha of the Family Type Scale and was used for further analysis (see table 4.4).
Table 4.4

Item-Total Statistic

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale mean if item deleted</th>
<th>Corrected item-total correlation</th>
<th>Alpha if item deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q14</td>
<td>9.0588</td>
<td>0.5065</td>
<td>0.7306</td>
</tr>
<tr>
<td>Q15</td>
<td>9.2157</td>
<td>0.6131</td>
<td>0.6985</td>
</tr>
<tr>
<td>Q16</td>
<td>9.0000</td>
<td>0.2774</td>
<td>0.7805</td>
</tr>
<tr>
<td>Q17</td>
<td>9.2745</td>
<td>0.6332</td>
<td>0.6990</td>
</tr>
<tr>
<td>Q18</td>
<td>9.5294</td>
<td>0.4426</td>
<td>0.7470</td>
</tr>
<tr>
<td>Q19</td>
<td>9.1176</td>
<td>0.5933</td>
<td>0.7085</td>
</tr>
</tbody>
</table>

Alpha = 0.7638

(A complete reliability analysis and a factor analysis of the Family Type Scale can be found in appendix F.)
**Hypotheses: Overview**

The chart below gives an overview of the research hypotheses which were tested in the study.

<table>
<thead>
<tr>
<th>Type of Influence</th>
<th>Compulsive Buying Tendencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1: family type</td>
<td>is not associated with the degree of compulsive buying</td>
</tr>
<tr>
<td>H2: childhood family discord</td>
<td>is not associated with compulsive buying</td>
</tr>
<tr>
<td>H3: family type</td>
<td>does not moderate the association between family discord and compulsive buying</td>
</tr>
<tr>
<td>H4: psychasthenia</td>
<td>is positively associated with compulsive buying</td>
</tr>
<tr>
<td>H5: family history of addictive behaviors</td>
<td>is positively associated with compulsive buying</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Influence</th>
<th>Family Discord</th>
</tr>
</thead>
<tbody>
<tr>
<td>H6: psychasthenia</td>
<td>is not associated with family discord</td>
</tr>
<tr>
<td>H7: childhood experiences</td>
<td>are not associated with family discord</td>
</tr>
</tbody>
</table>
Hypothesis testing

As stated earlier, no inferences to a general population can be made and all reported p-values only represent an approximation of the exact p-value, due to lack of a random sample.

Hypothesis 1
H₀₁: There is no difference among the average rankings on the CB Scale of subjects belonging to one of the three family types.

In order to test this hypothesis, subjects first had to be classified in categories according to family type. For every respondent, the mean score on the Family Types Scale was calculated and the dividing lines for the family type categories were set (see table 4.5).

<table>
<thead>
<tr>
<th>Family Type Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Valid percent</th>
<th>Cumulative percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>3.9</td>
</tr>
<tr>
<td>1.17</td>
<td>13.7</td>
</tr>
<tr>
<td>1.33</td>
<td>7.8</td>
</tr>
<tr>
<td>1.50</td>
<td>5.9</td>
</tr>
<tr>
<td>1.67</td>
<td>11.8</td>
</tr>
<tr>
<td>1.83</td>
<td>19.6</td>
</tr>
<tr>
<td>2.00</td>
<td>7.8</td>
</tr>
<tr>
<td>2.17</td>
<td>9.8</td>
</tr>
<tr>
<td>2.33</td>
<td>3.9</td>
</tr>
<tr>
<td>2.67</td>
<td>11.8</td>
</tr>
<tr>
<td>3.00</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Individuals with scores below or equal to 1.5 were classified as belonging to a closed family type, with scores greater than 1.5 and up to 2.5 as belonging to an open family type, and with scores higher than 2.5 as belonging to a random family type. The dividing lines were set arbitrarily. However, the assumption was that scores may deviate +/- 0.5 from the exact
scores 1: closed family type, 2: open family type, and 3: random family type. An additional justification for the "break points" are the peaks in the data at 1.17, 1.83 and 2.67. Each peak falls into a different family type group (see able 4.5). Given these cut-offs, 31.4 percent of the respondents were assigned as being raised in a closed family type, 52.9 percent in an open family type, and 15.7 percent in a random family type.

The nonparametric Kruskal Wallis test for comparing the average ranks of k-groups was used to test the hypothesis that family type was associated with compulsive buying tendencies. Although average rankings of the three groups differed from highest for individuals from closed family types (mean rank: 29.34), to lowest for individuals from random families (mean rank: 19.75), the nonparametric test showed no significant differences among the three family types (Chi-square: 2.23, p= 0.328). Thus, the null hypothesis failed to be rejected.

However, when comparing only two family types at a time, a significant difference of the mean ranks on the compulsive buying measure was found between the closed and the random family type (p < 0.10). No difference was found between the closed and open, or between the open and random family type (p= 0.546; p= 0.419, respectively). For these comparisons, the Mann-Whitney U-Wilcoxon Rank Sum W Test was used. This result suggests that consumers who grew up in a random family were less likely to become addicted spenders than consumers who were raised in a closed family.

One explanation for different compulsive buying scores among family types is offered by the theory of addictive buying (Scherhorn, 1990). According to Constantine (1986), the paradigm which guides a random family is the antithesis of the one which guides a closed family. The random family promotes individuality and novelty, whereas the closed family promotes stability, security and tradition. Individuals, who were raised in a random family, may be less prone to become addicted because the probability of developing an addiction is lower for someone who has learned to cope with the novelties and challenges of life (Peele, 1979). Closed families prefer stability to change. A person who was raised in a closed family may have difficulties when new or unexpected situations arise. In order to deal with these situations, this person employs the traditional and well-known ways which were taught in the parental family. When these ways do not solve the situation, the person becomes frustrated and feels bad because s/he
knows no other way and has never learned to step outside of the family boundaries and try something new. In order to escape from this situation and the disturbing feelings it causes, this person may engage in a behavior which generates positive feelings and yields satisfaction. The behavior of choice is very likely one which is familiar to the person. Over time, this behavior may be used more and more often as a escape from uncomfortable feelings. This begins the narrowing process in the choices of behavior that is driven by a fear of novelty and challenge and which finally leads in an addiction (Scherhorn, 1990). In summary, growing up in a random family may better prepare a person to accept the challenges of life and to gain satisfaction from a variety of behaviors and not to rely on a single behavior, therefore, preventing addiction. Further work to establish links between behavioral characteristics and family types is needed.

Hypotheses 2 and 3

A simple regression analysis was used to determine the relationship between family discord (FAM Scale) and compulsive buying behaviors. The degree of family discord was determined by calculating the average score of questions 26 through 36 for each individual, with the lowest possible score being 0 and the highest 11. The scores ranged from 0 to 10, with a mean of 4.615. The interpretation for individuals with high scores on the FAM Scale is as follows:

"... he or she had an unpleasant home life characterized by a lack of love in the family and parents who were unnecessarily critical, nervous, quarrelsome, and quick tempered.' (Friedman et al., 1989. p.65).

H₀ 2: There is no association between the degree of family discord and severity of compulsive buying behavior.

As a result of the regression analysis, a significant positive association was found between the two variables CB score and FAM score (r= 0.479, p= 0.002). Thus, the null hypothesis was rejected. It can be inferred that individuals experiencing their parental family as unhappy are more likely to be compulsive in their buying behaviors.
Hypothesis 3 tested whether this relationship is moderated by family types. The question asked was whether the likelihood of family discord is higher in any of the three family types as a potential, indirect influence on the degree of compulsive buying behavior.

A moderating effect can be shown by testing correlation coefficients for homogeneity (Steel & Torrie, 1980). For the following analysis, a correlation coefficient for each family type was obtained from three simple regression analyses with CB scores as the dependent variable and FAM scores as the independent variable.

H$_0$ 3: The correlation coefficients for the closed, random and open family type are homogeneous.

The correlation coefficients for the three family types were as follows:

- **closed family:** $r = 0.074$, $p = 0.809$  
  $Z' = 0.07414$, $n = 13$

- **open family:** $r = 0.578$, $p = 0.015$  
  $Z' = 0.6595$, $n = 17$

- **random family:** $r = 0.525$, $p = 0.181$  
  $Z' = 0.5832$, $n = 8$

In order to test the hypothesis, the r's were converted to Z' 's, and a chi-square value was computed (see appendix G for computation). The chi-square value was 2.11 ($2df$, $p = 0.13$). Accordingly, the null hypothesis failed to be rejected, implying that the three correlation coefficients are homogeneous.

A separate consideration of the three correlation coefficients suggests that the stated relationship between family discord and compulsive buying, as tested in hypothesis 2, is due to individuals from open and random families. There is almost no correlation between these two variables with regard to individuals from closed families.

However, the mean rank for family discord is highest in the closed family (24.92), lowest in the random family (15.94), and 17.03 in the open family. The differences of these ranks are significant on a 0.1 level (chi-square= 4.758, $p = 0.0894$). This, combined with the results of hypotheses 2 and 3 suggests that the open and random family type may have an advantage over the closed family type, reducing the risk of developing compulsive-addictive buying behavior. This advantage may be lost when these families are disrupted by family discord.
Hypothesis 4

The assumption of a positive association between a person's psychasthenic tendencies and the level of compulsive buying, as stated in hypothesis 4, was based on prior research findings (Scherhorn et al. 1990; Faber & O'Guinn, 1988a). The above assumption can also be used to test the construct validity of the CB scale. The construct validity of a measuring instrument can be shown if an hypothesized correlation with another construct (here: the Psychasthenia Scale) is strong and in the predicted direction (Cronbach & Meehl, 1955). Based on previous studies, an assumption is made that addictive shoppers are more compulsive, generally, than other consumers (Faber & O'Guinn, 1989). This is measured by the Psychasthenia Scale. Individuals scoring high on the Psychasthenia Scale display obsessive-compulsive behavioral traits as well as the following features: abnormal fears, worrying, difficulties in concentrating, feelings of guilt, and difficulties in making decisions, as well as excessively high standards of morality or intellectual performance and self-critical attitudes (Greene, 1988). Many of these personality characteristics were observed in the personal interviews (see second part of chapter IV).

H₀ 4: There is no association between psychasthenia and compulsive buying behavior.

A simple regression analysis showed a positive and significant association between scores on the Psychasthenia Scale and CB Scale (r= 0.432, p < 0.01). Thus, the null hypothesis was rejected. This result further indicates that the compulsive buying scale meets the theoretical expectations.

