The Essential Structure of Compulsive Buying: A Phenomenological Inquiry

Letty Workman
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THE ESSENTIAL STRUCTURE OF COMPULSIVE BUYING:
A PHENOMENOLOGICAL INQUIRY

by

Letty Workman

A dissertation submitted in partial fulfillment
of the requirements for the degree

of

DOCTOR OF PHILOSOPHY

in

Education
(Management Information Systems)

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2010
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ABSTRACT

The Essential Structure of Compulsive Buying: A Phenomenological Inquiry

by

Letty Workman, Doctor of Philosophy

Utah State University, 2010

Major Professor: David Paper, Ph.D.
Department: Management Information Systems

While many jokes and sales of specialty merchandise have been made that make light of consumers who frequently shop and buy (e.g., “When the going gets tough, the tough go shopping,” or “I am a shopaholic”), for 18 million Americans suffering from compulsive buying, the process of shopping and buying has caused their lives to literally go out of control. The outcomes of this disease for individuals, families, and business are all negative. In a marketing era of social responsibility, if marketers either knowingly or unknowingly encourage increased consumption among compulsive buyers, potential negative outcomes stand to impact others well beyond the span of the personal psychological and financial situations of individual consumers.

The purpose of this study was to explore in depth the structures of human consciousness of compulsive buyers by employing the qualitative research tradition of phenomenology. The study was framed by the social constructivist paradigm where my emphasis was on understanding how the essence of each individual consumer’s sense of
reality was shaped by her/his particular circumstances and lived experiences.

From a theoretical perspective, the study offers an integrated framework by bringing together diverse constructs/data themes from previous research in the fields of psychiatry, psychology, sociology, and marketing. Personality antecedents and short- and long-term consequences of compulsive buying were presented in the framework.

The study’s research question was, “What are the essential structures of the lived experiences of compulsive buyers?” A criterion-purposive sample, where all participants currently experience or have experienced the phenomenon of compulsive buying, was selected. Data collection and analysis were performed from prolonged engagement at Debtors Anonymous meetings over a 12-month period, plus in-depth interviews from six volunteer participants.

Individual participant models of compulsive buying were constructed and juxtaposed against the original theoretical model. Data theme frequencies across participants were tabulated and discussed for comparisons against the theoretical model.

Results indicated that while each participant’s lived experience of the disease shared most theoretical themes identified by previous research, participants also revealed additional data themes unique to her/him. Marketing implications and recommendations for improved marketing strategy were offered.

(304 pages)
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The completion of this dissertation represents the culmination of years of work toward my doctoral degree. As a result of this effort, I have developed a deeper understanding of the process by which knowledge is advanced and the limitations associated with such knowledge gains. I am deeply indebted to those people who not only supported my efforts, but who also contributed by changing and enhancing my thinking.

I also thank each member of my dissertation committee for their invaluable insights and guidance throughout the journey: Dr. David Paper, Dr. Martha Dever, Dr. Zsolt Ugray, Dr. Cathy Hartman, and Dr. Sylvia Read. I am especially grateful to my major professor, Dr. Paper, and to my methods professor, Dr. Dever, for their patience and endless hours of mentoring and guidance.

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understanding and knowledge about the compulsive buying disease. Such bravery, generosity and vision among people are indeed rare, and an experience I shall cherish for the rest of my life. Thank you from my heart.

Letty Workman
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CHAPTER I

INTRODUCTION

One of the principal goals of marketers is to be able to empirically predict consumption behavior in the marketplace. Knowledge of this enables the effective and efficient crafting of strategies and marketing tactics to better serve and meet the demands of relevant constituencies.

The marketing discipline is replete with seminal theoretical models describing the steps involved in how consumers process information and make rational marketplace decisions (e.g., Bettman, 1979; Engel, Kollat, & Blackwell, 1968; Howard & Sheth, 1969; Hunt & Morgan, 1997; Nord & Peter, 1980; Punj & Staelin, 1983; Puto, 1987). These models have served the discipline as useful frameworks for empirically testing actual consumption behavioral patterns and making predictions, as well as enabling marketers to improve and more effectively and efficiently provide goods and services that are valued by their customers.

The dominant paradigms used in marketing to describe consumer behavior, however, center on rational choice models. The premise underlying these models (e.g., Bettman, 1979; Engel et al., 1968; Howard & Sheth, 1969; Hunt & Morgan, 1997; Nord & Peter, 1980; Punj & Staelin, 1983; Puto, 1987) assumes that humans are dispassionate information processors who evaluate alternatives in a completely rational fashion when making purchase decisions (Hoch & Loewenstein, 1991). That is, the rational paradigm purports that when humans are faced with a problem or need that the marketplace can solve, their attention is directed toward searching for product alternatives, weighing the
costs and benefits of each, and then determining which item best matches their need.

What actually is played out in the marketplace, however, is often completely different from this logically deduced behavioral intention inherent in the rational paradigm. As additional stimuli and/or emotional drives from within persuade the consumer toward other choices, purchase decisions may be altered. Economists of the late nineteenth century (Bohm-Bawerk, 1898; Marshall, 1890) recognized that a more complete understanding of consumer behavior must recognize that consumers are not only influenced by long-term rational concerns, but are also driven in their daily life decisions by short-term emotional factors as well. Marketing researchers have had a long-standing interest in these pervasive nonrational phenomena, yet to date most large-scale consumer behavior models have failed to explicitly account for them (Rook, 1987).

The field of psychology posits that much of human activity is driven by impulses that are biochemically and psychologically stimulated (e.g., Freud, 1911/1956; Kipnis, 1971; Reich, 1925; Winshie, 1977). Neurophysiological changes can occur along nerve fibers within the brain that trigger particular somatic or mental responses, serving as psychologically stimulating and motivating agents originating both from conscious and subconscious activity (Rook, 1987; Wolman, 1973). Thus, despite our attempts to understand and predict consumer behavior, many consumption patterns are not ultimately the result of quantified reasoned action, but span far beyond the scope of product and message attributes. Such consumer behaviors have been described in the literature as nonrational (Rook, 1987), abnormal (O’Guinn & Faber, 1989), and even deviant (Donovan, 1988; Hirschman, 1992).
Over the past two decades, two constructs involving nonrational consumer behavior have been investigated within the marketing, psychiatry, and psychology literatures: impulsions and compulsions (e.g., Briney, 1989; Christy, 1993; d’Astous, 1990; Edwards, 1992, 1993, 1994; Faber, Christenson, deZwaan, & Mitchell, 1995; Faber & O’Guinn, 1988, 1989; Hirschmann, 1992; O’Guinn & Faber, 1987, 1989; Scherhorn, 1990; Scherhorn, Reisch, & Raab, 1990; Valence, d’Astous, & Fortier, 1988). Longman’s Dictionary of Psychology and Psychiatry (Goldenson, 1984) defined impulsion as “a compelling drive to action in blind obedience to internal drives...activity abruptly engaged in without forethought, reflection, or consideration of consequences” (p. 371). A compulsion, in contrast, is defined as “a persistent, uncontrollable impulse to perform a stereotyped, irrational act, such as washing the hands 50 times a day. The act serves an unconscious purpose, such as a means of warding off anxiety, avoiding unacceptable impulses, or relieving a sense of guilt” (Goldenson, 1984, p. 165).

It is clear from the above definitions that both impulsions and compulsions involve powerful drives that motivate or compel people into action with little or no regard for consequential outcomes. Compulsions, which are described as “uncontrollable impulses,” are distinguished from impulsions, however, by an emphasis on the presence of an underlying and internal emotional imbalance or personality characteristic within the individual (e.g., anxiety or guilt,) and correspondingly by their persistence and repetition (Edwards, 1992, 1993, 1994).

Impulsions are driven by a particular external stimulus and are short term in nature (DeSarbo & Edwards, 1996; Edwards, 1992, 1993, 1994), such as seeing one’s
favorite candy bar displayed in bulk while waiting in line to be served at a grocery store, feeling an urgent craving for sweets, grabbing the candy bar to add it to the other purchases, and eating it on the way to the parking lot. Once the candy bar is consumed, sweet cravings abate, satisfaction is derived, and the act is usually not immediately repeated.

Driven by underlying urges of a more serious and lasting nature, however, compulsive behaviors are repeated, sometimes to obsession, such as 50 washings of the hands, in an attempt to address unresolved underlying issues. Unlike the consumption of the candy bar that satisfies an urgent but short-term craving for sweets, the mere act of washing one’s hands an additional time does not resolve the deeper issue within, such as an abnormal fear of bacteria or disease. Thus, the act is repeated and continued because the compelling drive remains unresolved. When acted out and recognized, compulsive behaviors are nearly always considered negatively and as abnormal and/or socially undesirable.

Impulsive human behavior and compulsive behavior disorders have been described and operationalized over centuries in the literatures of philosophy (e.g., Aristotle, 300 BC as cited in Hamilton & Cairns, 1961), economics (e.g., Bohm-Bawerk, 1898; Marshall, 1890), psychiatry (e.g., Lejoyeux, Hourtane, & Ades, 1995; McElroy et al., 1994; Popkin, 1989), sociology (e.g., Faber & O’Guinn, 1988; Klemmack, Carlson, & Edwards, 1974), social psychology (Oxford, 1985; Rotter, 1966), psychoanalytical psychology (e.g., Beck, 1967; Chelton & Bonney, 1987; Freud, 1936, 1959, 1962), as well as within the last several decades in marketing (Faber & O’Guinn, 1988, 1989;
Rook, 1987). It is reasonable to believe that these constructs have captured the imagination of humankind for so long because as we are differentiated from all other living creatures by our rational natures, we strive to better understand why it is that we sometimes behave without reason. In addition, finding ways to avoid or at least reduce the suffering of corresponding negative consequences promotes our long-term best interests.

Plato addressed the issue of a compulsive behavioral tendency when he described the man who persistently acts without temperance or reason, and is thus inevitably destined for misfortune. Serving as the central theme and point of philosophical discussion in several of Plato’s dialogues (e.g., *The Republic* and *Philebus*), Socrates debates with other philosophers about the importance of consistently acting with measure (temperance), proportion, reason, and intelligence in order to realize and live to its fullest, “the good life.” Those acting without these characteristics are described as being ruled by the short term, impure variety of pleasure, as opposed to those acting in accordance with the purest form of pleasure, that of the soul (Hamilton & Cairns, 1961).

It is important to note that while diverse literatures have historically focused on the negative outcomes of impulsive and compulsive human behaviors, thus serving as a warning to rational humans to “think before they leap,” marketers have traditionally been interested in encouraging “leaping before thinking” consumption behaviors, where purchases are made swiftly and/or repeatedly before deliberation of possible alternatives and consequences is given more time. Selling additional goods to more consumers is, after all, one of the major objectives when the goal is to increase market share and
generate increased profits. Millions of dollars each year are appropriated by corporations to discover additional effective tactics that encourage rapid and repeated consumption behavior.

When examining square footage productivity within retail stores, managers strategically place high margin “impulse items,” (i.e., goods that tempt and were not originally intended to be purchased, such as candy bars), in bulk displays where exposure to large volumes of consumers will be high. In addition, over the past decade as specialty retailing has grown, a number of retailers such as Shop At Home, a television home shopping corporation based in Knoxville, TN, have established significant market niches by carrying “impulse assortments” exclusively. Examples of these product categories and their specific target markets as identified by the Shop At Home Vice President of Marketing include jewelry and clothing for females, and electronics, knives and swords for males (personal communication, Shop at Home Vice President of Marketing, November 1997).

A body of marketing literature has developed over the past few decades in an effort to better understand the cognitive, affective, and situational variables impacting consumers’ propensities to purchase goods impulsively (e.g., Edwards, 1992, 1993, 1994; Faber & O’Guinn, 1989; Faber, O’Guinn, & Krych, 1987; Hirschman, 1992; Natarajan & Goff, 1991; O’Guinn & Faber, 1989, 1992; Peter, 1991; Rook, 1987). Managerial implications of these studies have frequently related to prescriptive retail tactics designed to encourage this type of consumption pattern.

However, while striving to increase sales and profits via these tactics stands to
benefit retailers, the encouragement and development of these behavioral tendencies poses serious problems for a growing number of consumers. The double digit rise in the number of this nation’s personal bankruptcy filings in the past decade, for example, points toward an increasing number of consumers who are evidencing consumption patterns far beyond their financial means. Moreover, national figures ending 2008 indicate that the average American family has accrued $8,329 in credit card debt (Bragg, 2009). In addition to serious financial difficulties, these consumers are also experiencing social and personal problems, which for many, require years to improve and resolve (Consumer Credit Counseling Services, 2009; Magee, 1994).

**Importance of the Study**

The scope of marketing has been described by Hunt (1991) as “unquestionably broad,” and includes not only the positive areas of consumer behavior, sales management, and retailing, and so forth, but also such normative problems and issues as the practice of ethics and social responsibility in all marketing activities. Part of our mission as marketers is to ensure that strategies crafted and tactics employed be executed with ethical consideration to ensure satisfactory outcomes are realized by all relevant stakeholders (Armstrong & Kotler, 2009).

Further, Peter (1991, p. 543) specifically noted that “one criterion for considering the usefulness of research concerns its contribution to society and society’s welfare.” Faber and O’Guinn (1992) observed that while interest in expanding the consumer behavior discipline to include its negative aspects appears to be growing (e.g., Cole,
1989; Cox, Cox, & Moschis, 1990; DeSarbo & Edwards, 1996; Hirschman, 1991, 1992; Klemke, 1982; Magee, 1994), greater investigation of harmful consumer behaviors would be a step toward remedying the existing gap in marketing research addressing this important societal criterion.

The study of abnormal consumer behavior is important because these behaviors have severe consequences for both the affected and nonaffected individuals. Economic and social problems resulting from unmanageable amounts of debt can be experienced by compulsive buyers as well as by their families. Creditors who are unable to retire this debt can also be adversely affected by this abnormal marketplace behavior.

It has been argued that the study of harmful aspects of consumer behavior is essential to the field’s further development (Faber & O’Guinn, 1988; Moschis, 1987; Moschis & Cox, 1989; O’Guinn & Faber, 1989). Thus, in the interests of an enhanced general understanding of the consumer behavior area, as well as the possibility for improving negative financial and social outcomes related to consumer behavior and the marketing discipline, additional marketing research is paramount in an area such as compulsive buying, where a growing and significant number of consumers are emerging.

The social and psychological needs of compulsive consumers have been regarded seriously enough in recent years to support the development of debtors’ anonymous (DA), an organization similar to alcoholics anonymous (AA). DA offers guidance and action plans toward assisting these consumers to move toward a more “normal” lifestyle. It is suspected by many of those working for DA and Consumer Credit Counseling Services (CCCS) that compulsive buyers may actually be negatively impacted and
encouraged to continue behaving compulsively by existing marketing communications tactics such as advertising and aggressive personal selling (DeGraaf, Wann, & Naylor, 2005). If this is the case, research identifying how, and recommendations toward addressing these possible negative outcomes is needed.

If marketers either knowingly or unknowingly encourage increased consumption by compulsive buyers who cannot pay for their purchases, potential negative outcomes stand to impact others well beyond the span of the personal psychological and financial situations of individual consumers. Financial institutions providing retailer and customer credit, retail institutions, all other consumers, as well as the nation’s economy become subject to the increasing costs realized by compulsive buyers’ mounting and noncollectable debt (Bragg, 2009).

There have been many jokes, expressions, and sales of bumper stickers over the years making light of consumers who frequently shop and buy (e.g., “When the going gets tough, the tough go shopping,” “Born to shop,” “I am a shopaholic,” “I shopped till I dropped,” or “The devil made me buy it”). Yet, for many Americans the process of shopping and buying has caused their lives to literally go out of control (Magee, 1994). According to Magee, these consumers are similar to substance abusers in that not only are they unable to control their behavior, but they also experience “a high” by buying merchandise. Only recently have researchers begun to investigate the various negative social, psychological and financial consequences associated with the estimated 18 million compulsive buyers (Bragg, 2009).

The relevant marketing literature has evolved from initially focusing on
impulsivity and how to encourage this consumption pattern among all consumers (e.g., Cox, 1964; Kolat & Willett, 1967; Patterson, 1963; Stern, 1962). More recent research, has investigated the construct of compulsive consumption (e.g., DeSarbo & Edwards, 1996; Faber & O’Guinn, 1989; Faber et al., 1987; Hirschman, 1992; Magee, 1994; Nataraajan & Goff, 1991; O’Guinn & Faber, 1989, 1992; Peter, 1991; Scherhorn et al., 1990; Valence et al., 1988), with a focus on the possible negative outcomes experienced by individual consumers predisposed to behave abnormally in the marketplace. A review of the relevant research follows in Chapter II, providing the basis for the development of this study’s theoretical framework.

**Purpose of the Study**

The purpose of this study is to explore in depth the structures of human consciousness of compulsive buyers by employing a phenomenological research tradition. The study focuses on the lived experiences of compulsive consumers in terms of demographic, psychographic, and personality trait profiles, and the retail formats favored and used by them. In addition, short and long term consequences of compulsive purchase behaviors are explored to better inform marketers about this increasing social and economic disorder.

**Research Objectives**

The purpose of this study is to explore the structures of the lived experiences of compulsive buyers through a phenomenological lens. By employing several qualitative techniques suggested by the phenomenological tradition, the essence of the compulsive
buying phenomenon is revealed. A theoretical framework is developed from the literature reviewed. In addition, models are developed from themes emergent from the data and the structures of lived experiences, which are then compared to the theoretical model developed from the literature.

**Organization of the Study**

The balance of this dissertation is organized into four chapters as follows.

Chapter II, Literature Review, provides an overview of impulsive and compulsive behavior in the relevant literature. This reviewed research serves as the theoretical underpinning for the development of a framework evidencing variable/theme relationships that describe antecedents and consequences of compulsive buying.

Chapter III, Methodology, discusses the research design, procedures, sample type and analysis to be performed.

Chapter IV, Analysis and Results, presents findings of the analysis, with findings summarized and coded into emergent data themes for each of the study’s participants.

Chapter V, Discussion, Implications, Limitations, and Directions for Future Research, examines the findings of this study pertaining to the central questions of interest. Emergent themes both similar to and different from those discussed in the literature and theoretical framework are discussed. Implications and the study’s limitations are discussed next. Suggestions for future research are offered in the final section.
CHAPTER II
REVIEW OF THE LITERATURE

This chapter consists of three sections. The first section presents a review of the impulsive behavior and impulse buying literature. Section two reviews the relevant research on compulsivity and compulsive buying. The chapter ends with section three, providing a description of the study’s framework, Figure 1. Integrated from the reviewed literature, Figure 1 displays the construct and theme relationships for the antecedents and consequences of compulsive buying.

Empirical Research on Impulsive and Compulsive Buying

The marketing literature has developed from originally focusing on impulsive consumer behavior, to more recently investigating compulsive consumption patterns. It is reasonable to believe that the literature has evolved in this fashion due to the shared components of each construct’s definition: both impulsive and compulsive behaviors share in their definitions the involvement of powerful drives experienced by individuals that compel them toward immediate consumption.

Edwards (1992, 1994) clarified the distinction between the two consumer behaviors by noting that impulse buying occurs when an external trigger, such as seeing the candy bar on display at the checkout, stimulates the individual to make the purchase, whereas compulsive buying is motivated by an internal trigger, such as anxiety, for which shopping is an escape. Impulsive and compulsive buying also differ in the underlying motivations for excessive shopping and spending, in the negative consequences of
Figure 1. Theoretical model of compulsive buying.

excessive spending (overextending oneself financially, emotional confusion, and family conflicts), and in the addictive behavior of extremely compulsive buyers who increasingly need to spend in order to alleviate stress and anxiety (Edwards, 1992, 1994).

Impulse buying has been linked to other “impulse control disorders...such as chemical substance abuse, binge-purge eating behavior, spending sprees, pathological gambling, kleptomania, pyromania, and sexual compulsiveness” (Dell’Osso, Hadley, Baker, Chaplin, & Hollander, 2008; Rook, 1987, p. 195; Schmitz, 2005). Others have
also linked the term “impulsive” to discussions of compulsive buying when describing characteristics shared by both behaviors (e.g., Dittmar, Beattie, & Friese, 1996). Thus, the literature reviewed here will include the research of both constructs that has contributed toward increased understanding in these pervasive consumer behavior areas.

When the immediate purchase of goods and services occurs, marketers typically enthusiastically respond because it corresponds to increased sales and profits. How to encourage this behavior has been the focus of millions of dollars in research and strategic planning on the part of corporations each year. The primary focus of this work, however, is retailing issues such as the effectiveness of displays and other environmental stimuli that can be manipulated to encourage quick purchases among all consumers. Focus has been lacking on the investigation of the differential psychological drives within consumers that are motivating these behaviors. Rook noted in 1987 that to date, no consumer behavior models have delved into the pervasive phenomena where arousal leads to spontaneous action.

Further, considering that both impulsive and compulsive behaviors have similar observable outcomes in the marketplace (i.e., an immediate purchase is made), and that few studies have investigated the relevant antecedent psychological and personality traits that distinguish these consumers, it is reasonable to believe that merchandise sold previously assumed by marketers to be the outcome of impulse buying, could actually have been the outcome of compulsive buying behavior. Rather than being motivated to purchase as a response to short-term urges, product/brand attributes, and/or promotional tactics, these consumers could well have been purchasing in quantity due to
overpowering and longer-term problems rooted deeply within their personalities (i.e.,
they simply could not help themselves).

While recent research in psychology has begun investigating impulse control
disorders such as compulsive buying with a specific focus on pleasure pathway responses
within the brain (Schmitz, 2005), the extant research has not provided a comprehensive
and descriptive account of the psychological contents of impulsive and compulsive
buying. As a result, we really know very little about what happens when consumers
experience an impulse or compulsion to buy. In order to better understand the differences
and similarities between these two situations, additional research is required that focuses
on relevant antecedents impacting thought processes and that may be driving marketplace
behaviors toward longer range undesirable outcomes.

**Impulsive Behavior and Impulse Buying**

Much economic analysis has emphasized the wasteful extravagance of impulsive
spending, characterizing impulsive purchases as behavioral choices that would not have
been made had they been considered in terms of long term consequences rather than their
immediately gratifying benefits (Stigler & Becker, 1977; Strotz, 1956). Economists have
observed and described people who myopically and foolishly discount the future (Jevons,
1871/1911; Mill, 1848/1909; Samuelson, 1937; Strotz, 1956), and the psychological
conflict often resulting from consumers’ choices between saving and impulsive spending
(Thaler & Shefrin, 1981).

Psychoanalytic psychologist, Freud (1911/1956), stated that human civilization is
based on individuals’ development of internalized impulse controls. He further stated that
these controls are socially necessary. Paralleling Plato’s discussion of human behavior, Freud viewed impulses as the products of two competing forces, the pleasure principle and the reality principle. Impulses encourage immediate action without careful consideration about the objective environment, and with little or no regard for potential realistic consequences. Thus, if an individual lacks sufficient impulse control, it represents a defect of repression that could lead to severe psychological problems (Kipnis, 1971; Reich, 1925; Winshie, 1977).

Because they often involve anticipated pleasurable experiences, impulses may be difficult to resist. While the pleasure principle encourages immediate gratification, it is compromised when the individual responds to the reality principle’s tendency toward rational deliberation. The reality principle’s ultimate goal is personal gratification, but what distinguishes an advanced human ego from those that are not is the dominance of the reality principle and an orientation toward the pursuit of long-term goals. Rook (1987) has suggested that the focus transition from pleasure to reality principle is rarely a smooth one, and it can generate intrapersonal conflict and ambivalence.

One authoritative and comprehensive definition of a psychological impulse describes it as “a strong, sometimes irresistible urge; a sudden inclination to act without deliberation” (Goldenson, 1984, p. 37, as cited in Rook, 1987). The Dictionary of Behavioral Science described impulse as a behavior not consciously planned, but arising immediately upon confrontation with a certain stimulus. Once triggered, an impulse encourages immediate action, and the urges may be powerful, persistent, and to some, irresistible (Wolman, 1973).
Definitions of Impulse Buying, Environmental Stimuli, and Product Categories

Despite research dating back over 35 years, there has been little consensus about the meaning of the concept of impulse buying. When extensive research on impulse buying began in the early 1950s, its focus was the investigation of purchase decisions made after consumers enter retail establishments. The DuPont (1965) Consumer Buying Habits Studies, as well as studies sponsored by the Point-of-Purchase Advertising Institute (Patterson, 1963), contributed largely to interest in this area during this period. The DuPont studies provided the paradigm for the area and defined impulse buying as an “unplanned” purchase. It was typically operationalized as the difference between a consumer’s total purchases at the completion of a shopping trip, and those that were listed as intended purchases prior to entering the store.

Kollat and Willet (1969) implied unplanned and impulse buying are synonymous terms, and many researchers seem to include both the unplanned and in-store criteria when defining the term. D’Antoni and Shenson (1973), however, challenged the notion of being unplanned as a result of the buying decision being in-store. When buying decisions are viewed in terms of behavioral responses, for example, where the goods is located within the store, locational criteria, may well be of limited use. This is demonstrated by the example of a consumer viewing an item, such as a fashionable dress, in a fashion magazine before the beginning of a new fashion season. After having made the decision in her mind to purchase it in the future, she sees the dress within the next few days in a store during a shopping trip, and purchases it immediately (Han, Morgan, Kotsiopulos, & Kang-Park, 1991).
While most definitions from the literature suggest the above example would be classified as a planned purchase because the decision to buy was not made in the store, impulsive behavior is suggested when the consumer decides to make the purchase as soon as she sees it in the magazine. In addition, while she had not particularly planned to buy the dress on the specific day she happened to see it in the store, having been exposed to the stimulus (dress) directly, she made the purchase.

Thus, it is apparent that there is a continuum of degrees of planning involved with impulse purchase behavior. Stern’s (1962) separation of impulsive buying behavior into four categories adds clarification: (a) planned impulse buying; (b) reminder impulse buying; (c) fashion-oriented impulse buying; and (d) pure impulse buying. A fifth category, planned buying, was used in the study to represent the opposite of impulse buying.

D’Antoni and Shenson (1973) suggested that impulse buying can be distinguished from other types of consumer behavior in terms of the rapidity or impulsiveness with which a consumer moves through the decisional period before the purchase of goods is made. Because a behavior occurs swiftly, however, it is not necessarily impulsive (Rook, 1987). While habitual behaviors occur relatively automatically, they are often the result of an initial amount of time spent deliberating alternatives. In addition, when individuals respond immediately in emergency situations, they may be behaving instinctively rather than impulsively (Rook, 1987).

Previous research on impulse buying has investigated how merchandising stimuli such as retail shelf location (Patterson, 1963) and amount of shelf space (Cox, 1964)
affect rapid purchase behavior. Other studies have investigated the types of circumstances in which consumers buy merchandise without previous planning (Stern, 1962), as well as examining the diverse retail settings in which impulse purchasing occurs (Clover, 1950; DuPont, 1965).

However, while impulse buying was regarded for decades to be associated with stimuli that are particularly in-store, Rook (1987) noted that marketing innovations such as credit cards, cash machines, “instant credit,” 24-hour retailing, home shopping networks, the world wide web, and telemarketing now make it easier than ever before for consumers to purchase products on impulse. The stimuli inducing this behavior previously experienced only within the context of in-store retail settings are now being televised across the globe into the privacy of consumers’ homes via television and computers. Thus, while researchers have evidenced the significance of impulse purchasing in the past within retail store contexts, the potential for it becoming even more significant in the future with the growth of nonstore retail contexts is implied.

Marketing research has found impulse purchasing to be widespread among the consumer population and across numerous product categories dating back over 35 years (Applebaum, 1951; Asaael, 1985; Bellenger, Robertson, & Hirschman, 1978; Clover, 1950; Katona & Mueller, 1955; West, 1951). However, classifying products into impulse and nonimpulse categories tends to obscure the fact that almost anything can be purchased on impulse, spanning from a low-involvement item like a candy bar, to a high involvement item such as an additional television or VCR (Kollat & Willett, 1969; Rook, 1987; Shapiro, 1973; Stern, 1962).
Though impulse buying is still widely discussed, particularly among retailers, in terms of what products are and are not impulse items, Rook and Hoch (1985) have suggested that it is people, and not products that experience consuming impulses. Recently, Dittmar and colleagues (1996) found strong support linking the selection of clothing, jewelry and makeup items to females, while males selected electronics items more frequently. The authors suggest that these particular product lines are chosen impulsively more frequently because of their positive association with the acquisition of desired self-images (e.g., beauty and innovation). This study represents an important link, bringing previous work on impulse buying of specific products, to a focus on the demographic and personality characteristics driving consumers to purchase them.

In 1985, Rook and Hoch identified five characteristics that differentiated impulsive from nonimpulsive buying patterns: (a) a sudden, spontaneous desire to act that departs from prior behavior patterns (b) psychological disequilibrium that causes the consumer to feel temporarily out of control (c) psychological conflict between obtaining current gratification and resisting giving in to what are perceived as irrational or wrong urges (d) a lowering of utility-maximizing criteria for product evaluation, and (e) a disregard for negative consequences that may be associated with the consumption act. Correspondingly, the concept of impulse buying has been defined as follows: “Impulse buying occurs when a consumer experiences a sudden, often powerful and persistent urge to buy something immediately. The impulse to buy is hedonically complex and may stimulate emotional conflict. Also, impulse buying is prone to occur with diminished regard for its consequences” (Rook, 1987).
Impulse buying has been described as extraordinary, exciting, forceful and urgent, whereas contemplative buying is more ordinary, and tranquil by comparison (Weinberg & Gottwald, 1982). A buying impulse is more likely to disrupt the consumer’s behavior stream, while a contemplative purchase is more likely to be part of one’s regular routine. Impulse buying is more emotional than rational, and it is more likely to be perceived as “bad” rather than “good.” In addition, Rook (1987) has suggested that the consumer is more likely to feel “out of control” when buying impulsively than when making contemplative purchases.

