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The Addictive Trait in Buying Behaviour

ABSTRACT. Subsequent to two reports in JCP on empirical studies of “compulsive consumption” (Faber & O’Guinn, 1988a; Valence, d’Astous, & Fortier, 1988) the author presents the conceptual foundations of an ongoing West German study of addictive buying. He argues that it is consistent with psychological knowledge, and will lead to additional insights, to speak of addictive instead of compulsive buying and consumption. Addictive buying, like other addictions, is viewed as an attempt to compensate for a distortion of autonomy incurred in childhood, and reinforced in adolescence and adulthood, as a reaction to key experiences which seem to occur increasingly in contemporary industrial societies.

ADDICTION VERSUS COMPULSION

The topic is so new that even its name has not yet been firmly established. Researchers seem to be rather undecided as to whether the type of consumer behaviour they are dealing with should properly be labelled “addictive” or “compulsive.” Instead, there is a tendency to use both terms almost interchangeably, even in recent contributions (e.g., Barthold & Hochman, 1988, p. 89: “Compulsion, which drives addiction”; p. 96: “Compulsion, which drives the susceptible individual to a corner, and addiction, which must be established over time”).

This ambivalence seems to have accompanied the topic since it first emerged in the economics literature. Thus, Winston (1980) outlined “a theory of *compulsive* consumption” while King (1981) stressed the necessity to proceed towards “a theory of *addictive* consumption,” but each of the authors used both terms, obviously seeing the other as a synonym of his favourite term. King, for instance, stated that by the “motivating impact of mass communications” the “propensity to consume,” formerly believed to be rational, had “been transmuted into a compulsion, indeed an addictive habit transcending the pre-video imagination of neo-classical economists” (King, 1981, p. 132). Winston preferred “compulsive consumption” but used “addictive consumption” in quite the same sense (Winston, 1980, p. 295).

One has to admit, however, that language permits such use.

According to the Collins-Coburn English Language Dictionary, addiction is the condition of taking harmful things like drugs, “and being unable to stop taking them” (1987, p. 16). Quite similarly, compulsion is said to be “a desire that you find difficult to control” (p. 286). In both cases the vernacular seems to stress the most conspicuous feature, namely, the loss of control which both addiction and compulsion have in common.

And yet there is a difference, even in linguistic usage. Addictive behaviour runs out of control because of an overpowering but initially welcome desire; compulsive behaviour, on the other hand, is controlled by an unwelcome pressure which the person experiences as *alien to himself*. As my co-worker Gerhard Raab used to insist when we discussed the issue of addictive versus compulsive consumption, this distinction is very crucial in psychology. Here “compulsion” means that one feels pressed to do and repeat something even against one’s will, e.g., to wash one’s hands obsessively, whereas “addiction” is viewed to be driven by an irresistible urge which one experiences as one’s own want or need.

Given that distinction it seems reasonable to assume that it may be more adequate, and thereby more productive, to speak of “addictive” rather than of “compulsive” consumption. For the theory of addiction contains some clues for the analysis of consumer behaviour which the psychology of compulsive-obsessive neurosis can hardly provide.

In my opinion the most important insight to be gained by this approach is that addiction can be “considered as an abnormal extension of dependence and of habit or, to put it another way, as a pathological habit. What this accomplishes is to make clear that addiction plays a part in everyone’s life — none of us is entirely free of it” (Peele, 1979, p. 296). Thus we are entitled and encouraged to look for signs, symptoms, causes, and consequences of addiction “in” “*normal*” *consumer behaviour*, as already suggested by King (1981). As a matter of fact, much of the recent research on “compulsive consumption” seems more or less to proceed on this tack (most explicitly: d’Astous & Tremblay, 1988), guided or at least influenced by the assumption that the modern conditions of living and working, growing up and communicating may reinforce the propensity to anchor one’s self-reliance in external support.

This promises to be a somewhat broader approach than the search for compulsive buyers. According to Shapiro (1981) obses-

sive-compulsive behaviour belongs to a specific neurotic syndrome which he calls rigidity. Shapiro distinguishes at least two neurotic modes or syndromes: hysterical, impulsive, and passive characters on the one hand, and rigid characters on the other. Obsessive-compulsive behaviour is said to be only one of two styles of rigidity, paranoid rigidity being the other. Regardless of whether one follows that terminology or not, one will find it hard to deny that obsession-compulsion (also known as psychasthenia) might indeed occupy only a very narrow section in the wide range of neurotic styles.

Thus, if we go into the neurotic aspects of consumer behaviour, we should make sure that we apply an adequately broad approach. Addiction may be consistent with any neurotic style, not only with a particular one. It is my impression that neurotic modes of behaviour are more and more regarded as implying distortions of autonomy (Shapiro, 1981, and others, e.g., Gruen, 1984). This view allows us to look at addiction as an ubiquitous and diverse attempt to *compensate for that distortion*, and to interpret the intention behind it as a — misled, inadequate, and in effect self-destructive — attempt “to effect separateness, autonomy, and mastery” (Krueger, 1988, p. 582).