In order to test whether the relationship between psychasthenic personality traits and compulsive buying tendencies is different for the three family types, as it was in hypothesis 3, three separate correlation analyses were run. The results showed that for this relationship the association was strongest for individuals raised in a closed family (r= 0.5901, p= 0.0161), followed by individuals raised in an open family (r= 0.4458, p= 0.0198). The relationship was non-significant for individuals who were raised in a random family (r= 0.3531, p= 0.3908). For an explanation see hypothesis 6.
Hypothesis 5

The nonparametric Mann-Whitney Rank Sum Test was used to assess the relationship between family history of addictive behaviors and compulsive buying tendencies. Based on the literature review, hypothesis 5 was generated stating that children of addicted parents are more likely to become addicted, either because they have observed this being a model behavior or because they have developed certain personality traits which were caused by unpleasant experiences in their families. All of the reported addictive behaviors are a subjective perception of the respondents. The table below shows the number of different addictive behaviors which were mentioned by the respondents. The addictive behaviors may have occurred simultaneously, interchangeable or sequentially.

Table 4.6

Frequencies of reported addictive behaviors of parents and respondents

<table>
<thead>
<tr>
<th></th>
<th>Parents Valid percent</th>
<th>Respondents Valid percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>34.5</td>
<td>11.5</td>
</tr>
<tr>
<td>one</td>
<td>15.4</td>
<td>13.5</td>
</tr>
<tr>
<td>two</td>
<td>9.6</td>
<td>21.2</td>
</tr>
<tr>
<td>three</td>
<td>23.1</td>
<td>19.2</td>
</tr>
<tr>
<td>four</td>
<td>9.6</td>
<td>21.2</td>
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<tr>
<td>five</td>
<td>5.8</td>
<td>7.7</td>
</tr>
<tr>
<td>six</td>
<td>--</td>
<td>3.8</td>
</tr>
<tr>
<td>seven</td>
<td>1.9</td>
<td>--</td>
</tr>
<tr>
<td>nine</td>
<td>--</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Over 65 percent of the respondents said that their parents showed some kind of addictive behaviors. Smoking and alcohol addiction were the most frequently named forms of addiction (44 and 42%, respectively), followed by eating (29%), working (23%), shopping (14%), television (10%), love-relationships (8%), gambling and reading (both 6%), over-the-counter drugs and music (both 2%). Forty percent of the respondents recalled that their parents were addicted to more than two behaviors or substances during their lives.
Almost ninety percent of the respondents said that they were addicted to some kind of behavior or substance. The number one form of addictive behaviors named by the respondents was eating (52%). With regard to the high number of female respondents in the sample and the fact that eating disorders are foremost a female addiction (Ogletree, Williams, Raffeld, Mason & Fricke, 1990), this is not an unusual result. The second frequent named form of addiction was smoking (46%), followed by working (39%), shopping (37%), television (31%), love-relationship (29%), alcohol (15%), reading (12%), music (8%), and gambling (6%). No one named over-the-counter-drugs or illegal drug use as an addiction.
H0 5: Family history of addictive behaviors is not associated with compulsive buying behavior.

A correlation analysis was performed to test this relationship. The association between family history of addictive behavior and compulsive buying was found to be positive and significant ($r = 0.252$, $p = 0.07$). Therefore, the null hypothesis was rejected; a person may be more likely to display a compulsive spending behavior when he or she has observed and experienced addictive behaviors in the family in which s/he was raised. A plot of the data showed that the higher the level of parental addictive behaviors, defined as the number of reported addictive behaviors, the higher were the levels of compulsive buying behavior (see table 4.6 and figure 4.4). An explanation may be that a parent who is addicted to a singly behavior such as smoking, reading or love-relationships may not cause any noticeable disturbance for the child. Whereas a parent showing numerous forms of addictive behaviors may have a greater impact on the child’s development.

One question asked in this research study was whether or not childhood experiences have an effect on compulsive spending behavior. As shown in hypothesis 2, when an individual perceives his or her family life
as being unpleasant, the probability of showing compulsive buying behavior is higher. The results of testing hypothesis 4 showed that the compulsive buyer is, in general, more psychasthenic than other consumers. Hypothesis 6, which was tested next, may help to answer the question of whether an unpleasant family life has an impact on the development of the psychasthenic personality traits of the compulsive buyer.

Hypothesis 6

The stated hypothesis was that psychasthenic personality traits are not associated with family discord (H0 6). A simple regression analysis was used to test this relationship. The results showed a significant and positive relationship between the Psychasthenia and FAM Scales (r = 0.455, p < 0.01). Thus, the null hypothesis was rejected implying that individuals who perceive their childhood family life as unpleasant, characterized by a lack of love in the family and parents who are unnecessarily nervous, critical, quarrelsome and quick tempered, are more likely to show obsessive-compulsive personality traits.

One component of the Psychasthenia Scale is self-confidence. As it is discussed in part 2 of this chapter, the development of a positive self-concept is greatly influenced by childhood and family experiences. An unpleasant home life is likely to have a negative effect on the development of a person's self-concept.

Hypotheses 2, 4 and 6 show that family discord, psychasthenic personality characteristics and compulsive buying behavior are all positively associated with one another. When the variables psychasthenia and family discord are entered, respectively, into a regression analysis with compulsive buying as the dependent variable, only family discord remains a significant variable in the regression equation (p = 0.019). Thus, family discord may contribute to the development of psychasthenic personality traits, which is one of the factors highly related to compulsive buying behavior.

Hypothesis 3 tested whether family types moderate the relationship between family discord and compulsive buying tendencies. Separate analyses for each family type detected differences among the closed, open and random family. Also, when running separate analyses for each family type, testing hypothesis 4, differences were found. An explanation for the findings
can be offered by the theoretical framework which was employed by this study.

Individuals who are raised in different family types are exposed to different ways to deal with the problems of family living. They learn a variety of coping skills which may help to prevent addiction. These skills are distinctive for the three family types due to the different paradigms by which they are guided. Therefore, family discord may have an effect on individuals raised in an open or random family, influencing the development of compulsive buying behavior, but not on individuals from a closed family. Further research is needed to explore the possibility of other factors that may influence the development of psychasthenic personality characteristics in the closed family type, which in turn may influence the development of compulsive buying behavior.

Hypothesis 7

As a result of in-depth interviews in the study by Scherhorn et al. (1990), various unpleasant childhood experiences were identified which had an impact on the lives of compulsive spenders. This study further investigated whether these childhood experiences influenced a person's perception of family life.

Questions 20 through 28 listed the types of parental practices or experiences as mentioned by Scherhorn et al. (1990). Twenty three percent of the respondents named a least one, while 69 percent named up to three of these items. The mean number of named childhood experiences was 2.6. Forty two point three percent of the respondents experienced the death of a close person which was the most frequent named childhood experience. The least named experience was that the respondents' siblings were favored by parents (19%). Table 4.7 displays the frequencies for each of the items.
Table 4.7

Childhood experiences

<table>
<thead>
<tr>
<th>Experience</th>
<th>Valid percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>divorce</td>
<td>25.00%</td>
</tr>
<tr>
<td>death of cloth person</td>
<td>42.30%</td>
</tr>
<tr>
<td>withdrawal of love</td>
<td>34.30%</td>
</tr>
<tr>
<td>expression of feelings suppressed</td>
<td>40.40%</td>
</tr>
<tr>
<td>punishment instead of comfort</td>
<td>26.90%</td>
</tr>
<tr>
<td>indulgent parents</td>
<td>13.50%</td>
</tr>
<tr>
<td>overprotective parents</td>
<td>32.75%</td>
</tr>
<tr>
<td>siblings were favored</td>
<td>19.20%</td>
</tr>
</tbody>
</table>

The question of interest was which one of these experiences may have influenced the perception of family life in a negative way.

**H0 7:** Unpleasant childhood experiences are not associated with the degree of family discord.

Two of the items showed a significant relationship with the FAM Scale, question 23: "The expression of feelings was not allowed or suppressed, especially the expression of negative feelings" (t = -3.62, p = 0.001), and question 25: "High expectations by your parents which you couldn't fulfill" (t = -2.39, p = 0.017).

These findings raised the question of whether these two parental practices may be influenced by family types. Nonparametric tests were used to test this effect.

The mean ranks on question 23 (suppression of feelings) for the closed, open and random family types were 31.94 (closed), 21.67 (open), and 28.75 (random). These differences were significant at the 0.05 level (p = 0.028). The mean ranks on question 25 (high expectations) for the three family types were 28.56 (closed), 26.56 (open), and 19.00 (random). Here, only the difference comparing the closed and random, and the open and random family types were significant on a 0.10 level (p = 0.0502; p = 0.084, respectively). These differences may be explained by the various family type characteristics as described by Constantine (1986).
Parents in closed families impose their expectations on the child, whereas in open families the child is viewed as a partner to be helped to discover his/her own expectations, and in random families parents impose no expectations at all (Constantine, 1986).

The ways of expressing positive and negative feelings in the three family types also differ. In a closed family, feelings tend to be expressed in a regulated and prescribed manner because other ways may be unpredictable and disruptive and not considered desirable. This may explain why negative feelings, especially, tend to be suppressed in a closed family. Negative feelings are undesirable because they disturb the balance and stability longed for by a closed family. In a random family, the expression of feelings is spontaneous and passionate, whereas expression is responsive and authentic in an open family (Constantine, 1986).

The results indicate that family life is perceived as more pleasant when the expression of feelings is not suppressed and when children perceive that parents imposed no or little expectations on them. As shown earlier, individuals belonging to a closed family type are more likely to experience family problems. In addition, they believe that their parents expect too much of them and often, they experience that feelings are suppressed and not dealt with openly.
Visual summary of quantitative data analyses

The plots on the next pages give a visual impression of the results which can be seen neither in correlation coefficients nor in p-values. All of the relationships previously reported were interpreted on the basis of what the researcher has learned from the personal interviews and what became obvious from the plots of the data. Factors related to compulsive buying behavior were found to be family discord, psychasthenia, family history of addictive behaviors, suppression of negative feelings and high expectations of the parents. Neither of the latter variables was directly assessed but interpreted from responses to a specific question (Q 20) by the respondents. The data plots confirm the importance of the 5 factors listed above. In addition, they offer greater detail which is helpful for interpretation. It can be seen that indeed, if respondents displayed high levels for any of these factors, it was very likely that they also showed high compulsive buying tendencies. But it cannot be assumed that a person is unlikely to be a compulsive buyer if low levels of one or more of the above mentioned factors are displayed. This suggests that there are a variety of factors contributing to the development of compulsive or addictive buying tendencies. Further work to determine these other factors needs to be done. See chapter V for suggestions.
Figure 4.4
Visual summary of quantitative data analyses

Hypothesis 1

Family types:
closed open random

51 cases plotted. Regression statistics of CBSCALE on FTSCALE:
Correlation -.20439 R Squared .04178 Sig. .1502

Hypothesis 2

39 cases plotted. Regression statistics of CBSCALE on FAMDIS:
Correlation .47921 R Squared .22964 Sig. .0020
Hypothesis 3

X: closed  @: open  *: random

38 cases plotted. Regression statistics of CBSCALE on FANDIS:
Correlation .49211 R Squared .24217 Sig. .0017

Hypothesis 4

52 cases plotted. Regression statistics of CBSCALE on SCALE7:
Correlation .43219 R Squared .18679 Sig. .0014
Hypothesis 5

Sum of addictive behaviors of parents

52 cases plotted. Regression statistics of CBScale on VAR.73:
Correlation 0.25239 R Squared 0.06370 Sig. 0.0711

Hypothesis 6

family discord

39 cases plotted. Regression statistics of SCALE7 on FAMDIS:
Correlation 0.45501 R Squared 0.20703 Sig. 0.0036
Hypothesis 7

Expression of feelings suppressed

39 cases plotted.