**Impulsive Behavior, Demographics, and Personality Characteristics**

Several studies across the disciplines of sociology, psychology, and marketing have suggested a correlation of impulsive behavior with specific demographic characteristics (e.g., Han et al., 1991). Sociologists have studied patterns of “deferred gratification” (Schneider & Lysgaard, 1953), “impulse renunciation” (Davis & Havinghurst, 1946), and “instrument orientation” (Parsons, 1951) that are learned and developed in childhood. Early sociological studies concluded that the failure to learn effective impulse control is more prevalent among the lower classes (Hollingshead, 1949; Whyte, 1943), while later studies indicated the findings to be inconclusive (Phypers, 1970; Strauss, 1962). It has been suggested that adolescents with histories of impulsive behavior have a defective conception of future time (Barndt & Johnson, 1955; Davids, 1969; Davids, Kidder, & Reich, 1962; Stein, Sarbin, & Kulik, 1968).

A positive correlation has been indicated between impulsiveness and age,
intelligence, social responsibility, and impulse buying susceptibility (Kolat & Willett, 1967). A linkage with the presence of a father at home has been indicated by social psychologists examining the capacity for delaying gratification in experimental research. The ability to delay gratification has also been found to negatively correlate with an acquiescent personality, a disadvantaged family, and the length of delay interval (Melikian, 1959; Mischel, 1966; Walls & Smith, 1970).

Testing a theoretical model linking the acquisition of material symbols with personal and social identity factors, Dittmar and colleagues (1996) recently found gender, mood, and self-image are important in impulse buying behavior. Impulse buyers differed in product choices according to gender and self-perception concerns.

The Dittmar and colleagues (1996) study also investigated whether individuals with greater tendencies toward compulsive shopping habits exemplified stronger linkages in these demographic and psychographic areas. While weak support was found, the authors noted that very low variability in compulsive shopping scores were indicated as sample characteristics. Future research linking impulse buyer characteristics with those of compulsive buyers was suggested.

Impulse behavior has been characterized throughout the literature as occurring swiftly and before deliberation is directed toward alternatives or consequences. Though early research correlated impulse buying with being completely unplanned before behaved, subsequent studies have indicated that it can involve various degrees of pre-purchase planning, as represented on a continuum, relative to more contemplative purchases.
It is also apparent that as a function of the individuals’ psychological disposition and the level of personality growth and maturity, impulses occur on a continuum of levels. The degree to which impulses are actually executed through behavior varies according to the individual’s personality, his/her ability to delay gratification, as well as to his/her specific response to a particular stimulus.

The aspect of impulse behavior’s *in-store* characteristic has correspondingly evolved as it has been recognized that consumers can make decisions on impulse to purchase items before being exposed to the items directly. Related stimuli, such as pictures and/or advertisements, can induce the impulse initially, and an intention to behave is formed.

Products spanning from low-involvement candy bars to high-involvement electronics have been identified as “impulse items” in the retail literature retailers (Asael, 1985; Bellenger et al., 1978). Specific environmental stimuli within retail settings (e.g., Patterson, 1963) have also been discussed as important in impulse buying. However, a more recent focus in the literature is on the individual consumer who is experiencing the behavior, rather than on the products themselves (Rook & Hoch, 1985). Dittmar and colleagues (1996) recently linked these two aspects together with evidence to support that a consumer’s self-image predicts the impulse items of choice.

While the correlation of impulse behavior has been indicated with specific demographic variables such as gender, age, intelligence, and income levels, results from these studies have been inconclusive. Specific personality characteristics, however, have been documented as correlates to impulsive behavior, such as the inability to delay
gratification, moods, self-esteem, and a defective conception of future time. In addition, it has been suggested that impulse buying is more likely to be perceived as “bad” than “good” due to its link with emotional states and the implication of being out of control.

The most comprehensive definition of impulse buying has been developed by Rook (1987), “Impulse buying occurs when a consumer experiences a sudden, often powerful and persistent urge to buy something immediately. The impulse to buy is hedonically complex and may stimulate emotional conflict. Also, impulse buying is prone to occur with diminished regard for its consequences” (p. 191).

While a recent study found only weak support linking impulse buying with compulsive buying behavior (Dittmar et al., 1996), the connection has been previously suggested (e.g., Rook, 1987) and is worthy of additional investigation in the future.

The next section reviews the relevant research of compulsivity and compulsive buying with a discussion of definitions and the associated demographic, psychographic and personality variables.

**Compulsivity and Compulsive Buying**

Longman dictionary (Goldenson, 1984) described obsessive-compulsive disorder as “an anxiety disorder in which obsessions or compulsions are a significant source of distress, and interfere with the individual’s ability to function. Obsessions are persistent, recurrent ideas and impulses (e.g., thoughts of committing violence; ideas of contamination or doubt) that appear senseless or repugnant to the individual but force themselves on consciousness and cannot be ignored or suppressed” (p. 506).

Compulsive buying is viewed as part of a broader category of compulsive
consumption behaviors. Defined by the American Psychiatric Association (1985) as “repetitive and seemingly purposeful behaviors that are performed according to rules or in a stereotyped fashion,” compulsions are often excessive and ritualistic behaviors designed to alleviate tension, anxiety, or discomfort aroused by an obtrusive thought or obsession.

O’Guinn and Faber (1989) began work toward providing the theoretical underpinnings of the compulsive buying construct that conceptually links it with the larger category of compulsive consumer behaviors such as alcoholism, drug abuse, eating disorders, and compulsive gambling. Compulsive buyers have been found to exhibit a number of personality traits commonly included within these diverse compulsive consumption types.

Building on this framework, Hirschman (1992) provided a general theoretical model of addictive consumption suggesting that people exhibiting some forms of compulsive consumption have similar characteristics, and that these behaviors have common causes and follow similar patterns of development. In addition to personality linkages, theories of disease, sociocultural influences, social learning theory, and affluenza are provided as theoretical underpinnings to explain the compulsive and addictive consumption phenomena.

Theories of Compulsive Buying

**Disease theory and biological factors.** The field of medicine has provided research in the area of disease theories, a model that is currently the dominant metaphor used to conceptualize both drug addiction and alcoholism in American treatment
programs such as Alcoholics Anonymous. The focus of research attention on the disease model is on the development of physical dependence (Tabakoff & Rothstein, 1983), the identification of genetic predispositions (Petrakis, 1985), and the assumption that the disease will worsen if left untreated. The presence of genetic abnormalities or tendencies that predispose some persons to be susceptible to the effects of alcohol and/or certain narcotics have been evidenced to support that these traits can be inherited (Donovan, 1988; Hirschman, 1992).

Research on brain activity and intervention has pointed to a link with serotonin and compulsive behavior. An amino acid based neurotransmitter, serotonin helps relay impulses between neurons in the brain. Low levels of serotonin have been associated with several impulse control disorders, and treatment with medications to enhance serotonin levels has appeared to alleviate these disorders in many patients (McElroy, Pope, Hudson, Keck, & White, 1991a; Nathan & Rolland, 1987; Popkin, 1989; Winchell et al., 1989).

While medications are one method of regulating serotonin levels, certain activities are also believed to regulate the production of neurotransmitters (Sunderwirth, 1985). Many behaviors that increase the neurotransmission are also associated with arousal (Milkman & Sunderwirth, 1982). Schmitz (2005) suggested that impulse control disorders such as compulsive buying may be better understood on the basis of dysfunctional neurocircuits and reward-based behaviors. That is, the process and act of buying is reported as pleasurable by most patients. Compulsive shoppers have described their shopping experiences as a “high” or a “rush” and they indicate that both the
shopping experience and its consequences are experienced as heightened states of arousal (Faber & O’Guinn, 1991; Faber et al., 1987). Dr. Donald Black has begun testing a drug for treatment of shopaholics, who, he says, represent between 2-8% of the population. So far, almost all of the participants (16 women and 1 man) in his study reported that their shopping ardor has cooled (Black, Monahan, & Gabel, 1997).

Thus, Faber (1992) suggested that compulsive buying may be a way of achieving a change in brain chemistry that is associated with the desired increase in neurotransmission. This relationship between addictive or excessive behavior and brain chemistry may explain why arousal is viewed as a critical component in a general theory attempting to account for a wide range of addictions (Faber, 1992; Jacobs, 1989).

**Sociocultural theory.** The field of psychology has produced socially based theories that also provide explanation for drug addiction and alcoholism. Sociocultural theory proposes that some ethnic groups such as Jews, Italian Americans, and Chinese-Americans, have lower rates of alcoholism. This is due to the groups having specified appropriate ceremonial, nutritional, or festive uses of alcohol, but negatively sanctioning overindulgence and drunkenness. In contrast, other nationality groups such as Irish-and English-Americans, who have positively sanctioned alcohol consumption have also experienced a higher rate of alcoholism (Davison & Neale, 1986).

Relative to other cultures, Americans are widely perceived across the globe as materialistic due to patterns of consumption that are perceived as excessive. Thus, based on sociocultural theory as well as the relatively high economic status of the U.S., it is reasonable to believe that compared to other countries, Americans will represent a higher
percentage of compulsive buyers.

**Social learning theory.** The social learning theory of Becker (1953, 1969) proposes that novice drug users must learn from their more experienced peers how to detect and respond to the pharmacological properties of marijuana, LSD, and opiates. In addition, Ray (1961) described the relapse of recovering drug addicts as attributable to their social discomfort and inability to identify with nonaddicts. Their continual association with the addict subculture, thus, has a negative impact on their ability to recover (Hirschman, 1992).

With regard to compulsive buyers then, it would follow that if they remain isolated and/or separated from noncompulsive consumers, the probability for decreasing or discontinuing excessive shopping would remain low. Similarly, compulsive buyers receiving predominantly positive feedback about their shopping behaviors (e.g., see Table 1), would feel psychologically validated and reinforced toward continuing the shopping behavior.

It is apparent that many compulsive buyers could reasonably fit into the previously described personality, disease, sociocultural, and social learning theoretical models. Hirschman (1992) holds that compulsive behavior is intimately related to coming from a family that is characterized by patterns of alcohol/drug abuse, physical violence, and/or emotional conflict such as divorce or separation, characteristics which can be explained by these theories.

**Affluenza**

As the rate of consumer debt reached historically high levels in the U.S. by the
late 1990s, DeGraaf and colleagues (2005) coined the term, *affluenza* as a way to describe how the U.S. has become imbalanced by an over emphasis on cultural consumerism where “more is always better,” and we are commended, even rewarded by banks and credit card companies, for “buying now and paying later.” Affluenza, defined as a noun by the authors is: “a painful contagious, socially transmitted condition of overload, debt, anxiety, and waste resulting from the dogged pursuit of more” (DeGraaf et al., 2005, p. 2). Calling this economic and social crisis “the American epidemic,” “an addiction,” or “at least a pernicious habit,” the authors hold that this illness in our society “is deeply rooted in the obsessive, almost religious quest for economic expansion that has become the core principle of what is called the American Dream” (p. 3).

The authors hold that the American advertising industry has trained consumers to
solve problems with products, and that they have been so successful at doing this that the majority of us are now hard wired to medicate any sense of uneasiness with our favorite drug, consumption. Shopping has become Americans’ emotionally powered response to every life experience, spanning from celebrating a graduation with honors, to splurging to comfort ourselves when we have failed in a marriage. “Filling non-material needs materially…shopping has become our programmed response to joy and sorrow, good fortune and bad, despair and hope. It is thus considered, substance abuse” (DeGraaf et al., 2005, p. 2).

The authors suggested that there are blatant symptoms evidencing that the U.S is suffering in the Age of Affluenza. These symptoms include (a) our persistent focus on shopping fever; (b) a rash of personal bankruptcy filings, and our status as “a plastic nation,” where the average American possess 6.5 credit cards, for a nationwide total of 1.2 billion (Cardweb.com December 2004); (c)”chronic congestion,” or the state of excessive material objects and clutter; (d) “family convulsions,” or broken relationships and the unhealthy shift of family values; (e) “dilated pupils,” where children have become marketer’s focus for the full life time value as customers they represent; (f) “community chills,” where working together for worthy community causes and the level of volunteerism has significantly decreased relative to higher levels in past decades such as the 1950s; and (g) an “ache for meaning,” where Americans have become so focused on acquiring wealth, power and prestige, that we have collectively lost our souls and sense of meaningful selves (DeGraaf et al., 2005, p. 2).

Thus, with the U.S. cultural context currently evidencing so many symptoms of
affluenza, or illness related to over spending and over emphasis on materialism, and its daily reinforcement by advertisers via electronic media, it is reasonable to expect that some consumers could be negatively impacted by these cultural influences, propelling them into spending beyond their means. In addition, for a consumer who suffers from compulsive buying these stimuli could serve as the impetus propelling them into more serious stages of their disease.

**Research on Compulsive Buying**

As early as the turn of the century, compulsive buying was recognized by Bleuler (1924) and Kraepelin (1915) as a mental disorder, referred to as oniomania, buying mania, compulsive consumption, compulsive shopping and addictive or impulsive buying. It has been largely unexamined by modern psychiatry (Black, 1991; Christenson et al., 1994; McElroy et al., 1994; McElroy, Satlin, Pope, & Keck, 1991b), and only recently recognized within the marketing discipline as a construct worthy of further investigation (Faber & O’Guinn, 1989; Faber et al., 1987; O’Guinn & Faber, 1989, 1992; Peter, 1991).

Compulsive buying has been characterized in psychology as an irresistible urge to buy (Krueger, 1988; McElroy et al., 1991b), with some form of tension relief or gratification (usually temporary) following the purchase (Glatt & Coo, 1987; Krueger, 1988; McElroy et al., 1991b). Evidence of comorbidity for compulsive buying and other impulse control disorders has indicated it is linked to alcoholism (Glatt & Coo, 1987; Valence et al., 1988), kleptomania (McElroy et al., 1991a), bulimia and shoplifting (Mitchell, Hatsukami, Eckert, & Pyle, 1985; Norton, Crisp, & Bhat, 1985; Williamson,
alcoholism and drug abuse (Mitchell et al., 1985; Williamson, 1990), and binge eating disorder and bulimia nervosa (Faber et al., 1995). These disorders have occurred for some individuals as simultaneous, while for others they have emerged serially after a previous one has been established or after the initial disorder has been controlled (Hirschman, 1992; Mitchell, 1990; Oxford, 1985). While efforts are being made to theoretically link the related disorders, there is much debate in the psychiatric literature over which disorders should be grouped together (Christenson et al., 1994; McElroy et al., 1994; Milkman & Sunderwirth, 1982).

Within the marketing literature, Faber and colleagues (1987) identified three characteristics that appeared to be common across addictive and compulsive phenomena: (a) the presence of a drive, impulse, or urge to engage in the behavior (b) denial of the harmful consequences of engaging in the behavior, and (c) repeated failure in attempts to control or modify the behavior. Correspondingly, compulsive consumption was originally defined in the marketing literature by O’Guinn and Faber (1989) 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 the individual and/or to others” (p. 148). Under this definition, many addictive or excessive forms of behavior can be considered forms of compulsive consumption.

While previously described in the literature as a dichotomy of compulsive and noncompulsive consumers (d’Astous, Matais, & Roberge, 1990; Faber & O’Guinn, 1988, 1989; O’Guinn & Faber, 1987, 1989; Valence et al., 1988), it has been reasoned that
compulsive buying occurs and is more appropriately described as degrees of behavior on a continuum (d’Astous et al., 1990; Hirschman, 1992; Nataraajan & Goff, 1991). As with impulsive behavior, the various abilities/inabilities of individuals to delay gratification (i.e., levels of impulse control) as well as other combined personality attributes, and their strengths provide a continuum of compulsive behavior. Nataraajan and Goff (1991) suggested that the levels of compulsive buying are distinguished by a continuum of control over behavior that the individual is able to manage, combined with a continuum of motives.

Past research has identified the addictive nature of compulsive buying behavior (Briney, 1989; Edwards, 1992, 1993, 1994; Hirschmann, 1992; Scherhorn, 1990; Scherhorn et al., 1990). It has been suggested that addiction to spending can occur progressively, starting when the recreational buyer, who may shop as an escape, finds the experienced “high” to be an easy and gratifying way to deal with stress or negative emotions. Anxiety overload caused by a crisis then triggers the individual to buy compulsively. As progressively less relief is experienced with each shopping spree, the person requires another “fix,” thus beginning to depend on shopping and spending as the primary means of coping with anxiety. Thus, viewed as an addiction, compulsive buying may be considered a progression from normal to impulsive spending, to a means of escape from stress and anxiety, and finally to addiction (DeSarbo & Edwards, 1996).

The primary criterion to determine whether buying behavior is innocuous or potentially compulsive (abnormal) buying is whether or not such behavior is causing disruption in the normal life of the individual (Faber & O’Guinn, 1989; Nataraajan &
Goff, 1991). If buying behavior begins to interfere with other spheres of an individual’s life, such as relationships with family and friends, financial well being, or aspects of employment, and acts as an impediment to normal functioning, then it is deemed disruptive and is indicative of abnormality (Nataraajan & Goff, 1991).

Compulsive buying manifestations are viewed as possibly having an addiction component or a general compulsion component or both. It is reasoned that if buying has an addiction component, then compulsive buying tendencies should be strongly linked to some general addictive propensity. When employing the MacAndrew Scale (1965) with a variety of compulsive buying tendencies discussed in the literature, it was indicated that addictive propensity correlated significantly with many aspects of credit card usage, self-realization of excessive spending, and self-acknowledgment that significant others had noticed and commented about the individuals’ spending excesses (Nataraajan & Goff, 1990, 1991).

Based on their findings and the consideration of five widely used definitions of compulsion (American Psychiatric Association, 1987; American Psychoanalytic Association, 1987; Campbell, 1981; Rycroft, 1968; Stone, 1988), Nataraajan and Goff (1991) developed the following definition of compulsive buying:

Compulsive buying has an addictive propensity and/or compulsive trait, and arises from persistently assailing, repetitive motive(s) to buy (or perform the ritual of buying) which may or may not be irresistible and may or may not be pleasurable or relieving but that which is fundamentally disruptive to normal functioning. (p. 321)

Research investigating compulsive buying personality characteristics will be discussed next.
Personality Traits

The area of personality provides an area for addiction theorization. Figure 1 provides some of the personality characteristics that have been correlated with compulsive behaviors in the research. Research has found that in the area of drug addiction, as well as in many other forms of compulsive behavior, a strong tendency has been common for persons to exhibit anxiety, depression, and low self-esteem as adolescents (Mendelson & Mello, 1986). In studies using the Minnesota Multiphase Personality Inventory (MMPI; Hathaway & McKinley, 1951), persons who later became alcoholics were found to be more nonconformist, independent, under controlled, and impulsive than their peers (Mendelson & Mello, 1986).

There is a generalized tendency among compulsive buyers toward compulsivity across behaviors (Jacobs, 1986; Kolotkin, Revis, Kirkley, & Janick, 1987). These consumers tend to exhibit impulsive behaviors, doing things on the spur of the moment, and are frustrated when they cannot immediately get what they want. These persons are additionally found to have difficulty establishing and maintaining emotional intimacy with others, often feeling alone or isolated. Mendelson and Mello (1986) noted that these same traits are characteristic of persons addicted to narcotics, amphetamines, barbiturates, and LSD, as well as of people who are gamblers, heavy marijuana smokers, and have eating disorders (Hirschman, 1992).

The compulsive buying disorder has been linked to obsessive-compulsive disorder, mood disorders, depression, compulsive hoarding, and/or impulse control disorders (Arehart-Treichel, 2002; Baer, Minichiello, & Jenike, 1985; Dawood, 2000;
Fernandez-Aranda et al., 2008; Gittelsohn, 1966; Glatt & Coo, 1987; McElroy et al., 1991a; Mitchell et al., 2002, Mueller et al., 2007; Schmitz, 2005; Weiner, 1976). One of the most consistent findings is that low self-esteem is strongly associated with compulsive behavior (Marlatt, Baer, Donovan, & Kivlahan, 1988; O’Guinn & Faber, 1989; Scherhorn et al., 1990). Due to this tendency toward low self-esteem, people suffering from various compulsive behaviors may also be more likely to experience negative affective states such as depression (Marlatt et al., 1988; Nathan, 1988).

Compulsive behaviors have been suggested as serving to temporarily block out or overcome these negative feelings (Jacobs, 1986), as well as alternatively serving as negative outcomes after engaging in these behaviors. Internal cues, negative affective states and external environmental stimuli have been found to trigger episodes of compulsive behavior. Compulsive behaviors seem to provide short-term relief from negative emotional states, eventually becoming operand conditioned responses when feeling depressed (Donegan, Rodin, O’Brien, & Soloman, 1983; Falk, 1981).

Thus, it is suggested that a feedback loop develops within a compulsive consumer, where positive reinforcement is initially experienced during or immediately following the performance of compulsive behaviors in the form of temporary relief from negative affective states, temporary “emotional lifts” or “highs.” Over the long term, however, the severity of negative outcomes resulting from the compulsive behavior reintroduces low self-esteem, guilt and negative affect, motivating a repeated behavior for the temporary positive affective state. This cycle repeats itself, with long-term outcomes eventually disastrous.
The literature also suggests that the ability to fantasize may be necessary for compulsive behaviors to occur in order for the individual to temporarily escape the negative feelings underlying and associated with personal success and social approval (Jacobs, 1986). Other researchers believe that fantasies may also be important to reinforce compulsive behaviors by allowing people to mentally rehearse anticipated positive outcomes of these activities (Bergler, 1958; Feldman & MacCulloch, 1971). In addition, it has also been suggested that both fantasies and compulsive behaviors serve as a means of avoiding one’s true problems by interfering with focusing on these problems (Kaplan & Kaplan, 1957; Oxford, 1985).

Arousal levels have also been linked to compulsive buyers’ personalities. Both low levels of arousal, such as boredom, and high levels of excitement, such as anxiety and stress, have been indicated to increase the occurrence of compulsive behaviors (Miller, 1980; Zuckerman, 1979). Discussions of compulsions in terms of efforts to reduce anxiety date as far back as the last century (Esquirol, 1838; Freud, 1924), as well as linking it to arousal or sensation seeking tendencies within the last several decades (Carr, 1974; Segal, 1976; Zuckerman & Kuhlman, 1978). Research has also suggested that compulsive buyers may be using the shopping and spending process to seek excitement and sensations by being perpetually on edge and walking a tightrope between control and loss (DeSarbo & Edwards, 1996; Schmitz, 2005).

Demographics

Demographics were listed in Figure 1 as predictors of compulsive buying. Researching demographic factors related to compulsive buying has yielded findings that,
as Faber (1992) suggested, are likely to over represent the types of people who seek help for personal problems and thus must be interpreted with caution. Nevertheless, the literature across disciplines indicates that compulsive buyers are strongly linked to the female gender demographic variable. Psychiatrists Bleuler (1924) and Kraepelin (1915) noted that such “buying maniacs” were reportedly almost always female; several marketing researchers have subsequently found that women tend to score higher as compulsive buyers (Christenson et al., 1994; d’Astous, 1990; O’Guinn & Faber, 1989, 1992; Scherhorn et al., 1990).

Findings regarding income and age have been mixed. Early studies suggested that the problem might be confined to the middle or lower income individuals who had a high desire for things and little willpower to resist urges (Faber et al., 1987). However more recent work has evidenced that compulsive buyers appear to come from all income groups (Christenson et al., 1994; O’Guinn & Faber, 1989; Scherhorn et al., 1990).

Findings relative to age and compulsive buying have also been inconclusive. Consistent with the work of Dittmar (2005), Moschis and Churchill (1978), and O’Guinn and Faber (1989) found that compulsive buyers tend to be younger. Scherhorn and colleagues (1990), however, did not find age to be a significant factor.

Thus, while research has indicated mixed results in linking compulsive buying to other demographic variables, there is strong support that there exist more female compulsive buyers than males. In addition, it would be reasonable to expect from social learning theory and sociocultural theory that more females in the U.S. predisposed to behave compulsively would act out their behaviors through shopping as compared to
males. Especially in American society, many women have been socialized from a very young age to enjoy shopping with their mothers, grandmothers, and friends.

In addition, based on sociocultural theory as well as the level of economic development in the U.S., compared to consumers in other countries, it would be reasonable to expect the U.S. to have a larger percentage of females who are predisposed to behave compulsively to be compulsive buyers as compared with those in other countries.

**Materialism**

Materialism is listed in Figure 1 as a possible predictor of compulsive buying. It is suggested from the level of purchases made by compulsive buyers that they have an inordinate desire for things, and are thus expected to score highly on measures of materialism. However, if their behavior is performed for the primary purpose of alleviating anxiety and negative affect, then desire for products among compulsive buyers may not actually differ from that of other consumers (O’Guinn & Faber, 1989).

As with demographic variables, the relationship between compulsive buying and materialism has been mixed. Materialism has been described as “a set of centrally held beliefs about the importance of possessions in one’s life,” Rindfleisch, Burroughs, and Denton (1997, p. 313). This research partially supported this causal linkage, finding that the relationship between family structure and compulsive consumption is mediated by both the amount of resources available within the family and the degree of family stress (Rindfleisch et al., 1997). Dittmar (2005) also found support that materialistic value endorsement is a he strongest predictor of compulsive buying. In each of these studies,
the authors linked family stress characteristics to youths’ development of materialism.

Materialism has also been linked to low self-esteem, dissatisfaction with one’s life and an insatiable desire for higher income (Richins & Dawson, 1992). It has been suggested that material possessions serve as surrogates for inadequate or nonsatisfying interpersonal relationships; individuals who are more materialistic place a higher emphasis on possessions than on interpersonal relationships (Belk, 1985; Dittmar, 2005; Richins, 1994).

Thus, earlier research supports that the motivation for compulsive purchasing appears to originate from desires to reach self created interpersonal and self-esteem goals, rather than from desires to actually possess the goods. For example, O’Guinn and Faber (1989) observed that compulsive buyers often appear to be more interested in attaining positive personal interactions and increased self-esteem from their purchases than economic or utilitarian value. More recent studies, however, have evidenced a strong link to the endorsement of materialistic values among younger compulsive buyers (Dittmar, 2005; Frost, Meagher, & Riskind, 2007; Rose, 2007; Xu, 2008).

**Product Categories of Compulsive Buyers**

While the findings linked to materialism have been mixed, Faber and O’Guinn (1989) have suggested that the items purchased by compulsive buyers do not appear to be capricious or random. Several product categories evidence a higher frequency of purchase among compulsive buyers relative to others, results that parallel linkages supported in the research on impulse buyers (Dittmar et al., 1996). As listed in Figure 1, clothing, jewelry, makeup, and collectibles with female compulsive buyers, and
electronic equipment and collectibles with males have been examples of specific product
categories of interest to compulsive buyers (Christenson et al., 1994; Faber et al., 1987;
O’Guinn & Faber, 1989). These items are often tied to self-esteem through affecting how
one looks or how one thinks of oneself (e.g., a fashion maven, an innovator, etc.). In
addition, these items can facilitate positive interactions with sales personnel, which can
aid in avoiding isolation and in increasing self-esteem (Faber et al., 1987).

**Affect Intensity**

In addition to differences in perceptions and judgments about actions among
compulsive and noncompulsive consumers, recent research has indicated that differences
exist among all consumers with regard to the strength of emotions, or the degree of affect
intensity experienced, as derived from various stimuli and exhibited in their
corresponding responses to them (Moore, Harris, & Chen, 1995). Thus, Figure 1 lists
affect intensity as a consumer antecedent characteristic to the shopping experience.

Based on the findings regarding emotional levels and mood fluctuations among
compulsive consumers (i.e., overall states of depression as an antecedent to shopping,
changing to an “emotional lift” or “high” experienced as a consequence of shopping), it is
reasonable to believe that compulsive shoppers could be predisposed to have stronger
affect responses to product related and marketing communications stimuli over other
consumers. In particular, it is reasonable to believe that likely stimuli that could evoke
such responses could include other compulsive consumers’ positive comments about the
appropriateness of excessive purchase behaviors, as well as aggressive tactics practiced
by sales personnel. Examples of such conversations between hosts of television home
shopping channels and consumers evidencing excessive purchasing are found in Tables 1 and 2.

It is also reasonable to believe that the same stimuli can compel one consumer to buy one item on impulse (e.g., a cubic zirconium ring), while it can compel a consumer predisposed to behave compulsively to go on a shopping binge resulting in the purchase of $1,000 (see Table 1). This situation is analogous to encouraging an alcoholic to consume another alcoholic beverage. In addition, increased purchase frequency and eventual compulsive buying behavior are likely to be higher as compulsive shoppers are able to shop within the privacy of their own homes via catalogs, televisions and computers, thus avoiding negative social judgments by others.

Table 2

The Language of Addiction: Host Responses to Viewers of Television Home Shopping

<table>
<thead>
<tr>
<th>Host comments</th>
<th>Firm</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’ve been shopping with you for a few months and I’m becoming addicted.”</td>
<td>HSN</td>
<td>4/4/98</td>
<td>1:20 p.m.</td>
</tr>
<tr>
<td>“You deserve this, so go ahead and treat yourself!”</td>
<td>HSN</td>
<td>2/10/97</td>
<td>7:30 a.m.</td>
</tr>
<tr>
<td>“Are you doing a little shopping to take away the blues? Well, why not? Nothing wrong with that!”</td>
<td>HSN</td>
<td>2/23/97</td>
<td>8:26 a.m.</td>
</tr>
<tr>
<td>“Use automated ordering, for those ladies who like to shop late at night and sneak one in on their husbands.”</td>
<td>HSN</td>
<td>8/26/97</td>
<td>8:50 a.m.</td>
</tr>
<tr>
<td>“...and it’s (shopping HSN) addictive, isn’t it?”</td>
<td>HSN</td>
<td>12/30/97</td>
<td>7:45 p.m.</td>
</tr>
<tr>
<td>“Ha, ha,...well it’s certainly something that can get you hooked, but it’s a good hooked.”</td>
<td>HSN</td>
<td>4/4/98</td>
<td>1:20 p.m.</td>
</tr>
<tr>
<td>“I hope this is the beginning of you becoming addicted to this jewelry. It is a good thing to become addicted to (Kathy Levine).”</td>
<td>QVC</td>
<td>8/8/98</td>
<td>8:32 pm</td>
</tr>
<tr>
<td>“Stock up, save them, hoard them! Give them to all of your friends!”</td>
<td>HSN</td>
<td>7/12/97</td>
<td>12:59 p.m.</td>
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<tr>
<td>“We know we are women. The estrogen makes us shop. We know how to shop. I’ve been shopping for a living for 14.5 years” (Lisa Robertson).”</td>
<td>QVC</td>
<td>10/26/09</td>
<td>7:50 p.m.</td>
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</table>
Normative Evaluations and Impulse Control

Compulsive buying has been described as an impulse control disorder in the psychiatric and consumer behavior research (Christenson et al., 1994; Faber & O’Guinn, 1988, 1989; McElroy et al., 1991b, 1994; O’Guinn & Faber, 1989, 1992). A lack of impulse control has been associated with people unable to resist or delay gratification when an impulse strikes them to buy. While compulsive buyers are impulsive in their behavior, their buying binges are precipitated by internal stimuli. However, it is reasonable to believe that impulsive buying that is generally stimulated by external stimuli, may be associated with lower levels of compulsive buying (DeSarbo & Edwards, 1996).