This holds for the addiction to drugs no less than for non-drug addictions. But since I do not intend to take this point further, I want to make clear at the outset that in this paper I shall focus on those kinds of addiction which do not involve intake of psycho-active substances. It should also be noted that I do not go into the question of particular physiological states which may either predispose (Jacobs, 1986) or accompany (Milkman & Sunderwirth, 1988) or reinforce (Bejerot, 1972) the addictive impulse.

THE DISTORTION OF AUTONOMY

As Krueger (1988) suggests, it may prove particularly fruitful to differentiate between the intent and the result of addictive behaviour. I assume that the *intent* can generally be regarded as an attempt to compensate for a distortion of autonomy. The *result* will deviate from the intent because the distortion blocks just those modes of action which would actually provide compensation, and favours vicarious satisfactions instead. For a better understanding, I shall refer to Shapiro (1981) at some length.

He conceptualizes autonomy as volitional *self-direction* (p. 4), which includes a certain independence of outer circumstances and surroundings (p. 14) as well as of the person's drives or impulses (p. 9). "This view sees behavior not as driven by impulse according to its 'aims' but as directed by a person according to his aims" (p. 10). Even symptomatic (e.g., compulsive) behaviour

is directed not by internal forces and needs . . . but rather by the neurotic person according to his aims, his thinking, and his point of view . . . The fact that neurotic people . . . may experience their own actions as . . . the product of an irresistible impulse does not alter this fundamental picture but only . . . indicates the existence of a whole dimension of psychopathology, the pathology of autonomy (Shapiro, 1981, p. 4).

Neurotic attitudes and ways of thinking, having developed in shrinking or self-protective reaction to certain kinds of conflict or discomfort, then tend to inhibit the full conscious experience of certain sorts of conflictful and discomforting feelings or motivations (p. 24).

Instead, they induce the person to reproduce escapist experiences like drinking, to which he or she is used to switching in order to evade a kind of conflict and discomfort that he/she has not learnt to face and to bear. Thereby "the neurotic process has created an articulation of consciousness that does not represent but in fact distorts actual feelings, wishes, interests, intentions, the actual state of subjective experience" (Shapiro, 1981, p. 26).

This is what Shapiro calls the *distortion* of autonomy, because it brings about an "estrangement of articulated feelings and intentions from what the person actually feels or intends" (p. 26). Those actual feelings or intentions must not be unconscious. But the person is not fully aware of them, since they are distorted, that is, reinterpreted, debased, tabooed, suppressed by the articulated ones. These in turn are distorted in that they exclude certain actual feelings or intentions from being experienced and articulated as natural, permitted, legitimate. It is just as if both sides would mutually distort each other. This vicious mutuality is, I think, the inevitable consequence of the fact that the two sides exist. Thus, it is the separation between articulated contents of consciousness and actual motivation that in itself constitutes the distortion of autonomy. In an integrated self there is no such separation.

The distortion does not prevent the person from behaving in the way he (she) actually wants to, but it causes him to *conceal his actual motivation* by regarding the resulting behaviour "as puzzling, unwished, a compulsion, a lapse of will, or a weakness of character"

(p. 29) — in other words, he is affected by forces stronger than himself, forces onto which he can shift the responsibility for his actual behaviour. As an example, Shapiro mentions the alcoholic's lament "I really want to stop drinking, but I'm not strong enough" (Shapiro, 1981, p. 29).

To take up this example, what the addict actually wants is the experience connected with drinking — an experience which consists of, say, feelings of being competent, relaxed, superior. At first glance there seems to be nothing wrong with this intention. But upon closer scrutiny we realize one thing that is strange, namely the fact that such an intent should occur at all. An autonomous person will not strive for feelings of self-esteem like those mentioned. Shapiro, at least, doubts that

conscious, lasting positive feelings of self-esteem or self-respect as such are an important part of normal subjective life. We experience, of course, transient feelings of pride and satisfaction in connection with particular achievements or recognition, but the closest approximations we know of lasting or continual self-appreciation are easily recognized as compensatory efforts, unconvincing and only half-believed by the subjects themselves. Actually, those individuals whom we describe as self-confident or possessed of self-respect seem to be characterized not so much by a feeling of esteem for themselves than by an absence of concern with themselves (Shapiro, 1981, p. 59).

In short, the addict's intention is caused by the distortion of autonomy, it is directed towards compensating for it, and is guided by a concern with self-esteem. Such an intention, to be sure, can never be fulfilled by means of substituting external gratifications for internal integration. These are vicarious satisfactions which do not still the desire but increase it. But in the addict's mind other means to pursue his intention do not exist, or are not within reach. Objectively, he (she) could as well face the circumstances (past or present) which burden his life with desperate frustration or unbearable stress, and seek out ways of changing them. Subjectively this task may be associated with feelings of ostracism and punishment, threat and terror, fear and inferiority that he seems not able to overcome. Thus, subjectively he (she) has no option but to pursue his intent by relying on external support, which in this case means drink.

CHOICE VERSUS IMPULSE

The result — being drunk, despised, abandoned — is by no means the state that he desires. On the contrary, as we can infer from his

articulated feelings, he would like to avoid such a state. But next time he will drink again, because at that time it will be the only thing for him to do. The self-estrangement *prevents him from realizing that he has a choice*. If he were fully aware of his actual aim, and of the reason why he is taking alcohol to achieve it, he would be able to “experience himself as the author of his action in both the past and the future,” and “to create a more active relationship between him and that objective aim,” since that awareness facilitates “what was previously not possible: the objective imagination of alternatives, and consequently the greater reality of choice” (Shapiro, 1981, p. 30).