<table>
<thead>
<tr>
<th></th>
<th>Pooled Variance Estimate</th>
<th>Separate Variance Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
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<td>t Degrees of 2-Tail</td>
</tr>
<tr>
<td>2-Tail</td>
<td>2-Tail</td>
<td>2-Tail</td>
</tr>
<tr>
<td>Value</td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>2.51</td>
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<td>-3.58</td>
</tr>
<tr>
<td>.053</td>
<td>37 .001</td>
<td>30.10 .001</td>
</tr>
</tbody>
</table>

High expectations

39 cases plotted.

<table>
<thead>
<tr>
<th></th>
<th>Pooled Variance Estimate</th>
<th>Separate Variance Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>t Degrees of 2-Tail</td>
<td>t Degrees of 2-Tail</td>
</tr>
<tr>
<td>2-Tail</td>
<td>2-Tail</td>
<td>2-Tail</td>
</tr>
<tr>
<td>Value</td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>1.05</td>
<td>-2.49</td>
<td>-2.53</td>
</tr>
<tr>
<td>1.000</td>
<td>37 .017</td>
<td>13.48 .025</td>
</tr>
</tbody>
</table>
Description and analysis of qualitative data

Personal interviews were conducted in order to gain more insight and a better understanding of the suggested relationship between compulsive buying behaviors and family background. The results revealed valuable information in addition to the results of the quantitative data analysis and also supported previous findings by d'Astous (1990), Scherhorn et al. (1990), O'Guinn & Faber (1989), Faber & O'Guinn (1988), and Faber & O'Guinn (1987).

Fourteen respondents volunteered for an in-depth interview which lasted between thirty and ninety minutes. The questions asked covered two areas, the informants' buying behavior and their family background.

The interview data of eleven females and two males were used for analysis. Most of them were highly compulsive buyers, not only seeking financial counseling through CCCS, but also professional help for their psychological problems. The primary reason for these individuals to see a psychiatrist or psychologist has not been their buying behavior. Nevertheless, buying as a compulsive action was an issue which had been discussed in therapy.

Characteristics of compulsive-addictive buying behavior

The first part of the interview focused on the informants buying behavior. The questions which guided the interview were as follows: When did your overspending or excessive buying behavior start? What items do you buy? Do you use those items? Where do you shop? When do you shop? What urges you to go shopping? What are the feelings you have, before, during and after you go shopping? What were the consequences of your buying behavior for you and for others? How do you feel when you are constrained from shopping? Did you undertake any attempts to control your overspending? The informants answers to these questions are reported and discussed below.

Impetus

As stated by six out of the thirteen people interviewed, their buying problem started with their first job or the first time they had earned money.
Others reported that they started to buy excessively when they discovered credit cards (3). For them, credit cards provided the means to give in to the urge to buy when the desire was there. The remaining four individuals, all females, claimed that their compulsive shopping was due to marital problems. They were either suppressed and controlled by their husbands or annoyed by their husbands spending behavior. In the latter case, buying was used as a form of revenge.

"There was always that constant battle over the money ... what was left, he'd go do what he [the husband] wanted with it. But if I did that, then it's like, oh jeeh, you know, it wasn't right. But it is o.k. for him to do whatever he wanted with the money. [...] I think, I just kind of went crazy having the freedom to spend it and to do some of the things. I wanted to do. [...] A lot of it was wanting the nice things I've been without while I was married, I didn't have nice clothes. I was always wearing things that were... you know..... I was still wearing my maternity clothes with my son for like six month afterwards because I didn't have any money to buy clothes afterwards. That's where I first started going crazy was as soon as my divorce was over. I went and bought myself a whole new wardrobe and did all these things on credit because, suddenly, I was free to spend money how I wanted to, instead of being controlled by my ex-husband, and where money went. So, I didn't had any money on my own really to spend when I was married. It was ... yeah ... I am free, go spend ....." (f, 36)

Purchases

The types of items bought by the compulsive or addicted shoppers are clothing (10), appliances (7), cosmetics (6), gifts (5), food (4), materials for cross-stitch (3) and luxuries (2). The utility of the objects themselves often is not the reason for purchasing these items, but rather the social utility derived from the purchase. One motivation for buying is the desire to be socially accepted and well liked by others.

"How others view me is very important. Sometimes I convince myself that it would be more socially acceptable to have this product than to not to have it. For instance, [...] when they (the colleagues) hand me a video tape - watch this this evening - I felt embarrassed to be able to tell them I didn't have a VCR". (f, 30)

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1 The number in parentheses indicates the number of respondents showing this characteristic.
2 Parenthetical notations with the interview notes indicate gender and age.
Reasons for buying

The addicted buyer has a clear desire to please, and also tends to have a low self-worth (10). Some of the informants hold the belief that others would only like them if they receive gifts, or that giving gifts would be the only way to show love. The common effect of buying items like clothing, cosmetics, prestige items or gifts for significant others is that the buyer gets attention which provides him/her with feelings of enhanced self-esteem. Shopping for those items creates a situation in which salespersons, friends or relatives telling buyers how attractive they are, how nice their home is, or how much they appreciate them for giving this gift (O'Guinn & Faber, 1989). Thus, shopping has the potential to generate positive feelings.

Shopping can also serve as a form of reward. After a hard day, the shopping experience is like a treat. Informants felt that they deserve it (5). Often, the desire to purchase is triggered by stress, frustration or depression (6). But every emotional state or situation can urge a compulsive-addicted buyer to go on a shopping spree. Respondents said that they go shopping when things go well (4), when they are bored or feeling lonely (3), when they get paid (4), because of sales (2), or for no particular reason at all (2). The following gives a full description of a shopping experience from the beginning to the end.

"If I feel bad, if I feel mad, I go. If I feel depressed I go. If I feel happy, I go. If I feel excited, I go,... about everything. If I have money, I go.... It's like, oh wow, all this stuff. Oh this is exciting. I'll try it on. And then I'll go, wow, this makes me look thinner, this makes me look good. Oh, this is gorgeous. And I can wear this here and, mmh, this is expensive, but it's worth it. I'll get it. And this makes me look fat, so I won't get it. And o.k., I'll get this stuff, and then I think about all the stuff I got. It's like, aah.... And I think, this will go with that, or I really need some more black shoes. Or I had an outfit like that and I really like it. I'd like this one...
Usually, I shopped until I was really tired or until I ran out of money. And a part of shopping to me is having coffee and having something to eat. And mmh, like when I'm in the real shopping atmosphere, when I'm really going at it, I am just hyper. And then, I'll go and have coffee and go, oh wow, I'm really tired. And then I'll drink some coffee, and I think about all the stuff I got. And it's really exciting and, mmh, it's like I don't want to it to end. When I come home, I think, I got that stuff. It's kind of like a let down because it's over. I feel good about it, but it's like it's over now. And then, when I get
the bill, I think, oh God, I wish I could take some of this stuff back. ......, and start over." (f, 42)

The shopping experience itself is perceived as positive and may generate a "high" similar to the "high" of a drug addict. Most of the respondents said that they feel good or even "high" when buying (9). Five of the respondents described buying as a way to escape reality, unpleasant feelings, situations or problems.

"One thing I really do a lot is just go off in my mind and my own little world, I mean, I totally take myself out of this world - I don't know - I imagine myself as somebody in a spaceship or something like that, just, it's a total escape." (f, 26)

"... walking in a store is pretty exhilarating for me. It's like, I have power. I have money. [...] With cash, it's like, .... I am important and I can buy this, and here is the money, right here. And then, I am excited as I bring the product home...., pleased with the purchase for a short-term. [...] And oftentimes, I tell myself: No, I am really not any happier now that I have it and then I get myself in a depressed sense." (f, 30)

Consequences

After a shopping trip feelings of guilt and depression are very common (6). Realizing that they have spent beyond their means and experienced a loss of control are frequent reasons for these feelings.

One distinguish personality characteristic of addicts is that they desire or pretend to be perfectionists (Matthews, 1990). The compulsive-addicted buyers in this study also frequently claimed to be a perfectionist (5). Experiencing a loss of control has a negative connotation to it and contradicts the views of a perfectionist. This may explain the guilt which follows a purchase. Further, it may explain the desire to please. The buyer may believe that he/she needs to give gifts in order to be the perfect friend or parent.
Personality features

Frequently, informants spoke of their tendency to justify their purchases (6).

"Let's say, I have this amount of 1,700 bucks. [...] My mind starts automatically thinking: what can I do with this. [...] What are potential things that I could spent the money on. Then, I come up with: VCR. Then, what my mind might do is, say, well, actually my TV is pretty old too. You know, I wouldn't really want to hook up this new VCR with an old TV. Maybe the original justification made sense. [...] But by the time I actually make the purchase, I have justified a VCR, a new television and a TV stand." (f, 30)

Justifying a purchase may serve to reduce the feelings of guilt. When the money is spent for a gift, then a purchase is easier to justify because the buyer did the shopping for someone else rather than for him or herself. Or the buyer may think that he/she is more socially acceptable when possessing an item, such as a VCR. The side effects of a purchase like pleasing others or enhancing self-esteem may make it more reasonable to buy and may prevent the consumer from feeling guilty.

The three personality features of addicted buyers which were observed in this study, (1) the desire to please, (2) the tendency to be a perfectionist, and (3) the attempts to justify the purchases, may be all interrelated. If, in the mind of the addicted buyer, a purchase is justified, then it appears to be less damaging to the image of a perfectionist and at the same time the purchase may fulfill the desire to please, and/or may increase social acceptance. In most cases it results in feelings that enhance self-esteem.

Most often, addicted buyers deny the possible negative consequences of their spending behavior (Scherhorn et al., 1990; Faber & O'Guinn, 1988a; Faber et al., 1987). This was also reported by the informants in this study (6).