Rook and Hoch (1985) noted that impulsive consumers often seek to enact special rules or behavioral devices to assist in controlling their behavior. Later, Rook and Fisher (1995) gave clarification to this notion in their discussion of normative evaluations. It is reasoned that having an impulse is not necessarily acting on it, as even highly impulsive buyers do not succumb to every spontaneous buying demand. Research has shown that gratification delay, for example, is more prevalent among people who are high in need for achievement (Atkinson & Feather, 1966; Mischel & Gilligan, 1964).

Rook and Fisher’s (1995) study found support for consumers’ normative evaluations moderating impulsive actions. Thus, Figure 1 depicts normative responses occurring immediately after the consumer is exposed to shopping stimuli. Applying a sort of “interrupt mechanism” of Bettman’s (1979) consumer behavior model, a variety of factors may alert consumers to the need for immediate deliberation and consequently
“interrupt” the transition from impulsive feeling to impulsive action.

It is reasonable to believe that compulsive buyers would be more likely to demonstrate lower levels of gratification delay as compared to other consumers. While inner psychological drives or urges are powerfully driving both impulsive and compulsive buying scenarios, it is reasonable to believe that both the number and quality of normative evaluations performed by highly compulsive consumers will be fewer and less detailed as compared to those performed by noncompulsive consumers. The number of normative evaluations performed that relate to relevant financial issues, social visibility and self-awareness of noncompulsive buyers are more likely to be higher as compared to those of compulsive buyers. In addition, compulsive buyers are more likely to perform normative evaluations about how to get their next “high” (e.g., when and where will be the next opportunity to shop), as compared to noncompulsive buyers, who may be more inclined to perform normative evaluations about the need for and/or financial feasibility of items purchased.

Magee (1994) found that possessing compulsive purchasing tendencies often influences a consumer’s perception of other’s shopping behaviors, coloring what is perceived as appropriate behavior. For example, purchase behavior seeming normal to compulsive consumers, such as purchasing fifty cubic zirconium rings from a television home shopping network, most likely is perceived as eccentric and excessive behavior to consumers without this compulsive propensity. It is reasonable to believe then, that normative evaluations performed by compulsive buyers in the presence of encouragement by others such as sales personnel, or among other compulsive buyers demonstrating
similar behaviors, will be directed positively toward the act of shopping. Normative evaluations performed by compulsive shoppers when among noncompulsive shoppers would most likely be less positive toward the act of shopping.

Credit Card Usage

Research indicates that the number of credit cards used regularly and the levels of credit debt are variables linked to compulsive buying (Dittmar, 2005; Edwards, 1992, 1994; Joji & Raveendran, 2008; Norum, 2008; Park & Burns, 2005; Schmitz, 2005). Compulsive buyers are more likely to have used multiple credit cards to their maximization financial limits than are noncompulsive buyers.

Short-Term Consequences

Although the literature largely views compulsive consumption as an undesirable form of behavior for both the individual and for society, compulsive consumers have experienced at least some temporary positive outcomes. These include reduction of stress and tension (Rindfleisch et al., 1997; Schmitz, 2005), and temporary restoration of self-concept and self-esteem during times of personal crisis and key life transitions (Hirschman, 1992). In addition, some compulsive buyers sometimes use the act of purchasing as a means of bolstering self-esteem, enhancing interpersonal relations, as well as receiving a “high” or emotional lift from performing the behavior (Faber & O’Guinn, 1992; O’Guinn & Faber, 1989; Schmitz, 2005).

Similarly, Dittmar (2005) and Dittmar and colleagues (1996) found that consumers purchase impulsively as a means of acquiring material symbols of personal
and social identity. Strong support was indicated that mood and self-image concerns are important in impulse buying behavior. Overcoming perceived self-discrepancies and symbolic self-fulfillment were found to be positive outcomes for some impulsive purchasers. Thus it seems reasonable to believe that compulsive buyers may be more strongly predisposed to experience these feelings too.

Shapiro (1993) also found that compulsive purchases often serve as a form of therapeutic self-giving. Consumers suffering from loneliness were found to use compulsive shopping as a means of assuaging feelings of loneliness and lack of locus of control.

Thus, it is apparent that even though society at large regards compulsive buying as behavior that is detrimental over the long term, there is evidence that compulsive buyers may be receiving positive outcomes and reinforcement from their behavior; else it would most likely not be repeated. The situation is analogous to other addictive behaviors such as drug addiction, gambling and alcoholism. For the short term, shopping provides compulsive buyers with relief from stress, heightened positive affective states, enhanced self-esteem and sense of self worth as well as escape from feelings of loneliness and other negative feelings. These positive feelings provide further motivation to repeat the behavior in an effort to sustain them, eventually becoming operant conditioned responses when negative feelings recur (O’Guinn & Faber, 1989). Short-term consequences are listed with an underlying feedback loop in Figure 1.

**Long-Term Consequences**

Despite any temporary positive effects derived from purchasing, long-term
compulsive consumption is by definition harmful and, when left unchecked, has adverse consequences for most individuals (Dittmar, 2005; Hirschman, 1992; O’Guinn & Faber, 1989; Schmitz, 2005). Severe consequences related to the behavior disorder have been identified as including personal distress, extreme financial debt, and marital and family disruption (Dittmar, 2005; Glatt & Coo, 1987; McElroy et al., 1991b; Schmitz, 2005). Such negative consequences resulting from compulsive behavior are listed in the last section of Figure 1. As it is estimated that approximately fifteen million Americans fit the general personality and behavioral profile of the compulsive shopper (Arthur, 1994), this consumer type stands to impact the economic health of financial/credit institutions, retail corporations and nations over the long term where large numbers of compulsive consumers increasingly generate noncollectable debt.

**Summary of Compulsive Buying Research**

Researchers have found that compared with other consumers, there are more compulsive buyers who are female than male (Bleuler, 1924; Christenson et al., 1994; d’Astous et al., 1990; Kraepelin, 1915; O’Guinn & Faber, 1989, 1992; Scherhorn, 1990; Scherhorn et al., 1990). In addition, compulsive buyers tend to possess low self-esteem (d’Astous et al., 1990; Dittmar, 2005; O’Guinn & Faber, 1989; Scherhorn et al., 1990; Schmitz, 2005;), a greater tendency to fantasize (O’Guinn & Faber, 1989), greater levels of depression (Dittmar, 2005; Scherhorn et al., 1990; Schmitz, 2005; Valence et al., 1988), and higher levels of anxiety reactions and obsessions (Dittmar, 2005; McElroy et al., 1994; O’Guinn & Faber, 1989; Scherhorn et al., 1990; Schmitz, 2005). In addition,
materialism has been linked to some compulsive buyers as a result of family stress during developmental years, where purchases are used as surrogates for personal relationships that are lacking (Dittmar, 2005; Rindfleisch et al., 1997; Xu, 2008), as well as relating specific products to compulsive buyers as a function of their desired self images (Dittmar et al., 1996).

While long-term consequences of compulsive buying have been described as generally negative and harmful to the individual as well as to others, compulsive buyers derive short-term benefits from the act of shopping such as reduced anxiety, increased self-esteem, and positive emotional feelings. These short-term benefits serve to provide an operant conditioned response within high compulsive buyers to repeat and continue the behavior.

The proposed framework serving as the theoretical underpinnings of this study is described next.

**Theoretical Framework and Related Propositions**

Figure 1 showed a diagrammatic representation of the theoretic model that is supported by several literature streams previously discussed. It is a framework identifying the relevant themes and variables associated with compulsive buying and the consequences of this behavior. Table 3 provides an overview of the relevant literature reviewed supporting Figure 1 for this phenomenological inquiry.

**Personality Variables**

**Compulsivity.** Early research (Bleuler, 1924; Kraeplin, 1915) has indicated that
### Table 3

**Literature Review**

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Themes and variable structures identified | Relevant studies: Authors and years
---|---
Short-term consequences of compulsive buying | Jacobs (1986)
Falk (1981)
Donegan et al. (1983)
Hirschmann (1992)
Rindfleisch et al. (1997)

Long-term consequences of compulsive buying | Glatt et al. (1987)
O’Guinn & Faber (1989)
McElroy et al. (1991)
Hirschmann (1992)
DeSarbo & Edwards (1996)

some people possess a predisposition to behave compulsively, whether it is uncontrolled purchasing, gambling, substance addiction, etc. Further, research has also indicated the comorbidity of these behaviors among many consumers (Faber & O’Guinn, 1989; Faber et al., 1987, 1995; Glatt & Coo, 1987; Hirschmann, 1992; McElroy et al., 1991a, 1994; Norton et al., 1985; Mitchell et al., 1985; Valence et al., 1988; Williamson, 1990).

Specifically, compulsive buying has been linked to other impulse control disorders (Gittelson, 1966; Glatt et al., 1987; McElroy et al., 1991a; Weiner, 1976).

**Low self-esteem.** One of the most consistent findings about compulsive buyers is that low self-esteem is strongly associated with it (Marlatt et al., 1988; Nathan, 1988; O’Guinn & Faber, 1989; Scherhorn et al., 1990).

**Negative affect.** Research has indicated a strong tendency for compulsive buyers to exhibit a higher level of depression over other people (Arehart-Treichel, 2002; Baer et al., 1985; Dawood, 2000; Fernandez-Aranda et al., 2008; Gittelson, 1966; Glatt & Coo, 1987; McElroy et al., 1991b; Mitchell et al., 2002; Mueller et al., 2007; Schmitz, 2005; Weiner, 1976).
Loneliness. Social isolation and feelings of loneliness have been linked to compulsive shoppers (Faber & O’Guinn, 1992; O’Guinn & Faber, 1989; Shaprio, 1993). The propositions that follow address this tendency:

Arousal seeking. Compulsive buying has been linked to excitement seeking tendencies (Briney, 1989; Carr, 1974; Christy, 1993; DeSarbo & Edwards, 1996; Edwards, 1992, 1994; Esquirol, 1838; Faber, 1992; Faber & O’Guinn, 1988, 1989; Freud, 1924; Hanley & Wilhelm, 1992; Miller, 1980; O’Guinn & Faber, 1987, 1989; Scherhorn et al., 1990; Segal, 1976; Valence et al., 1988; Zuckerman, 1979; Zuckerman & Kuhlman, 1978). One would therefore expect more compulsive buyers to be associated with arousal seeking tendencies than consumers without the disorder:

Fantasizing. Research suggests a strong link between compulsive buyers and the ability to fantasize (Bergler, 1958; Feldman & MacCulloch, 1971; Jacobs, 1986; Kaplan & Kaplan, 1957; Oxford, 1985). Reasons for higher rates of fantasizing among these consumers include using it to serve as an escape for negative feelings underlying and associated with personal success and social approval (Jacobs, 1986; Kaplan & Kaplan, 1957; Oxford, 1985). In addition, fantasizing serves to reinforce compulsive behaviors by enabling people to mentally rehearse anticipated positive outcomes of these activities (Bergler, 1958; Feldman & MacCulloch, 1971). The following proposition is therefore offered.

While demographic findings for consumers using the three retail formats described in the literature review have been diverse and inconclusive, a long tradition of marketing research has indicated that demographic variables often significantly add value
to our understanding of particular consumption patterns. Particularly considering the
diverse literature’s evidence to support that more women than men suffer from this
disorder (Bleuler, 1924; d’Astous, 1990; Kraeplin, 1915; O’Guinn & Faber, 1989, 1992;
Scherhorn et al., 1990) demographic variables will be examined across this study’s
participants.

Magee’s (1994) study found differences in perceptions and judgments about
actions among compulsive and noncompulsive consumers. Moore and colleagues (1995)
indicated that differences exist among consumers with regard to the strength of emotions,
or the degree of affect intensity experienced, as derived from various stimuli and as
exhibited in their corresponding responses to them. Some people, as compared with
others, consistently experience their emotions with greater strength when exposed to
emotionally provocative stimuli.

Thus, it is reasonable to believe that compulsive consumers, who are predicted to
experience a greater degree of depression, lower mood states, and lower self-esteem over
other consumers, may be predisposed to have stronger affect responses to certain stimuli
over other consumers. In particular, these stimuli could include other compulsive
consumers’ emotionally charged and positive opinions about the appropriateness of
continuing with purchase behaviors, as well as being exposed to hard sell approaches by
aggressive salespersons. The following propositions representing these notions follow.

**Normative evaluations and impulse control.** Low impulse control has been
related to obsessive-compulsive personalities as their ability to delay gratification is
lower than other people (Christenson et al., 1994; DeSarbo & Edwards, 1996; Faber &
O’Guinn, 1988, 1989; Freud, 1959, 1962; McElroy et al., 1991a, 1994; O’Guinn & Faber, 1989, 1992). Rook and Fisher (1995) reasoned that not all consumers with impulses necessarily act on them, as even highly impulsive consumers do not succumb to every spontaneous buying stimulus. A variety of factors, such as knowledge and a sense of responsibility for one’s personal finances, social visibility, and/or awareness of one’s behavior, can interrupt a consumer’s transition from impulsive feeling to impulsive action. However, as the research has evidenced, most compulsive purchasers give little attention to considerations such as these. Rather, they are so strongly compelled to act in order to assuage negative inner feelings of self-esteem and worth that these considerations are either dismissed as unimportant, or not considered at all. In addition, as Magee (1994) suggested, compulsive consumers may deliberate positive normative evaluations about proceeding with compulsive purchases if they are in the company of others who share the compulsive predisposition, or if they are alone and are being encouraged to do so by an encouraging retail salesperson.

**Credit usage.** Research has found that compulsive buyers demonstrate a higher usage and/or abuse of credit over other consumers (DeSarbo & Edwards, 1996; Edwards, 1992, 1994).

**Short- and Long-Term Consequences of Compulsive Shopping**

The literature has provided evidence to indicate that compulsive shoppers may derive some positive outcomes from purchasing goods such as reduction of stress and tension (Rindfleisch et al., 1997), temporary restoration of a positive self-concept...
(Hirschmann, 1992; O’Guinn & Faber, 1992), and enhanced interpersonal relations (Faber & O’Guinn, 1992; O’Guinn & Faber, 1989). The evidence is overwhelming, however, that these positive outcomes are ephemeral, and that long-term compulsive consumption has adverse consequences for most individuals in the forms of excessive personal debt, legal difficulties, as well as low self-esteem and guilt associated with these problems (Hirschmann, 1992; O’Guinn & Faber, 1992).

**Summary**

The literature reviewed has provided a body of knowledge from which to better understand compulsive buyers. While recent research and popular literature have begun to recognize compulsive consumption as a problem worthy of increased attention by researchers, it has been evidenced that significant gaps exist in the literature that should be explored to provide better understanding of these consumers’ propensities to behave. A theoretical framework (presented earlier in Figure 1) was developed from this literature review.

Given the significant differences existing between compulsive buyers and other consumers’ behavior within traditional retail formats, how can we better predict the differential impact global innovations such as the Internet and home shopping formats may have on compulsive consumers? As this population segment continues to grow, the question becomes increasingly important. Moreover, in the interest of better understanding consumer behavior in general, as well as building improved retail strategy toward addressing and avoiding the corresponding negative consequences for these
individuals, as well as for society, it is a question that should be of interest to marketing researchers and practitioners alike. This study’s research question and methodology are discussed next in Chapter III.
CHAPTER III
PURPOSE AND OBJECTIVES

The purpose of this study is to explore the structures of the lived experiences of compulsive buyers through a phenomenological lens. By employing several qualitative techniques suggested by the phenomenological tradition, the essence of the compulsive buying phenomenon will be revealed. Models will be developed from themes emergent from the data themes and the structures of lived experiences, which will then be compared to the theoretical model developed from the literature.

Research Question

The research question addressed in this study was, “What are the essential structures of the lived experiences of compulsive buyers”?

Researcher Frame of Reference

Although not realizing it at the time, I trace my original link to and ultimate interest in this phenomenon to my studies as an undergraduate philosophy major. Enrolled in a history of philosophy course during my second semester of college, I remember deciding to major in the discipline as I was reading Plato’s dialogues containing lively discussions between Socrates and philosopher colleagues as they challenged each other about what it meant to live the “good life.” As the dialogues unfolded into much broader debates over the value of human life, man’s place in the universe, man’s responsibility toward others, ethics and politics, I became committed to
philosophical inquiry. I believed that by studying philosophy, I would be able to ultimately realize what my own life goals should be.

Such lofty goals and commitment still left me, however, with one very real world problem upon graduating from college: I needed to find a specific career that would sufficiently stimulate me to become a contributor and ultimately live the “good life.” Thus, I began an 11-year career in the retail industry. Although philosophy did not directly prepare me for my life as a business professional, I believe that it did significantly aid in providing the discipline required for a successful and fulfilling retail career. In retrospect, I realize that I continued to apply the philosophical principles I had learned throughout this stage of my career as I continuously challenged myself and my company to ask how we might better serve our customers’ needs. Further, I wanted to know what our corporation’s span of social responsibility and role as a “good citizen” for the American economy should be. Inquiring corporate minds, like mine, wanted to know.

Years later, as I began my second career in academia and needed to find a fitting topic for my dissertation, I found myself coming back to the same philosophical questions. After over a decade of mid-level executive experiences, I had seen in the retail industry, just as in most others, that the majority of corporate goals and tactics were centered on achieving improved financial objectives, sometimes involving actions that were not entirely ethical. Yet there were many nonfinancially oriented issues in marketing, however, that I viewed as equally important pursuits: those that centered on improving the quality of consumers’ lives, such as avoiding bait and switch sales tactics and practicing environmentally responsible manufacturing.
In the pursuit of my Ph.D., when I read the works of Peter (1983), a celebrated marketing theorist, calling for increased marketing research directed specifically toward issues of corporate and social responsibility, I realized that my early philosophical training and intellectual curiosity were leading me toward the exploration of an extremely important contemporary social issue facing our country. The combination of academic interests in marketing, retail strategy in both theory and practice, and ethics has evolved from my early education and the professional careers I have enjoyed in both industry and academia. This training has provided a powerful driving force toward continuously inquiring just how marketers might better meet and exceed the needs of their diverse constituents, and given me confidence to explore a social phenomenon (compulsive buying disorder) guided by the phenomenological tradition.

In addition to professional training and interest, however, I have also been personally directed toward this dissertation topic as a result of experiencing family members and close acquaintances and friends who have suffered from compulsive buying disorder. As I witnessed the myriad of associated negative outcomes of the disease, as well as some of the questionable marketing tactics specifically directed toward these disordered consumers (e.g., see Tables 1 and 2), I am compelled to ask how marketers might better help to serve the needs, rather than abuse, this special group of increasing numbers of consumers. Whether or not marketers are knowingly or unknowingly contributing to this increasing social and economic problem, they should be better informed about the phenomenon’s long-term negative consequences at individual, family, corporate and societal levels.
Since research in the marketing literature on compulsive buying is currently in its infancy stage, I believe that an in-depth qualitative study of the phenomenon of compulsive buying and how it negatively impacts the lives of consumers, their families, and in the larger picture, the economy and society, will serve the marketing discipline. An improved understanding of the phenomenon of compulsive buying stands to represent an important springboard from which more focused and improved future marketing research and retail strategies may be developed and employed.

The Nature of the Data Gathering and Analysis

Selecting a Site and Sampling

Creswell (1998) stated that in a phenomenological study, “…the participants may be located at a single site…and they must be individuals who have experienced the phenomenon being explored” (p. 111). As a result, I chose two debtors anonymous (DA) groups located in Salt Lake City, Utah, as the site locations for this study, one at a nursing home facility and one at a library.

Because my goal was to understand the phenomenon of compulsive buying, I selected a criterion purposive sample in which all participants were currently experiencing or had experienced the phenomenon of compulsive buying (either directly as a compulsive buyer or indirectly as a family member; Creswell, 1998). This study was conducted in the context of: (a) acting as a participant/observer with a group of compulsive consumers at DA meetings, and (b) performing in-depth interviews with volunteer consumers experiencing this phenomenon. The meeting place for either of these data collection procedures was in private meeting rooms located in the facilities
where DA meets on a weekly basis. Interview meetings were scheduled for two to three hours per participant.

**Entry and Reciprocity**

Since the nature of this phenomenon is very personal to each individual experiencing it, informed consent was obtained without requiring signatures, and the participant(s) were assured of complete anonymity. Gaining entry to the DA was initially a challenging process, as the main gatekeeper and coordinator, a former compulsive buyer herself, was highly protective of her peers’ anonymity. However, after speaking with her and indicating that a close family member suffered with this disorder, and that my purpose was also to learn more personally about how to assist this person, the coordinator indicated that I would be welcome to join the group. Additionally, the DA literature clearly stated, “The only requirement for membership in DA is a desire to eliminate unsecured debt.” Thus, I had already been sensitized to the proprietary nature of the information I was seeking to collect, and I regard very seriously my responsibility and obligation to honor and manage participant anonymity accordingly.

**Methods**

This study was framed by the social constructivist paradigm, where my emphasis was on understanding how the essence of each individual consumer’s sense of reality is shaped by her/his particular circumstances and lived experiences. With its philosophical grounding in Kant’s synthesis of rationalism and empiricism (Korner, 1974), social constructivism is founded on the premise that we all construct our own understanding of
the world in which we live through reflection on our experiences. This paradigm holds that knowledge does not reflect an objective, ontological reality. Rather, knowledge is an ordering and organization of a world constituted by our individual lived experiences (Glasersfeld, 1984, p. 24). Since the literature indicates that compulsive buying is an abnormal behavior often related to individual personality attributes and socialization processes, it is reasonable to investigate this phenomenon from a highly individual perspective, one that enables the capturing of the richness and textural description of this experience.

Phenomenological researchers seek to describe the lived experiences for several individuals about a concept or phenomenon (Creswell, 1998). Exploring the structures of consciousness in human experiences (Polkinghorne, 1989), this research tradition has its philosophical roots in existentialism (e.g., philosophers such as Kierkegaard, Nietsche, Husserl, Heidegger, Sarte, and Camus). Existentialists believe that by emphasizing reason, rationality and objectivity, personal everyday experiences become deemphasized. Thus, it is held that philosophy and research should not focus on the world as we know (i.e., reason) it, but rather on the world in which we live (i.e., the world in which we exist), the world that we experience. A basic tenet of this philosophy is that existence precedes essence. That is, what we choose (the decisions we make) creates our essence.

Therefore, to best study the phenomenon of compulsive buying and understand the lived experiences of these consumers, I employed a variety of qualitative methods characteristic of phenomenological research. Qualitative research methods enable an evaluator to study selected issues in depth and detail. Rather than quantifying the
experiences, qualitative researchers refer to meanings, concepts, definitions, characteristics, themes, metaphors, symbols, and \textit{thick (rich) descriptions} of issues and experiences. Striving to create a holistic understanding of a very complex phenomenon, researchers hope to share the understandings and perceptions of others and explore how “people structure and give meaning to their lives” (Berg, 1998, p. 7). Qualitative methods provide for the depth and openness necessary for a phenomenological study by encouraging the researcher to approach the fieldwork without being constrained by standardized measures or theoretical assumptions (Patton, 1990, p. 14). The flexibility within applying qualitative methods for a phenomenological study is purposeful in that this type of study requires the researcher to be the instrument (Creswell, 1998).

\textbf{Research Design}

The design of this study was emergent in that I began with a theoretical model based on the literature review discussed in Chapter II. I developed a theoretical model from the synthesis of this literature discussing compulsive buying (Figure 1). I then collected some initial data for coursework via DA meeting participant observations. As a preliminary exposure to the phenomenon, I attended 10 DA meetings in 2001-02 as a participant observer collecting field notes and keeping a reflexive journal to familiarize myself with the context of the study, the people involved, and create an environment of trust. From analysis of the initial data set, themes emerged and I constructed several models reflecting the lived experiences of compulsive buyers. These models were retained for the current study’s evidence of referential adequacy, and will be discussed in more detail in Chapter V. I then continued as a participant observer at DA meetings in
prolonged engagement for the collection of a larger data set to add richness to the study. Prolonged engagement allowed deeper investigation (and refinement) of initial data themes via in-depth interviews, as well as new and emerging themes. Returning back again to my original theoretical model, I juxtaposed it with newly constructed emergent data models, in an effort to determine if the model required adjustment. This *iterative process* of analysis yielded a comparison of theoretical structures against those structures derived via the lived experiences of the study’s participants. In this manner, a rich description of the phenomenon of compulsive buying was achieved.

The phenomenological data analysis followed Creswell’s (1998) steps (see Table 4) and data coding and analysis was employed using the QSR NVIVO software. In an effort to become initially familiar with the data, data memoing was performed. The protocols were divided into significant statements or horizontalization. The units were then transformed into clusters of meaning expressed in psychological or phenomenological concepts, representing general themes of meaning. Finally, these transformations were tied together to make a general description of the experience, the textural description of what was experienced and the structural description of how it was experienced. The resulting report produced a better understanding of the essential, invariant structure or essence of compulsive buying, recognizing that a single unifying meaning of the experience exists (Creswell, 1998).

**Participant Observation**

As discussed by Creswell (1998), participant observation is a principal research method employed by phenomenological researchers. This method aims to place the
Table 4

*Data Analysis and Representation of Phenomenology*

<table>
<thead>
<tr>
<th>Data analysis and representation</th>
<th>Phenomenology tradition protocol (Creswell, 1998)</th>
<th>Workman dissertation study protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data managing</td>
<td>Create and organize files for data</td>
<td>Create and organize files for data</td>
</tr>
<tr>
<td>Reading, memoing</td>
<td>Read through text, make margin notes, form initial codes</td>
<td>Read through text, make margin notes, memoing, form initial codes</td>
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<tr>
<td></td>
<td>Bracket personal feelings about observations</td>
<td>Make regular journal entries</td>
</tr>
<tr>
<td></td>
<td>Make regular journal entries</td>
<td>Review relevant literature</td>
</tr>
<tr>
<td>Describing</td>
<td>Describe the meaning of the experience for the researcher</td>
<td>Describe the meaning of the experience for the researcher</td>
</tr>
<tr>
<td></td>
<td>Note how my feelings have evolved or changed in the research process</td>
<td>Note how my feelings have evolved or changed in the research process</td>
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<tr>
<td></td>
<td>Note what I am learning about participants</td>
<td>Note what I am learning about participants</td>
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<td>Note what I am learning about myself</td>
<td>Note what I am learning about myself</td>
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<td></td>
<td>Note insights relevant to marketing</td>
<td>Note insights relevant to marketing</td>
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<tr>
<td>Classifying</td>
<td>Find and list statements of meaning for individuals</td>
<td>Find and list statements of meaning for individuals</td>
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<tr>
<td></td>
<td>Group statements into meaning units</td>
<td>Group statements into meaning units</td>
</tr>
<tr>
<td></td>
<td>Employ QSR NVIVO to monitor node (theme) frequencies, complexities, and diversity</td>
<td>Employ QSR NVIVO to monitor node (theme) frequencies, complexities, and diversity</td>
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<tr>
<td></td>
<td>Develop a structural description, “How” the phenomenon was experienced</td>
<td>Develop a structural description, “How” the phenomenon was experienced</td>
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<tr>
<td></td>
<td>Develop an overall description of the experience, the “essence”</td>
<td>Develop an overall description of the experience, the “essence”</td>
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<tr>
<td></td>
<td>Employ this process for myself and each participant</td>
<td>Employ this process for myself and each participant</td>
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<thead>
<tr>
<th>Data analysis and representation</th>
<th>Phenomenology tradition protocol (Creswell, 1998)</th>
<th>Workman dissertation study protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representing, visualizing</td>
<td>Present narration of the “essence” of the experience; use tables or figures of statements and meaning units</td>
<td>Present narration of the “essence” of the experience; use tables or figures of statements and meaning units</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop structural models using NVIVO reflecting features of the essence of compulsive buying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compare structure of constructed data models with theoretical model</td>
</tr>
</tbody>
</table>

researcher in a situation whereby she can participate to some extent in the general life of the group and observe their experiences and culture from an insider’s view. Observation allows the researcher to discover the “here and now” inner workings of the environment by utilizing the five senses. Through my participant observation activities, I experienced as closely as possible what it is like to actually be a member of DA.

When performing the data collection activity as participant observer, I paid close attention to each participant during each meeting, taking notes very sparingly during the meeting so as not to distract from normal interactions. Immediately upon leaving the meeting, however, I spent several hours re-tracing and writing field notes about the lived and shared experiences of the participants. Since I have done a considerable amount of reading about this phenomenon before this data collection activity, I was able to effectively bracket my own thoughts, responses, and intuition throughout the participants’ communication of experiences.
In-Depth, Open-Ended Interviews

According to McCracken (1988), the “long interview” is one of the most powerful qualitative methods and for certain descriptive and analytic purposes, no instrument of inquiry is more revealing (p. 9). As he explained, this is due to the manner in which an interview allows the researcher to gain access to how an informant views the world.