Meanwhile the reader will note that the framework reported here makes it necessary to draw a distinction between *choice* and *decision*. The addict in the example surely decides to take another drink but is said to have no real choice. Choice, then, means more than preferring a certain behavioural option. Authors who elaborate the concept of autonomy arrive at regarding some behaviour as truly chosen “only if the person could seriously consider not doing it” (Deci & Ryan, 1985a, p. 155). The addict cannot: He has the impression of being driven by an irresistible urge.

Choiceless behaviour, by the way, is not identical with habit. Of course there are always “kinds of habitual or quasi-automatic behavior — such as driving, typing, or speaking.” But if behaviour is volitionally directed at all, it is “initiated and in a general way guided by conscious aims even though their technical operation follows automatized patterns” (Shapiro, 1981, p. 19). Thus, habitual behaviour — and likewise other kinds of action not preceded by a decision process (Olshavsky & Granbois, 1979) — may very well be the result of choice. The characteristic of choiceless behaviour is that it is *not guided by the self*. Self-direction or autonomy “connotes an inner endorsement of one’s actions, the sense that they emanate from oneself, and are one’s own” (Deci & Ryan, 1985a, p. 155).

Consider, for example,

the behavior of an anorexic person abstaining from food. Clearly, there is intentionality, yet the person would not appropriately be described as acting autonomously (or through choice). In a similar vein, the behavior of someone who is desperately seeking approval or avoiding guilt is intentional, but it is not autonomous. The person is compelled to engage in the behavior, and would not experience a sense of choice. Finally, a person who follows a therapist’s suggestion not out of an inte-

grated understanding but rather out of deference to the therapist's authority is behaving intentionally, but until the action is self-initiated and grasped as one's own solution it would not be characterized as autonomous . . . Autonomous action is thus chosen, but we use the term choice not as a cognitive concept, referring to decisions among behavioral options, but rather as an organismic concept anchored in the sense of a fuller, more integrated functioning. The more autonomous a behavior, the more it is endorsed by the whole self, and is experienced as action for which one is responsible (Deci & Ryan, 1987, p. 1025).

An economist may find it rather difficult to follow this view. For in economics the concept of choice has invariably been used in the sense of decisions among behavioural options. In particular, buying decisions were principally regarded as reflecting the buyers' genuine wants and needs, and no effort was made to distinguish between choice and impulse. As long as addictive behaviour was not taken into consideration, such an abstention may have been reasonable. With addiction entering the field of consumer research, however, it becomes apparent that choiceless behaviour may lead to vicarious satisfaction which does not meet the genuine need, and thereby increases the addictive desire. Thus the principle of economics that every satisfaction has to be regarded as authentic because it is chosen by the individual himself becomes dysfunctional.

All the same, it is not abandoned — because here the economist's inertia starts to operate. Micro-economic analysis has no other approach to the understanding of individual behaviour than the assumption that people tend to maximize utility. So the notion that this assumption may fail to explain the behaviour of addicted consumers will, for the time being, multiply the number and the efforts of its defenders.

THE ADDICTIVE EXPERIENCE

The reason why I think it must fail is that if one looks at the addict as a utility-maximizing entity one takes into account only his (her) vicarious satisfaction. According to the conceptualization outlined above this satisfaction consists of the external support by which the addict tries to compensate for his (her) distorted autonomy; to put it more naively, it is the pleasurable effect of the addictive good or activity itself that adds to the addict's utility.

Micro-economic analysis seems to favour a rather naive compre-

hension. Stigler and Becker (1977) assumed that past pleasurable experiences with the addictive good cumulate to become addiction. Recently, Becker and Murphy refined this concept, but stated again that they equate addiction with habit formation (Becker & Murphy, 1988, p. 689). Barthold and Hochman (1988) characterize addicts as people drawing pleasure out of extreme sensations. Michaels explains addiction by the productivity of the addictive activity, that is, by its ability to contribute to the “primary sources of utility for an individual” which he assumes to be “self-esteem” and “physiological pleasure” (Michaels, 1988, p. 76). Here even self-esteem is forced into the Procrustean bed of utility: “One’s utility increases as one’s sense of self-worth, i.e., self-esteem, becomes greater” (ibid.).

All of these studies try to save *the concept of rationality* — the assumption “that individuals maximize utility consistently over time” (Becker & Murphy, 1988, p. 694) — by proving that it can be successfully applied to addiction. In my judgement, they succeed only in demonstrating that addiction is indeed “a major challenge to the theory of rational behavior” (p. 695).

I suggest that we take seriously the increasing evidence that the addict is in fact not able to choose authentic satisfaction of his/her genuine needs which he could perform only if he overcame the distortion, that is, if he could regard himself as the author of his actions, and thereby realize that he has a choice. In this case, he/she would presumably choose another behaviour. As an addict, he/she is driven to compensate for a distortion of autonomy by seeking confirmation, consolation, gratification from an external object. This behaviour appears to be choiceless; the addict subjectively has no chance to act in another way. Even in his “sober” moments he is subject to that distortion of mind. His/her actions, as mentioned above, do reflect his/her actual motivation — but this motivation is not wholly identical with that of the same person’s undisturbed self. It is implied in the concept of autonomy distortion that the self does not remain the same when the distortion is dissolved.