"I really need a new set of tires on the car. I need those tires more than the potential risk I may take of not being able to pay for them. So, I go ahead and put them on the credit card and figure that out later." (f, 30)

"I never consider the consequences. I wrote a bad check last week for five dollars. And I got charged, ... charged big time. But I didn't think about it in time. I knew it would happen, but it didn't bother me. It is
almost like a burglar,... well, I have to take the risk. If I get caught, I get caught but the chances are I won't." (f, 26)

It seems that the urge to buy and the desire to gratify genuine needs are stronger than the fear of penalties, since shopping for some individuals serves as the only mean to satisfy those needs and to achieve good feelings about one's self.

"When I went on credit counseling, ah.... that was really hard. [...] I just hated it because I didn't have any money to do anything with. And I got really depressed.... Then the last I had to give up was my fake fingernails. [...] I felt like everything was being stripped away, like all the stuff that I did to make myself more attractive and to feel real' good was been taken away." (f, 42)

Withdrawal

The shopping experience can be used or abused as a source of immediate gratification because it is very predictable (Scherhorn et al. 1990). This suggests that the need to achieve positive feelings about oneself, to get attention and to please, as a means of enhancing self-esteem, are the most important outcomes of a shopping experience for the addicted buyer. The informants reported feeling frustrated, depressed, anxious, mad and/or restless when restricted from going shopping (5). In order to avoid the painful feelings which resulted from withdrawal, some of the respondents said that they keep themselves extra busy to get their minds off shopping. For example, they would clean the house, exercise, work, eat or cross-stitch. These activities would then become a substitute for shopping, especially eating. Seven individuals, all females, said that they start eating addictively when constrained from shopping. Thus, addictive eating can serve as a substitution behavior for addictive buying. It may fulfill the same needs which the addicted buyer hopes to gratify through shopping.

Scherhorn et al. (1990); d'Astous & Tremblay (1988); Valence, et al. (1988b) suggested a positive association between addictive buying behavior and depression. This study did not assess depressive tendencies with a measuring instrument. However, five of the interviewed consumers revealed themselves to be manic-depressive and to be receiving medical treatment for their depression.
The chart below summarizes the variables involved in compulsive-addictive shopping behavior.

<table>
<thead>
<tr>
<th>Count</th>
<th>Excessive buying behavior started:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>with first job</td>
</tr>
<tr>
<td>6</td>
<td>due to marital problems</td>
</tr>
<tr>
<td>3</td>
<td>with credit cards</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count</th>
<th>Situations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>when depressed</td>
</tr>
<tr>
<td>6</td>
<td>when bored/lonely</td>
</tr>
<tr>
<td>6</td>
<td>because I deserve it</td>
</tr>
<tr>
<td>5</td>
<td>to escape</td>
</tr>
<tr>
<td>5</td>
<td>when things go well</td>
</tr>
<tr>
<td>4</td>
<td>when getting the paycheck</td>
</tr>
<tr>
<td>4</td>
<td>to buy someone’s love</td>
</tr>
<tr>
<td>2</td>
<td>sales</td>
</tr>
<tr>
<td>2</td>
<td>every situation</td>
</tr>
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</table>

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<thead>
<tr>
<th>Count</th>
<th>Feelings:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>when shopping</td>
</tr>
<tr>
<td></td>
<td>excited/high</td>
</tr>
<tr>
<td>4</td>
<td>good/relaxed</td>
</tr>
<tr>
<td>6</td>
<td>afterwards</td>
</tr>
<tr>
<td></td>
<td>depressed/guilty</td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count</th>
<th>Items bought:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>clothing</td>
</tr>
<tr>
<td>10</td>
<td>appliances/prestige items</td>
</tr>
<tr>
<td>7</td>
<td>cosmetics</td>
</tr>
<tr>
<td>6</td>
<td>gifts</td>
</tr>
<tr>
<td>5</td>
<td>food</td>
</tr>
<tr>
<td>4</td>
<td>cross-stitch materials</td>
</tr>
<tr>
<td>3</td>
<td>luxuries</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
Substitutes for shopping:

- eating 7
- cross-stitch 2
- house-cleaning 2
- work 1
- exercise 1

Personality characteristics:

- low self-esteem 10
- justification of purchases 6
- denial of consequences 6
- perfectionist 5

Others:

- manic-depressive 5
- peer pressure 4

Previous exploratory research by Scherhorn et al. (1990), O'Guinn & Faber (1989) and Faber et al. (1987) indicated several general characteristics about the addictive buying process. Many of these findings have also been supported by this study. The characteristics of the buying process can be summarized as follows:

The addicted buying process is driven by an impulse or urge. This urge to buy can be caused by various emotional states of the individual, ranging from "feeling good" to "feeling frustrated". The main purpose of the buying act itself is not the purchase of a good, but to serve as a means to escape problems or to achieve positive feelings about one's self. Sometimes even feelings similar to the "highs" of other addictive behaviors are achieved through buying. After a shopping spree, the addicted buyer experiences depression or a let down. Typically, harmful consequences of the buying behavior are disregarded because the consideration of consequences may stop an individual from engaging in this behavior. This is not desired since the addicted shopper feels unhappy, nervous and anxious when restricted from shopping. Even though the very act of buying generates positive feelings, the overall buying experience is not pleasurable. Giving in to the urge to buy, buying too much, and spending beyond
financial means are experienced as a loss of control and causes feelings of guilt and a bad conscious.

Common personality features of the addicted buyers are the tendencies to justify their purchases, to please significant others, to be perfectionists, and to have a low self-worth. This is reflected in the kind of items they buy (i.e., clothing and other prestige items), and in the evidence that they frequently buy gifts for friends and relatives in order to meet their own or societal standards and to enhance their low self-esteem.

Peele & Brodsky (1975) identified five characteristics of an addictive behavior. All of those could be observed in the buying behavior of the interviewed subjects: (1) absorption of a person's consciousness by eradication of the awareness of tension, anxiety and problems, (2) distortion of a person's ability to derive satisfaction from other activities, (3) low self-esteem as a result and/or cause of the addictive behavior, (4) overall unpleasantness of the addictive experience, and (5) predictability. Thus, the findings of the in-depth interviews support the view that an excessive buying behavior is not only a compulsion, but can turn into an addictive behavior.

"I just go shopping all the time. It's like a drug. I like to do it. [...] I am addicted to it, like alcoholics are addicted to alcohol. If they had a bad day, they go home and drink and drink and drink and drink. If I had a bad day, I go shop. I guess, that's the way I compare it, as being a drug." (f, 24)

Family background of compulsive-addicted buyers

The second part of the interview focused on the question of whether an individual's family and childhood experiences had an influence on the development of the addictive buying behavior. The interview guideline included the following questions:

How would you describe the family in which you grew up, buying behavior of parents, communication, problem solving, relationship to parents and siblings, family problems, parental support, expectations, rewards, and in which form? What is your present family situation like? The informants answers to these questions are reported and discussed in the following.
Buying behavior of parents and the meaning of material goods

One factor influencing the consumer's perception about buying and the meaning associated with it appears to be the buying behavior of the parents and the use of material possessions as a reward. The majority of the informants reported two types of parental buying behaviors which they had observed during their childhood: compulsive-addictive spending behaviors of parents (i.e., parents having no organized budget, living from paycheck to paycheck) (4), or parents who spend their money thoughtfully or niggardly (4). The latter were either too poor and not being able to spend money, or they did not like to spend money. Sometimes they even showed addictive saving tendencies.

"[My parents] made good income, but spent far below their means. We lived in a 12-foot trailer for about four to five years - a little camp trailer where you basically had a place to sleep and stayed outside the rest of the time. They just did not want to buy anything on a loan or any type of mortgage. We did eventually moved into a house. It took several years for them to even get beds in the bedroom, or..., just because either she (mother) hadn't found the very cheapest price of a high enough quality item that she wanted..." (f, 30)

In some cases, the compulsive-addicted buyer had, at a young age, experienced the substitution of material goods for both love and care (4). Informants said that their parents bought them almost everything that they asked for (9). But the parents often neglected to give them the attention and love they were longing for.

Negative childhood experiences

Feeling neglected by their parents was the major negative childhood experience named by the respondents (6). They were constantly seeking their parents' approval to get the attention they desired. Attempts were made to gain parental approval by being outstanding students, athletes or musicians. The results of these efforts were mostly not acknowledged and often disregarded by the parents.

".... no matter what I did, they didn't seem to care." (f, 43)

"All those years that I tried and tried and tried to have a relationship with him. He [Dad] was too busy to be bothered [...] There was a lot of
competition for his attention, I think, actually between by mother and my sister and I. We were all kind of competing to get attention with him. [...] She (sister) would say things like, 'Mom and Dad like me best', and some of those things. [...] It was a lot of put downs from her too, and I got them from both, mostly from (sister's name) and Dad. I feel like I was kind of the scapegoat person in that respect." (Were you jealous of your sister?) "Oh yes, very much so. And I have still struggled with that because she has been the more successful of the two of us. [...] It frustrates me that all the things that I had wanted from life, a good marriage, a solid family relationship, good income and all those things, I didn't get. And it was something she didn't care whether she had it or not, and she wound up getting it in the end. [...] She had the higher self-esteem. It didn't bother her to wait ... and do whatever she wanted to do with her life. For me, it was really a self-esteem issue to be married and have a family. I felt like kind of that there was pressure from my parents to be that person." (f, 36)

As children, the compulsive-addictive consumers could hardly do anything right with regard to their parents views and expectations. Consequently, they experienced a lot of rejection. This was particularly true for informants when one or both parents were alcoholics (4). Those informants reported that their parents were very inconsistent in their behaviors, loving and caring one day and abusive the next day. Thus, as children these respondents experienced frequent rejection because they never knew which behavior was appropriate depending on the parent's mood. In those families, guidelines and rules as a source of security and stability, were either not existing or they were violated by the parents because of their inconsistent behaviors.

Child abuse

In addition to the above mentioned experiences, five respondents reported that they were verbally and/or physically and/or sexually abused as children or teenagers. Abused children are very likely to develop a negative self-concept (Kaplan & Moon, 1987; Kinard, 1982; Kinard, 1980) and show higher levels of depression (Morrow & Sorell, 1989; Sturkie & Flanzer, 1987). Kinard (1980) reported that abused children describe themselves as being sad, unpopular, unhappy, and believing their parents expected too much of them. Informants described the effects of child and/or sexual abuse as follows:
".... first term of freshman year in college, I was raped. [...] All I did after that - first term, I had a lot of money because I just started college and saved up all this money and I had a lot of money, and I spent all that this term after that. I would go out trying to forget about things. I would buy things for everybody, do things for/with everybody... 