This method can take us into the mental world of the individual, to glimpse the categories and logic by which he or she sees the world. It can also take us into the life world of the individual, to see the content and pattern of daily experience. The long interview gives us the opportunity to step into the mind of another person, to see and experience the world as they do themselves. (p. 9)

Interviews are similar to dialogues or interaction (Erlandson et al., 1993, p. 85), and they allow the researcher and informant to move back and forth in time, reconstructing the past, interpreting the present and predicting the future (Lincoln & Guba, 1985). In addition, interviews assist the researcher in understanding the larger context of interpersonal, social and cultural aspects of the site under investigation.

Creswell (1998) stated that a phenomenological study should include the perspectives of five or more participants’ lived experiences. Thus, I performed in-depth interviews on six volunteer members of the DA groups I attended as a participant observer, once I was granted permission. The trust I built was such that the group asked me to present a special compulsive buyer workshop on October 1, 2005. While interviewing each participant, I tape recorded the interview, taking notes as we discussed the phenomenon and bracketing my own thoughts as the interview progressed. As previously stated, based on a lengthy literature review, I expected to find myself bracketing my own thoughts, responses, and intuition throughout the participant’s
communication of experiences, and this is what occurred.

Written Documents

Erlandson and colleagues (1993) described that written documents include nearly everything in existence prior to and during the investigation. They might include such documents as historical accounts, works of art, photographs, memos, media articles, brochures, meeting agendas and notes, audio or videotapes, budget statements, speeches, and other studies (p. 99). Thus, in addition to the data collected from individuals during participant observation and in-depth interviews, I also referred to and discussed DA literature and audio tapes, as well as relevant media publications about compulsive spending and debting. Information pertaining to credit usage and personal bankruptcy filings were also used in my analysis.

Data Analysis

As Patton (1990) explained, the challenge in this type of research is to make sense of massive amounts of data, reduce the volume of information, identify significant patterns, and construct a framework for communicating the essence of what the data reveal. Throughout the research process, the investigator is searching for themes that emerge from the data and the research context. Unlike traditional positivist research, naturalistic research is unique in that there is a relationship between the data collection and data analysis throughout the entire research project. Erlandson, Harris, Skipper, and Allen (1993) identify that in qualitative research, data analysis involves a two-fold approach. The first aspect is the data analysis that occurs at the research site during data
collection. The second aspect is the analysis that is performed away from the site after having left the field. Data analysis in naturalistic projects must include the “interactive process of collection and analysis as well as the forming of gestalt at the conclusion of the project” (p. 113).

Table 4 indicates a series of steps that were employed during data analysis, as suggested and discussed by Creswell (1998). I began with full descriptions of my own experience of the phenomenon from interacting with loved ones who suffer from the disorder, as well as information from the literature about compulsive buying. Next, horizontalization was performed by listing significant descriptive statements from the participant/observation and interview data about how individuals are experiencing the phenomenon. Editing and review of the list was performed to ensure that each statement was given equal worth and that the list was comprised of nonrepetitive, nonoverlapping statements. A textural description of these meaning units was written next, including verbatim examples of participants’ lived experiences.

In an effort to seek all possible meanings and divergent perspectives of compulsive buying, Creswell (1998) suggested that the researcher next refer to her field journal for her own descriptions and experiences about the phenomenon. This process enables imaginative variation in frames of reference about the phenomenon (compulsive buying), thus resulting in a construction of how the phenomenon is experienced by both those suffering with the disorder, as well as by those without the disorder who interact and relate closely with those who have the disease. Thus, the overall meaning and essence of the experience of compulsive buying can be richly described. This process was
employed first for my own experience as the instrument in this study, and followed by applying the data analysis process to each participant in the study. Finally, an exhaustive composite description of compulsive buying was written (Creswell, 1998).

A final step in my data analysis procedures involved model building using the data collected for this study, employing the QSR NVIVO software. The constructed models represent the invariant structures or essence of compulsive buyers’ lived experiences. Having previously built a theoretical model based on the compulsive buying literature (see Figure 1), I juxtaposed the theoretical model with those models constructed from the data in an effort to examine significant structural similarities and differences. Thus, an iterative examination between the theory and lived experiences of compulsive buying was performed.

Judging the Quality of Naturalistic Inquiry

The subjective nature of naturalistic inquiry and the research tradition of phenomenology, where the researcher plays as the study’s instrument, demand the consideration of certain quality measures to allow for the study to make a reasonable claim to methodological soundness. While qualitative research has been historically viewed as a way to do positivist research with less rigorous methods and procedures (Anfara, Brown, & Mangione, 2002; Denzin & Lincoln, 1994, p. 5), the qualitative paradigm has become increasingly more accepted as researchers have employed qualitative methods representing rigorous research (Anfara et al., 2002). To accomplish this, qualitative researchers strive for trustworthiness. Erlandson and colleagues (1993)
stated that trustworthiness is the means by which a researcher demonstrates the truth value of the research, providing the basis for applying it, and allowing for external judgments to be made about the consistency of its procedures and the neutrality of its findings or decisions. Lincoln and Guba (1985) discuss the quality measures that are specifically suited for the nature of qualitative research. As presented by Erlandson and colleagues (1993), these include confirmability, dependability, transferability, and credibility. A brief discussion of the measures and how I used them in this study follows.

**Confirmability**

Confirmability is a means of testing whether the researcher is unduly influenced by personal biases. Methods for ensuring that the researcher is not reacting to outside attitudes or assumptions include triangulation of data, audit trails, member checks, prolonged engagement, persistent observation and reflexive journals (Schwandt, 1997). For this study, I tested confirmability by employing prolonged engagement, persistent observation, reflexive journaling, member checks, and triangulation of data.

Prolonged engagement directs the researcher toward an accurate representation of the group or culture under study to discover the real components of informants’ lives and experiences. Prolonged Engagement, evidence of a study’s confirmability and credibility, requires the researcher to stay in the field long enough to become oriented, establish trust, recognize distortions, and find redundancy in the data (Creswell, 1998; Schwandt, 1997). With participant observation techniques such as prolonged engagement, informants must feel comfortable with the researcher to allow her to see them as they really are, from the viewpoint of those involved in the group. Prolonged engagement thereby enhances the
process of building rapport and trust between the researcher and informants. The mere presence of a researcher will undoubtedly have an impact on the context, but prolonged engagement can help encourage natural patterns of behavior from informants that are developed by individual and group relationships.

An associated risk of prolonged engagement is going native; a situation where the researcher may feel closely associated with the group and become biased in her interpretation of them over time (Schwandt, 1997). I employed prolonged engagement in this study in that I attended DA meetings with this group since 2001, and on a regular basis, sometimes twice per week, from May 2005 through June 2006. In an effort to avoid going native, I recorded a bold faced statement in my reflexive journal stating, “Step back from your emotions and DO NOT GO NATIVE!” In addition, after each DA meeting, I composed my personal feelings about the participants (in my journal) in an effort to express my sense of empathy for them directly, while simultaneously attempting to remain objective about observing the impact of their disease.

Persistent observation is the dedication and style with which the researcher strives to push deeper into understanding the phenomenon and group culture, exposing embedded unconscious components of them. Persistent observation evidences confirmability by the identification of elements most relevant to the study and focusing on them in depth.

Rather than settling for simply capturing the experiences as lived by the members, persistent observation enables the researcher to identify the concepts, events and relationships most relevant for gaining a deeper understanding of the phenomenon
(Schwandt, 1997). It is with this intent that the researcher can provide insights into the phenomenon that are known to the *natives*, or group members, themselves. I applied persistent observation in this study by attending one to two meetings per week, each comprised of different members.

A reflexive journal captures the process of critical self-reflection on one’s biases, theoretical predispositions, preferences, and so forth (Schwandt, 1997). Reflexivity also acknowledges that the inquirer is part of the setting, context, and social phenomenon she seeks to understand. Thus, reflexivity serves as a means for critically inspecting the entire research process. It illuminates to the researcher how her own personal and theoretical commitments may serve as resources for generating particular data, for behaving in a particular way among participants, and for developing particular interpretations.

Reflexivity is held as a very important procedure for establishing validity of accounts of social phenomena (Schwandt, 1997). A reflexive journal becomes the course of feelings, attitudes, ideas, possible shortcomings, and emerging theories as the research progresses. Keeping a reflexive journal throughout my data collection time in the field was an integral part of my research plan.

Member checks involve the researcher seeking validation with participants by soliciting feedback from them on the inquirer’s findings. Member checks evidence confirmability because the interpretations and conclusions verified by informants. In addition to representing another way of gathering data and insight, member checks can serve to guard against researcher bias, and positions the research as more of a participative and dialogical undertaking and less as the sole activity of the fieldworker
Member checks can also serve as an ethical practice toward participants who have generously given their time and access to their lives for the study (Creswell, 1998; Schwandt, 1997). In this study, I employed this method of confirmability by soliciting comments from interviewed participants about the accuracy of the transcripts and insights described.

Triangulation of data is a procedure used to establish the fact that the criterion of validity has been met (Schwandt, 1997). The researcher makes inferences from the data, claiming that a particular set of data supports a particular definition, theme, assertion, or claim, and triangulation is the means of checking the integrity of the inferences she draws. It involves the researcher collecting information about different concepts, events and relationships from different points of view (Creswell, 1998; Schwandt, 1997). This can be accomplished by asking questions in different ways at various points in an interview, or seeking data through a variety of techniques, such as asking direct questions or employing projective techniques, in an effort to validate a conclusion (Mariampolski, 2001). Finding similarities in the conclusions based on data from multiple sources provides a higher level of confidence that what is concluded is reflective of the phenomenon studied. I employed triangulation in this study by asking each informant interview questions in different ways, as well as by comparing answers from multiple informants about similar concepts. I employed direct quotes from the raw data in my narration as an additional confirmability measure.

**Dependability**

Analogous to reliability, dependability is the likelihood that the findings of the
study would be replicated if the study were repeated by another researcher (Lincoln & Guba, 1985, p. 290). It includes acknowledging research bias, focused interview questions, providing an audit trail, peer debriefing, and reflexive journaling. In this study, a dependability audit was performed by my faculty committee members as part of the required process in having my dissertation approved. It involved organizing the raw data, perusing my journals, and viewing data reduction and analysis products in such a way that enabled fellow researchers (my committee members) to back track through the project materials and analysis to determine the basis for conclusions and any resulting theories. In addition, researcher bias was acknowledged via a bracketed interview with a committee member; focused interview questions and a reflexive journal were employed in this study.

**Transferability**

Analogous to external validity, transferability refers to the extent to which findings can be generalized to broader theory and applied in other contexts or with other respondents (Lincoln & Guba, 1985, p. 290). While qualitative methods can represent only the particular group and situation studied, by providing a thick (rich) description of contextual features, it is possible that other researchers might be able to transfer the findings from one situation to another, and determine whether or not the findings are applicable within the second context. Transferability is achieved through thick (rich) descriptions of contextual features, purposeful sampling and reflexive journaling. All three tactics to demonstrate transferability were employed in this study.
Credibility

Relating to the degree of confidence in the *truth* that the findings represent for the participants and the context with which the study is carried out, credibility refers to how compatible the researcher’s results are to the realities that exist in the minds of the informants contributing to the research (Erlandson et al., 1993). To ensure credibility in this study, I employed prolonged engagement, persistent observation, triangulation, referential adequacy, peer debriefing, and reflexive journaling.

Summary

To this point, the research problem was introduced, a literature review was performed from which a theoretical model was developed, and a discussion was presented of the procedures that were performed as part of a rigorous phenomenological methodology. Since the data has been analyzed and synthesized, I will continue this document by systematically telling the story of the essential structure of the phenomenon of compulsive buying.
CHAPTER IV
ANALYSIS AND RESULTS

Chapter IV discusses the process of data analysis. First, I explain the qualitative methods employed during the data collection and analysis processes in an effort to evidence the accomplishment of trustworthiness in the study (Lincoln & Guba, 1985). Specifically, I will explain how I attempted to address the trustworthiness issues required for rigorous qualitative studies. These areas include prolonged engagement, persistent observation, member checks, peer debriefing, triangulation of data, purposeful sampling, an audit trail, reflexive journaling, and referential adequacy.

Next, I will provide an overview of the Debtors Anonymous organization’s purposes and goals. Selected brochure ware copied from the organization’s website is presented in an effort to provide the reader a better contextual understanding of my prolonged engagement experience as a participant observer, the nature of my study’s sample characteristics and the data collection process.

The next section is where I tell the story of each respondent’s lived experience of compulsive buying. Following each participant’s story I attempt to begin answering the question, “what does it all mean?” By coding clusters of meaning from the data for each participant into data themes, it became apparent that there were specific and often different emergent themes of the disease as lived by each individual. The themes are first compared to those discussed in the literature review as antecedents and consequences of compulsive buying, and shown in Figure 1. Emergent themes for each participant’s lived experience of compulsive buying different from the literature and theoretical model were
then coded and listed. Exact quotations from each participant were then selected that best represented each emergent data theme and what it was like to live with compulsive buying by each participant. These are grouped together in Tables A-1 and A-2 in Appendix A. In this manner, the textural description of what was experienced by each participant, and the structural description of how it was experienced by each participant can be better understood relative to theory (Creswell, 1998). We learn specifically how each respondent’s essential, invariant structure of compulsive buying is experienced. Models developed from the emergent data themes will be discussed and compared in Chapter V.

**Qualitative Methods**

Qualitative methods address the issues of a study’s reliability and validity through the attainment of *trustworthiness*, which is established through the affirmation of the practices confirmability, dependability, transferability, and credibility (Creswell, 1998; Lincoln & Guba, 1985). These areas of trustworthiness are achieved through the combination of the following methods employed in this study.

**Prolonged Engagement (Confirmability And Credibility)**

To stay in the field long enough to become oriented, establish trust, recognize distortions, and find redundancy in your data. I remained in the field as a participant observer of Debtors anonymous for over one year. I attended meetings regularly and participated in special workshops.
**Gaining Entry**

Gaining entry to the DA was initially a challenging process, as the main gatekeeper and coordinator, a former compulsive buyer herself, was highly protective of her peers’ anonymity. However, after speaking with her and indicating that a close family member suffered with this disorder, and that my purpose is additionally to learn more personally about how to assist this person, the coordinator indicated that I would be welcome to join the group. Additionally, the DA literature clearly states, “The only requirement for membership in DA is a desire to eliminate unsecured debt.” Thus, I had already been sensitized to the proprietary nature of the information I was seeking to collect, and I regard very seriously my responsibility and obligation to honor and manage participant anonymity accordingly. Since the nature of this phenomenon is very personal to each individual experiencing it, informed consent was obtained without requiring signatures, and the participant(s) were assured of complete anonymity.

**Difficulty During My Prolonged Engagement With A DA Male Member**

When I had been attending DA meetings and special events regularly for one year, a difficulty emerged that threatened my ability to continue the study. One of the male members called me to ask me out for a concert. At the time, I was uncertain if he was actually asking me out for a date or just wanting to be friendly. But another female member had told me that he had been making his rounds with nearly every female member and definitely had dating on his mind. She also told me that he had made her feel uncomfortable about openly sharing in the meetings since he had asked her out.
While hugging each other at the end of DA meetings was standard behavior for most members, I noticed his hug at the end of the past few meetings was a little too long for my personal comfort.

I told him thanks for thinking of me for the concert, but that I could not make it. He said that we should go hiking sometime and asked me to call him. I did not. He phoned again two weeks later, and this time he wanted to chat. Using the telephone to support others in the group is an official DA tool, and since I had not done very much of this in the past with members, I thought I would open myself to this opportunity to be more “human and real.” I also did not want him to be hurt or to get angry with me, so I decided to speak with him for a while.

I learned that he had been an adjunct faculty member at a local community college, and he wanted to vent about his negative environment there to me. So I listened, and then he asked me about mine. When I was finished sharing about mine, which was mostly positive comments, he said he could not figure out why I was coming to DA and that I seemed to be an overachiever and so well focused. I told him that it is the topic of my dissertation, and I really thought that when I said this, it was only a reminder to him. I had been completely open about my status with this group from the beginning of my attendance, dating to over a year ago. But as I thought more about his surprise, I realized that even though he had been one of the old timers in terms of membership, his attendance during the past summer and fall had been rare.

His response to learning about me as a participant observer in a research study of compulsive buying indicated that he was upset and threatened. This response was a bit of
a shock for me, and hearing his sudden very harsh tone, I was feeling a jolt of adrenalin
shooting through my entire being. Yikes, I thought! Do I really threaten him by my
presence there as a researcher, and if so, is he going to try to stop my study? Or could
there possibly be additional variables in this quickly heated equation?

He became quite adversarial and said that he thought I was using this group and it
must clearly be against one of the 12 Traditions—the rules governing 12 step
programs. He said he was going to thoroughly check this out and bring this matter to the
others’ attention immediately. He said that our group has always been categorized as
“open,” meaning that outsiders and nondebtors are welcome to come to observe. But he
was adamant that researchers attending meetings and studying them is against all
“policies.”

So, I told him what my intentions are with this study, much of the same
information that I wrote in my proposal under “researcher’s frame of reference,” and I
tried to assure him that anonymity is an important part of my sacred contract in working
with this group. I also stated that I am not breaking any “rules.” He said he would
investigate this and bring it to this month’s business meeting, which was the next Sunday.

So he did, in this same adversarial tone, bring this issue up at the next DA
business meeting. His chief comment was one of serious concern about how I had
recruited my “subjects” and how I was “using all of them.” But the unanimous response
of each member there was one of warm support for me. One female said that she
volunteered for my interview since she thought this study would help many people be
better informed about this disease upon publication. She also said that I had been not just
a researcher, but a contributor to the group and a friend, and that I had a right to be there just as much as anyone else. Another woman said that I had been completely professional about recruiting interviewees and had not forced anyone to do anything out of their comfort zones. In short, the topic was discussed for a few minutes, asking for others’ concerns about me, and then dismissed with agreement that my presence there had been a positive one and not an issue of concern. It was also stated that bringing this issue up was a good idea in an effort to hear the group’s conscience.

After the meeting, some additional supportive comments were made to me by others. In addition, before this man left the meeting, he dropped a note into my lap that said if I need any more “subjects” to call him, and here is his number. What another shock this reaction was to me.

On my way home from the business meeting, I had tears just pouring out of my eyes. I felt so deeply moved and thankful to these people, and so very relieved that they voted to continue to be an “open” meeting to include me and this study.

After sharing one of the interview data transcripts and a detailed description of my experience just described, my methods professor, Dr. Dever stated, “It does seem to me that you held your bias in check based on your comments during the interview…You have met the requirements for bracketing your bias. I think you should proceed” (Email notes from Dr. Martha Dever, July 3, 2007).

**Persistent Observation (Confirmability)**

Identification of elements most relevant to the study and focusing on them in depth. During the prolonged engagement period with the group, I focused on themes
relevant to the literature review I had performed and the theoretical model that I
developed from it. The themes I observed included antecedents and consequences of
compulsive buying as seen in Figure 1. I also took detailed notes about new themes that
were emerging about the disease, not supported by theory.

**Member Checks (Confirmability)**

Interpretations and conclusions verified by informants. I showed a copy of the
interview transcript and story I had written about each respondent to him/her for feedback
and affirmation of accuracy. Aside from correcting me about details such as numbers of
siblings and time periods of their lives when certain events had occurred, no significant
changes were requested by the members. Two members (Calea and Harold) thanked me
afterwards for how I had told their stories. Each of these participants also expressed a
grateful attitude toward having been a part of a study that would help to increase
awareness about their disease.

**Peer Debriefing (Credibility)**

A disinterested peer (familiar with the qualitative paradigm) explores aspects of
the inquiry including: (a) Do categories make sense? (b) Can the inquirer defend the
direction the study is taking? (c) Do the methods lead to a credible study? I showed the
study to a friend who is a minister and he confirmed the above concerns for peer
debriefing had been met. I chose this person because he is familiar with research methods
from having pursued a doctoral degree himself. In addition, while he has not had
experience in working with people struggling with compulsive buying, he has worked
with people suffering from other addictions in the past. That he has a religious
perspective is only normal and expected, given his profession. Actually, I expressly chose
him for this reason. Since the only successful recovery methods available for addictions
involve the addict connecting with a Higher Power, I think this person’s perspective on
my study serves to strengthen its trustworthiness. The minister’s religious and humanistic
perspectives and understanding in this manner serve to add richness to the lens through
which I have told the story. His comment follows.

Since this study is an attempt to gather both an in depth understanding of an
addictive behavior and the reasons that govern such behavior, the carefully chosen
categories for gathering information related to money and its meaning within
different life contexts is extremely helpful. The inquirer appears to establish
content validity by actually measuring what she thinks she is measuring and
understanding the meaning and perspective the participants give to their
experiences within the context of their daily lives. The methods of inquiry as well
as the researcher’s critical attention to her role and reflection on it give this study
great credibility.

As a Christian pastor involved in the lives of many people who bring to my
attention similar problems of addiction I find both the life history investigation as
well as the participant’s reflective observation of their experiences and the
meanings they have given them most helpful. In addition, the need for a 12 step
program (or something very similar) with an understanding of helplessness and
the need of a helpful Higher Power and regular support group has, in my
experience, been vital to health, growth, and life.

**Triangulation of Data (Confirmability
and Credibility)**

Multiple data sources, methods and/or informants. I took detailed notes after the
DA meetings with few exceptions, kept a reflexive journal as I attended the meetings,
read DA materials, and performed six in-depth interviews with DA members. There were
two meetings where I had not recorded any observations, other than notes indicating that
the attendance at those meetings had been below three members and that no new data themes had emerged from those members since the previous meetings. After being a participant observer with the group for one year, I conducted six in-depth, audio-recorded interviews with members who had volunteered for my study. The interviews lasted between 2 and 3 hours for each member.

**Purposeful Sampling (Transferability)**

Sample matches the purpose of the inquiry (typical, deviant, and critical). This disease has many negative associations in society and it was clear that it would be difficult attempting to study the phenomenon to the required degree of depth with a group of participants who either did not suffer from the disease, or who had not admitted that they did. Since my study’s purpose was to explore the lived experiences of people suffering with compulsive buying disease, I purposefully sampled compulsive buyers from DA meetings for this study.

**Audit Trail (Confirmability and Dependability)**

Records stemming from the inquiry including: (a) raw data (b) products of data reduction (c) data reconstruction (d) process notes, and (e) personal notes. All raw data, products of data reduction, data reconstruction, process notes, and personal notes that I have collected are kept and secured in my home office. No one, besides me and two members of my dissertation committee have had access to the records.
Reflexive Journal (Confirmability, Dependability, Transferability, and Credibility)

A diary was used in which the investigator recorded information about self and methods, a component of the audit trail. While I did not make entries every time I attended, I kept a reflexive journal during my time spent in the field attending DA meetings. This journal served well several times in triangulation of data themes. For instance, I used the reflexive journal to verify and triangulate insights gained during meeting time data collection and analysis for several members after I had interviewed them and was writing their stories.

Referential Adequacy (Credibility)

Portions of the data were archived and used later to test interpretations of an ongoing data analysis. I had collected some data early when I was in coursework for my Ph.D. for a course project. The data from that time and its emerging themes is very similar to those data collected for this study. The models developed in the early study were used as a comparison with the models of compulsive buying developed for each of this study’s participants. Similar model themes were present in each study, particularly the model entitled “out of control.”

Stories of Compulsive Buying

This section describes the individual experiences of each respondent participating in this phenomenological study of compulsive buying. A 2- to 3-hour in-depth interview was conducted and audio recorded with each of six respondents. Due to the nature of
required anonymity of Debtors Anonymous, the informed consent letter was read aloud at the beginning of each interview. Respondents were asked about giving permission for their interviews to be included confidentially as part of the study, and each of the participants answered affirmatively. The lived experiences of compulsive buying for each of six respondents in this study (Calea, Rose, Freda, Glenda, Diane, and Harold) now follow.

I now describe the DA program to provide context for the study. Following this discussion, I tell the stories of each participant. Following the stories, I synthesize emerging themes from the interview data for each participant and my observations, as well as provide a model of each respondent’s lived experience as a compulsive buyer.

**Debtors Anonymous Background**

DA is a 12-step program based on the principles of Alcoholics Anonymous (AA). Members meet at least weekly for two hours of fellowship, sharing and mutual support. In addition to weekly meetings, several workshops are organized by members each year focused on general themes of difficulty that members have shared during meetings with strategies for improvement. Examples of topics for these special workshops have included a focus on how family members may better understand and assist DA members, or tips for improved financial record maintenance.

The following material about DA (copyright © AA World Services, Inc. Adapted and reprinted with permission, see Appendix B), provides an overview of the purposes and goals of how the organization helps compulsive buyers gain recovery from their disease.
The statement of purpose found on the organization’s website follows stated,

Debtors Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from compulsive debting.

The only requirement for membership is a desire to stop incurring unsecured debt. There are no dues or fees for DA membership; we are self-supporting through our own contributions.

DA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

Our primary purpose is to stop debting one day at a time and to help other compulsive debtors to stop incurring unsecured debt.

**How the Program Works**

The only requirement for DA membership is a desire to stop using any form of unsecured debt. There are no dues or fees; DA is self-supporting through their own contributions. Members share their experiences in recovery from compulsive indebtedness on a one-to-one basis, and introduce the newcomer to DA’s *Twelve Steps of Personal Recovery* (based on the *Twelve Steps of AA*) and its *Twelve Traditions* that sustain the fellowship itself.

**Meetings.** At the heart of the program are its meetings, which are conducted autonomously by DA groups in cities and towns around the world. Anyone may attend open meetings of DA. These usually consist of talks by one or more speakers who share impressions of their past and present recovery in DA. The beginners’ meetings are open to anyone who believes he or she may have this problem. Closed meetings are not open to the general public or to the professional community. Debtors recovering in DA
generally attend several meetings each week.

**Anonymity.** Anonymity helps the fellowship govern itself by principles rather than personalities; attraction rather than promotion. We openly share our program of recovery, but not the names of individuals in the program of DA.

**Twelve steps of debtors anonymous.** The 12 steps of DA are listed below and can be found on their website at www.debtorsanonymous.org. Adapted and reprinted with permission (see Appendix B).

1. We admitted we were powerless over debt—that our lives had become unmanageable.

2. Came to believe that a power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly
admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to compulsive debtors, and to practice these principles in all our affairs.

**Twelve traditions of DA.** The 12 traditions of DA are listed below and can be found on their website at www.debtorsanonymous.org. Adapted and reprinted with permission (see Appendix B).

1. Our common welfare should come first; personal recovery depends upon DA unity.

2. For our group purpose there is but one ultimate authority—a loving God as He may express himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for DA membership is a desire to stop incurring unsecured debt.

4. Each group should be autonomous except in matters affecting other groups or DA as a whole.

5. Each group has but one primary purpose--to carry its message to the debtor who still suffers.

6. A DA group ought never endorse, finance, or lend the DA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us
from our primary purpose.

7. Every DA group ought to be fully self-supporting, declining outside contributions.

8. Debtors Anonymous should remain forever nonprofessional, but our service centers may employ special workers.

9. DA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Debtors Anonymous has no opinion on outside issues; hence the DA name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

With the fundamentals of this debt recovery program described, a better understanding and sensitivity of each of this study’s participants’ individual journeys toward recovery may now be better appreciated. The lived experiences of how compulsive buying has negatively impacted each of the six respondents’ lives differentially now follows, in addition to evidence of their journeys toward reaching recovery. Each participant described was a member of the Salt Lake City DA group at the time of interview and has been assigned a pseudo name for the purpose of anonymity. The participant studies begin with the story of Calea.
The Story of Calea

Introduction to Calea and the researcher’s observations. When I initially attended DA meetings as a participant observer, Calea, a 24-year-old Caucasian female, stood out in my mind immediately and consistently over the course of one year as one of the leaders in the group. Of approximately 10-25 members attending off and on each week, Calea was a constant, rarely missing a meeting. She frequently volunteered for the structural side of meetings, providing leadership for the times of readings or sharing. Yet, I observed that while Calea is a leader by nature, I never experienced her attempt to control the meeting or others, nor did she dominate the conversations.

In my observation of Calea over 1 year, her role as facilitator and nurturer often provided the necessary impetus to get the meeting and its members quickly onto the important and purposeful work of debt recovery. Calea was the group’s nurturer supreme, always the one at the meetings’ end to approach a member with a needed warm hug and words of encouragement. I was deeply moved by both her level of commitment to the organization, and her lifelong vision of service of her fellow members. DA was truly Calea’s passion, and at one point in the interview, she confirmed my observation of this by describing how her service in DA “filled her up.”

I feel honored to have worked with Calea, a person of high integrity and a passionate vision to serve others. I count it a privilege to tell her remarkable story of struggle and recovery with compulsive buying now.

Calea’s youth and teen years lived in her parents’ home. Calea had been raised in a middle class family in Utah for most of her life, with a 2-year residence during her
teenage years in Texas where her father had been transferred. Calea had an older brother and an older sister. Her childhood was characterized as a traditional, middleclass, American family, trained in a religion practiced by the family, and in a household where money was well managed. Calea stated that neither of her parents were compulsive buyers. Rather, Calea’s parents strictly adhered to budgeting and the practice of not making purchases they could not afford.

Calea’s parents were described by her as “always pretty good with managing their money and not going into debt and paying off their credit cards.” Calea remembered a time when her father had been unemployed, and when Calea asked her mother to buy her something, her mother stated no, that the purchase would have to wait until her father was paid. While her parents were never very open about the actual financial situation with the children, Calea stated that they seemed to make rational choices to ensure their spending did not exceed their income. Calea noted that their view and management of money as compared to hers was “fundamentally different.”

When I asked Calea about her compulsive buying history and how long she estimated that she had had the problem, her immediate answer was, “All my life.” Calea recalled how when she was as young as grade school, she would demonstrate extreme behaviors toward money. She would save her allowance for years without spending any of it. She described this saving behavior as a constant inner struggle of self deprivation. In DA terms this is known as being a compulsive pauper. These people find it almost impossible to spend money on themselves. Examples could be the TV breaking and remaining unrepaird, or a pair of shoes, ready for retirement, is made to work for yet
another year. Even medical and dental problems will go unattended by compulsive paupers (Currency of Hope, Debtors Anonymous, 1999, p. 17).