If it were the addictive good or activity which people become addicted to, the addict’s behaviour could be described, as in Winston’s model, by some kind of flip-flopping between two states of consciousness, the addicted or “myopic” state on the one hand, and the awareness of one’s “long-run preferences” on the other (Winston, 1980, pp. 303, 321), both being the properties of an unchanged self. Rather, it is the “*addictive experience*” to which people become addicted. By describing this experience in some detail I hope to

make more easily comprehensible that the concept of maximizing utility should indeed not be applied. According to Peele (1979) addictive experience has the following characteristics.

“First and primarily, an addictive experience *absorbs a person’s consciousness* so as to eradicate awareness of pain, tension, anxiety, and the problems which bring these on for the person.”

Second, the experience grows to *dominate the person’s life* by gradually destroying “the person’s ability to derive satisfaction from other involvements — including other activities such as work and other relationships aside from those connected to the person’s addiction.”

Third, the experience is both motivated by and detrimental to the person’s *concern with his (her) self-esteem*. On the one hand the addict seeks the experience “to protect his or her self-image. Yet when the experience evaporates, the person both feels more self-loathing, and is also subject to the disapproval of others and the guilt this induces. It is this diminished sense of self-worth which then becomes the greatest impetus to continued involvement with the experience.”

Fourth, the addictive experience is *not pleasurable* in the normal sense of the word. “For example, a person who smokes several packs of cigarettes a day loses enjoyment of the tobacco after the first few puffs of the first several cigarettes of the day.” Then “the true motivation for using the drug becomes apparent — to avoid other feelings and stimuli which disturb the person.”

“The final characteristic of an addictive experience is *that it be predictable* . . . For the addict, addiction is an alternative to the demands of a straight life style and the need to cope with them. The predictability of the addictive experience and all that surrounds it is used to forestall the anxiety that novelty and challenge bring on for the person.” That anxiety

is partly a matter of lack of coping ability and more a matter of insecurity about one’s ability to cope. When a person is steeped in this fear, he or she tries to turn over responsibility for life to outside forces — to other people, to institutions, and to habits (Peele, 1979, pp. 292–294).

ADDICTION VERSUS HABIT

Habit, thus, is not addiction; it is just an object of addiction. Both, however, have an important feature in common, that may have led

several authors to treat them as equivalent. Referring to the well-known article by Solomon and Corbit (1974), Scitovsky points out that, “by forming any kind of habit, we acquire a *distaste* for breaking that habit. In fact, we become spoiled. Whatever we get used to doing (or consuming, or avoiding to do), for whatever reason, becomes, by that alone, something indispensable; it becomes a comfort, in the sense that doing without it has become uncomfortable” (Scitovsky, 1976, p. 131).

There is no doubt that people very often get dependent on their habits. But according to the theoretical view presented above it is not the formation of a habit in itself that makes them dependent; it is the *narrowing process* which causes the addictive experience to dominate a person’s life, and which can said to be the core of addiction. By gradually concentrating on the addictive object the addict more and more loses the ability to enjoy other means of satisfaction, to deal with the world around him, to cope with the fears and uncertainties that have induced him to rely on the addictive experience. A person who has thus become dependent on a single source of confirmation will fear more than anything else becoming unprotectedly re-exposed to the world — in other words, being forced to do without the addictive object or without the addictive habit. It is for this reason that withdrawal will stir up feelings of being threatened, disoriented, anxious, restless, uneasy, and ill — feelings which often culminate in bodily withdrawal symptoms. These symptoms are essentially the same with all addictions, regardless of whether a person is addicted to drugs or to activities like eating or buying (Peele & Brodsky, 1975, pp. 33, 51, 62).

As this reflection makes clear, in order to become an addiction, a habit must go through the narrowing process. In order to gain such a degree of dominance as that process produces, it must be based on a considerably strong concern with self-esteem, must be motivated by a neurotic desire to avoid certain feelings and stimuli which the person experiences as disturbing and dangerous, and must be driven by a fear of novelty and challenge.

On the other hand, the concept of the narrowing process does not necessarily restrict addiction to the state of being subject to one single habit. We have to bear in mind that it is associated with another concept, that of the addictive experience. Being addicted to such an experience may well be consistent with an affinity to *several* habits which simultaneously or successively provide for that experience. Therefore we can indeed imagine that people may be addicted,

quite in the sense described above, to a couple or even a syndrome of habits such as those of an affluent life. The narrowing process need not focus on one individual addictive object but may as well render the person dependent on a variety of outside forces.

In order to warrant the name of addiction, however, the resulting behaviour has to be more than heteronomous. Heteronomy, i.e., the tendency to be motivated or governed by forces outside the self, regardless of whether these are actually imposed by an external power or have been introjected but not integrated in the person's mind (the latter case has been denoted by Watkins, 1975, as "inner heteronomy"), is produced by the initial distortion of autonomy, and can be regarded as a necessary but not sufficient condition of addiction. There must be additional factors which aggravate heteronomy to neurosis by causing or increasing the person's feelings of pain, tension, or anxiety, and also a preparedness to avoid them by switching to an addictive experience.