(f, 26)

"Then I began feeling like that there was something wrong with me. Why does this keep happening to me. I must be a dirty person." (f, 36)

"I have to buy people to love me. I really feel that no one can love me unless I give them things. [...] I just don't think I am worthwhile. [...] I had mental abuse from my ex (husband), and plus, it was mixed in with being spoiled. Everything was handed to me. I was also raped when I was 13. And that just came out in therapy. And that brings a very low (self-esteem).... You did something wrong. You are worthless. You had to have done something to entice this person."  

(f, 43)

From the statements above, it can be concluded that being abused as children or teenagers contributed to these individuals' feelings of a low self-worth or negative self-concept. The symbolic interaction theory offers an explanation of how a person develops a concept of self. A person's definition of self is viewed as a social product constructed over the course of experiences with significant others (Morrow & Sorell, 1989). Thus, child abuse and parental neglect, can be counted as one of these experiences, but with a negative impact on the definition of self. This also explains why children with such experiences often engage in activities like sports or music. First, this may have been an attempt to get their parents' approval by excelling in those activities. Second, people who have a low self-esteem are assumed to have a strong need for enhancement. Therefore, they are expected to be very responsive to interpersonal feedback (Smith & Smoll, 1990). Trainers or music teachers may satisfy this need by providing children with support and positive evaluation.

The individuals' attempts to cope with childhood experiences such as abuse and neglect may result in the development of a buying addiction, either because earlier in their lives they have learned that material goods can be substituted for love and care (see also Scherhorn et al., 1990), or they have found out later in life (e.g., when first having money of their own) what
shopping can do for them. For example, the shopping experience can serve as a source of gratification. In addition, shopping is very reliable and is not dependent upon the approval of a second party.

"Shopping for me is a way out of uncomfortable feelings. Here is something beautiful, nice, here is something tangible I can hold on to and nobody else can make it ugly, or nobody else can make me feel bad about something because I can do this. It's kind of removed from verbal types of interactions to a certain extent; something that makes me feel like I am o.k., whether it works or not. You just go out and try it." (f, 21)

Factors related to the development of an addictive behavior

High expectations of parents and suppression of feelings

The quantitative data showed a significant positive relationship between the variables family discord, high expectations of parents which could not be fulfilled and the suppression of negative feelings. These results could be confirmed by the in-depth interviews. In addition, the qualitative data offered more insight and an explanation for these observed relationships.

Most of the consumers interviewed were raised in a dysfunctional family, experiencing abuse, neglect or having (an) alcoholic parent(s) (8). It is very likely that these individuals have perceived their parental family as unpleasant. An unpleasant family life is defined as a family characterized by a lack of love and parents who are unnecessary critical, nervous, quarrelsome and quick tempered. Typically, the informants raised in such families did not receive approval by their parents which may have resulted in feelings of not being able to fulfill parental expectations. As mentioned earlier, abused children believe that their parents expected too much from them (Kinard, 1980). This may explain the relationship between family discord and excessively high expectations of the parents.
Matthews (1990) reported that addicted individuals seem to share one or more common personality characteristics, such as:

- Feelings of being incomplete
- Tendency to try making people happy
- Low self-worth
- Desire to be perfect
- Difficulties in allowing themselves to be human
- Feelings of guilt and shame
- Unexpressed feelings
- Excessive worry
- Depression

Among others, unexpressed feelings also was a characteristic of the compulsive-addicted consumers in this study. This could be observed either directly or indirectly. For example, it can be assumed that the informants who were raised in an alcoholic family have frequently experienced that feelings were suppressed. It is well supported by previous research that the denial of problems in families with an alcoholic member is very likely (Vernon, 1985; Reagan, 1884). This may also be true for the informants experiencing abuse during their childhood. Often, they first came to realize that they were abused as children later in life, mainly through therapy. This suggests that the compulsive-addicted individuals who were interviewed for this study, carried an enormous burden of unexpressed feelings and experiences. One way for those individuals to deal with this burden may be to use buying as a means to escape from their problems and to achieve positive feelings about themselves.

Scherhorn et al. (1990) found that the denial of conflicts between parents and children, feelings that the parents do not care, inconsistent behavior of parents or overprotective parents can cause a person to dissociate his/her emotions. These experiences hinder a person's ability to develop emotional independence and feelings of competence, which results in a distortion of autonomy (Scherhorn et al., 1990). This is viewed as a major factor in the development of an addictive behavior. One informant, describing herself as a shopping addict, reported:
"I don't know myself. I don't know who I am yet. Part of that comes from by Mom and Dad always helping me out. They have always been there when I needed them. […] My parents didn't spoil me. They protected me too well. […] They didn't do that with my sister as much. She didn't allow it to be done, and I did. I allowed it because I liked it. You know, the attention, the money ... whenever I needed it..." (f, 26)

General experiences and key experiences

Scherhorn (1990) differentiated between general experiences and key experiences in the life of an addict. The general experience may cause the distortion of autonomy and may lead a person to develop an addictive behavior, whereas the key experience may lead a person to develop a particular form of addiction.

A result of the in-depth interviews was the observation that siblings of respondents either did not show an addictive behavior or they displayed an addictive behavior other than addictive buying. It seems likely that the siblings have experienced the same family situations, but in order to deal with those experiences, the siblings may have used different coping mechanisms. This suggests that individual factors may reinforce the development of an addictive behavior. A further explanation may be that parents treat their children differently, as reported in the previous quotation. For these siblings, the general experiences may not have been the same. This may explain why one sibling developed an addictive behavior and the other did not.

In cases where the siblings of respondents also showed an addictive behavior other than addictive buying, key experiences may have been different. One informant explained why she developed a buying addiction and not another type of addictive behavior:

"I would see my personality type being a type that could easily have fallen into other quote addictions. I could see myself becoming an alcoholic if that were be my lifestyle, compulsive gambling would be something else. I don't do either of those. […] I've never been willing to gamble. […] Partly of that is that I am not impressed by the people who go there and I don't want to be seen as somebody who is like that." (f, 30)

It is most likely that addicted shoppers during their childhood had a positive buying experience or a positive experience with material possessions. This may have caused them to repeatedly engage in buying
activities which eventually resulted into an addictive buying behavior. One respondent said about her first contact with buying:

"My grandmother was just like me, exactly. When I was a kid and she'd get her check, we'd go down town and spend all day. And I absolutely loved it. It was so much fun." (f, 42)

Addictive behaviors - the disease of the 90's in modern society

Based on scientific evidence, Matthews (1990) reported that some people are more likely than others to become addicted. This confirms the assumption made earlier that individual factors may reinforce the development of an addictive behavior. Today, addiction is no longer viewed as a moral issue by society, but as a disease. Therefore, the evidence suggesting that parental behavior may contribute to the development of an addictive personality is not meant as an accusation against the parents. The parents themselves are also a product of their pasts and are also likely to have had difficulties in coping with their own problems. This can be supported by various statements from the interviewed individuals.

"Both of them (the parents) were Depression kids. Both of them were, in a sense, the oldest siblings and often the financial providers in their young age. My mother's father was an alcoholic. [...] and my mother ended up supporting her mother and her little brother by the age of about 14. My father lost his father and two brothers in World War II. They were in an orchard raising family. And all the sudden, he was the oldest man in the house at the age of 7 [...] He didn't go to school, he stayed home and took care of the orchard. [...] Both of them feel that their parents weren't able to support them. And then in later years, they were both forced to take care of their parents, financially also. So, they feel like they got the raw end on both ends of the stick. And then with me, .... I was a drain on them also. So, they just felt cheated all the way around." (f, 30)

"At least my father, possibly also my mother were part of a dysfunctional family as children, and they brought that with them. And that is a lot what I am happened to deal with. [...] He (the father) was physically abused like beaten, ignored and some things like that as a child. I think that he is emotional immature and has low self-esteem and has some other things like that he has to deal with." (f, 21)
Several studies have demonstrated that parents of maltreated children also have a low self-esteem (Sturkie & Flanzer, 1987). Parents may use their children, consciously or unconsciously, as a means of compensating for their deficient self-esteem by exerting their authority over the children. As shown, this can result in the children's distortion of autonomy, which may later develop into an addictive behavior.

In addition to childhood experiences, the present life and family situation are other contributing factors to the development of an addictive behavior. Early childhood experiences are more likely to show long-term effects if they are reinforced by similar experiences in later life (Scherhorn et al., 1990). For some of the female informants, childhood experiences like rejection or abuse continued throughout their marriages. This contributed to their feelings of low self-esteem and the further distortion of autonomy. The addictive buying behavior then became the only way to achieve good feelings about themselves. For these respondents, it was especially easy to abuse buying as a form of addiction since shopping belonged to their established role as a housewife, was socially accepted and less visible than other forms of addictive behavior. The chart below summarizes the variables influencing the development of a buying addiction.

### Childhood experiences

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving goods as substitutes for love and care</td>
</tr>
<tr>
<td>Little attention/rejection by parents</td>
</tr>
<tr>
<td>Constantly seeking approval</td>
</tr>
<tr>
<td>Abuse</td>
</tr>
<tr>
<td>Alcohol addicted parents</td>
</tr>
<tr>
<td>Inconsistent parental behaviors</td>
</tr>
<tr>
<td>Overprotective parents</td>
</tr>
<tr>
<td>Continuation of childhood experiences in marriage</td>
</tr>
</tbody>
</table>

In sum, it can be concluded that consumers seeking the gratification of needs in addictive buying behavior are unhappy individuals who are trying to compensate for their feelings of low self-worth and/or a burden of unexpressed feelings. These consumers have most likely been subjected to influences distorting their autonomy, like maltreatment by parents and spouses, or the overprotective behavior of their parents.
In addition, consumers today live in a society which encourages addictive behaviors. Department stores encourage the use of credit cards. Advertisement encourages us to buy, promising that material possessions will make us happy and secure. Society also has taught us the "quick fix". Everything can be obtained instantly, instant coffee, instant meals, instant pain relief, etc. Consumers may have come to expect that their problems can also be resolved instantly by engaging in a behavior which immediately gives satisfaction like buying.

Almost every behavior can be misused addictively, not only the classical behaviors like drinking alcohol or taking drugs. Numerous forms of addictive behavior, including shopping are becoming more and more obvious in western society today. This is reflected in the increasing number of self-help groups and the growing body of literature in this area. Thus, addiction may be proclaimed the disease of the 90's in modern society.
Summary and discussion of results

Fifty-two questionnaires and 14 in-depth interviews from clients of Consumer Credit Counseling Services were analyzed in order to gain a better understanding about the probable causes for the development of an addictive buying behavior. It was hypothesized that different family types and various childhood experiences are key variables for the development of such behavior.