While her parents praised Calea during this time of her life for being a saver, Calea’s deep rooted feelings of low self worth would drive her to believe that she was actually not worthy of having material possessions that she wanted. When describing these feelings to me during the interview, the example provided by the DA literature earlier of a pair of shoes that hurt her feet was Calea’s own story. She continued wearing the ill fitting shoes for over one year.

When I asked Calea to recall how she viewed money during this early childhood time of her life, she remarked, “As a child, money just meant I could get the material items that I wanted.”

Calea’s teenage years. As Calea became a teenager, she recalled that the money she had saved as a child for so many years now became the instrument to buy social acceptance from her friends.

I think I probably started getting allowance somewhere around 6. And I never… I’d just hoard it all. And then about the time that I hit my teenage years I started using money to buy friendship, I guess would be the way to put it. That if I was with my friends and we wanted to order a pizza I would just go ahead and volunteer to do so, so that I was the martyr. I was the generous person, yes. So, throughout my teenage years, it was always if I did spend money it was to spend money in social circumstances to look like the generous one and get the approval. I think I also, in my teenage years, did go into a little bit of what normal teenagers do, of wanting to buy CDs or a portable telephone or that sort of thing, but it was always with reserve, with that ‘well, if I don’t buy this now I can hoard my money and have it for later.’ So I guess through my teenage years there was always that inner struggle between getting the things that I wanted, saving money like I wanted to, and being able to be generous in a social situation. I would like to get little gifts or trinkets or whatnot for my friends just out of the blue and expect to just do something nice for them.
When I asked Calea to recall how she viewed money during her teenage years, she remarked, “As a teenager I could get the social acceptance that I wanted. I could buy that social acceptance with money.”

**Calea’s adult life and marriage.** Calea returned to Utah to marry her junior high school sweetheart, and while Calea stated that she has been a compulsive buyer all of her life, the disease became more pronounced during this adult time of her life.

When I asked Calea to recall how she viewed money during her early adult life, she remarked,

“When I was preparing to leave my parent’s home money meant freedom, that if I could provide for myself financially I could get out from underneath their roof, I didn’t have to live by their rules, I didn’t have to be home by midnight. And it meant I could move from Houston, Texas to Salt Lake City, Utah, because I wanted to...Money meant that I could leave my parent’s house and come back to Utah to marry the love of my life. We’d had a long distance relationship.

Once married, Calea and her husband began spending beyond their means with credit cards toward entertainment and dining out. When Calea’s husband lost his job within the first few years of marriage, the spending continued without an income to support it.

I remember that after getting married my husband and I were having financial difficulties and we weren’t able to pay off the credit cards every month. Just month after month we’d slowly get a higher and higher revolving balance. The first month or two, “Oh, well we couldn’t pay it off this month, but we’ll pay it off next month. It’s only a $25 balance.” And then 3 months later it was, “Well, we can’t pay it off next month and we still haven’t been able to pay off that $25 balance that I thought we were going to be able to pay off. But now that it’s only a $50 balance that’s ok. Now that it’s only $150, well that’s still not too bad. Now it’s only $300, that’s still not too bad. I would like to get it down, but we’ll see what we can do.” And it was just slowly growing. And then he ended up losing his job and the company that he worked for went out of business and he got a severance package and we were able to pay off everything. But he was not able to find work immediately and he had several jobs where he only had employment
for 6 to 10 weeks and then would either lose the job or quit. During the…there’s like a 16 month timeframe where all of this was going on. From the day that we paid off all of our debts and had absolutely zero debts to…let’s see, I’d say 11 months later, we had $11,000 worth of unsecured debt. Looking back on it at the time that I was going through it I just wanted to blame him, that if he had income coming in we wouldn’t be in debt. Really, now that I’ve actually started working with the Debtors Anonymous program and looking at my own behavior, I continued spending as I had before and maybe even worse than I had before while he was unemployed.

**Relationship problems.** Calea became unhappy and resentful of her husband’s nonemployment, and her over spending continued. Her marriage was a time when Calea described her spending as being out of control. When I asked her, Calea estimated that about 40% of the martial stress was due to financial problems.

I just continued spending through all of it. And a lot of what I spent money on was bad budgeting…. Within about 6 months I had over $10,000 again. And that one I couldn’t blame on him. You know, that was a big wake-up call that it was all me. At least that portion of it and that’s when I started looking back at my behavior while he was unemployed and seeing that I had made some very irrational, insane decisions during that time.

When I asked her what types of products she purchased compulsively during this time of her life, she stated that she loved bargains and lower priced items. She particularly enjoyed shopping at Dollar stores or Wal-Mart, where she would systematically go up and down each store aisle with an eye toward filling her cart and purchasing whatever caught her eye.

Things that you couldn’t … a lot of times perishable items I guess, or things for around the house. I would go into Wal-Mart and the Wal-Mart that I shopped at the time wasn’t a grocery store or anything so it was no groceries whatsoever and walking in those doors at Wal-Mart with no cart with at least $100 in my hands and with a cart was somewhere between $150—$250, you know, whatever I could pack into the cart of just stuff that you give to the DI six months later, you know. Or it broke and so you throw it away.

Calea described her shopping behavior as compulsive.
When I’d walk I would just walk up and down the aisles of whatever store I was in. I tend to have a little bit of an obsessive/compulsive personality and God forbid you miss an aisle. There may be something on that aisle that I don’t know I need, but once I see it I’ll remember, ‘Oh yeah, I need that.’ I even would go shopping when I was still married and I would make him walk with me up and down the aisles. I’m extremely codependent and God forbid he’d be out of my sight. And he would absolutely refuse to walk up the baby aisle with me. We weren’t planning on that one any time soon, but it just threw off my entire course to go up and down the aisles systematically if we didn’t walk up and down the baby aisle often enough.

For a short time during her marriage when her husband was unemployed, Calea worked part-time as a sales consultant for a direct sales company selling women’s cosmetics. The contractual agreement for her included her requirement to buy significant inventory in order to have stock to sell to consumers at in-home parties. Unfortunately, this attempt by Calea to supplement her family’s income accelerated her spending problem. Ultimately not as successful at selling the merchandise as she was led to believe she could be, Calea was left with significant unsold cosmetic products in her home. When I went to her home for a planning meeting for a special topics work shop for DA, I saw shelves of this company’s product in her living room and bathroom.

It was an in-home business. You purchased inventory. You did the home parties. There were certain people who could make that amount of money, but I believe that it was at the … the money never came out of my pocket. It wasn’t exactly a pyramid scheme. It was something called profit sharing or I don’t know. But the company paid these directors their money without it affecting how much I got for selling my product. But at the same time they got their check because of what I ordered from the company. I ordered inventory that never sold and so…So I did fantasize that I would be one of those successful people to bring that in. And I did go through while my husband was unemployed I continued ordering more and more inventory as they continued putting out the seasonal products and whatnot that contributed to our debt as well, that I was thinking that you have to spend money to make money.

Calea’s marriage ended in divorce within 4 years. She stated that ultimately she
asked her husband to leave the home they were renting from her parents because her parents had promised that if he left, they would charge her less rent. Thus, Calea stated that ultimately she asked her husband to leave their home for a financial gain of $150 per month, “I kicked him out for $150 a month. Strictly a financial decision.”

**Calea’s DA journey to recovery.** Calea had been attending the Salt Lake DA group for over 1 year at the time of her interview. Calea initially struggled with progress in the 12-step program due to the spirituality requirement.

But before finding my first 12-step program…in fact, when I first walked into the rooms of my first 12-step program and I heard them talk about God the hairs on the back of my neck stood up. I had rejected the religion that my parents had tried to raise me in. I had tried two other religions that hadn’t worked for me. I had just pretty much given up on the idea of God. If there was a God, I didn’t need him in my life. When I first got to the other 12-step program I was in enough pain to recognize that I needed to be there, but I just listened to the 60% that was really good stuff and ignore that 40% that was God stuff. By the time I found DA my heart had softened a little bit and I was open to the possibility that there might be a power greater than myself who was aware of me, who loved and cared about me. Through my DA experience I have definitely been able to remove the roadblocks that I was still struggling with as far as trying to find that conscious connection with my higher power and feeling it on an emotional level and a spiritual level rather than just an intellectual, “Yeah, I’m sure He’s up there somewhere.”

Calea mentioned that many people entering DA initially experience “a really hard time swallowing God,” but that due to the highly inclusive nature within DA of the shared meaning about one’s “Higher Power,” members of often diverse, even opposite and nontraditional faiths effectively and meaningfully share their spiritual journeys of recovery with each other. This support system present at DA meetings is one of the driving forces that keep members attending regularly.

Thus, while the “Higher Power” Step 2 of DA represents a significant obstacle for
beginning the recovery process for many members, it ultimately becomes the glue of fellowship and spiritual support among members that serves to help propel them into full recovery. Many members become close often life-long friends. The journeys of faith that evolve simultaneously to the journeys of recovery from compulsive debting are often equally as compelling and remarkable to witness. People’s lives become significantly changed for the better, evolving from having been a burden to loved ones and society in the past, to becoming empowered life-long servants of others for support and healing.

After an initial struggle with embracing a concept of God or one’s “Higher Power,” which comprises the second necessary step of the DA process, Calea’s road to recovery was very fast. What many would describe as a “quick study,” Calea stated that her recovery journey began as soon as 24 hours of attending her first DA meeting. A member of another 12-step program for the previous 1.5 years, Calea stated that she recognized similar tools present in DA that had led to her recovery in the other program. For example, she immediately began practicing abstinence from using her credit cards, she began record maintenance for all expenditures, and she stopped incurring any unsecured debt.

“I just heard not incurring any new unsecured debt. And since then I’ve heard it referred to as: if you’re digging yourself into a hole the first thing you’ve got to do to get out of the hole is to stop digging. And so I did.” After not using her credit card or incurring any new debt for three consecutive months, Calea stated that she began to take considerable pride in her healthy patterns of behavior toward money, which served to motivate her further toward recovery. Calea described a type of normative evaluation
heuristic that she began to employ whenever she would find herself tempted to spend.

Calling on her Higher Power, as prescribed by the 12-step program, she would remind herself that maybe she could wait until payday for that particular item.

I do try to take 10 seconds to breathe, say a prayer, think about it logically and say, ‘Is it ok to act on this impulse?’ And sometimes I will choose to not act on the impulse and sometimes I’ll think, “As long as I don’t get compulsive about it, it’s ok.” I think it’s actually kind of a balance. It’s emotional in that I am very emotionally connected to my program and emotionally dedicated to my program and so I’m using that emotion to make healthier choices rather than using the chaotic emotions that I had when I was going through divorce and everything else that the emotional stability that I have found through working the 12 steps has helped my decision making process emotionally to encourage me to emotionally make healthier decisions rather than emotionally make unhealthy decisions.

Calea’s present and future plans. Calea is currently officially in recovery from over debting. To be categorized as being in “recovery” requires abstinence for three consecutive months (A Currency of Hope, Debtors Anonymous, 1999, p. 15), Calea plans to work toward maintaining this state of financial and emotional well being for the rest of her life. She describes her outlook of life now using positive, uplifting phrases, such as “I have an overwhelming sense of gratitude.”

The recovery process has been a gift…. Why was I given the gift of recovery when there are so many people out there still struggling? I feel deep gratitude for what has been given to me, I feel very blessed, with deep peace and serenity.

The meaning of money. When I asked Calea to describe how she views money today, she remarked,

Today, money is a tool that I just have to believe that everything in this world … my purpose in this world is a spiritual purpose and that the only purpose for money is to aid me on my spiritual journey and …to make sure that I am only using it as a tool rather than letting it consume me or be the motivation for my decisions.

Calea stated that she plans to continue attendance and active membership and
service to others in DA fellowships for the rest of her life. She stated that while she is currently officially in the state of recovery now, “I can obviously see how quickly I can revert back into old behavior,” and “I can definitely see that my mind still goes there.” Calea also emphasized a freeing sense of peace and serenity that she now experiences each day in her life as a compulsive debtor that she attributes directly to regular attendance and adherence to the 12 steps and DA program.

I also believe I feel very blessed and feel deep gratitude for what has been given to me and the peace and serenity and the freedom and all of the benefits that I see in my life because someone was willing to share their experience, strength and hope with me. I want to be there to share experience, strength and hope with others…I want to shout to the rooftops how wonderful the 12 steps are and that everybody should pick their own program….

With a passion for continuing to serve others, Calea stated that helping others into recovery and experiencing their everyday miracles, not only empowers her toward continued personal recovery, but it also provides her with a type of physical high that used to be present only when she shopped, “If I live to be 80, I’ll be making sure that I find a retirement center that holds 12-step meetings so that I can still get my fix.”

Evidence of data from my interview with Calea highlighting the presence of emergent themes, both similar and different from those discussed in the literature review and Figure 1 are discussed next.

**Emergent data themes.** Both literature- and nonliterature-supported data themes emerged for Calea relative to her compulsive buying disease (see Tables A-1 and A-2). The interview data were transcribed and analyzed for emergent themes, and those data themes saturating the data are represented by testimonial comments typifying Calea’s attitudes, feelings and lived experiences of her disease in Tables A-1 and A-2.
The Story of Glenda

Introduction to Glenda and the researcher’s observations. My first impression of Glenda was that she was highly intelligent and had a high sense of fashion. A petite, attractive woman, Glenda usually dressed with attention to details; her makeup and accessories were always coordinated for a totally polished look. This aspect made Glenda stand out from most others, as the unspoken dress code for members at DA meetings was extremely casual. In addition, since many of the members were still experiencing severe financial crises in their lives, their clothing tended not to be new or up to the minute fashion savvy as Glenda’s clothing always was. Although her attendance was not regular, I observed that when Glenda did attend, the few regular male attendees gave special attention to Glenda after the meetings.

With a charming personality and a quick wit, Glenda did not speak frequently during sharing times at DA meetings about her own compulsive buying experiences and journey toward recovery. She was, however, always a very outgoing person outside of the context of the meeting when socialization occurred afterwards. Thus, my own observations about Glenda’s experience with compulsive buying pointed toward a topic that I believed she either held very closely to herself, or that she was not significantly impacted by the disease due to the confident and showy image she projected of herself.

Glenda tended to speak more about her son or aspects of her social life among members, rather than an emphasis on the DA journey that most other members focused on, both in and outside of meetings. Thus, I was somewhat surprised when I approached Glenda requesting an interview for this study, and she enthusiastically volunteered. It
became quickly apparent during and after the interview, however, that the façade Glenda was conveying in public about her disease, even with the DA public, was just that, a strategically projected image that she had sought to achieve for most of her life. Glenda’s fascinating and compelling story of her lived experiences with the compulsive buying disease now follows.

Glenda’s youth and teen years lived in her parents’ home. A female Caucasian in her mid-30s, Glenda was raised in an affluent home with three brothers and three sisters. Although affluent, the topic of money was considered “taboo” in her home.

We never mentioned finances and in fact, because they didn’t, sometimes I was kind of afraid that… I don’t know… money was a topic that was kind of like talking about sex with your parents. It was a taboo. It was strange. I equated things with love, that my parents loved me and people loved me and I had way too many things.

When I asked Glenda if she thought that either of her parents suffered from compulsive buying she stated,

My parents were just the opposite. My parents are very frugal and they’re very good at saving money and they save for things and they weren’t debtors at all, but because of their… I’ve come to find out how they handle money as an adult.

Yet, while Glenda indicated that neither of her parents were compulsive spenders, the interview evidenced where one might infer that her father has this tendency to overspend. A note I had made later in my journal, after the interview also supported this possibility when Glenda shared with me that her father owned over 50 ties, and that “he was always buying new watches.”

One thing is, growing up between my brother and myself; we had a total of five different cars. And every time we totaled the car, the next day my dad would go down and buy us another one. And we’d always have these really good reasons, but my brother is an alcoholic and he’s a recovered alcoholic now, but I never was
bent in that direction. I think our compulsive behavior is one and the same. It
didn’t even strike me as odd that that would be unusual that we’d have another car
in the driveway. So it definitely had to do my upbringing.

Thus, Glenda attributed her attitudes about money today strongly to how she was
socialized to view it by her parents and family. The theme that she repeated throughout
the interview was one of “entitlement” about both money and material possessions.

When I asked Glenda to recall how she viewed money during this childhood and
teenage time of her life, she remarked, “Oh, I definitely think a sense of entitlement
definitely has to do with my upbringing. We never were able to talk about money and
how to manage money; I was always given things and even when I shouldn’t have them.
I was never held accountable for my actions.”

**Glenda’s adult life.** Interestingly, when Glenda and I were speaking outside of
her interview one day after a DA meeting, I shared with her the theoretical model of
compulsive buying I had developed from the literature. Glenda quickly and astutely
pointed out to me that she believed that affluent people do not suffer the quantity and
depth of such negative consequences with the disease as do “people who cannot support
their habits.” Glenda observed that my model was invalid for affluent people because,
“they just continue spending with fewer, if any, negative outcomes.” She said it described
her buying behavior early in her life when she never had to worry about money. For me,
this was a light bulb moment. Glenda also made a profound observation about affluent
compulsive buyers, based on her own experience with her family and the disease, “When
rich people rehearse normative evaluations about their spending, they feel justified and
validated. Society and marketers support this disease; it is the American Dream.”
My personal feelings recorded from my experience with her this day were of deep gratitude. I was deeply moved that she cared about my study and shared this personal insight with me, as well as highly impressed about Glenda’s intelligence.

Thus, while Glenda’s personal spending did not appear to be problematic while she was living in her affluent family home, it was when Glenda attended college that she began to get into financial difficulty. When I asked how long Glenda had been a compulsive buyer, she stated,

I think I’ve probably been compulsive about wanting to have things forever, but I first became aware of my compulsive buying when I was finally living on my own and responsible for my own finances when I was 21 living in Arizona attending school at ASU. That’s when I realized that I have a problem with money and a problem with wanting to have things.

Glenda funded her personal expenses during college years with student loans. Her approach toward money was “irresponsible to the extreme,” as described by her. But when hearing about other thoughts and her behaviors, I wondered if it was irresponsibility paired with the fact of her being “fuzzy” about money. After all, Glenda had never been taught to manage money and in fact, the topic had been “taboo.”

Glenda stated that she did not share equally with her roommates the utility expenses, and at one point, she became nine months delinquent in her rent, not even realizing that she had done so.

I think I was a terrible roommate. I would be the one to not chip in my share of the utility bills. I just always thought it was somebody else’s responsibility and I could be charming enough that a lot of times I would just be excused. I don’t know if it was charming enough, or just…I don’t know why I got away with it.

It was revealed during the interview that my first and strongly held impression of Glenda’s charming personality was an aspect about herself that she sought to achieve.
She was strategically using her charm to escape financial responsibility with her roommates, as well as with her landlord.

I was on a limited income and I was getting student loans and using student loans to go on trips and pay for clothes and…I think I first became aware of my misuse of money when I realized…I lived with this really…I lived in a home with a roommate and we rented from this really loving landlady. She was just an old grandmotherly type and she got sick and had to go to a home and her kids came and confronted me that I hadn’t paid my rent for 9 months and I didn’t even realize it. I just was using the money for other things. I was just so irresponsible. I was very ashamed and I made up and paid the rent. That’s when I first really became aware that I don’t handle money well.

When I asked Glenda about particular categories of merchandise that she bought compulsively, she stated clothes and entertainment.

There’s one point to go on the trip. There’s one point to buy the clothes. Clothes have always been a big deal with me. I was thinking about this earlier, about…I was raised in an affluent family and so I had this standard of living that I remember buying a pair of shoes on no special occasion and paying $300 for a pair of shoes and not really thinking about it. And then leaving home and not making $300 in a month. But even though my income had changed, my idea of what I thought I should be wearing hadn’t changed. So I kept spending and I got into a lot of credit card debt and I had all these student loans that…I didn’t ever graduate from college…I was mainly going to school to get student loans. That was living. I had 9 declared majors. I was just so irresponsible. But eventually I grew up a little bit, but debt, student loans and student credit cards were a real trap to me.

An interesting compulsive buying theme emerged in my interview with Glenda that had not appeared with other study participants. The process of acquiring, owning and using credit cards, regardless of what they were being used to purchase, provided Glenda with a strong source of emotional lift. Glenda took significant pride in owning prestigious platinum credit cards, and managing them by transferring balances from one credit card to another. She called it a game and was thrilled when she felt she had outwitted the credit card companies.
I spent a lot of money going out. I always would go out to restaurants and I was always a very good tipper and I … even now, I find myself over-tipping to feel good about myself. It has very little to do with the service that I was provided. Looking good and having a good time. That was a lot on credit cards. A lot of my credit cards, especially when I was in Arizona, a lot of it had to do with going to bars and clubs and showing my platinum credit cards.

It’s a meaningful experience, definitely, being on that list, that credit card companies want me. Yeah. I’ve done a lot of…I’ve had five cards that had balances, but I would always be shifting the balances back and forth to get the zero percent interest rate for as long as possible. So even though I had five cards with balances, I’m sure I’ve got 20 credit cards. I’ve got a pack of credit cards in my possession now that I’ve never even called them up to tell them…just having the credit cards makes me feel secure somehow. I’ve never gotten to a point with a credit card company that they’re calling me. I’ve always been able to get a student loan to pay it off and come up with the money. That’s part of it, too, that I really enjoy, is thinking I could outsmart them. Money is a game…. Once I got the Chase Company to use its credit card to pay off a credit card from the same company. I thought I just pulled a scam. Because they didn’t connect it. So it’s been a game and it means so much more.

At one point, when Glenda was working for a short period during her marriage, Glenda experienced a supervisor stealing her ideas and taking credit for them in the workplace. She felt the women had taken advantage of her. She felt betrayed and a feeling that she had been out-smarted by someone else. It was shortly after this time that she began shoplifting.

So I started taking merchandise from stores as I was shopping…it was a yarn store and I started taking yarn. I’d see some cashmere yarn and I’d take it. And it was definitely targeted towards her. But I think it was just part of that same trait of entitlement. I thought I deserved it so I was going to get it.

When I asked Glenda to recall how she viewed money during her adult life, she remarked,

I don’t even know what money is, to be honest. I think that part of my compulsion, too, was spending and having these things, these credit cards and student loans…part of me is addicted to the payoffs and the crisis. I was getting to the point where all the cards were maxed out…. Money is a game.
Glenda’s marriage. One of Glenda’s brother’s is a recovering alcoholic and Glenda married an alcoholic. After being married for 7 years and shortly after conceiving their son, Glenda left her husband, filed for divorce, and brought her son with her to live in her parents’ home. I had recorded in my Reflexive Journal after the interview that it now made sense that Glenda had always had the polished appearance, not typically expected of someone suffering from significant debt. Now that she was living at home again, she was once again being provided for by her affluent family.

DA has helped me to put words to the way I changed thinking about and my attitude towards money. And it’s also given me another set of questions about money. So it’s something to think about that way. But I think my attitude towards money started changing…and I can’t really tell you why, but just after I got married and I don’t like the fear of being in debt. I’ve never stopped buying, but I don’t like the feeling of being in debt. Compulsive buying is my hobby. I’ve been fortunate that it hasn’t necessarily gotten me into huge debt.

Glenda’s present. “I’m so proud. It’s about being seen with it on. And also, in my family, because we’re all kind of bargain shoppers, I guess, it’s sharing my bargain stories with my mother or my sister. It’s a sport.”

When I asked Glenda to describe how she views money today, she remarked,

I’m trying to change it, but from my compulsive side, what money means to me is love, safety and security. It defines my value as a person. I like on credit card applications, being able to write that I was living in a household that earns over $100,000. I still feel a little bit of pride in getting credit card applications in the mail. I’m somebody who needs that.

Glenda stated that she currently owns about 20 credit cards, but uses only one, American Express. This credit card assists her with financial record maintenance because it itemizes expenditures by category.

I love the feeling of having a certain amount of money in the bank. It makes me feel so successful. For me, the reason for so much buying as a compulsive buyer
is that I still have as much of a lust for clothes and looking good as I did before. But now, instead of paying full price for things, I’m a bargain shopper. I get a thrill out of going to the Deseret Industries and buying designer clothes. That’s where I go. But I still feel like I deserve the best.

**Glenda’s DA journey to recovery.** Glenda had been a member of DA for a few months at the time of her interview. It was apparent to me that her road toward recovery was yet ahead of her, but that already she had made some important positive strides toward improving her life in many ways.

Glenda evidenced that DA has enabled her to mature in some important ways. She mentioned that DA has helped her to view herself as becoming self-supporting, a way she had never previously viewed herself.

But at the same time, that’s another thing I love about DA, is part of DA is healing from the debting and from the compulsion in my life. And then the other half of it is focusing on a vision of what you want your life to be. I wish that I had thought of that seriously when I was going to school and thought, “What are the pivotal steps that I need to make to be a self supporting person”? Self-supporting—I never recognized that I was not self-supporting until I read the traditions of the 12 steps—that 7th tradition that we’re fully self-supporting. I was recently asked, “What do you want to accomplish in your life?” I want to be self-supporting. For myself I’ve never felt that before. It’s always been for me to be taken care of the way I always had been. It’s such a different focus.

In addition, some of the constant negative feelings of guilt and shame that Glenda has experienced from compulsive buying are beginning to change since Glenda has begun working on the DA 12 Steps.

Before, I felt guilty about everything. It’s like I lived in a cloud of guilt. I felt guilty for breathing. I just felt guilty all the time. And after my 4th step I felt guilty for the right things. I felt guilty for the things that made sense and lost that cloud of guilt. So it’s different to feel specifically guilty for something I did wrong and it’s a way to let go. Whereas before it was just so guilty so fast. That’s why I really like the record keeping and maintenance because it makes sense to itemize. I’ve never looked at money that way before. I never thought it was possible and it was so great.
Glenda also stated that her spiritual life has been enriched by embracing the DA 12 steps.

I had been a very religious person in my life and I’ve never been spiritual in my entire life thinking about the 12-steps. And now I feel like I’m a spiritual person. It’s wonderful. It’s a wonderful source and I don’t know why it works or what to call it, but it’s the only thing that fills up that space that I used to think it could be filled with things. Because it really does.

When I asked Glenda what DA means to her today, she was filled with energy and a vibrant smile as she stated,

It’s such a gift. It means a gift to me. It’s a gift of self-knowledge. It’s a gift to allow me to fantasize about visions that I can work toward achieving. I always thought that was a myth…. I think part of my disease manifested itself in always thinking that someone else was going to take care of me and wanting someone else to take care of me. I really feel like DA gives me tools to help me take care of myself. I’m not to that point yet. I’m not even near the point of being able to take care of myself. I’m not working right now, so I’m not financially self-supporting, but I just feel like I have people to go to and places to turn. The 12 steps...I love that it’s all about giving.

And self-knowledge…. Because I came to DA and we have lesbians and we have gay men, we have straight men, we have the whole rainbow of the world who are willing to speak honestly about their lives and giving such…it is so incredible to me to hear myself and people’s stories that I never would have thought had my story. Talking about that isolation thing, it’s a gift of nonisolation and I love that I can can give as much or as little as I want and it’s ok. I really like the fact that I can relate and it doesn’t matter. You can just show up for meetings and you can’t go wrong…. I thought that was such a powerful experience to see people sharing openly what I thought were secrets and make sense of it. I love the way that it’s set up…. It just is an inspired program.

Yet, while DA had begun to help her change her perspective about money,

Glenda still very much defined herself by her clothes, credit cards, and bank balance. “I like people to look at me and think, ‘she has money.’ I like them to think that. That’s my goal.”

One of the most interesting parts of this study for me has been observing how
different people embrace and respond to the DA 12 steps. For some such as Calea, effecting significant positive change occurs within 24 hours of joining. For others, such as Glenda, a few months are needed before attitudes toward money change and strategies for behaviors toward it are improved. Evidence of data from my interview with Glenda highlighting the presence of emergent themes, both similar and different from those discussed in the literature review and Figure 1 are discussed next.

**Emergent data themes.** Both literature supported and nonliterature supported data themes emerged for Glenda relative to her compulsive buying disease (see Tables A-1 and A-2). The interview data was transcribed and analyzed for emergent themes, and those data themes saturating the data are represented by testimonial comments typifying Glenda’s attitudes, feelings and lived experiences of her disease in Tables A-1 and A-2.

**The Story of Rose**

**Introduction to Rose and the researcher’s observations.** I came to know Rose well during my prolonged engagement in the field, as her attendance was fairly regular over the course of a year. Rose, a Caucasian female in her early 40s at the time of her interview, and her two daughters, ages 12 and 18, were living together in a small apartment without Rose’s husband. Rose had recently chosen to move out of their home and was in the process of seeking a divorce.

While we were speaking during the interview at her home, I could not take my eyes off of a sign on display on her coffee table. It read, “Whoever said that money cannot buy happiness, doesn’t know where to SHOP!” I kept thinking about how this joking attitude toward compulsive shopping has permeated our country. I strongly believe
it is one of the reasons that people do not fully understand that this disorder is not a joke. It is a disease, as defined by DA literature, resulting only in negative consequences. Yet, here was Rose, a member of DA for over a year at the time of her interview, and even she was making a joke about this issue by displaying this sign on her coffee table where she and her daughters could see it each day.

**Disease theory and social learning theory.** Rose was raised in a family she described as poor. When I asked Rose to try to think of how old she was when her disease first evidenced itself she stated that she remembered symptoms as a preteen around 11 years old.

I can think back even when I was a child. We were very poor and I was in a play called Saturday’s Warrior. I was 11 ½ and I got $15 a night for being in this play and I was in it for 9 months. I remember I would get these checks for $100 or something every week and I put them in my bank account, or so I thought. I remember seeing at the end of it that I had made $700 or something and all I had was a new stereo that I spent $100 on and I didn’t know what happened to the rest of the money. I remember a couple of checks I just lost and I sort of came back on that as just the way I’ve always been about money and I spend money and don’t really think about how much I’ve spent or where it is or how it goes.