There is much evidence that those conditions and factors which may cause heteronomy and addiction are *ubiquitous in modern societies*. The life of children is not seldom characterized by an absence of close relationships to adults other than their parents, these too absent most of the time; by stressed and frustrated parents showing a tendency either to intrusive interference or to permissive neglect; by a denial of the child's emotional and volitional independence. Not only children are impeded in their development into competent and self-determined individuals; adults too are forced and used to live, work, consume, and communicate under conditions of stress, overstimulation, confinement, insecurity, dependency, and control. Both learn to depend on institutions and experts since they are increasingly unable to understand the functioning of the facilities they rely upon (Peele & Brodsky, 1975, pp. 116—160).

To complete the picture there is the ever-increasing, effectively supported message that commercial goods and facilities are able to solve personal problems such as being ill, old, plain, fat, non-athletic, uninformed, unloved, not well respected, or inferior in any other aspect. The spreading tendency to solve even emotional problems by means of consumption, however, may just be another manifestation of the desire to compensate for the lack of self-determination, especially in work, which is regarded as a central deficiency of industrial societies; in this sense modern consumption as such has been classified as "compensatory" (Gorz, 1989).

Taking all this together one would indeed be surprised if, upon

closer scrutiny, consumption habits did not by and large become addictive or close to addiction. For instance, what one normally regards as old-age inflexibility and helplessness may in fact often be the result of addictive consumption habits. The same may be true for much of the silent resistance of consumers to the cutting down of certain consumption habits and aspirations for the sake of protecting the environment. But we do not have much knowledge about this facet of addictive consumption. What knowledge we hitherto have collected focuses on addictive buying.

EVIDENCE OF ADDICTIVE BUYING

Firstly, buying addiction has emerged as a mass phenomenon during the past ten years. It was brought to the attention of the public by mass media which reported on the increase of debt delinquency, overspending, demand for financial consumer advice, and self-help groups of addicted spenders and debtors. Headlines such as "The buying binge" or "The passion to buy" or "I am addicted to buying" or "Shopaholics buy their way to ruin" became fairly common first in American but soon also in European newspapers and magazines.

Secondly, there is a growing concern of therapists with this kind of addiction. Cases of addictive buying which previously were rather seldom used to illustrate neurotic behaviour (one early example: Miller, 1980, p. 309) now became the subject of fully fledged contributions in scientific journals (Glatt & Cook, 1987; Krueger, 1988; Winestine, 1985). Descriptions of addictive buying and consuming also entered the area of psychological non-fiction books (Gross, 1985; Schmidbauer, 1984).

Thirdly, it has been documented in empirical research that addictive buying has in fact the qualities of an addiction: that it is associated with anxiety (Valence, d'Astous, & Fortier, 1988) and low self-esteem (D'Astous & Tremblay, 1988), that it is characterized by a compulsion (Faber & O'Guinn, 1988a) or an urge to buy (d'Astous & Tremblay, 1988), that it is accompanied by feelings such as being happy or high during but depressed after the act of buying (Faber & O'Guinn, 1988a).

Among consumer economists, marketing researchers, and psychologists nobody should have become surprised by the fact that addictive buying started to appear and spread. In the decades pre-

ceding the eighties marketing theory and practice contributed to the development of strategies and structures which as a side-effect made the act of buying suitable for addictive experiences on a large scale. Impulse buying, now identified as fairly close to addiction (Rook, 1987), has step by step been mapped and utilized. Issues as the “mediating role of mood states and their potential importance in consumer behavior” (Gardner, 1985, p. 281), the “ritual dimension of consumer behaviour” (Rook, 1985), and the “experiential aspects of consumption” (Holbrook & Hirschman, 1982) have increasingly become favourite research topics. Particular attention has been paid to the observation that consumers do not shop “simply to make purchases” (Tauber, 1972), and that they increasingly use shopping as an entertainment for their leisure time (Bellenger & Korgaonkar, 1980). Last but not least, the symbolic — above all, positional — meaning of products and product environments as related to the consumer’s self-image (e.g., Birdwell, 1968) has become a basic issue in marketing.

Obviously an activity such as shopping and buying will provide the more opportunities for addictive experiences the more its is enriched and enlarged by emotional, experiential, and symbolic values. It seems conceivable that an increase in opportunities may in itself cause an increase in addictive buying, even if the propensity to addictive buying among consumers remains the same. But also the influences which foster the general predisposition to addiction — in contrast to the special propensity to addictive buying — seem to have increased.

As to this propensity, we do have evidence that it is acquired in early childhood. A study by Faber and O’Guinn indicates that addictive buyers are “more likely to be socialized to appear to get along with others, and give in to other people’s desires rather than to express their own opinions”; they “saw themselves as trying to live up to their parent’s role expectations, but received little reward for this” (Faber & O’Guinn, 1988b, pp. 13–14). But as the authors themselves state, by following the “general theory of addictions” by Jacobs (1986), it is typical of any predisposition to addiction to be based on low self-esteem and feelings of inadequacy which have been fostered by parents and other closely related persons in childhood and early adolescence.