Respondents were classified according to three family types with 31.4% of the respondents belonging to a closed family type, 52.9% to an open family type, and 15.7% to a random family type. Each family type can be described by a paradigm which guides the family operation. For further discussion of the paradigms for the closed, random and open family type see pages 26-29.

Results of this study showed that individuals belonging to a closed family type showed higher levels of compulsive buying behaviors than individuals from open or random families. Even though this result was only significant when comparing the closed and random family, the average group ranks on the compulsive buying scale were highest for the closed family (29.34), 25.87 for the open family, and lowest for the random family (19.75). At minimum, this may indicate a trend (H1). Consumers who were raised in a random family may have learned a variety of coping mechanisms in order to deal with the complexity of life; or they may be more open to accepting challenges and to trying something new, since that is what they have observed in their parental family.

Further results were that individuals belonging to a closed family displayed higher scores on the family discord measure. This means that they have experienced their childhood family lives as less pleasant (H3). Those individuals were also more likely to report that the expression of feelings, especially, the expression of negative feelings was suppressed in their parental families.

One factor that lowers the risk of developing an addictive behavior is the opportunity to share emotions. The open expression and sharing of feelings and emotions is viewed as an important coping skill. It helps individuals to feel better about themselves and prevents them from repeatedly engaging in a particular inappropriate behavior for getting satisfaction and enhancing their self-concept. Therefore, the possibility of
sharing emotions may be an important coping skill that counteracts the
development of an addictive behavior (Peele, 1979).

The sharing of emotions is most frequently experienced in an open
family type and least in a closed family type. Individuals from a closed
family were also more likely to experience high parental expectations. This
was particularly true when these individuals were compared to individuals
from random families. Respondents who grew up in an open family also
tended to think that their parents' expectations of them were too high.

Childhood experiences such as unexpressed feelings and high
expectations by parents were associated with the degree of family discord as
perceived by the individual (H7). Family discord, in turn, was associated
with compulsive-obsessive personality traits (H6), and both of the latter with
the tendency to spend compulsively (H2 and H4). It should be noted that the
reported relationship between family discord and compulsive buying is only
significant for individuals who were raised in an open or random family.
This suggests that a crucial factor for these two family types is whether they
live in harmony or whether there is family discord. If there is no family
discord, the operating system of the open and random family may work in
ways that prevent family members from developing an addictive behavior.

The in-depth interviews offered an insight to the question of what
might have caused the individuals' perception that parents had expectations
which were too high and why feelings in their families were suppressed.
The addicted buyers often faced severe situations during their childhoods.
Parents or relatives neglected them, failed to give approval and/or abused
the children either verbally, physically or sexually. Such parental behaviors
resulted in the low self-esteem of the addicted buyer.

Joubert (1991) reported that sons and daughters have a higher self-
esteeem when parents are fair, show interest in their activities and are less
likely to use verbal abuse. Self-esteem in the study by Joubert (1991) was
defined as the outcome of an implicit self-evaluation that a person makes
with regard to his/her personal worthiness.

The findings of this study showed that child abuse resulted in self-
evaluations such as: There must be something wrong with me, or I must be
a dirty person. Respondents who have experienced abuse and neglect could
not otherwise explain why their parents treated them like they did and
rejected them repeatedly. Being verbally or physically abused and often
rejected by parents was very likely for children who were raised in an alcoholic family. In addition, problems in those families were more often denied and feelings, especially negative feelings, were suppressed. All of these experiences further contributed to the perceived low self-worth by these informants.

In general, in can be stated that a higher level of addictive parental behaviors has an influence on the development of the buying addiction of children growing up in such families. The qualitative data analysis reaffirmed that a family history of addictive behaviors is associated with compulsive buying (H5).

Various parenting styles can also have an impact on the development of a child's self-concept. Buri, Louiselle, Misukanis & Mueller (1988) found that authoritarian parenting such as controlling, dictatorial and punitive characteristics have a negative effect on self-esteem. This is particularly true for females. A female's sense of well-being and self-worth seems to be much more dependent upon her relationship with others than is a man's. Buri et al. (1988) compared the authoritarian (see description above) with the authoritative parenting style. The latter is characterized by clear and demanding parental directions, moderated by an emphasis upon communication. It allows children to discuss and participate in the planning, decisions and policies of the family. This parenting style is more effective in the development of children's self-esteem than authoritarian parenting (Buri et al., 1988).

With regard to the three family type categories, authoritarian parenting describes a closed family whereas authoritative parenting describes an open family. This suggests that individuals who were raised in a closed family not only are more likely to face higher levels of family discord, unexpressed feelings and high expectations of parents, but are also less supported in their development of a positive self-concept. The latter especially affects females. As reported by previous research and also by this study, addictive buying behavior is mainly a female addiction. For women, shopping may particularly fulfil the purpose of enhancing their feelings of self-worth.

Since the Family Type Scale is not developed sufficiently so that individual predictions can be made, the interviewed subjects could not be classified according to the thee family types. Nothing can be said about the
frequencies of child abuse, neglect and other negative childhood experiences, or about the use of goods as substitutes for love and care in the closed, open and random family. An implication may be that these parental behaviors have contributed to the development of the buying addiction. The above mentioned childhood experiences can result in feelings of low self-worth, the perception of an unpleasant family life, and the development of compulsive behavioral tendencies.

Shopping has the potential to simultaneously generate positive feelings about one's self and to enhance the feelings of low self-worth. During their childhoods, the addicted buyers either have had a rewarding shopping experience or they have learned that material goods are used to substitute for both love and attention. Therefore as adults, they fall back on these experiences as a means to compensate for their unhappiness and to escape from their problems.

The proposed framework which follows includes variables that may contribute to the development of a buying addiction. The framework is based upon the qualitative and quantitative results of this study and also those of other studies which were discussed throughout the last chapters.

It should be noted again that family discord, psychasthenic personality traits and family history of addictive behaviors are not necessary conditions for an individual to display compulsive buying behavior. Compulsive buying behavior can also be observed when these conditions are absent. However, if these conditions do occur, then one is also very likely to observe compulsive buying behavior.
Figure 4.5
Proposed framework for analyzing addictive buying behavior

- qualitative data
- quantitative data

Background family experiences

Parent modeling
Childhood experiences
- Parenting style
- Family dynamics

Psychosocial personality traits
- Low self-esteem
- Distortion of autonomy

"Trigger" experiences
- Positive buying experience
- Goods used as substitute for love and care

Childhood experiences

- Family history of addictive behavior
- Parental or peer influence

- High expectations of parents
- Suppression of feelings

Addictive buying behavior

- Enhanced feelings of self-esteem
- How can it be?

Combined with personality characteristics such as:
- Being a perfectionist
- Trying to please others & be unlike everyone
- Easily influenced by peers

- How does it happen?
CHAPTER V: IMPLICATIONS

The results of this study showed that family background and family type seem to be contributing factors in the development of an addictive behavior. Surveyed individuals who have experienced feelings that were suppressed and parents who expected too much from them were more likely to perceive their family life as less pleasant. This may contribute to the development of personality characteristics which make a person more vulnerable to developing an addictive behavior.

The findings of this study suggest that the closed family type may operate in ways which result in less than favorable outcomes with regard to raising children. The open and random family types may be preferable over the closed family type, at least with regard to the questions which were asked by this study. Further evidence is given by Buri et al. (1988). An authoritarian parenting style, which is a feature of a closed family, has a negative impact on the development of a child's self-esteem. Low self-esteem was found to be a major factor contributing to the development of a buying addiction.

Child abuse, little or no approval from the parents, and parental neglect are additional factors contributing to the development of a child's negative self-concept. The consequences of these experiences are that individuals feel incomplete and unworthy of being loved and accepted by others. In order to overcome this dilemma, these people look for ways to enhance their self-worth. Shopping is one way to achieve this and to satisfy the basic human need to receive approval, recognition, support and/or love from friends, colleagues, a spouse, or children. Some of the addicted buyers interviewed for this study are presently going through the process of overcoming their buying addiction and learning that they are worthwhile people and that they cannot "buy" feelings of self-worth or someone's love or attention.

The combined results of the qualitative and quantitative data analysis suggest that it is very important for children that parents show interest in their activities and that children receive approval. If children do not get the necessary attention and approval, they are likely to perceive their parents as having expectations which are too high and they cannot fulfill. This may contribute to the development of a negative self-concept. In order to increase
the level of self-esteem and to avoid the development of addictive buying behavior, parents can play a major role by helping and guiding their children to discover their own goals and giving the necessary support to achieve those goals. In this process many activities (other than "buying goods") can be emphasized as contributing to success and accomplishment. Feelings of high parental expectations possibly due to no or little approval from parents, child abuse, parental neglect and the suppression of feelings in the family seem to be factors with negative impact on the psychological development of children. It is suggested that in families problems should be dealt with openly and feelings should not be suppressed.

Growing up to become an independent and autonomous person may be fostered by emphasis on a child's individual creativity and individual interests, characteristics which are promoted most by a random family type. However, all family types can consciously foster independence and creativity at some level, especially in relation to the consumer role.

**Implication for further research and (consumer) education programs**

This study is an addition to the growing body of research on addictive-compulsive buying behavior. It was shown that childhood experiences and family types seem to have an important influences on the development of the addictive buying behavior. The Family Type Scale is still in its developmental stage and further tests may contribute to its improvement in order for it to be applied to individual predictions. An additional step may be necessary to pinpoint just what about a particular family type is most damaging. This may be useful for family therapists and researchers in the field of Home Economics, especially in those areas concerned with families and family well-being.

This study was exploratory in nature and was limited to a particular segment of the population of particular interest to the researcher. Further research employing a representative sample of the general population is needed to support the results of this study, and especially in exploring the suggested differences among the closed, open and random family types.

Preliminary evidence is given that individuals raised in a closed family seem to perceive their family lives as less pleasant. In order to explain family conflicts, further work may explore factors such as parenting styles (authoritarian versus laissez-faire) or value systems. Simmons "One
Hundred Possible Values" may provide a framework when exploring family types with regard to their value system. Values to consider in order to differentiate among family types may be conformity, freedom, religion, salvation, wisdom, other believes, being a decent normal person, or seeking adventure and excitement (Simmons, 1982). Results may offer a better understanding of a family's value system, and how organizational styles are affected by values. Another direction for research may focus on the key experiences which lead to the buying addiction in particular. It was mentioned that addicted shoppers may have had distinctive shopping experiences in their lives. But they may also have had other experiences which led consumers to the conclusion that other behaviors such as drinking alcohol or gambling are unacceptable. Further research may help determine if some people are predisposed in some way to become addicted shoppers.