And then when I realized that there was a name for it, there were these books called: Confessions of a Shop-a-holic and I was reading those and they were very funny, but I would just feel sick when I was reading them because I knew that’s how I was. So I started reading Financial Help booklets and I believe it was one of those that said something about Debtors Anonymous. And so after I cashed out my credit cards and gave them up a few different times and each time it would be like 3 times more than it was the time before and then I realized that I needed to go to Debtors Anonymous.

Rose believed that her compulsive buying disease had run in her family. She stated that her sister had recently filed for personal bankruptcy, and that her mother had set a model for loving to shop as Rose was growing up. Rose called her mother a shop-a-holic.
I think I mentioned my sister just took out bankruptcy. She had like $40,000 in credit card debt. My mother is definitely a shop-a-holic. She shops all the time. She will buy things for my kids for whatever and have all the clothes for the grandkids and stuff. My dad hasn’t had a job for several years now because he got laid off from his company and just hasn’t been able to get back in the industry. So he has a business now, but my mom would just be shopping. I think she’s doing better, but when I was out there this summer I talked to them about Debtors Anonymous and I actually went to a couple of meetings when I was out there and I think maybe next time I’ll see if I can get them to go with me. It’s important.

Thus, it was clear in my mind that Rose’s experience with compulsive buying is related to disease theory, as well as to social learning theory. The disease had run in her family, and social learning and modeling of this behavior had been passed down from Rose’s mother to Rose and her sisters, as well as from Rose to her two daughters.

Rose explained in some length that as a teen, she was drawn to expensive designer clothes and had continued with a high interest in them throughout her life, modeling this behavior to her daughters.

Well I think that comes from growing up poor and then in junior high I remember this conversation with this girl who was pretty popular and we were sitting there talking and she said to me, “You know, you are really poor. You should get some more in-style clothes.” And so it was like if I had the in-style clothes then I could fit in with them. I remember that.

Rose described her mother as a shop-a-holic, and her sister had recently filed for personal bankruptcy due to $40,000 in credit card debt. In addition, Rose’s 18-year-old daughter had already evidenced significant signs that she had the disease. When discussing her daughter, Rose stated, “She said, ‘I don’t have credit card issues. I just didn’t pay them. I shouldn’t have to pay that. I hardly ever have the card.’ I told her that she has to start being responsible for her costs. She just isn’t even aware or listening.”

When I asked Rose about her daughter’s compulsion to buy expensive designer
clothes and irresponsibility with credit card usage, Rose stated,

That was me…I did that to her…. Part of my action plan with her is to have a spending plan and I have that in place and I go over it every day. I try to sit down with her once a week and I can see her expenses and I talk to her about her budget and I help her make decisions.

When I asked Rose to speak about the meaning of money to her, she stated,

There are a lot of emotions involved with money for me. It’s not just money. In fact, some of the biggest fights I’ve had with my husband is he would start talking to me about money and I would cry or get angry. He would say, “Why are you getting emotional about it? It’s just money?” He didn’t understand my emotional attachment to money and I think growing up as I did poor and not really having any money I think I felt like I wasn’t as good as other people. And so I really in my mind…and that belief more came from…and this is kind of a personal thing, but my mother left us when I was 4. So I never had a mother. I had a stepmother, but I think that’s really why I didn’t feel like I was the same as other people. In my mind I attached it to money because I didn’t have any. I always felt like if I could have the cool clothes and look a certain way, if I could look like the people in the magazines then I would be ok and I’d be like other people and I’d be accepted. It really wasn’t until I started going to DA that that came to me.

Rose’s description above parallels the typical story of obsessive-compulsive disorder. Persons suffering from this disease often have experienced and suffered a significant loss in life and try to fill the emotional void resulting from the loss within with something material. Rose believes that the loss of her mother spawned this feeling of void within from a very early age. As Rose grew up without her mother, the meaning of money took on some of these highly charged and deeply rooted emotional feelings.

**Rose’s adult and married life.** Compulsive buying was described by Rose as a coping mechanism for low self-esteem and escape from depression throughout her life, but it particularly escalated significantly during an unhappy marriage. Rose characterized her husband as domineering and controlling, especially about finances. Rose attributed most of the marital arguments to difficult issues between them about money and her
compulsive buying.

I think we always from the very beginning had disagreements about money and I think that’s why I took it to such an extreme, because I was being controlled. And so it was like if he wanted something he would buy it and if I wanted something it was wrong. And so we never compromised. My needs were never considered. It was very controlled. So he got angry…. I started shopping to get even…and he started seeing my counselor probably a couple of years ago. He had called a marriage counselor. About every morning he’d wake up and find price tickets under the bed because I would get my clothes from the closet, cut off the tickets and leave them there. So I compare that a lot to an alcoholic leaving empty bottles of liquor around.

Rose compared herself with an alcoholic. Her compulsive buying behavior became an effective coping mechanism for Rose when she was feeling overwhelmed about being controlled by her husband.

What happened to me most recently with my marriage is I was being controlled and I’d be mad at him and I’d go out shopping. I would feel like if I was in the store shopping with my own money to spend I was just like all the other people in the store that had money to spend. Everybody was happy, the sweater’s nice and I would buy it and I would feel like everything was normal.

**Shopping to cope.** Retail environments provide emotional lift and escape. A common data theme in my interview with Rose was the effect retail environments had on Rose when she was unhappy. She described herself as seeking refuge in stores to feel happy again.

Well, for me mostly it’s clothing stores, department stores. There is one retailer that I don’t go to and that’s Wal-Mart, for political reasons and also I can’t stand to be in their stores. The rest of them if I go into a retail store like a Nordstrom’s or Dillard’s or one of those, I know that I can’t afford to spend and pay full price it’s just that in my mind it’s wrong to be there because I’ll spend money on clothes and so I’ll go to the 80% off rack. I would spend the obscene amount of money that I would spend towards something really nice that I wanted on a whole bunch of things that I didn’t want, but I can lose myself literally for hours in the store…. And being there and I start looking at stuff and getting outfits together and checking out the discounted price charts and trying things on and unless it’s…first of all there are so many different choices and then there’s sales and
people are nice and helpful and that just adds to.

When I asked Rose about the frequency and length of time spent on her “therapeutic shopping trips” she stated,

Probably at least 4 hours…. Most every weekend…on a real regular basis…. And how the clothes are just all bright and stylish and you’re in it all and there’s people in there, shopping and spending money and they’re all very happy and having a good time. I don’t know I always look at what other people are buying and…I used to…say, “They’re buying that so why shouldn’t I be able to”?

Rose’s marriage. Rose’s marriage, currently in the process of dissolution, was described throughout the interview as very unhappy.

What happened to me most recently with my marriage is I was being controlled and I’d be mad at him and I’d go out shopping. I would feel like if I was in the store shopping with my own money to spend I was just like all the other people in the store that had money to spend. Everybody was happy, the sweater’s nice and I would buy it and I would feel like everything was normal.

If I couldn’t shop and I didn’t have money it would not be ok. And then I would come home with my purchases and I would feel guilty that I went shopping and then I would make up with him whether it was my fault or not because I would feel guilty. The real problem of our relationship was control of money because if it was good I’d shop and feel guilty and if was bad I’d shop and feel guilty.

I think we always from the very beginning had disagreements about money and I think that’s why I took it to such an extreme, because I was being controlled. And so it was like if he wanted something he would buy it and if I wanted something it was wrong. And so we never compromised. My needs were never considered. It was very controlled. So he got angry…I started shopping to get even…and he started seeing my counselor probably a couple of years ago. He had called a marriage counselor. About every morning he’d wake up and find price tickets under the bed because I would get my clothes from the closet, cut off the tickets and leave them there. So I compare that a lot to an alcoholic leaving empty bottles of liquor around.

Abstinence from retail stores. Rose’s husband sought marital counseling and the counselor advised that Rose not be permitted to go into retail environments, paralleling abstinence behavior being prescribed for alcoholics.
The counselor just flipped out and he said, “Ok, you need to not go in the store for a while.” He told me I could not go grocery shopping, I could not go clothes shopping, any kind of shopping at all. I was not allowed to go in stores.... I was really upset about it but I agreed to it and I sent my daughter and girlfriend shopping for me and approximately how much I acceptably could spend and told them and I stayed out of the stores for a while. It’s almost easier to do that, to stay out of the stores, than it is to stay on a budget and try to be particular. It’s kind of like if you’re an alcoholic and you have to go to liquor stores to shop. You can’t stay out of the stores.

**Fantasy.** Another coping mechanism that Rose spoke about for her disease involved fantasizing. The DA literature, *A Currency of Hope*, is rich with stories about compulsive debtors who imagine themselves escaping their suffering one day by awakening and winning the lottery. Rose rehearsed a similar fantasy herself, as she attempted to escape her pain and imagine a better life.

But I used to lay awake at nights and fantasize about winning the Reader’s Digest Sweepstakes or something like that. And I would imagine all the money and in my mind I would say to myself that I’d have this really nice house and I’d pay my parent’s house off and my children would have things and the best schools or whatever and then I’d start imagining how I really am and realize that there’s really no difference.

When I asked Rose about the meaning of money during this time in her life, she replied,

I think in making decisions I didn’t want to consider what was best for me or what was best for the family, I just considered what I can get away with. Could I have money for this? If I had a credit card, for me that was free money…. Probably I was concerned about getting my own money. I always felt like we didn’t have as nice of a house as other people and we were poor…we were and all that kind of stuff.

**Credit card usage.** When I asked Rose about how many credit cards she had been using during this time, she stated six or seven. She was particularly attracted to department store credit cards because of the promotional inducements used to enlist her
as a customer while she was busy filling up her cart. But later, when she was faced with how to manage debt from multiple cards, she stated,

There was a lot of that (promotional offers) and then what happens a lot with people who get addicted to credit cards is they have this one that has a limit of $50,000 and then they get this in the mail that will charge no interest. So they transfer the balance over to that and then spend some more on it and so they get another one and another one and get another credit card with a promotional discounted rate and it just keeps going….

Rose’s present and DA journey to recovery. When I asked Rose what the DA 12-step process has done to improve her disease and life, Rose stated that she has been given useful tools to view money more rationally, with a view toward making future financial decisions for what will be good for her life. In addition, Rose said that she has been able to develop a meaningful relationship with her Higher Power, as well as with other DA members who are mutually supportive of each other.

I think I was an addict for most of my life and Debtors Anonymous has given me the tools to look at why and try to stop it. What happens is… for me I was just angry inside and I didn’t know the real reason and I didn’t think I needed help. So I was filling myself with shopping and credit cards and just basically making problems and through Debtors Anonymous those are promised to work and it did give me a relationship with a higher power. But now the decisions that I make in the future ideally are going to be better and it’s what my higher power wants me to do and I can pay more attention to my feelings and make decisions for what’s best.

Another thing is in Debtors Anonymous we are open about our problems. We openly share about them and so I think that’s what we need to stop running away from things and then once I try to pick up the pieces and take responsibility then I can say, “I don’t think I want to do that again.” And people won’t judge me… for me it’s completely taking responsibility. My sister took out bankruptcy and people do that a lot and I just can’t get that they do it and think it is OK. So in the past if I took out bankruptcy, then you would have no debt but I’ve been thinking it would not ever stop and if I don’t make amends, if I don’t take responsibility for it then I will be doing it for the rest of my life. It’s overwhelming. I felt wonderful to realize that.
Rose has reduced her credit cards to three now, using mostly her American Express, which requires full payment each month.

When I asked Rose what money means to her today, she stated,

If I make the money that I’m capable of making and have my family and save for vacation, that’s what I want. So I guess what I’m trying to say is I quit thinking of money as something that I can never get enough of. But I can sure see that the way I used to look at it was hopeless. In meetings people say that money is the root of all evil and that’s not the way it has to be. It’s the love of money that is evil.

While Rose has begun her journey toward recovery, however, she acknowledges that she has only just begun, with a few episodes of relapse already experienced along the way.

I don’t even know if I’ve ever been in recovery yet….But if I don’t go to meetings or if I miss one meeting I can do it, but if I attend only one week it’s not enough and I can completely give into my thoughts and that’s happened to me before. It was all my husband’s fault. He was really mad about the meeting and then I remember last time it happened I was going along thinking everything was fine. And then my husband said my cell phone company called me and told me that I owed them $100 and if I don’t pay that bill they’re going to shut off my cell phone. I can’t have my cell phone shut off because I use it for work and I’ll get fired. So I pulled out my American Express to pay my cell phone bill and it was declined. And so that card was charged up with $5000 and you can’t use your card until you pay all that. That’s how I managed to get really into getting help. That was a wake-up call to me.

As for Rose’s future outlook, she remarked, “So if I get to the point where I can see I haven’t debted for 5 years…. at’s going to be important to my recovery. The day I say I don’t have a problem anymore is when I’m going to be in recovery. It’ll get started.”

I came away from my interview with Rose deeply struck by the number and depth of difficulties she has faced in her life. Being born into a family with multiple incidents
of compulsive buying disease, and socialized in her family home to believe that this behavior was normal, Rose came into any relationship in her life with significant disadvantages in terms of tools for coping with problems. This beginning, combined with a domineering husband who reinforced her sense of low self-esteem as an adult, positioned the compulsive buying disease as Rose’s main coping mechanism, providing escape from her deeply troubled reality. Yet today, as Rose faces a life of single parenting ahead, with a teenage daughter whom she must now try to teach differently, to break the pattern of this family disease of compulsive shopping, Rose is clinging tightly to a new vision of hope and improved life for the future.

It is apparent that, as Rose stated herself, she had only just begun the difficult journey toward recovery. I kept thinking about the sign Rose displayed on her coffee table that made such a powerful first impression as I entered her apartment that day, “Whoever said that money cannot buy happiness, doesn’t know where to SHOP!” I was filled with sadness for Rose and her daughters as I drove back home. But when I left her, she was her bubbly self and looking forward to seeing me again on Sunday at the DA meeting. If Rose can be happy after all she has experienced in life, I thought, then DA is doing very some good stuff! Rose’s story provides a powerful testimony of how DA can offer hope and effect improvement, even in the lives of those who seem to be the most disadvantaged and hopeless.

Evidence of data from my interview with Rose highlighting the presence of emergent themes, both similar and different from those discussed in the literature review and Figure 1 are discussed next.
Emergent data themes. Both literature supported and nonliterature supported data themes emerged for Rose relative to her compulsive buying disease (see Tables A-1 and A-2). The interview data were transcribed and analyzed for emergent themes, and those data themes saturating the data are represented by testimonial comments typifying Roses’ attitudes, feelings, and experiences of her disease in Tables A-1 and A-2.

The Story of Diane

Introduction to Diane and the researcher’s observations. Diane’s story is filled with personal tragedy. As an adult, her life was turned upside down several times by the tragic experiences of two divorces, the loss of custody of her children by an emotionally abusive first husband, and a second divorce filled with similar abusive experiences. Each of her failed marriages involved significant emotional abuse, a husband who had devalued her and had controlled her with money, and each husband had ultimately cheated on her with one of her close female friends.

I felt emotionally heavy after my interview with Diane, trying to understand how such a sweet, kind, and compassionate woman whom I had come to know over the course of a year spent in prolonged engagement, could have experienced what I perceived to be such profound injustice cumulatively to a point where she reached suicidal thoughts. Yet, reflecting on the bigger picture, I observed that Diane’s disease developed gradually over the course of her adult life as tragedies would cumulatively unfold to a point of crisis. From initially window shopping for a temporary escape, to buying little items such as nail polish, to spending thousands of dollars in a single shopping spree, shopping for Diane was in every sense of the word, therapeutic.
Through all of the significant crises, the data suggests that a common
denominator continuing to drive Diane’s disease to its next more serious stage was a lack
of support and compassion by her spouses and family. Diane believed and stated to me
that this lack of support propelled her more deeply into her disease each time something
emotionally difficult occurred. The poignant, often heart breaking story of Diane’s lived
experiences and continuous difficult battle with compulsive buying addiction follows.

**Diane’s youth and teen years lived in her parents’ home.** A female Caucasian
in her late 40s, Diane was raised in a family with an alcoholic father, grandfather, and
uncle. Just as with Rose’ family, disease theory seems to explain some of Diane’s
addictive tendencies. “And so through that I think there’s the addictive behavior, I have
that addictive gene. I only drank a couple of years, just a tiny bit and if I did I’d go
overboard. So I know that I do have....” With regard to how money was managed by her
family as she was growing up, Diane described her father as “not a good budgeter,” and
her mother “would try to compensate by stashing a little money away for a rainy day.”

When I asked Diane to think of what money meant to her as she was growing up,
she stated,

> Although I remember taking an accounting class and I could do checks and
> balances. But somehow money meant something different emotionally than on
> paper in somebody else’s story problem.... Actually, money represents a lot of
> things. My first thought when I think about money is pain, lack of control, power,
> a sense of freedom, a sense of being.... I guess all the words that come to mind
> are lack of responsibility or responsibility.

When I asked Diane to try to remember how long compulsive buying had been present in
her life, she traced it to between the ages 16 to 20. This correlates with the time right
before her first marriage.
Diane’s adult life and marriages. Diane married in her early 20s before she finished college. Divorced twice, Diane was the victim of significant domestic emotional abuse both times. In addition, each of her spouses committed adultery with different girlfriends of hers. Broken relationships characterized by emotional abuse and betrayal were experiences that Diane had lived through several times.

Marriage #1. In Diane’s first marriage of 17 years, the couple had two children. Diane’s first husband modeled abusive behavior toward Diane from his childhood, and how his father had treated his mother. Her husband forced Diane to turn over her paychecks to him upon receipt, even before they were married, just as his father had controlled his mother during his childhood.

We were married for quite a while. Money was definitely a source of contention. However, through a lot of things that happened and I don’t feel like I was probably treated well or respected in the way I should have been and ultimately what happened was he had a relationship and it ultimately broke the marriage up. Neither one of us were fully fulfilled and happy in that marriage. And so it was also some of the contention we had, but I felt a lot of it was also control and there were many other factors in that that were involved.

When I asked Diane what money meant to her as her difficult first marriage came to an end, she stated twice that “money was huge” to her.

So I felt like money, in that divorce, played a big part because he took that and then he took $50,000 credit line off the house when assets were frozen. So when I look at the money from that I look at the justice in the court system. I actually had to...in order to be getting to me he had taken all the money so there were checks that were written in that were put in the mailbox and I took those out and I was scared to death to do it, but I took them out so that I could at least go to the bank and take $1,000 so that I could get a retainer for the attorney. And so in the divorce itself he had all the money, which meant he had the power and I basically was there with 2 kids. I remember having $5 to my name, worried about how I’m going to feed the kids and what I’m going to do until it got to the court situation. And so to me money is huge.
Then the other thing was…I remember calling the power company at midnight trying to have them keep the power on. He was court ordered to pay all the bills, but unless he did everything I had no way of doing it all. So through that, money to me became an issue of whoever has the most money wins. Whoever had the most money can ultimately keep a judicial system going long enough to keep a fight going. So ultimately, after a year and a half of custody evaluations and going through that I had gotten to the point where I felt so physically ill that I wasn’t…once I ended up having the kids and once that happened I decided that…after 17 years I didn’t end up getting alimony and I ended up getting child support based on what he’d made 10 years prior because all of a sudden he didn’t have a job. So money was huge.

**Shopping to cope and emotional lift.** Diane described shopping as *therapeutic* for herself, and she was not joking about it as contemporary society often does. Diane stated frequently throughout the interview that she found refuge and relief from life’s pains in retail environments.

I found myself to not think through some of the deep emotions and the pain I felt inside that the escape was either, number one either to keep busy and then what I would do is go shopping for entertainment and then have the obsessive/compulsive and purchase items and it would give me a little bit of a feel good feeling for a little while. And the other thing I think I did that I realize that the counselor told me is what happened is it became a coping mechanism and it developed worse into more of an addiction type of thing and then what would happen is as I was doing it my rational mind realizing that there was bills, there were things, it would like go.

**Types of merchandise.** When I asked Diane if her compulsive buying was specific to any merchandise categories, she stated,

I was attracted to…I guess you could say the clothes, shoes, jewelry items…, and cosmetics, which was feeding myself and that’s where my second husband was saying, “It’s because you’re so selfish.” Yet I never felt like that. It would be more true if it was different, but it was social. Basically I have to say when my kids were little, after I’d get all the work done, they’d take their nap. If the weather wasn’t great we’d go down to the mall and I’d take them for a walk in the stroller and get a drink and I’d look around. I did a lot of window-shopping. I’d never buy. And then I found myself getting to know different people and a lot of retailers know me by name. And then I ended up working retail. So it did become somewhat social. Or friends and I would go to lunch and go shopping. So that
Diane stated that she had tried to develop different coping mechanisms during stressful times that would be effective in keeping her away from shopping malls. These activities included playing tennis, taking long walks, or doing crafts. Unfortunately, one of these “healthy” coping mechanisms soon became negatively associated and emotionally laden with one her divorce experiences. “One thing I used to do was play tennis, walk; what was hard was my walking partner ended up seeing my first husband.”

Types of retail stores. I asked Diane about her favorite retail environments and whether she felt compulsive tendencies in all, or in particular retail formats. She stated,

Absolutely…. Upper scale, nicer department stores, just more the lights…I mean I could walk in to a place that’s organized…like if I go into a TJ Maxx or Ross or a Marshall’s…a Wal-Mart, a Target, a Fred Meyer, a ShopKo…. I’m not tempted in there…it doesn’t do anything for me. It’s more the…upper scale…and not even that I’m buying the most expensive items in the Nordstrom or like if I go out of state and go to different department stores. It’s just when I walk in I get a feeling of belonging, a feeling between the lights, the merchandise, the quality and I do have to say even when I was younger I’d walk by stuff and feel it, touch it and my sister would say, “Come on, what are you doing?” And I would just be a slow poke and I could find myself entertained, but I also tend to have a little more creativity and have more…the fabric, the color, the vision and creativity tends to give me a little bit of a high. And the one thing I would say that my counselor said to me, she said, “What you wear is your palette.” Because I love to match, I love to have the earrings, the shoes, the outfit that goes together and I like something new and fresh. It’s just something I enjoy, that I like the nicer…Nordstrom and then some specialty boutiques.

Time spent shopping. Diane stated that the time she spent in “retail therapy” would gradually take longer and longer periods of time, until her shopping trips consumed entire days and she forgot to pick up her children from school.

At the time, when I was very first married and I would be home all the time, what I would do is get the kids all to bed and I think also avoiding being with my first husband because it was a struggle. I would go out at 7:30 or 8:00 and go to
Nordstrom for the last hour or go to a store just to have a little break and get away and then I’d see something I’d want and then go back the next day or buy it or figure out a way I could take something back and buy it. It was just a game.

Gradually, as her unhappiness in her marriage grew stronger, Diane’s shopping trips required full days.

If I…went on vacation and it’s like I could actually probably shop from when the store opens to when the store closes…in the same store…if it’s nice…And just looking I can be entertained. And actually time…my whole time goes, my whole…but I’ve been where I haven’t bought things, too, but it’s still that just looking and how I feel and what I get from it…a sense of who I am or what…. I found myself late picking the kids up from school or different things because I would really get caught up in where I was or looking or just in another world and then realize I had to go.

When I asked Diane about the meaning of money during this time of her life, she stated, “And just the whole power, because I felt like my first husband felt like to him money was God. It was power, control, and he used it that way.”

**Part-time jobs in retail industry.** Diane had been a stay at home mom for most of her life, but before she was married and from time to time when she could afford some time away from child care, she worked parttime in the retail industry. Unfortunately, however, this working environment for Diane was where her addiction was at its most challenging point to try to control. She described shopping environments as her “drug of choice.”

And then what I did was I went on the weekends that the kids were gone to work retail. And what I found myself doing to feed myself was to purchase as I got a discount. What I had done before, when I was married to him, the last couple or 5 years, was if I ever bought anything I’d sneak it in and bring it in the closet and then take it out later and I’d go through a series of buying it and then deciding whether I wanted to keep it or not, taking some of it back, or going and taking it back and then getting something else. And it was like a cycle, whether to keep my mind occupied or this obsessive/compulsive behavior that it became. And then I would more and more, the more I would go the more I had this need to go, or I’d
see a purse or I’d see a shirt and then I’d obsess about it and decide that to stop thinking about it I had to get it. And then what happened was I didn’t have to think or feel so much about pain so it would be my means “drug of choice” to keep my mind busy from thinking and feeling.

And when I worked retail I was in it every day and realized that it wasn’t healthy for me at that time because I was out of control because that’s where a lot of my paychecks would go.

**Marriage #2.** Diane was single for four years before she married for the second time. She bought her own home with the divorce settlement from the first marriage and lived there with her children for two and one half years. Diane then remarried, sold her home and moved into her second husband’s home with his children. This time of merging two families was disruptive for Diane, as well as for her children. The move required her children to change schools and friends. Stress escalated during this time when within the second year of her second marriage, Diane’s first husband reappeared in a vicious second custody battle. This legal procedure ultimately depleted all of Diane’s resources brought into the second marriage, and she lost the custody battle.

Then, after a year, my ex-husband came back with a second custody battle. So I had 20 days to get a new attorney and go through a second custody. So another $30,000-$35,000. And so basically what I did was took any retirement I had and cashed the rest out because I felt like I needed to do everything I could to fight for my kids. Because I knew if they were with him I wouldn’t see them. He was trying to alienate them and he was without control. And then what he did in the meantime was bought a boat to bribe my son and bought a car for my son. Ended up getting a puppy, just continual things and still to me it’s all about money. There’s still so much money that played a part and had an attorney and that cost money. So after a full year of that…the first custody evaluation ended up as sole custody because they knew we couldn’t do it together. The second one was joint custody, but because I’d moved the kids school and everything, by the end of the 2nd year after being remarried and moving they ended up going back with their dad.

Diane’s depression related to these human and financial crises of loss reached an
all time low at this very sad time in her life. Diane expressed thoughts of suicide.

So at that time I wanted to die. I thought my life had ended because I had devoted my whole life to my kids. I sacrificed every last dime I had. Then it took me a while to kind of regroup.

And so there I was in another situation of being married and having somebody support me financially and me not having, I felt, the power to make the full decision. So I ended up staying home that first year. I left my job because I was having to take my kids to their previous activities and get everybody restructured in that year. And then I found myself spending because in my free time I would go shopping, which became a coping mechanism.

In addition, compulsive buying behavior also reached a peak during this very difficult time of personal loss in Diane’s life.

But to back up there, probably after my son left, almost every day there was a shop that I would go to that I knew the people and it just became where I would go and I would buy things. It wasn’t big things for the house or anything, it was like a little piece of jewelry here and a shirt here, things that would make me feel a little bit better, but yet wasn’t a huge item. It was a lot of little things. I found myself at that point charging and going into debt and that’s probably truly my 2nd marriage I incurred more debt than I ever had in my life and I felt like all of a sudden it just kind of spiraled out of control. And so through that and the loss I felt…it was somewhat secretive. I didn’t really say a lot. But yet my husband knew that more things were showing up. Anyway, he ended up going away for several months to make a little extra money and when he was gone I felt like I was doing ok and doing better. I kept thinking I could figure this out on my own, I could do this on my own.

Diane’s financial situation was in ruins. With coaching from her counselor, Diane filed for personal bankruptcy.

And I ended up filing personal bankruptcy and had to borrow money for an attorney. My husband borrowed it and I paid that loan back myself to pay that attorney. And then through that we didn’t have any credit cards and basically it was cash only. So then, after my kids had been gone a year and I’d been working, within the first year I saw my son maybe 8 times. It was really bad. I drove them down a birthday gift, but never did he let me see them. And I knew…that’s why I fought so hard, I knew this would happen and I knew how unjust….

Diane and her second husband eventually attended marriage counseling, as he
began to become resentful about the difficult financial situation they both shared. He felt that it was entirely attributable to Diane’s overspending.

So what happened after I started DA my husband felt resentment towards me and money. As I was trying to recover we did go to counseling. He would start going to counseling with me and he kept saying it was my problem and that there wouldn’t be a problem if I had my problem taken care of. He also kept saying that…what was happening is he would trigger me worse by not supporting me and didn’t understand and instead he got obsessed about a shopping addiction and started buying books on addiction and started becoming compulsive himself about talking me down as a compulsive shopper, as a shopping addict, etc. Even when I put something on I’d worn the last 2 years he’d say, “Is that new?” It was a continual battle as I was trying to go uphill and heal I felt like he was putting me down.

And he said, “We’re going to talk about it at the next session.” He refused to go to the next counseling session and so he was done in the marriage. And it was actually a shock to the counselor and all he could do was be a broken record and say it was my shopping, my compulsive shopping that caused it, yet in the end he ended up having a relationship with my girlfriend, which is what my first husband did. And so they both tended to say it was me that caused everything.

And that’s what was happening. At the end and the counselor had said … after he was kicking me out, he said you’ve got to get out of there because all you hear is this continual over and over badgering and emotional abuse of all this awful stuff I did and telling other people. He was telling a lot of other people and he would say, “Well, it’s like if you were an alcoholic. I would say I divorced my wife because she was an alcoholic. Well I tell people I divorced my wife because she had a shopping addiction.

**Diane’s present.** Diane was renting a basement apartment at the time of my interview with her. Since the space she moved into was significantly smaller than the home she had shared with her second husband, she had to downsize considerably. I was very moved when I asked her about how she felt about giving up some of her possessions from compulsive shopping trips of the past.

And what I would do with all my excess clothes and things, I would give to battered women and give many things with price tags on. I tried really hard to say, “Well, my weakness can maybe help someone else.” I mean, I shouldn’t have
done what I did, but maybe it can help other people.

**Diane’s DA journey to recovery.** When I asked Diane about her DA journey and what it means to her, she stated,

The one thing I think, honesty, and that’s what DA has done for me. And I’ve been pretty open with a lot of friends—they know I go to a lot of meetings….