The question remains why people predisposed to addiction tend to addictive buying instead of addictive eating, gambling, sex habits,

drug-taking, working, television viewing, smoking, drinking, use of everyday drugs like caffeine, or dependence upon a personal relationship. It is partly answered by the same authors' observation that in families of addictive buyers money or gifts were used to reward behaviour with a significantly higher frequency than in other families; thus, the addict may have learnt that "this form of reward may replace or compensate for other signs of caring" (Faber & O'Guinn, 1988b, p. 13). This will certainly be a satisfactory explanation in a good number of cases. It refers to a kind of adult behaviour that has become very common in industrialized societies.

GENERAL VERSUS SPECIAL KEY EXPERIENCES

But the propensity to addictive buying need not necessarily have its roots in key experiences of early childhood such as having been rewarded with money instead of care. It can well arise from key experiences in early adulthood such as having a grand feeling when spending the first self-earned money. In fact there may be many cases where the propensity to addictive buying unfolds only at a relatively late stage of individual development, based on a general predisposition to addiction acquired much earlier, and triggered off by particular key experiences which serve as a kind of starting point for a buying addict's career. These, however, need not be very impressive. They may well occur quite casually, and not even be noticed, as often happens with the origin of habits: Habits often function as their own motives, so there is nothing remarkable about their emergence.

That there must be a *considerable variety* of possible key experiences which lead an already predisposed person to focus his or her addictive trait on buying can be inferred from the diversity of the addictive trait on buying can be inferred from the diversity of the addictive experience. Besides taking goods as material substitutes for love, the addictive experience of buying can for instance consist of feeling liked and admired — by the sales personnel, by other consumers, or by some authority inside oneself. It can consist of being excited, as by a very expensive purchase. It can consist of the promise of feeling more complete of or improving one's body image being grand, of acting efficiently. Furthermore we have to take into account that the addictive experience can either be associated with

the very act of buying, or with the commodities one buys, or with both.

In analysing addictive buying behaviour it is obviously imperative to look for those *special* key experiences which may explain why the predisposition to addiction has focused on buying. In the therapy of addictive buying, however, it will sometimes be of little use to know how the person came to choose buying as his or her preferred form of addiction. In order to get rid of addictive buying the persons involved have to realize that they themselves have chosen to buy addictively, and that there are alternatives which one can choose instead. In gaining this insight it can be very helpful if the person discerns the *general* key experiences which have led him/her to the basic distortion of autonomy he/she is trying to compensate by addictive buying.

The special key experiences may be of value too, provided that they add to the understanding of the general ones. This obviously applies to the experience of having received care mainly by material rewards. On the other hand they may sometimes appear to be rather accidental, in particular if the propensity to addiction extends to several kinds of addictive behaviour. For instance, addictive buying may be combined with addictive working and/or eating — in such cases it will be mostly the general key experience that counts.

In order to convert these considerations into research one has to investigate the addictive experience of addictive buyers in detail, to trace it to general and special key experiences in childhood, adolescence, and adulthood, and to examine these in the context of both the buyers' individual socialization and the societal conditions under which it has taken place. This can be pursued by an approach that has been repeatedly applied in previous research, viz., by studying a sample of undoubtedly addictive buyers. In the spring of 1989, this author together with two co-workers, Gerhard Raab and Lucia Reisch, began in-depth interviews of consumers who claimed to be addicted buyers. All of them contacted us after the project had gained some publicity from press articles and radio programmes.

That series of interviews will be followed during the autumn of 1989 by a survey of a small random sample of consumers. This will serve, firstly, to validate a German version of the scale to measure the propensity to addictive buying which has been developed by Valence, d'Astous, and Fortier (1988), and secondly, to subject the central assumption — addictive buying as an attempt to compensate

for a distortion of autonomy — to its first statistical test. In an earlier survey of German consumers we found some preliminary confirmation that addictive buyers have lower scores on the scale of autonomy orientation than others (Scherhorn, Grunert, Kaz, & Raab, 1988). The scale was developed by Deci & Ryan (1985b), and adapted to German conditions by us (cf. Scherhorn & Grunert, 1988). We are employing it again in the current project.

In part the ongoing in-depth interviews are also guided by the intention to test the concept of distortion of autonomy by critically evaluating its applicability to the biography of addicted consumers. By other methods, and for another addiction, Strauss and Ryan (1987) have delivered a first proof that the concept may stand up to such tests. Personally I am convinced that it will not only contribute to the understanding of addictive buying and consumption habits, but also to a general insight into human behaviour that first was put forward by Goldstein: The tendency to release tension, which is customarily thought to be the very basis of consumers' needs and wants, is *no general feature of human behaviour* but, rather, a characteristic expression of a defective, deprived, endangered organism (Goldstein, 1940, p. 141). This description surely includes a distorted self. The non-distorted self will presumably tend to behave in intrinsically motivated ways (Deci & Ryan, 1985a). Thus, in the end, the analysis of addictive buying and consuming will not least educate us about the conditions and modes of *self-determined* consumer behaviour.