One result of this study was that certain parental practices seem to have a negative impact on children. In order to prevent parents from acting in ways which may hurt their children, education can play an important role. This study reinforces how crucial it is for children to be supported and acknowledged. Good parent education may contribute to the reduction in the number of parents who are stressed out and feel overwhelmed by the task of raising a child, thus reducing abuse and neglect. As reported, neglect often results in children perceiving their parents as imposing excessively high expectations on them which they cannot fulfill. They feel unworthy or unwanted and develop a negative self-concept. Parent education may help to prevent such developments.

The inclusion of compulsive buying behavior in the curriculum of consumer education classes can increase awareness and thus, help to reduce the problem. A consumer who knows that buying has the potential to lead to an addictive behavior may be more careful. A consumer who makes a conscious effort not to be mislead by advertisements may make wiser choices. And third, a consumer who knows that buying does not fix the problems of life, that it may be dangerous to use it as an escape behavior, may start to look for healthier way to enhance self-esteem, and thus, avoid addiction in the first place. This can be achieved by educating students about
addictive buying behavior as a special case, including addiction as the general phenomena.

Since affluent societies seem to contribute a great deal to the development of addictive buying behavior by creating a consumption society, it seems appropriate to suggest changes made by society to correct for this behavior. When the dangers of smoking were realized, anti-smoking campaigns were launched and today, smoking is no longer promoted or tolerated in much of American society. Therefore, a suggestion is made to promote more realistic advertising, focusing on the utility of the product and less upon the benefits which the product may associate with it, such as beauty, success and love.

The suggestions made, (1) to emphasize parent education, (2) to make the discussion of compulsive-addictive buying behavior a part of consumer education and (3) to promote more realistic advertising, are long-term goals which may be a step towards reducing the number of addicted shoppers, consumer debt and possibly the development of addictive behaviors in general.
Bibliography


Appendices
Appendix A

Initial letter to CCCS

(date)

Dear ______:

My name is Susanne Friese. I am a graduate student in the School of Home Economics/Family Resource Management at Oregon State University, Corvallis, Oregon. For my thesis, I plan to study compulsive-addictive buying behavior.

Addictive buying behavior is a fairly new phenomena of industrialized nations, and it is of increasing interest to researchers. Scholars assume that addictive buying is an attempt to compensate for a distortion of self-esteem and the ability to cope with the demands of life, perhaps incurred in childhood and reinforced in adolescence and adulthood. As you know, such an addiction can have disastrous results for individuals and families.

A recent study by Scherhorn (1990) confirmed this assumption: addictive buyers have been subjected to a specific form of distortion of autonomy. In addition they have acquired a strong predisposition for using goods as the favored means to compensate for the lack of self-esteem from which they suffer. A question of interest to me is which key experiences possibly lead consumers into a buying addiction.

I plan to conduct a survey which will investigate whether there is a relationship between early social experiences of children in different types of families (key experience) and addictive buying behavior of adult consumers. The instrument I will use is a questionnaire. The questionnaire includes various scales which will be used as an indicator to identify addictive buying behavior, and the degree of addiction. An additional set of questions will deal with different family types which may influence adult addictive behavior. I would also like to ask about (family) events and circumstances in the life of the respondents, because such events (e.g., divorce, death of a close person, abuse, addiction of other family members) have been shown to have an influence on the later buying behavior of consumers. The last part of the questionnaire includes questions regarding demographic characteristics of the respondents.

After this long introduction and explanation, you may wonder why I am writing this letter to you. I would like to ask for your help by identifying compulsive shoppers. I have spoken to several directors of Consumer Credit Counseling Services, and they told me that some of their current clients identify themselves as compulsive shoppers. If this should also be the case in your agency, I would appreciate your help in making contacts. Of course, all responses will be handled confidentially. I would like to have between 60
and 75 completed questionnaires (besides you, I have also contacted 14 other Credit Counseling Services in Oregon and Washington). In other words, I need to get from you a minimum of 5 to 10 names and addresses of current clients. Most of the questionnaires will be mailed. One possible procedure would be to get a list of names and addresses from you, and mail the questionnaires from O.S.U.. Another way would be for you to mail the questionnaire to the clients in question, and have them sent them back to your office. I will pay expenses for postage. In any case, it is preferable to have the name of your office and executive director on the cover letter. In addition, I would like to conduct approximately 10 personal interviews in order to get more insight and background information. Therefore, I need you to indicate which of those client named might be candidates for a personal interview. I plan to begin collecting data in September. The research project will be completed in December 1991.

Why it is worthwhile for CCCS to participate in this study? The CCCS will benefit by gaining more insight and information about this relatively new and growing consumer problem. I am hoping that the results will increase the success of future credit and financial counseling. I will be happy to provide a report of the results once the project is finished. I hope that this letter gives you enough information about the planned research, and also arouses some interest in the project. I am convinced that CCCS personal are highly qualified to identify compulsive and/or addictive shoppers. Therefore I would very much appreciate your help. Feel free to contact me if you have any further questions. I have enclosed a response form for you to return. Please send it back to me by the end of July 1991, if at all possible. I look forward to working with you on this important project.

Sincerely yours,

Susanne Friese

Geraldine Olson
Major Professor
Response letter

CCCS of: ________________________
Name: ________________________
Date: ________________________

I am willing to participate.       O  yes
                                      O  no
                                      O  perhaps

I need approval from my board _____ which meets _____ (date).

I can think of _____ # current clients who may be addictive buyers. _____
# of those clients are likely candidates for a personal interview.

O  I prefer to mail the questionnaires to the clients which I identify.
O  I prefer to provide mailing addresses and let you mail the
questionnaires.

Do you have any further questions in regard to the questionnaire, cover
letter, other?

______________________________________________________________
______________________________________________________________
______________________________________________________________

Comments:

______________________________________________________________
______________________________________________________________
______________________________________________________________

Thank you for taking your time to fill this out. Please send it back to me as
soon as possible, or by the end of July 1991.
Compulsive-addictive buying behavior is a fairly new phenomena in the United States and other industrialized nations. Researchers from all over the world are highly interested in studying this new form of addiction. The Oregon State University Department of Human Development and Family Sciences is also conducting a research project, mainly concerned with the family environment of addictive buyers.

If you are one of those compulsive-addictive buyers and you would like to volunteer for an interesting research project, please contact your CCCS counselor or Executive Director for further information.

Reward: Learn more about yourself and your buying behavior.
Appendix C

Cover letter and questionnaire

(date)

TO WHOM IT MAY CONCERN

In the past years, a new phenomenon has appeared in the United States and in other industrialized countries. The new phenomenon is called buying addiction. Besides numerous other forms of addictions, addictive buying behavior has become an increasing important form of addiction in our society. Since buying addiction is a fairly new phenomenon, not much is known about the phenomenon itself, its roots and its effects. The best way we know to find answers to these questions is to ask you. The information you provide will be used to gain more understanding, and will be especially relevant for counselors, teachers and therapists to improve programs in order to help the consumers of today to overcome the temptations of our consumer-oriented society.

You are one of a small number of people who are being asked to give their opinions, experiences and feelings on these matter. Since the number of people asked is small, it is important that each questionnaire be completed and returned.

You may be assured of complete confidentiality. The questionnaire has an identification number for mailing purposes only. This is so that we may remove your name from the mailing list when your questionnaire is returned. Your name will never be placed on the questionnaire, associated with your answers or used in any way.

The results of this research, in summary form, will be made available to scholars of the Oregon State University, Corvallis, and all interested counselors of Consumer Credit Counseling Services. You may receive a summary of the results by writing "copy of results requested" on the back of the return envelope, and printing your name and address below it. Please do not put this information on the questionnaire itself.

I would be most happy to answer any questions you might have. Please write or call. The telephone number is ......... Thank you for you assistance.

Sincerely,

Susanne Friese

Geraldine Olson
Associate Professor
A new phenomena in industrialized nations: Addictive buying behavior

A study about compulsive-addictive buyers in the United States and their family environment

This survey is done in order to better understand this fairly new form of addiction, its roots and its consequences. Please answer all the questions. If you wish to comment on any question or qualify your answer, please feel free to use the space in the margins. Your comments will be read and taken into account.

Thank you for your help.

Department of Human Development and Family Sciences
Oregon State University
Milam Hall 323
Corvallis, Oregon 97331-5102
Please evaluate the following statements using:  
++ strongly agree  
+ agree  
- disagree  
-- strongly disagree

For example: I wake up fresh and rested most mornings.
If you strongly agree with this statement, please circle the box with the ++ sign.

++ + - --

If you agree with this statement, please circle the box with the + sign.

++ + - --

If you disagree with this statement, please circle the box with the - sign.

++ + - --

If you strongly disagree with this statement, please circle the box with the -- sign.

++ + - --

Compulsive Buying Scale

Now, let's get started with question number one.

Q-1 When I have money, I cannot help but spend either part or all of it.

++ + - --

Q-2 For me, shopping is a way of facing the stress of my daily life and of relaxing.

++ + - --

Q-3 I have often bought a product that I did not need, while knowing that I have very little money left.

++ + - --

Q-4 There are times when I have a strong urge to buy (clothing, books, etc.)

++ + - --
Q-5 At times, I have felt somewhat guilty after buying a product because it seemed unreasonable.

Q-6 There are some things I buy that I do not show to anybody for fear of being perceived as irrational in my buying behavior ("a foolish expense").

Q-7 I often have an unexplained urge, a sudden and spontaneous desire, to go and buy something in a store.

Q-8 As soon as I enter a shopping center I have an irresistible urge to go into a shop to buy something.

Q-9 I am one of those people who often respond to mail and TV offers, (e.g., books, records).

Q-10 I am often impulsive in my buying behavior.

Q-11 I sometimes felt that something inside pushed me to go shopping.

Q-12 I like to spend money.

Q-13 I have sometimes thought "If I had to do it over again, I would...." and felt sorry for something I have done or said.
Please read: The following set of questions asks you about the family in which you were raised. If you lived in several different families when you grew up, base your responses on the family you think had the most influence on your behavior. When reading the questions, try to picture your parents and/or grand-parents and your siblings in your mind; try to turn your mind back to the period when you were a child or teenager. The choices available to answer the questions may not fully describe your situation. Please circle the number of the response which best describes your situation. If you wish to comment on some or all of the questions, write your comments in the blanks below each question. Your comments will be read and taken into account.

Family Type Scale

Q-14 How did communication occur among your family members when you were growing up? What was the conversation like, and how were topics handled? (Circle only one number, whichever best fits your family situation)

1. We could talk openly about almost everything on a regular basis. All family members were heard, and each person's ideas were considered by the family as a group.

2. Certain topics were never discussed. The ideas of my parents were communicated often and we, the children, were expected to think the same way. We had little influence on family discussion.

3. In my family, there was almost no established routine for communicating between parents and children. Each person was free to develop and express his or her own ideas.