Awareness. A group of people who understand where I’ve been and a group of people who have no judgment. A group of people who you can tell the crazy compulsive obsessive shopping story to and they understand. And I think that was the hard thing when I was trying so hard to work on it, is my second husband would just bring things up and didn’t understand how to support me in it. And the counselor would continue to say that. Somehow in DA you didn’t feel that horrible sense of shame and if somebody had come into the story that they’d kind of fallen and spent my heart would just out to them. I’d never judge. I could understand and I felt for them.

I’m amazed when I look in there at people and it gives hope when you see people who have recovered or I remember one person saying one time that money didn’t control them anymore and they went through to see money in a different light and I remember thinking, “Wow, can I ever get to that point?” And I have to say, as I look at my recovery process, I feel very dedicated to the meetings. It keeps me in touch. The literature…I haven’t had a computer since my divorce and I lost it and I started my steps with my sponsor and what I did is I wrote and I wrote and I wrote and I poured my heart out and I think the writing helped me see where I’d been and how I got there and some self acceptance for where I was at. And so when you work through the steps and you read things in the literature you recognize so many…and so many of the things that I would do myself were in the books. And I’d realize I wasn’t alone and I wasn’t the only one who ever had been there or felt that way. And that all of it wasn’t me consciously out trying to be selfish or trying to spend someone else’s money or trying to make a mess of my life. A lot of it was lack of control that I felt I had in my life. And also I think what happens when you get to a point when you do feel that out of control you’re actually reaching out and calling for somebody to help you.

When I asked Diane whether she believed that she had made progress toward compulsive buying addiction recovery she stated,

Absolutely. So between meetings and between the steps, between the support. And then my writing helped me recognize where I was at. But I also thought I had to go through a lot of loss and what’s difficult is owning my part and especially
because I felt like...my second husband said that’s what caused the divorce. And as I talked to the counselor, realizing no, you are in recovery, you were looking at yourself and he couldn’t look at himself. And you did contribute to mistakes made, but you didn’t cause it. But it’s hard not to beat yourself up. And I think if I hadn’t of, if I didn’t, if I’d been better. The one thing the counselor said is there is no time frame. Everybody has to do it when they’re ready and when they’re willing to look at it. And I wish I’d looked at it sooner, but I can’t tell you why or how or...but I still struggle. I’m not recovered.

When I asked Diane about what money means to her today, she stated,

And so it became a self-esteem issue. It became an issue much more than money ever could be. So I guess when I get back to the story of what money means to me it just means pain.

As I stated earlier, I felt emotionally heavy and drained after interviewing Diane. I felt that she is at heart a very good and moral person, and kinder toward speaking about those who had hurt and betrayed her the most in life than one could ever think would be humanly possible. Through poor choices made about her spouses and finances, Diane’s life style and emotions had been turned upside down several times. Yet once again, as I shared at the end of Rose’s poignant story, Diane’s is another powerful story supporting the sense of hope, fellowship, and renewed vision that DA offers to some of the most hopeless lives in crisis. Evidence of data from my interview with Diane highlighting the presence of emergent themes, both similar and different from those discussed in the literature review and Figure 1 are discussed next.

**Emergent data themes.** Both literature supported and nonliterature supported data themes emerged for Diane relative to her compulsive buying disease (see Tables A-1 and A-2). The interview data was transcribed and analyzed for emergent themes, and those data themes saturating the data are represented by testimonial comments typifying Diane’s’ attitudes, feelings and lived experiences of her disease in Tables A-1 and A-2.
The Story of Freda

Introduction to Freda and the researcher’s observations. Freda, a female Caucasian in her early 30s, was a joy to interview in the study because of her wonderful wit and keen insights about the retailing industry. Sensitive to my background and research perspective going into the interview, Freda enthusiastically volunteered as a participant for my study. During the interview, Freda focused many of her answers around information that she felt would be particularly useful to my study as it relates to combining compulsive buying responses and behaviors to retail environmental stimuli and promotional strategies. This degree of thoughtfulness, sensitivity and generosity characterizes Freda’s personality on many levels.

A delightfully intelligent and articulate native Australian, Freda had moved to Utah with her husband and child within the past 2 years for her husband’s career. The young family had literally sold all of their possessions in Australia before moving; once they arrived in the Salt Lake area, they had to set up home from the ground up.

Freda and her husband had recently been involved in purchasing everything from high-involvement purchases such as a new house, a new car, a washer and dryer and other appliances for their home, to routine purchases such as weekly grocery shopping and entertainment services. Since the retail context for them was completely foreign, however (i.e., shopping in the U.S. versus shopping in Australia), many of the purchases Freda described making were characterized by a much higher level of involvement than they would have been had she been purchasing the items in Australia. Freda’s first impressions of and observations about U.S. retailers and their tactics were quite rich and
fascinating to witness, providing wisdom for U.S. retailers’ consideration of foreign consumers’ preferences.

When Freda’s fresh impressions of U.S. retail experiences are paired with those of her personal inner struggle with compulsive buying disease, the struggle of a compulsive pauper, the story’s plot is significantly thickened. I came away from my interview with Freda with new insights about U.S. retail strategy as perceived by an international consumer. But in addition, I realized that some of the U.S. retailers’ traditionally perceived strategic strengths, such as wide and deep merchandise assortments and frequent promotional inducements to encourage consumer purchase behavior, result in very negative, sometimes, unhealthy outcomes for persons suffering from compulsive buying disease. A compulsive pauper in a foreign land of too much plenty, the fascinating journey of Freda’s lived experiences and struggles with the disease follows next.

**A compulsive pauper: Freda’s teen years.** When I asked Freda how long she imagined that she had suffered from compulsive buying disease, she stated,

Probably since I was around 15…. I remember not wanting to spend any of my paycheck and feeling guilty if I spent any of it on anything, even if it was something I needed and the moment I spent $2 on lunch or anything like that it felt like the roller coaster had started and I had no control over where the rest of the money went,… it was a compulsion not to spend, very much, to save everything.

In DA terms this is known as being a compulsive pauper. These people find it almost impossible to spend money on themselves. Examples could be the TV breaking and remaining unrepaired, or a pair of shoes ready for retirement is made to work for yet another year. Even medical and dental problems will go unattended by compulsive paupers (*A Currency of Hope*, Debtors Anonymous, 1999, p. 17). While this form of the
disease was also present in another of this study’s participants at a young age, unlike with Calea, Freda’s compulsion remained one as a pauper rather than a buyer into Freda’s adult life.

When Freda stated that her mother had suffered from mental health issues, I asked her if she thought that either of her parents shared her disease. She stated,

No, my mother has specific mental health issues and I think this was just one part of it. My dad didn’t have any overt addictions. He was a sensible quiet one who just suffered through the mistreatment of others. So he wasn’t someone who was able to stand up for anything…. He just wanted a quiet simple life and smooth the issues. I definitely think…that he probably had an issue with money. His income changed dramatically due to a circumstance where he wasn’t able to…he was a partner at a firm and he chose to leave the firm rather than remain and fight the moral issues that were going on. So that was a tremendous difference in income.

Freda stated that while she was raised by her parents with an affluent background, the topic of money was considered taboo. When I asked Freda about her attitude toward money, spending it, and making purchases when she lived with her parents in her childhood home, she stated,

Money was always a tremendous battle in our house and if it was perceived that there wasn’t enough… and it was only a perception because I came from a pretty affluent background. But if it was perceived that there wasn’t enough the answer was to spend more money. I remember my mom talking for weeks about how there wasn’t enough money at the moment or issues discussing money and then they hired a boat for their wedding anniversary and took 200 people up the river. I think in that case there wasn’t enough money for a new washing machine; I think that was the specific thing.

So I learned that we were not able to discuss money at any time. We were not at any time permitted to ask about income or anything like that. There were huge moral judgments about money. I applied for…support while in tertiary education, which helps with a certain level of income. I filled out all that paperwork and gave it to my dad and I said, ‘I don’t need to see it. If you could fill out your bit and post it up then I can get this support.’ And it just stayed in his place forever because he didn’t feel comfortable about filling out the moral aspect of that money.
I also remember asking my mom for something when I was 17. I think I wanted to see a career counselor because I didn’t know what I wanted to do… and her response was, “I’ll pay for your piano lessons when you have earned it.” So there was very much a feeling of knowing how much the cost was. Don’t you ever forget it. There’s no money for us to… we were expected to earn… when you turn 15, which is the age when you can get a part-time job at home and my sister and I both wanted to, so that was the expectation.

But we could never ever go to our parents for money and the other thing… and it was more my mom than my dad. My dad was always worried about money and my mom was more overt about the actual reason money was a negative weapon, I guess. There would be times when I was living out of the home she would try to give me money so I would be in debt to her. Of course trying to help me too, but it was always so I could be in debt. As we always said in our family, ‘There is no such thing as a free lunch.’ A great deal of being in debt and morality and fear around money and always a feeling of not being good enough, which for me was compounded by not knowing what career I wanted.

As revealed by the data, Freda’s attitude toward money has been shaped and strongly impacted by her parents’ view and treatment of it as she was being raised. Freda was getting mixed signals about money from her mother; it was alright to spend it on elaborate parties for others, but not for a family washer and dryer when it was needed. This is the type of thinking characterized by a compulsive pauper; low self-esteem drives one’s thinking to believe that one is unworthy of personal possessions, but that it is alright to spend money on others. Freda also felt that her mother had used money as a “manipulative weapon” to get her way and to “make others feel guilty and indebted” to her. Through Freda’s mother’s eyes, money was also power.

In contrast, Freda’s father simply refused to discuss any matters involving money, to the point of not even signing the student grant application his daughter had asked him to sign and mail in order to support her pursuit of higher education. This was at a particularly vulnerable time in her life, when Freda was feeling low self-esteem as a
teenager. Freda did not yet know what career to embrace, yet simultaneously she knew that she was expected by her parents to quickly begin earning an income. So this particular event of her father’s avoidance behavior toward money resulted in a type of life crisis for Freda. When education was the key in Freda’s mind for learning more about her career aptitude and skills, her father’s inaction resulted in the lack of financial aid to support her further education.

From these painful and mixed lived experiences from her parents about money as a youth, it is not surprising that Freda’s attitude about money became problematic in later years as an adult. For Freda, sadly, it developed into an imbalanced attitude about money correlated with significant fear.

Freda’s adult life. When I asked Freda about her attitude about money as an adult she stated,

I’m terrified of money. I’ve always been terrified of money. Money has a little judgment attached to it. I’m trying to describe that. I find having it, holding it, juggling numbers… I just want to…I’ve always had the feeling…. I remember when I was about 22. I graduated in the recession and I took a full-time job in a department store at that time because there was nothing else out there. And I remember thinking, “I’m 22, I have a degree. I should be the Vice President of a large corporation by now and I should have enough to fund my retirement.” That was a serious and genuine thought and I look back on that now and I laugh.

But now that was 14 or 15 years ago and I still feel the same way. I still feel I should every day of my life…that I should have today enough to fund my retirement. And I don’t know where that feeling came from. I don’t know where that terror of money came from. Money has always been terrifying to me and I could never…the most I ever earned could never be enough. So my husband and I earned exactly the same amount of money until I was 12 weeks pregnant…. So all the way through the first 12 years of our marriage we had the same amount, but to me his amount was what mattered and mine was secondary. So a lot of issues of self worth and judgment and fear have always been there…. Money is a big issue.

Freda’s marriage. Freda and her husband had been married for 15 years. When I
asked her about her husband’s attitude toward money, she stated,

That’s quite interesting. He feels the same. He doesn’t want to know, he wants to wake up one day surrounded by big piles of money, but not be involved in the little detail issues and it was 12 years before we could talk about it and it was almost a separation. We had marriage counseling because I couldn’t take it anymore. Money’s probably the biggest issue in our marriage.

But that enabled me through the early years of our marriage to try to micromanage, which is what I wanted to do. Yeah, I get frustrated and resentful about it, but no one was going to take that from me. I was in charge of the dollars and cents. I was compelled to do it, so I’d hate the fact that he couldn’t be involved in it, but if he wanted to be involved it would have to be my way, that sort of thing. He earned a very good salary and we live on it quite nicely. If we ever argue it’s likely to be about money and about the fact that he doesn’t know what’s in our accounts and he doesn’t have a long-term view and he’ll make blanket statements like, “Well, let’s pay off the Visa card and get it paid off.” And he won’t look at the how. So at the moment we’re probably carrying…because we had a disaster in our basement last year and had to get the whole basement redone, it was a total disaster…we’re probably carrying about $2,000-$3,000 in debt on the credit and I’ve never had debt on a credit card and I look at it every day and I hate it. I really hate it. He used to think we could easily get cash from one, bring it over and pay it off, but neither of us wants to do that. So we’re paying $60 a month to have this debt and it’s crazy. How do I manage debt? I don’t know. I want it to go away. I really do.

When I asked Freda whether she viewed credit card usage differently from the use of cash, she replied,

Oh, totally. I don’t know if I’m different from most people, but I prefer to use cash. I use cash as much as possible and have a certain amount each week. That is not negotiable. The reason why we use it is no one can track my purchases. And that’s being blunt and honest.

I asked Freda if her attitude about not wishing for her purchases to be tracked reflected her feelings about retailers’ practices of profiling consumers, or whether she wanted to be secretive about her own expenses. She replied,

Well, it’s partly that and it’s also my secrecy. No one would be able to…. I really do not like these cards at Smith’s and Albertson’s that you have to put your card in to get discounts and part of me very strongly wants to go to Wal-Mart and get
the groceries and pay cash and no one knows...you know, there isn’t a big long list of what you bought and...which is how it should be, frankly. There shouldn’t be large companies that can track your eating traits. They can say, “Clearly they had a party on this date because they bought this beforehand.” That creeps me out. But also it’s partly because that way I don’t have to justify what I spend money on to anyone. Whereas internally I feel as though I need to, so it’s a bit of a rebellion. If I spend cash no one’s going to say.... I can choose to hide it all, I can choose to slip it into the mainstream of life as though it’s always been there. That is definitely part of my disease. The other thing is if I use the credit card regardless of what it is, I can feel guilty about it. Because it’s money that I’m going to have to pay off at a later date and there’s a lot of fear involved in that.

Freda’s distrust of U.S. retailers. An interesting theme emerging from my interview with Freda was the significant distrust she holds for American retailers. These feelings began shortly after she and her family arrived in Utah from Australia when they were faced with having to set up a home. When she read the newspaper and saw a promotional tactic about a holiday sale on Memorial Day weekend, she stated,

I went through a phase when we first moved here. Can I talk about specific stories? We looked in the paper to see which stores—we didn’t know the names of the department stores and that sort of thing. And Meier and Frank had these coupons in the newspaper that said 15% off if you bought this or 10% off if you bought that. And I honestly thought that was a one-off thing. I thought it was just that weekend that we’d moved to Salt Lake City and that we should get to that store.

I think it was something to do with Memorial Day, from what I remember. And this Memorial Day will be coming up on 2 years, I guess. And those ads have been in the paper every single week.... It strikes me as being blatantly dishonest. You may as well just say the whole store is 10% off forever. I remember thinking at the time, “Oh, we’ve got one chance to get things we need to get.”

When I asked Freda if she had thought this was a false sense of urgency that retailers were attempting to impose on customers, she replied yes. But additionally, Freda believed that this particular retail advertising stimulus, combined with her symptomatic inability to think rationally about any purchases, sent her compulsive buying disease into
a tailspin. In nearly every purchase decision, Freda became filled with significant stress.

Yes, very much so. That was one that really stood out. Because of the price difference between the country I came from and here it took me time to adjust to the fact that things here are much cheaper. Generally 40% cheaper including food products and gas is cheaper. So there was this feeling of, ‘Oh well, this is so cheap I have to buy it.’ And I went through a phase of going to a lot of movies that I didn’t necessarily want to see, but they were only $5, whereas at home it’s $14.50. And so there was that feeling of, ‘It’s so cheap I have to do it.’ That’s seems to have settled down a bit now, but I’m adjusting to the prices over here, and now getting annoyed if I have to pay more than $1 for a dozen eggs. It may be $3.50 at home. So it’s that sort of thing. I’d say the Meier and Frank thing was the thing that really blinded me and I did buy fair bit stuff there.

I thought a lot of the “buy one get one for one cent” sales that they had at JC Penney, I had no way to judge whether things were of value at the price they were because everything in this country seems to be like that. Nothing comes in at a price and then you go back and check a couple months later and everything seems to have a line through the price and then another price written underneath the moment you see it. I’ve had to retrain myself to think, “Is this worth $50 or am I just wanting it because the previous price is $150 and it’s such a good bargain?” That’s a real learning experience from what I’m used to.

Freda stated several times the she believed the marketing tactics employed by U.S. retailers are pushy, insincere, unethical, untrustworthy, and sometimes even ludicrous. She shared an amusing story about her first experience of Black Friday, the day following Thanksgiving, in the U.S.

Yes, and it’s insulting…. There’s just such a demeaning aspect to it. It’s sort of if you don’t buy this today your life will be horrible. That sort of thing. I do have to admit that I don’t watch TV ads or home shopping stations so a lot of that goes straight past us. But we did see the first Thanksgiving that we were here there was an ad for Target where they offered wake-up calls. They had celebrities and you could ring and ask for a celebrity recorded message to wake you up at 5:00 a.m. so that you wouldn’t miss the start of the sale. We found that so hysterical that we were ringing and dialing all of our friends at home and saying, “Look at this country, can you believe this?” We thought it was the funniest thing.

With regard to an aspect of retail strategy that many U.S. department stores typically pride themselves in, and one that enables competitive positioning, Freda
discussed her disgust with wide and deep merchandise assortments. Stores with too many choices in styles, prices and categories of merchandise produce in her a feeling she described as a “crisis of choice.”

But I did go out to the first Thanksgiving sale when we were here and I had a list and I followed that list because the other thing I find shopping here is I have crisis of choice, there’s too much choice. I find that very stressful. So I had a list and I followed that list. What I found here is that Thanksgiving Day early morning sales are genuine, whereas at home if we found something marked down 40% we all had the attitude, well it’s been marked up 50% before it was marked down 40%. So there’s a much more cynical attitude at home for door buster bargains, whereas over here the prices did seem to be genuine reductions instead of every single day of the year. It’s worth doing the research beforehand. I didn’t want to venture out just grabbing. It does seem to be one day.

When I asked Freda about specific categories of merchandise where she finds her disease particularly problematic, she stated,

Toys and cosmetics, well not cosmetics as much as skin care, sunscreen, and I just don’t know what a reasonable amount is to spend on self care. But what is a reasonable amount to spend and am I being unreasonable to spend $12 on sunscreen? When I know and the entire nation’s teaching is we need this stuff or we could end up with cancer. So even…at one time I had to take some medication for a health issue when I got here and the amount of guilt I felt in spending that money on medication.

When I asked her about buying medication for her son, she replied,

Oh, not an issue. I’d sell a limb,… Oh yeah. If someone came to the front door, a complete stranger, and said, “Oh, I’ve lost my left arm,” I would be compelled to chop off my own for them. It’s that kind of self worth training and issues about spending money on myself.

Once again, as a compulsive pauper, Freda had expressed that she felt unworthy to purchase medications for herself, but would give her limb to provide them for her son.

When I asked Freda about how retail environments make her feel, she stated,

I don’t understand the concept of window-shopping. Why would you spend time at the mall if you didn’t have to? I’m not an arousal seeker at all. We don’t have
TV. I think we watch one TV show a week. I’ve never really felt high. I don’t remember ever buying for high. I think I buy to release a fear. Because…if I don’t buy this sweater now while it’s cheap I won’t have the money to buy one when I actually need one and it’s more expensive. So I think it’s all fear based. We spent a weekend in Las Vegas…. I’m never going there again.

Now here in Salt Lake I just…there’s nothing appealing about it. Barnes and Noble is inviting to me. Even against my moral belief that’s not important. Barnes and Noble has the kids’ area, it has the coffee shop and it has the relaxed feeling that you can go there and read a book. And so Barnes and Noble is a dangerous place for us because we love books. But anywhere else…I hate JC Penney. I can’t even walk into a Mervyns. Nordstrom just bores me with its overwhelming snobbishness. So the only place I really feel comfortable spending time to look around in is Meier and Frank, which is interesting…. And I go to Nordstrom Rack because it’s close to me, to get stuff for my little boy. But in terms of being affected or feeling affected, I feel a slight repulsion rather than anything else.

I asked Freda to elaborate on why she felt she could not even walk into certain retail stores. She stated,

It is the retail atmosphere totally. It feels very sterile to me, very sterile and the way the merchandise is arranged, it’s infinitesimally small stuff, I can’t tell you the difference between one of those stores and the store I’m used to at home, but I know that if I walked into Davy Jones I would go straight for the most expensive kids clothing. My favorite line is the most expensive and how that store is set up would affect my buying behavior and more likely to make the compulsion kick in. Barnes and Noble is a store that is more likely to make my compulsion to spend kick in.

**Freda’s DA journey to recovery.** A member of DA for 9 months at the time of her interview, I asked Freda to discuss with me what DA means to her. She stated that it has brought her peace of mind, a sense of personal responsibility, and Freda also enjoys the spiritual aspect of the journey to recovery.

Peace of mind. Just peace around money and the understanding that I’ve got years ahead of me to work the steps. Just the one day at a time. I don’t have to keep coming and that’s what the program offers to me. That’s what I get. I just like the way of living with this sickness.

Yeah, and personal responsibility. I really like the focus on the steps and
acknowledging what I’m responsible for and working towards changing that and no longer blaming others and staying stuck in resentments about others behavior and that sort of thing.

Yes, it’s more about a spiritual journey and I don’t see that as a negative thing. I don’t go to church. I’m not somebody who practices any particular organized religion so this has a spiritual aspect that I really like. I don’t think anyone is in that room for the heck of it. If you didn’t need to be there you wouldn’t be turning up.

When I asked her about how she had learned about DA, Freda mentioned that she had been involved in other 12-step programs. She stated that she thought she would continue attending DA over the long term.

I think it was their website and I have been involved in other 12-step organizations and someone may have mentioned something, but I don’t remember. I just remember thinking, “Wow, there’s a place you can go to get rid of this fear around money.” I just didn’t think that was possible.

I left my interview with Freda feeling lifted up by her wonderful sense of humor and keen insights about retailing strategy. However, I felt deep sadness that Freda’s attitude toward money remains imbalanced in her adult life to actually cause her fear. I once again felt deeply grateful for the DA organization’s ability to attract people suffering diverse types and degrees of compulsive buying disease, and to offer each one of these people a real sense of hope for their futures. Evidence of data from my interview with Freda highlighting the presence of emergent themes, both similar and different from those discussed in the literature review and Figure 1 are discussed next.

**Emergent data themes.** Both literature supported and nonliterature supported data themes emerged for Freda relative to her compulsive buying disease (see Tables A-1 and A-2). The interview data was transcribed and analyzed for emergent themes, and those data themes saturating the data are represented by testimonial comments typifying
Freda’s attitudes, feelings and lived experiences of her disease in Tables A-1 and A2.

The Story of Harold

Introduction to Harold and the researcher’s observations. Harold, a male Caucasian in his late 50s at the time of the interview, was another DA member who made a powerful impression on me for his commitment to service. Harold had struggled to find DA when he initially wanted help for compulsive buying, as at the time, the organization was not well publicized and difficult to find. Acquiring the phone number of a particular individual acting as a DA gate keeper was required before any person was able to learn where and when the DA meetings were held. This inaccessibility situation inspired Harold to make changes so that others in the future, who were also in need, could readily find assistance and support when they needed it.

To characterize Harold as a visionary leader in service is an understatement. Harold’s vision of service is international in scope. After assisting in the development of an email list for an early group focused on solvency, Harold spearheaded the development of the DA website over the course of three years. He developed another meeting time and place in Salt Lake City on Wednesdays for those who could not attend on Sundays. Harold was also working to develop a DA group designed specifically for business owners. In addition, Harold was looking ahead to develop a website and meeting that would be provided for the Hispanic market, where Spanish would be used in a specific format that would encourage this ethnic group of compulsive debtors to get involved in DA too.

I was honored and privileged to interview Harold, inquiring in depth about his
personal struggle with compulsive buying. A highly intelligent and very kind person, Harold’s personal journey toward recovery was one that created significant value and recovery opportunities for so many others. His story follows.

**Harold’s youth and teen years lived in his parents’ home.** When I asked Harold about his childhood and how his family managed money, he stated, “I think I’d have been a lot better off if I had learned early to save on a regular basis and I don’t know where they teach that. We didn’t learn it in our house.”

**Harold’s adult married life.** Harold estimated that he had realized that he is a compulsive buyer within the last ten years. He recognized that it was a condition that he was not in control of, and when he described it, he paralleled it with alcoholism.

Compulsive debt and rather compulsive buying probably, and…I always thought that it was something that, you know, you controlled by will. I guess probably about, oh maybe 10 years ago I decided, you know, it’s probably something akin to maybe alcoholism. And I found 12 and 12, you know, 12 step/12 traditions book on Alcoholics Anonymous…read that and I thought this really applies to how I’m getting in debt.

Harold was married to his wife for 28 years, the last five of which were spent separated from each other. He stated, “Probably from the very first we never could really talk about money.”

**Secrecy about money during marriage.** A theme that repeatedly emerged from the interview data with Harold was how his management of money during his marriage was done in a style of secrecy. Harold acknowledged that this was a *dysfunctional* behavior three times during the interview.

There always seemed to be enough money to take care of my end of it, but what I was disguising is that so much of it was just borrowed money. And so could I say no to dance lessons for the kids? No. If I had a kid that needed to have piano
lessons, should I say no? I’d have to say, yes, I think that’s a good idea. Do you
tell your wife, no, I don’t think we better spend that money for Christmas? No,
you go ahead and spend it and you think, how am I ever going to get paid back?
And there’s secrecy, it’s…I guess you’d say it’s dysfunctional. It’s really
dysfunctional, but that’s the way that I learned how to do it. If your parents
couldn’t ever talk about money, then how do the kids learn? And I’m afraid, you
know, we kind of passed that on to our kids too. Thankfully, they’re learning,
probably a lot faster than we did, about what used to be done and how not being
able to discuss things like that brings a lot of struggles.

When I asked Harold how long he estimated that his wife was aware that they
were living on borrowed money, he stated,

I think she always knew, but she didn’t want to face it either. She said that she
wanted to know, but it’s the sort of thing where if I do tell her she blows up so I
don’t want to tell her.

So anyway, you know, it’s kind of a dysfunctional thing where maybe she doesn’t
want to know and I don’t want to tell her and I don’t want to look at it either. And
so you just go from one disaster to the next, you know? Where if you were
looking at it rationally and together you’d probably plan around those sort of
things and not have it come to a disastrous situation.

When I asked Harold whether he thought, in retrospect, if this mismanagement of
finances was a driving force in his divorce, he stated,

Oh yeah, it surely is. It comes to the point where even if there’s love there’s not
trust and then it’s hard to keep the relationship going at that point. And she
figured she’d be better off alone and the strange thing about it is that I make less
money now than I ever have and I’m very careful and I don’t borrow money. And
she thought she’d be better off and maybe she is, but you know, I’m still paying
alimony for the rest of this year and then I don’t know what she’ll do because
she’s…I know what she spends most of her money on and I don’t begrudge that
because most of the money that I’d give to her she spend on our kids and on our
grandkids. And she’s very generous and I think that if there are circumstances
where she had a car break down or something like that, she just does what we
always did. And I know that since I’ve been in debtors anonymous, I’ve learned
how to actually put money aside for little things like that and plan for the
unexpected that you know is going to happen, you just don’t know what.

I also asked Harold if he thought that involvement in DA at an earlier time could
have possibly saved his marriage. He stated,

I think it could have. I mean I think if she would have been willing to look at it even at the last where I was finally willing to say this is how bad it really is. But I think there comes a point where a woman just won’t listen to any promises because they’re just promises. And this may be strange to hear, but I think guys can forgive and forget, but I think it’s harder for women to. And I didn’t believe that at the time and the real estate lady that I had that helped me get into the duplex that I lived in for a long time told me that. I thought oh no and she said, “It’s true. I know because I’m a woman.”

When I asked Harold about his attitude toward money during this period of his life, he stated,

I always thought that if there was a little bit more money then I’d be secure. So I guess security…. And not having it is being insecure. And being able to borrow it makes you feel secure at least for a little bit. So I guess that’s…you know, sometimes you don’t even care how much the interest rate is or how hard it’s going to be to pay back because you took care of that and got that problem fixed. Never mind that you’re going to have a bunch of problems for the next 3 years.

The neat thing is that you can always depend on somebody else to get you out of trouble. At least that’s what you think, and it started out with my wife’s grandparents and it ended up being with refinancing the house half a dozen times. So you know, you get yourself in the hole and you have to find a way to get out of it. And for the compulsive debtor, the thing to do is borrow more money. I think we bought the house for $54,000 and by the time we sold it for $120,000, by the time we paid the listing agent and the sales agent and paid the money that we owed for the previous month or month and 2 months on the house payment, you know, because we lost a renter in it. And it’s kind of hard to pay payments if you don’t have any cash coming in. So by the time we got all that paid we were $1,000 short in getting the whole thing done. And so that’s what happens. I mean, you just borrow money on the equity and what happens is supposedly there’s going to be inflation and so the value of the house supposedly increases while your mortgage goes down and then at some point in time you find that you need to pay off other debts. So you put it on the house again and refinance the house. You do that half a dozen times and you end up with no equity and you think, “Where did all that money go?” You don’t know…I had no idea where the money was going.

Harold’s choices of careers. Harold’s career has been entrepreneurial in the areas of carpentry and construction for most of his adult life. Rather than providing
Harold and his family with a steady paycheck and income, this type of work is characterized by many peaks and valleys in business volume. Thus, the ability to manage one’s finances and plan ahead for the periods of low income is critical for the financial health of raising and supporting a family in this employment situation. Ironically, and, just as with other respondents whose careers served to increase their compulsive buying disease (e.g., Calea working in direct sales; Diane working in retail), Harold’s disease was similarly propelled to subsequent, more serious stages, as he was attempting to earn a living for his family. As Harold’s choice of a career was paired with the lack of a specific household budget for managing family funds, as well as an approach toward money that was secretive, financial chaos for Harold’s household escalated.