REFERENCES

- Barthold, T. A., & Hochman, H. M. (1988). Addiction as extreme-seeking. *Economic Inquiry*, 26, 89–106.
- Becker, G. S., & Murphy, K. M. (1988). A theory of rational addiction. *Journal of Political Economy*, 96, 675–700.
- Bejerot, N. (1972). A theory of addiction as an artificially induced drive. *American Journal of Psychiatry*, 128, 842–846.
- Bellenger, D. N., & Korgaonkar, P. K. (1980). Profiling the recreational shopper. *Journal of Retailing*, 56(3), 77–92.
- Birdwell, A. E. (1968). A study of the influence of image congruence on consumer choice. *Journal of Business*, 41, 76–88.
- d'Astous, A., & Tremblay, S. (1988). The compulsive side of "normal" consumers: An empirical study. In: G. J. Avlonitis, N. K. Papavasiliou, & A. G. Kouremenos (Eds.). *Marketing thought and practice in the 1990's*. Vol. 1, pp. 657–669. Athens: The Athens School of Economics and Business Science.

- Deci, E. L., & Ryan, R. M. (1985a). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum Press.
- Deci, E. L., & Ryan, R. M. (1985b). The general causality orientations scales: Self-determination in personality. *Journal of Research in Psychology, 19*, 109–134.
- Deci, E. L., & Ryan, R. M. (1987). The support of autonomy and the control of behavior. *Journal of Personality and Social Psychology, 53*, 1024–1037.
- Faber, R. J., & O'Guinn, T. C. (1988a). Compulsive consumption and credit abuse. *Journal of Consumer Policy, 11*, 109–121.
- Faber, R. J., & O'Guinn, T. C. (1988b). *Dysfunctional consumer socialization: A search for the roots of compulsive buying*. Paper presented at the 13th Annual Colloquium of the International Association for Research in Economic Psychology, Leuven, Belgium, September.
- Gardner, M. P. (1985). Mood states and consumer behavior: A critical review. *Journal of Consumer Research, 12*, 281–300.
- Glatt, M. M., & Cook, C. C. H. (1987). Pathological spending as a form of psychological dependence. *British Journal of Addiction, 82*, 1257–1258.
- Goldstein, K. (1940). *Human nature in the light of psychopathology*. Cambridge, MA: Harvard University Press.
- Goetz, A. (1989). *Kritik der ökonomischen Vernunft*. Berlin: Rotbuch Verlag. (French edition: *Métamorphoses du travail. Quête du sens. Critique de la raison économique*. Paris: Editions Galilée, 1988).
- Gross, W. (1988). *Hinter jeder Sucht ist eine Sehnsucht*. Freiburg: Herder.
- Gruen, A. (1984). *Der Verrat am Selbst*. München: Causa. Second edition (1986), München: dtv.
- Holbrook, M. B., & Hirschman, E. C. (1982). The experiential aspects of consumption: Consumer fantasies, feelings, and fun. *Journal of Consumer Research, 9*, 132–140.
- Jacobs, D. F. (1986). A general theory of addictions: A new theoretical model. *Journal of Gambling Behavior, 2*(1), 15–31.
- King, A. (1981). Beyond propensities: Towards a theory of addictive consumption. In: K. Bernhardt et al. (Eds.). *The changing marketing environment — New theories*, pp. 132–135. Chicago: American Marketing Association.
- Krueger, D. W. (1988). On compulsive shopping and spending: A psychodynamic inquiry. *American Journal of Psychotherapy, 42*, 574–585.
- Michaels, R. J. (1988). Addiction, compulsion, and the technology of consumption. *Economic Inquiry, 26*, 75–88.
- Milkman, H., & Sunderwirth, S. (1988). Warum werden wir süchtig? In: *Die tägliche Versuchung*, pp. 7–19. Weinheim: Beltz.
- Miller, A. (1980). *Am Anfang war Erziehung*. Frankfurt: Suhrkamp.
- Olshavsky, R. W., & Granbois, D. H. (1979). Consumer decision making — Fact or fiction? *Journal of Consumer Research, 6*, 93–100.
- Peele, S. (1979). Redefining addiction. II. The meaning of addiction in our lives. *Journal of Psychedelic Drugs, 11*, 289–297.
- Peele, S., & Brodsky, A. (1975). *Love and addiction*. New York: Taplinger.
- Rook, D. W. (1985). The ritual dimension of consumer behavior. *Journal of Consumer Research, 12*, 251–264.
- Rook, D. W. (1987). The buying impulse. *Journal of Consumer Research, 14*, 189–199.
- Scherhorn, G., & Grunert, S. C. (1988). *Using the causality orientations concept in consumer behaviour research*. Paper presented at the 13th Annual Colloquium of the International Association for Research in Economic Psychology, Leuven, Belgium, September.
- Scherhorn, G., Grunert, S. C., Kaz, K., & Raab, G. (1988). *Kausalitätsorientierungen*