Comments:

Q-15 How controlled were the activities in the family you were raised in? (Circle only one number)

1. It was very important to follow the many rules which were set by my parents. Often the reasons for family rules were unknown or poorly communicated.

2. In my family, personal freedom and choice were valued. There were few rules. Everybody generally did their own thing.

3. In the family I was raised in, cooperation was very important. Certain rules existed but everyone in the family was encouraged to participate in setting them. Reasons behind these rules were clearly communicated.

Comments:
Q-16 What were the relationships within the family and between family members and 'outsiders' in the family you were raised in? (Circle only one number)

1 There was little distinction drawn between 'outsiders' and 'insiders'.

2 Strangers were carefully "checked out".

3 In my family privacy was possible. There were closed doors which requested a knock, but it was rare for a person to be denied entrance.

Comments: ________________________________

Q-17 When there was a problem in your family, your parents mainly resolved it by saying something similar to .... (Circle only one umber)

1 .... what was good for us is also good enough for you.

2 .... figure it out on your own. Whatever you decide is probably the best.

3 .... we can work it out, hang in there, we'll figure something out.

Comments: ________________________________

Q-18 How was the relationship between you as a child and your parents? (Circle only one number)

1 It was more or less a democratic relationship. My parents and we, as children, had the same rights, but my parents also put reasonable expectations on us/me. We negotiated limits and rules.

2 We, as children, were left to do pretty much what we wanted. My parents tended to be permissive.

3 My parents ruled with firm but loving hand. They taught us "right from wrong", and they set limits and rules to guide us in the "right direction".

Comments: ________________________________
Q-19  Which of the slogans below would best describe the family you were raised in? (Circle only one number)

1  "Be cooperative - We can work something out."
2  "Be loyal - Blood is thicker than water."
3  "Be yourself - Do your own thing."

Comments: ____________________________________________________________

_____________________________________________________________________

Childhood experiences

Q-20  Which of the following did you experience during your childhood or when you were a teenager? (Circle all numbers that apply)

1  Divorce of your parents
2  Death of a close relative or friend
3  Withdrawal of love from one or both of your parents
4  The expression of feelings was not allowed or suppressed, especially the expression of negative feelings
5  Punishment instead of comfort
6  High expectations by your parents which you couldn't fulfil
7  Indulgent parents
8  Overprotective parents
9  Your parents favored your siblings over you

Comments: ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Please read: The statements in questions 21 through 36 deal with feelings about yourself and your family. Please think carefully about each statement and mark your answers in the following way: Yes if the statement holds true for you. No if it doesn’t hold true for you. In cases you cannot absolutely answer with yes or no, circle the answer which best describes your feelings.

For example: I like to read books.

If this statement is true for you, circle Yes. No Yes

If this statement is not true for you, circle No. No Yes

**Psychasthenia Scale**

Q 21  Much of the time I feel as if I have done something wrong or evil. No Yes

Q 22  I frequently find myself worrying about something. No Yes

Q 23  I am certainly lacking self-confidence. No Yes

Q 24  Even when I am with people I feel lonely much of the time. No Yes

Q 25  Almost everyday something happens to frighten me. No Yes
Family Discord Scale
Q 26  At times I have very much wanted to leave home.  
No   Yes

Q 27  I have very few quarrels with members of my family.  
No   Yes

Q 28  My parents and family find more fault with me than they should.  
No   Yes

Q 29  My relatives are nearly all in sympathy with me.  
No   Yes

Q 30  There is very little love and companionship in my family as compared to other homes.  
No   Yes

Q 31  I have been quite independent and free from family rules.  
No   Yes

Q 32  My parents treat(ed) me more like a child than a grown-up.  
No   Yes

Q 33  I believe that my home life is as pleasant as that of most people I know.  
No   Yes

Q 34  My parents have often objected to the kind of people I went around with.  
No   Yes

Q 35  The members of the family in which I grew up and my close relatives get along quit well.  
No   Yes

Q 36  My parents do not like the work I have chosen (or the work I intend to chose for my life work).  
No   Yes
Family History of addictive behavior

Q-37

**Please read:** The items listed below can all fall in the range of normal behavior. Only if they are done excessively do they become addictive behavior (A person is addicted when s/he is attached to a sensation, an object, or another person to the degree that s/he has a reduced ability to deal with other things around him or her. So, in the end, s/he becomes increasingly dependent on that experience as a source of satisfaction.) Have you ever experienced addictive behaviors in any of these numerous forms?

1. No
2. Yes

If yes, which ones? Circle all which apply)

1. Eating
2. Reading
3. Alcohol
4. Shopping
5. Television
6. Smoking
7. Working
8. Over-the-counter drugs
9. Music
10. Love-relationships
11. Gambling
12. Others (please specify) ________________________________

Q-38 Did either of your parents show one or more of the above listed forms of possible addictive behavior? (Circle one number)

1. No
2. Yes (please specify) ________________________________
Demographics

Please read: The last part of the questionnaire asks for your demographic characteristics. This information is necessary for the interpretation of the results of the study. Therefore it is very important that you completely fill out the following questions. You can be assured that all data are handled confidentially.

Q-39 Your sex (circle number of your answer)

1 Male
2 Female

Q-40 Your present age: _______ years

Q-41 Your present marital status. (Circle number)

1 Never married  2 Married  3 Divorced  4 Separated  5 Widowed

Q-42 Total number of children you have, under the age of 18 (include those not currently living at home).

# ___ Age (s): __________________

Q-43 What was your approximate family income from all sources, before taxes in 1990? (Circle number)

1 less than $5,000
2 $5,000 to $9,999
3 $10,000 to $14,999
4 $15,000 to $24,999
5 $25,000 to $34,999
6 $35,000 to $49,999
7 $50,000 to $74,999
8 $75,000 to $99,999
9 over $100,000
Q-44 Which is the highest level of education that you have completed? (Circle number)

1  No formal education
2  Some grade school
3  Completed grade school
4  Some high school
5  Completed high school
6  Some college
7  Completed two year technical or professional program
8  Completed four year college (specify major)

9  Some graduate work
10 A graduate degree (specify major)
* We are interested in getting some in-depth interviews. If you are willing to talk with us about issues related to overspending, please, put your name, address and telephone number on the back of the return envelope with the note: *volunteer for interview*. Please *do not* put this information on the questionnaire itself. As soon as we receive your response, we will get in touch with you to make an appointment for an interview. If you give your approval, we would like to tape record the interview session. The interview will last approximately one hour. The information from the interview will be confidential. Only the researchers will have access to the tapes. The recordings will be erased after the study is completed.

---

* Your contribution to this effort is very greatly appreciated. If you would like a summary of results, please print your name and address on the back of the return envelope (*NOT* on this questionnaire). We will see that you receive it.
Appendix D

The Canadian Compulsive Buying Measurement Scale
by
Valence et al. (1988)

1. When I have money, I cannot help but spend part or the whole of it.

2. For me, shopping is a way of facing the stress of my daily life and of relaxing.

3. I sometimes felt that something inside pushes me to go shopping.

4. I am often impulsive in my buying behavior.

5. There are times when I have a strong urge to buy (clothing, book, etc.)

6. At times, I have felt somewhat guilty after buying a product because it seemed unreasonable.

7. There are some things I buy that I do not show to anybody for fear of being perceived as irrational in my buying behavior ("a foolish expense").

8. I often have an unexplained urge, a sudden and spontaneous desire, to go and buy something in a store.

9. As soon as I enter a shopping center, I have an irresistible urge to go into a shop to buy something.

10. I am one of those people who often respond to direct mail offers (e.g., books, records).

11. I have often bought a product that I did not need, while knowing that I have very little money left.

12. I am a spendthrift.

13. I have sometimes thought "If I had to do it over again, I would..." and felt sorry for something I have done or said.
Appendix E

First and second follow-up

Postcard

Two weeks ago, a questionnaire concerned with compulsive-addictive buying behavior was sent to you by the Consumer Credit Counseling Service of Tacoma. If you have already completed and returned it to us please accept our sincere thanks. If not, please do so today. Since the questionnaire has been sent to only a small number of people it is extremely important that yours also be included in the study if the results are to provide useful information to gain a better understanding of this increasingly appearing buying phenomenon.

If by some chance, you did not receive the questionnaire, please call me, (telephone number) and I will get another one in the mail to you within the next few days.

Sincerely,

Susanne Friese
Project Conductor
TO WHOM IT MAY CONCERN

About four weeks ago you received a questionnaire from the Consumer Credit Counseling Service of Salem concerning compulsive buying behavior and its possible causes. As of today we have not received your completed questionnaire.

The Department of Human Development and Family Sciences at Oregon State University has undertaken this study because compulsive buying behavior seem to becoming an increasing problem in our society, and very little is known regarding how to diminish the negative effects of this phenomenon and to provide help and support for today's consumer.

I am writing to you again because of the significance each questionnaire has to the usefulness of this study. Your name was randomly selected from the list of clients of the CCCS of Salem. You are one of a small number of people who are being asked to give their opinions, experiences and feelings about these matters. In order for the results of this study to be truly helpful for counselors, teachers and consumer education programs, it is essential that each person in the sample returns their questionnaire.

In the event that your questionnaire has been misplaced, a replacement is enclosed. I would be most happy to answer any questions you might have. Please feel free to write or call. The telephone number is

Your cooperation is greatly appreciated.

Cordially,

Susanne Friese
Project Conductor
Appendix F

Scale Statistics

Family Type Scale

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Mode: 2.000  Std dev: .711  Variance: .506
Kurtosis: -.959  S E Kurt: .656  Skewness: .174
S E Skew: .333  Range: 2.000  Minimum: 1.000
Maximun: 3.000  Sum: 96.000

Valid cases: 51  Missing cases: 1

Reliability Analysis - Family Type Scale

1. Q14  Family communication
2. Q15  Family rules
3. Q16  Boundaries
4. Q17  Family problem solving
5. Q18  Child-parent relationship
6. Q19  Statement describing family type

Covariance Matrix

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Statistics for Scale

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VARIANCE: 10.1184
STD DEV: 3.1809

ITEM MEANS

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Reliability coefficients 6 ITEMS

ALPHA = .7638
STANDARDIZED ITEM ALPHA = .7645
Factor Analysis

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Appendix G

Hypothesis 3 - Computation

H₀₃: The correlation coefficients for the three family types are homogeneous.

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\[ Z_\mu' = \text{Sum} \frac{(n_i-3)Z_i}{\text{Sum} (n_i-3)} = \frac{12.8904}{29} = 0.4445 \]

\[ \text{Chi-square} = \sum (n_i-3)(Z' - Z_\mu')^2 = 2.1148 \ (2df, p=0.13) \]