- und konsumrelevante Einstellungen*. Stuttgart: Universität Hohenheim, Institut für Haushalts- und Konsumökonomik. Working paper.
- Schmidbauer, W. (1986). *Weniger ist manchmal mehr* (2nd ed.). Reinbek/Hamburg: Rowohlt.
- Scitovsky, T. (1976). *The joyless economy*. Oxford: Oxford University Press.
- Shapiro, D. (1981). *Autonomy and rigid character*. New York: Basic Books.
- Solomon, R. L., & Corbit, J. D. (1974). An opponent-process theory of motivation: Temporal dynamics of affect. *Psychological Review*, 81, 119–145.
- Stigler, G. J., & Becker, G. S. (1977). De gustibus non est disputandum. *American Economic Review*, 67, 76–90.
- Strauss, J., & Ryan, R. M. (1987). Autonomy disturbances in subtypes of anorexia nervosa. *Journal of Abnormal Psychology*, 96, 254–258.
- Tauber, E. M. (1972). Why do people shop? *Journal of Marketing*, 36(4), 46–49.
- Valence, G., d'Astous, A., & Fortier, L. (1988). Compulsive buying: Concept and measurement. *Journal of Consumer Policy*, 11, 419–433.
- Watkins, J. (1975). Three views concerning human freedom. In: R. S. Peters (Ed.), *Nature and conduct*, pp. 200–228. London: MacMillan.
- Winestine, M. C. (1985). Compulsive shopping as a derivative of childhood seduction. *Psychoanalytic Quarterly*, 54, 70–72.
- Winston, G. C. (1980). Addiction and backsliding. A theory of compulsive consumption. *Journal of Economic Behavior and Organization*, 1, 295–324.

ZUSAMMENFASSUNG

Das suchthafte Element im Kaufverhalten. Im Anschluß an zwei Berichte über nordamerikanische Studien zum Thema "Compulsive Consumption" (Faber & O'Guinn, 1988a; Valence, d'Astous, & Fortier, 1988) wird hier die Konzeption einer laufenden westdeutschen Untersuchung vorgelegt. Der Autor begründet sieben Thesen, von denen die Untersuchung ausgeht:

1. Dem zu untersuchenden Phänomen wird der Begriff "Kaufsucht" eher gerecht als der Begriff "zwanghaftes Kaufverhalten".
2. Kaufsucht kann wie andere Süchte als unbewußter und fehlgeleiteter Versuch gedeutet werden, eine Verzerrung der Autonomie zu kompensieren.
3. Bei der Interpretation der Kaufsucht ist zwischen Intention and Resultat zu unterscheiden. Im Resultat bewahrt die Sucht den Käufer vor der Erkenntnis, daß er der Urheber seines Verhalten ist; daß er eine Wahl hat. Tatsächlich verhält er sich, als hätte er keine Wahl; daher kann das Rationalkalkül der mikroökonomischen Analyse dem kaufsuchtigen Verhalten nicht gerecht werden.
4. Die Intention des/der Süchtigen ist auf die Reproduktion der Suchterfahrung gerichtet, die mit fünf Merkmalen beschrieben wird: sie lenkt von unliebsamen Gefühlen und Problemen ab, dominiert das Verhalten und Leben der Person, hängt mit einem geschwächten Selbstwertgefühl zusammen, ist nicht lustvoll im normalen Wortsinne, und schließlich wird sie als voraussagbar und verlässlich erlebt.
5. Auch die Gewohnheit kann Suchtcharakter annehmen.
6. Die Bedingungen, die suchthafte Verhalten fördern, sind in modernen Industriegesellschaften mit steigender Häufigkeit anzutreffen.
7. Wie die bisherige Forschung belegt, hat die Kaufsucht in der Tat den Charakter einer Sucht.

Die Grundlagen kaufsuchtigen Verhaltens werden in der Regel schon durch

Kindheitseinflüsse gelegt. Es erscheint sinnvoll, die allgemeinen Schlüsselerlebnisse, die eine Suchttendenz hervorrufen, von den speziellen Schlüsselerlebnissen zu unterscheiden, die die Entstehung der Kaufsucht erklären können. Die im Gange befindliche empirische Untersuchung, von der der Autor berichtet, ist denn auch zu einem guten Teil dem Versuch gewidmet, mit umfangreichen Tiefeninterviews dem Zusammenspiel und der gesellschaftlichen Bedingtheit dieser Schlüsselerlebnisse auf die Sprünge zu kommen.

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POSTSCRIPT

This paper was completed in June, 1989. The empirical study on addictive buyers in West Germany has to come to a close in March, 1990. Its results will be published in one of the next issues of JCP.

The study indicates that addictive buying is clearly one kind of addiction which may be substituted by other addictions, may take place of another addiction, or even alternate with other forms of addiction. At the same time, there is substantial evidence that there are special key experiences to which the propensity to addictive buying can be traced back. Addictive buyers have been subjected to a specific form of distortion of autonomy: They have experienced that for their parents, relatives, or neighbours, material goods (money, property, consumer goods) seemed to be more relevant and more important than they themselves. Thus, they have acquired a strong predisposition for using consumer goods as a favourite means of compensating for the weakness of self-esteem from which they suffer. This predisposition, however, is reinforced by the fact that the role of a socially favoured means of compensation is increasingly assigned to consumption and buying.

The instrument for measuring the inclination to addictive buying developed by Valence, d'Astous and Fortier (1988), which we adapted to German conditions, has once more proved to be valid and useful. It is referred to in an article in this issue by d'Astous. The phenomenon of addictive buying in West Germany, as identified by means of that instrument, shows quite similar features and similar distribution as that in North America.