A lot of times in the line of work that I was in, I would make good money and we’d get used to spending that kind of money. And then I would be off from work, you know, construction isn’t always working. Sometimes you’re waiting for something to start. And those are the times when I was spending money trying to start a business or something and…oh yeah, people are willing to help you get started doing something that will make you a millionaire, but it costs you $2,000. And I did that several times.

Harold became involved during slow times of construction work in the direct sales industry. This project also resulted in over spending with very little return on his investment.

I got involved in one of the first Internet sales companies. It was kind of a multi-level sort of a thing. It was like an internet mall and you could go on there and you could buy things and supposedly it would be at a smaller cost and you’d get…because, you know, you’d have it shipped directly to your home and you wouldn’t have to have…supposedly…a middleman. Actually there was a middleman and it was supposed to be me and I was supposed to make money. We spent quite a bit of money trying to get that thing going and we didn’t make very much. But we did spend money in the mall.

Thus, each different line of work Harold chose to pursue tended to result in a
similar difficult financial position for him and his family.

The practice of borrowing money on credit cards during the lean times was described by Harold as a necessity, but he later acknowledged that this practice had become for him habitual.

And being able to borrow it makes you feel secure at least for a little bit. So I guess that’s…you know, sometimes you don’t even care how much the interest rate is or how hard it’s going to be to pay back because you took care of that and got that problem fixed. Never mind that you’re going to have a bunch of problems for the next 3 years.

All those dangerous things that can put a family in a bad position and it put mine in a bad position.

**Product categories.** To multiply this negative effect on household income resulting from Harold’s choice of careers, his construction work required that he have a substantial amount of tools in order to perform different tasks. When I asked Harold if he felt his compulsive spending was category specific, he stated,

Well, there was a good excuse. And yeah, I had to have all this equipment…. And really I could be quite rational about it and say I really did need the tools, but I got up too early and I didn’t make sure that I was going to be making it pay before I picked up those tools. I had a big van full of tools that my business partner was helping me lose $4,000 with.

In addition, Harold’s entrepreneurial approach toward his career engendered an inner need for him to be constantly scanning the environment in order to try to improve his business skills and ability to earn. Attending “get rich quick” types of seminars became another compulsive pattern of consumption for Harold.

Yeah, anything for the business, including the going to seminars and spending money for that, trying to start a new business…you know, I kind of laugh about it now because I still get these things in the mail of how you can turn yourself into a millionaire and you go to this thing and you can pick up a lot of good ideas there, but you know the whole deal is that you’re supposed to go to the back room and
give them your credit card for $2,000 and so, yeah, I mean I was into that kind of stuff, but that’s compulsive shopping, that was.

Additional types of merchandise Harold purchased included a high volume of low-priced goods from dollar stores as well as knives.

It was that sort of thing where there’s a little glittery thing in the store and I think I have to have it. I think everybody gets that on one thing or another and I’ve had my little collections, useless things that you accumulate that look really nice. Maybe tools, maybe knives, a few of them…you know, that sort of thing. Not a great deal of money, really, on that sort of thing, but it’s just kind of a symptom that carries over from everything else. Spending money that you really don’t have for things that you really don’t need and when you get them you find out that you never really did want it that much. And so it is a kind of strange sort of disease.

**Characteristics of Harold’s compulsive buying disease.** When the financial situation was at a low point in the marriage, Harold’s wife told him that she had made an appointment for him to see a doctor. She suspected that Harold was bipolar.

Yeah, that’s an interesting question, which comes first, the negative depression or the debting? Of course my wife isn’t a psychiatrist, but she said, “Harold, you’re bipolar.” I said, “What do you mean?” I guess finally I looked at myself and said, “You know, it’s probably true.”

Yeah, so you get laid off from your job and you happen to be at a low point and you just mope around…. Or you get laid off from your job and you think, “I am awesome. I have total power. I’m going to start a business.” And you spend money. And you get two flipsides there that neither one of them are very good. Neither one of them is down the road where you need to be, which is just steady working along, playing along and making plans that are realistic. You know, you’re looking at it from a…the debt’s the oppression, which isn’t a realistic view, or from a manic point that you think, “I can do no wrong. I know I (have lots of money to do this?).” The manic depressed person, they look forward to those manic times. So I…you know…when I didn’t have that thing going for me I was wondering what was wrong. But anyway, I was studying self help books and all that kind of stuff to see why I was having trouble, but I think probably the biggest thing that I learned was that when I feel invincible, don’t sign any contracts.

When I asked Harold about his attitude toward money during this time, he shared
that he was in denial and would not open his mail. Not opening mail is a common example of behavior that is discussed as a sign of avoidance behavior toward money in the DA literature, *A Currency of Hope*. Many compulsive buyers share this behavior, and Harold discussed his experience with it.

Yeah, but it was a disaster because I had money coming in, but I didn’t open my mail. I had like 2 months stacked up. I had like 3 months stacked up. The checking account that I was so meticulous about, my business account for my duplexes…I was still being meticulous about that, but I wasn’t checking the mail. And the bank had gone and offset because my personal was all screwed up and I owed them a lot of money and they found where they could get it and they took it and then I had all these bounced checks out of my business account and I had no idea because I wasn’t opening the mail.

**Harold’s DA journey to recovery.** Harold stated that since he has been active in DA for the past 2 years, he has noticed a positive change in his level of self-esteem and the level of honesty with which he views himself. “I don’t think I’m really putting on airs anymore. I think a lot of times I have in the past. I feel secure about who I am…I accept myself, you know, weaknesses and all.”

In addition, Harold stated that his ability to interrupt his thinking process before making purchase decisions (normative evaluations) has been honed by his membership in DA and the tools and steps provided for help.

Yeah, and maybe I used to spend a whole lot more money than I do now, but there’s been times when, you know, you just go into the dollar store and drive around with your little plane and you think, ‘That’s cool.’ And you put that in the basket. And you know, I don’t leave the store before I take it back, but I do take stuff back. I don’t need that. I think, ‘Oh, man, I got to get out of here.’ But there’s been times when I just did very polite and take stuff all back and made it back mainly where I got it from and there’s been other times when I just… ‘Oh, I got to get out of here,’” and I just leave the basket and I leave out of the store and I’m gone and I go, “Whew, why was I doing that?”

Yeah. And so how many hammers does a guy need? How many…I don’t know…
I used to think, “Oh yeah, that one’s really nice. I think I do need another…. I need a low angle block plane because low angle is not low enough, I need to get one of the really low angle block planes because that will do a really nice line plane job.”

I thought that, “You know, I need a better router for doing this Formica.” And so I had an offset router that has a little grinder off to the side of it so that you can get real light up to the corner with the router bit. I thought, “Yeah, you’ve got to have the right tools.”

Harold astutely pointed out to me that his practice of fantasizing about money before he joined DA has been meaningfully transformed into a practice of visioning about creating a real future for him.

It’s not necessarily what we want that’s counterfeit, it’s that it actually takes work and if we don’t do that then that’s the fantasy, but if we’re working towards it then that’s a vision. I don’t know if very many people in DA really know that. I think it takes a lot to learn and I think before you can even start doing that, before you can start having a vision of what things can be like in the future you need to get the present under control. And once you can have a spending plan where you’re actually spending less than you have coming in you think, “You know, if I saved a little bit more and I earned a lot more and I didn’t continue to increase my expenditures, I really could be very wealthy.” And you think, “You know, if I really did put some effort into this and was wise I could probably own a few properties.”… And I think you need to do more work and that’s where the visioning comes in rather than the fantasy. Because to find one that is actually going to be positive and do what needs to be done you have to be patient. You have to know a lot of stuff. You have to do your studying. And a lot of people just aren’t willing to do that.

When I asked Harold what DA means to him, he stated, “Ok, I think it’s kind of like saved my life because it gave me a chance to see where I really wanted to go. It’s also given me an opportunity to be of service to help other people that way.”

Harold’s service in DA from the beginning has stood out as exemplar. Harold initiated the website launch and solicited financial assistance from his fellow DA members to support its operation during a DA business meeting. Operating by consensus
votes, the motion was not passed. But Harold believed it was still an important issue that needed to be addressed and he decided to pay for the service himself.

Well, I just want to have everybody have the opportunity that I had and I went over a year between the first time I looked for a meeting and couldn’t find it and the time I found it. Because I don’t think it actually happened for anybody. So we’ve done certain things in the area to make it easier to find the meeting and I could see a need for it on an e-mail list and this is the weirdest thing, but I thought, “There really ought to be a Spanish language e-mail list.”

In addition to the main DA website, Harold’s vision of helping compulsive buyers in need has developed into an international vision to serve others. Harold has done extensive research investigating how he can help the Hispanic market of compulsive buyers in the construction of one targeting them.

There is a lower incidence of compulsive spending money with Hispanic people, but it is increasing and it’s increasing exponentially and it is being fueled by money grabbing credit card companies and cash into check, you know, your payroll advances, buy your automobile here and we’ll finance it 100% and they pay top dollar for the car and high interest on the money. They’re really taken advantage of and it’s not my call to do anything about it because what could I do?

Harold stated that he had decided to turn his management of the additional DA Wednesday meeting over to another member in the next few months. But he stated, “…And so I’ll probably continue to be of service someplace.”

**The meaning of DA and money.** When I asked Harold about any final thoughts and experiences he wished to share about DA, he stated,

Well, just that I’m still a compulsive debtor and I have to realize that because the things that led there I still have a tendency towards. And it’s the craziest thing because I know there’s money in the bank, but I don’t want to do bookwork because I know it’s going to be negative because I wrote out the check for my income taxes and I thought I didn’t have to spend money out of that by the end of the month. Somebody was supposed to do a reimbursement on some money that I did for work at the apartments where I live. And that’s been like a month coming and I finally got it today so tomorrow I’ll put that in the bank and I’ll be positive
again and I’ll look and see where I’m actually at. And I think Friday I’ll have another deposit from one place and probably on Monday another one and I’ll be positive and I’ll feel good about it, but I still have the actual doing the recording and keeping track is still something that I have to tell myself that I really do want to do that even though I tell myself I don’t want to do it right now.

And although I haven’t really debted, to see how I’m feeling about that and the uneasiness and realize I used to be that way all the time. I think, “No, this is crazy. Just do it and find out where you’re at.” I’ll want to put it off till tomorrow, but Friday is the last day I’m putting it off. I’ll do it Friday. There are certain things that you just have to keep working at and maybe it will never really be natural, but it can be functional in a normal way. And I think that’s really great that somebody that has a disease might have to do maintenance on it and if they do that maintenance, you can live a normal life.

Harold’s story points to how an important component toward achieving personal recovery from compulsive buying is derived through service to others. Harold is a champion for this important DA cause, with a vision for it that literally spans the globe. And though his personal loss of relationship was a tragic outcome resulting from his compulsive buying disease, in getting to know the tender and caring heart inside of Harold, one that compares to the size of the sun in capacity to warm and to care for others, one is left with inspiration and hope about the prospect of a happy future that Harold is visioning, right now, this moment for himself, and working very hard to realize.

Evidence of data from my interview with Harold highlighting the presence of emergent themes, both similar and different from those discussed in the literature review and Figure 1 are discussed next.

**Emergent data themes.** Both literature supported and nonliterature supported data themes emerged for Harold relative to his compulsive buying disease (see Tables A-1 and A-2). The interview data was transcribed and analyzed for emergent themes, and those data themes saturating the data are represented by testimonial comments typifying
Harold’s attitudes, feelings and lived experiences of his disease in Tables A-1 and A2.

**Summary**

Chapter IV discussed the process of data analysis. This began with a discussion of the qualitative methods employed during the data collection and analysis processes in an effort to evidence the accomplishment of *trustworthiness* in the study (Lincoln & Guba, 1985). The relevant areas included prolonged engagement, persistent observation, member checks, peer debriefing, triangulation of data, purposeful sampling, an audit trail, reflexive journaling, and referential adequacy.

An overview of the DA organization’s purposes and goals was next provided in order to gain a contextual understanding of my prolonged engagement experience as a participant observer, the nature of my study’s sample characteristics and the data collection process.

Finally, I told the story of each respondent’s lived experience of compulsive buying. Following each participant’s story I attempted to begin answering the question, “*what does it all mean?*” In the emergent themes sections following each participant’s story, I performed data analysis by coding clusters of meaning from the data for each participant into data themes. Data themes both similar to theory and the compulsive buying literature and those different from the literature and Figure 1 were coded. Quotations from each participant that typified her/his lived experiences of each specific data theme are shown in Tables A-1 and A-2. In this manner, the textural description of what was experienced by each participant, and the structural description of how it was
experienced by each participant came to be better understood relative to theory (Creswell, 1998). We learned specifically how each respondent’s essential, invariant structure of compulsive buying has been experienced. Models developed from the emergent data themes will be discussed and compared next in Chapter V.
Chapter V provides a distillation of the major findings from the data analysis performed in Chapter IV. Specifically, this chapter addresses the question, *what does it all mean?* I address this question by presenting models developed for each participant that represent the major themes emerged from the data in Chapter IV. A discussion of similarities and differences between each participant’s lived experience of compulsive buying and the theoretical model complete the discussion of this chapter’s data analysis process.

A discussion of similarities and differences between each participant’s lived experience of compulsive buying and the theoretical model follows. Implications for marketing strategy are discussed as they relate to the phenomenon of compulsive buying in the marketing discipline. Future research directions and plans close the document.

**Models of Compulsive Buying**

After emergent data themes were classified into meaning units in Chapter IV for each of the study’s participants, a structural representation was created in the form of a model that represents how compulsive buying was experienced for each participant (see Figures 2-7 discussed later in this Chapter). Each model resembles Figure 1 in that it begins on the left side with personality attributes of the participant as antecedents to compulsive buying behavior. The models develop with directional arrows indicating how
the participants described feeling before, during and after compulsive buying episodes. The data themes on the far right side of each model indicate consequences each participant experienced after compulsive buying, many times resulting in an endless repetition of the addictive shopping behavior. Thus, when the arrows follow a path back to the beginning of the model on the left side, the participant has not yet reached a point of recovery from the disease. It is only when the directional arrows continue toward the right left and into data themes related to increased normative evaluations and progress in the DA 12-step program that a participant has been able to move toward and into compulsive buying recovery. In this way, the data models capture the essence of the disease for each individual, reflecting emergent themes both similar to and different from those suggested by the literature and shown in Figure 1. A discussion of the essence of each participant’s disease as represented by her/his model and the theoretical model, Figure 1, follows.

Calea’s Emergent Themes Similar to Figure 1

Figure 2 represents Calea’s lived experience of compulsive buying. Please refer to it when reading the following discussion of themes presented representing the antecedents and consequences of her disease. Calea’s emergent themes similar to Figure 1 begin with both social learning theory and disease theory. Calea stated that her parents had taught her that the discussion of financial matters should be kept secretive, and in Calea’s adult life, she acknowledged that she had treated money this way too. Calea’s operationalization of this learning tactic played out in Calea’s life when she ignored her
Figure 2. Compulsive buying model of Calea.

Expenditures as they accumulated well beyond her earnings. She evidenced an attitude of fuzziness about money and how she managed it for her life.

Evidence of comorbidity is present in Calea in that she stated during the interview that she has attended another 12-step program for a different addiction. Calea stated numerous times that she is obsessive/compulsive in general, and she provided an example of this behavior through the method she employs when shopping in a store. For example, Calea meticulously steers her cart up and down each aisle in an effort not to miss anything she may need, thus spending more time shopping than most other people would who were shopping with a list.
When I’d walk, I would just walk up and down the aisles of whatever store I was in. I tend to have a little bit of an obsessive/compulsive personality and God forbid you miss an aisle. There may be something on that aisle that I don’t know I need, but once I see it I’ll remember, “Oh yeah, I need that.” I even would go shopping when I was still married and I would make him walk with me up and down the aisles. I’m extremely codependent and God forbid he’d be out of my sight. And he would absolutely refuse to walk up the baby aisle with me. We weren’t planning on that one any time soon, but it just threw off my entire course to go up and down the aisles systematically if we didn’t walk up and down the baby aisle often enough.

Other characteristics of comorbidity showing up in Calea’s life are indicated by her statement of being bipolar. While the bipolar condition has not been specifically evidenced in the literature previously, this characteristic is supported by disease theory. Thus, both the role that learning theory has played in shaping Calea’s abnormal and unhealthy attitude and behavior toward money, as well as the comorbidity of disease in Calea’s life are supported by the literature.

Emergent personality themes supported by theory for Calea’s compulsive buying include impulsivity, low self-esteem, depression, affect intensity, fantasizing, and loneliness. When Calea felt these negative emotions, she found herself wanting to shop. Early in her disease, Calea evidenced none to low levels of normative evaluations when shopping, but as she was working toward recovery as a member of DA, her normative evaluations increased to high levels.

Calea was specific about the types of products for which she shopped compulsively, often paying for with her credit card. Merchandise categories important to Calea included bargains and low priced items, household items and cleaning supplies, trinkets for friends or for herself, and scissors. Each of these product categories seemed to hold deeper meaning to Calea when she purchased them than was initially apparent on
the surface. For example, I learned from studying more about the disease in the DA literature (*A Currency of Hope*), that searching for bargains and low priced items likely stemmed from Calea having been a compulsive pauper early in her disease. Calea stated that during her childhood and teen years, she was reluctant to spend money on anything at all for herself. This was a period of her life where her sense of self worth was extremely low. An example included when Calea actually needed a new pair of shoes during this time. Rather than spend money for a new pair, she continued to wear the old shoes that did not fit her well, and hurt her feet for a period of one year.

Calea’s purchase of trinkets was mostly to give as gifts to her friends; Calea actually stated that she was trying to buy her friends. Similarly, this extreme sense of low self worth by a compulsive pauper tended to lead her to be overly generous with friends in an effort to be liked by them. She had a deep inner feeling that by doing this, she was investing in keeping her friends around so that they would continue to like her.

And then around the time I hit my teenage years I started using money to buy friendship, I guess would be the way to put it. That if I was with my friends and we wanted to order a pizza I would just go ahead and volunteer to do so, so that I was the martyr. I was the generous person, yes.

Calea also purchased household items and cleaning supplies compulsively. She stated several times that she felt urgency about not wanting to run out of these necessities. This sense of not wanting to run out was another element of social learning from her mother during her childhood. But in addition, Calea stated that having large quantities of these items in her home also gave her a significant sense of security, particularly her eight pairs of scissors.

Scissors—I think I own about 8 pairs of scissors because I would always lose
them, and so if I had 8 there was more to lose. If you only have one pair of scissors and you lose them, you’re out of luck. It was definitely a security issue.

Short-term outcomes from shopping for Calea included her expressing a feeling of emotional lift during and immediately after shopping. Calea said that she felt better about herself, feeling a short term improved self-esteem as a result of shopping. Short term consequences of compulsive shopping for Calea also included loneliness, and eventual decreased self-esteem and shame for realizing that she had shopped compulsively.

Long-term consequences of Calea’s compulsive buying matched theory in terms of broken relationships and loneliness. Calea’s marriage ended in divorce. Since Marriage is a legal problem, she fit theory here as well, but Calea’s legal problems were limited to divorce only.

**Calea’s Emergent Themes Different from Figure 1**

**Bipolar.** While comorbidity is supported in the compulsive buying literature, the specific mention of bipolar disease has not been discussed. Nor has the body of research, aside from the DA literature, discussed the variant compulsive buying disease, the compulsive pauper. Calea’s lived experience with compulsive buying disease included each of these forms.

**Choice of Career propelling the disease.** The literature does not discuss how one’s choice of career could actually serve to escalate the compulsive buying disease. For Calea, her choice of a job in the direct sales industry specifically required her to personally purchase large quantities of merchandise in order to sell it. Since Calea’s
routine purchasing habits typically were characterized as purchasing in large quantities, this particular requirement of her new career fueled, escalated and perhaps even justified Calea’s disease of buying compulsively. For Calea in particular, this dangerous career requirement, combined with hard selling tactics often employed to recruit new team members in the direct sales industry, additionally combined with the appeal to Calea’s propensity to fantasize, believing that she too, could actually earn an income level in the millions of dollars in direct sales. Thus, the traditional recipe for success in her new career had actually served to provide Calea with an impetus to develop more dangerous disease stages. Calea’s unsecured debt at this stage of her life was at its highest. But the direct sales industry’s emphasis on selling hard to recruit new members led Calea to fantasize that she too was capable of earning millions of dollars in this career, if only she continued to buy in large quantities. The expectations of her new job sounded feasible to Calea. While the direct sales industry celebrates many solid success stories across the globe for enhancing individuals’ earning power and creating value for customers, it is reasonable to believe, at least from Calea’s experience, that the particular requisite formula for success in the industry can lead to unhealthy, if not disastrous outcomes for a compulsive buyer.

**The accumulation of clutter.** Intuitively it makes sense that a compulsive buyer may have a higher probability of accumulating clutter. While the literature on compulsive hoarding discusses this outcome, that of compulsive buying does not.

**Fuzziness about money.** This emergent theme, not previously discussed in the literature, appeared frequently with Calea and throughout the study with all six
participants. On the surface, it is reasonable to expect that a compulsive buyer would not clearly understand money and thus evidences mismanagement of it. Many people I have spoken with about this disease have in fact asked me, “Is this really a disease? Isn’t it rather a matter that these consumers just cannot budget properly and are irresponsible?” Perhaps it could be deduced that this would be the case with a person like Calea who mismanaged her money. Perhaps she just did not understand money’s purpose or has not been trained appropriately about financial responsibility. Carrying the thought further, maybe Calea just needed to be educated about budgeting and all financially related problems in her life could be improved or even eliminated. For Calea, however, who had been raised with a negative psychological association about all money management, i.e., money is secret, and being a person for whom money took on deep psychological meanings in her life, atypical for many others, this fuzziness about money on the surface implied deep psychological imbalances.

Throughout the interview as I asked Calea about the meaning of money in her adult life (with the exception of her current view as she is in DA recovery), she replied that money nearly always held a depth of negative psychological meanings attached, well beyond the objective purpose of serving as a means of exchange.

As a teenager I could get the social acceptance that I wanted. I could buy that social acceptance with money. When I was preparing to leave my parent’s home money meant freedom, that if I could provide for myself financially I could get out from underneath their roof, I didn’t have to live by their rules, I didn’t have to be home by midnight. And it meant I could move from Houston, Texas to Salt Lake City, Utah, because I wanted to.

Happily, as Calea described how she had advanced into recovery from compulsive buying, her attitude toward the meaning of money appeared to be void of these deep
rooted psychological meanings.

Today, money is a tool that I just have to believe that everything in this world… my purpose in this world is a spiritual purpose and that the only purpose for money is to aid me on my spiritual journey and it can definitely hinder my spiritual journey.... And today the purpose for money is to aid me on my spiritual journey and to make sure that I am only using it as a tool rather than letting it consume me or be the motivation for my decisions.

**Calea’s DA Journey to Recovery.** After Calea was divorced and her compulsive buying was responsible for her accumulation of high debt, she realized that she needed help. Having already been a member of another 12 step program, she learned from a fellow member about DA. Calea became a member of DA and immediately began her journey of recovery within 24 hours. Regular attendance and strict adherence to the 12 steps enabled Calea to enter official recovery within three months. It was clear in the interview that the level of her normative evaluations about spending was now at a very high level. She stated several times that she attributes her recovery entirely to her membership in DA and her 12-step work.

Admitting that she will always have the propensity to be a compulsive buyer, Calea stated that she is now dependent on DA for the rest of her life.

I can definitely see that my mind still goes there. I also believe I feel very blessed and feel deep gratitude for what has been given to me and the peace and serenity and the freedom and all of the good benefits that I see in my life because someone was willing to share their experience, strength and hope with me. I want to be there to share experience, strength and hope with others.

I want to shout to the rooftops how wonderful the 12 steps are and that everybody should pick their own program and then I’m thwarted by the traditions that say attraction rather than promotion, which is a very good thing. Otherwise I’d be telling everybody that they need this.

It is apparent that any temporary feelings of emotional lift previously experienced
by Calea when she shopped are now replaced by more enduring feelings of stability and positive vision for her life derived from being a DA member in recovery.

I think that DA and the other 12-step programs bring a sense of hope to this world and I think that the people who are meant to find these programs are just so blessed. I definitely want to see the fellowships continue to grow and continue to be there when people need help and when they’re ready for it.

Today, with Calea’s depth of dedication to DA, her broad vision for creating awareness to help other compulsive buyers each day, and her spirit of leadership through service to others, what began as Calea’s story of tragedy, filled with significant difficulty in diverse areas of her life, ends in a renewed and changed life. Calea’s lived experience today is one of service, inspiration, and remarkable hope for others.

Glenda’s Emergent Themes Similar to Figure 1

Figure 3 represents Glenda’s lived experience of compulsive buying. Please refer to it when reading the following discussion of themes presented representing the antecedents and consequences of her disease. Glenda’s emergent themes begin with both disease theory and social learning theory. Disease theory is evidenced in Glenda’s life by addictive behaviors present in her brother and father. Glenda’s brother is a recovering alcoholic and she was married to an alcoholic. She also suspected that her father is a compulsive buyer as she stated that he owns over 50 ties and buys watches and knives all the time.

Social learning theory also played a role in shaping Glenda’s attitude toward money. Glenda’s family home values growing up kept money a secret, even a taboo for discussion. An emergent data theme appearing several times in the interview data Glenda
indicated this way of dealing with money shaped Glenda’s perspective and behavior. “We never were able to talk about money and how to manage money; I was always given things and even when I shouldn’t have them. I was never held accountable for my actions.” In addition to money being kept a secret, because Glenda came from an affluent family, she stated that she also associated a sense of entitlement about money. She was raised to expect expensive expenditures made on her and to expect “only the best.”

Emergent personality themes supported by the literature for Glenda’s compulsive buying include impulsivity, low self-esteem, arousal seeking, depression, fantasizing, affect intensity, loneliness and guilt. When Glenda felt negative emotions or a need to be
entertained, she went shopping compulsively. Glenda’s arousal seeking tendencies were higher than any other participant in the study (assessed from my interview with her and observations of her over the course of my prolonged engagement at DA), and her normative evaluations about the negative consequences associated with her compulsive buying were nonexistent. Glenda acknowledged that she actually sought chaos in her life. “This definitely has to do with…for me, the arousal is the chaos. I felt bored if I didn’t have a challenge and this self-created chaos. I didn’t recognize that it was self-created. That was definitely excitement.”

The product categories most important to Glenda when she shopped compulsively included clothes and entertainment. These product lines developed in Glenda at an early age and strongly correlated with her sense of expecting only the best. An example was when she described buying a pair of $300 shoes.

There’s one point to buy the clothes. Clothes have always been a big deal with me. I was thinking about this earlier, about…I was raised in an affluent family and so I had this standard of living that I remember buying a pair of shoes on no special occasion and paying $300 for a pair of shoes and not really thinking about it. And then leaving home and not making $300 in a month. But even though my income had changed, my idea of what I thought I should be wearing hadn’t changed.”

In addition, an emergent theme that also seemed to influence Glenda to make clothes so important to her was affluenza. This theme will be discussed later in the section of those emergent themes that are dissimilar to the literature.

Short-term outcomes from shopping for Glenda involved her experiencing an emotional lift, even a thrill, as she perceived the entire experience from using credit cards irresponsibly to fooling the companies with whom she was doing business as a game.
I don’t know if arousal is the right word, but thinking about credit cards I get a certain sense of arousal when I put down a platinum card. I get like a thrill. That’s different than spending cash unless I have a big bill. I get an arousal from paying a $100 bill.

Glenda also experienced short-term increases in self-esteem from shopping compulsively. “I like people to look at me and think, ‘she has money.’ I like them to think that. That’s my goal.” Shopping appeared to be pure entertainment for Glenda. Because she was affluent and seemed to always find her way out of debt, even the legal problems she encountered as a result of her lack of responsibility and sense of entitlement did not seem to significantly impact her.

Additional short-term consequences of compulsive shopping for Glenda included significant levels of debt, which led to long-term consequences of legal problems when she was arrested for failing to pay the fines for numerous speeding tickets. Glenda also stated that she had stolen merchandise from a retail store. Long term consequences also included for Glenda are depression, decreased self-esteem and guilt. Glenda was also experiencing a broken marriage that ended in divorce.

**Glenda’s Emergent Themes Different from Figure 1**

**Affluenza.** More than any other study participant, Glenda’s life was significantly shaped by affluenza in her compulsive buying disease.

I recognize that it is materialism is that when I live in a culture that isn’t materialistic then I lose the thrill of it, the desire. So when I was living with my husband we lived in this cabin up in the woods for a couple of years with no television. And we gave up television. Actually I lived without television for 7 years. And the only time that I would watch TV was when I was here…and it was amazing to me. All of a sudden it stopped mattering to me what kind of car I drove…. I didn’t need…so much of materialism for me is about the respect
people have for me. It was fueled by television commercials. I didn’t realize how much I didn’t want until I forget. It’s the same thing with shoes. I’d get just functional shoes. And now I need fashion shoes. It’s ridiculous.

Glenda was in the process of divorce at the time of the interview. She also expressed having had difficulty in relationships in the past due to the way her disease and her attitudes relating to affluenza had impacted her judgments in relationships.

Affluenza seemed to also play a significant role in which partners Glenda chose. She stated that she had been attracted to superficial people in the past, which almost always resulted in failed relationships.

I think it really has impacted my social life because when I was in the high point of my disease I was really impressed with…I call them slick willies…the appearance of success. I was really easily sucked into dishonest men and I think my relationships with them were shallow because I was shallow. I was thinking that I could wear a certain thing and be worthwhile. When I was in the midst of my disease I looked down at other people without money. So I think it’s really affected my relationships and my friendships with women too, because I have not been a good friend until I started DA. I wasn’t a good friend on his side in my marriage and I didn’t know how to have a relationship. I think we were talking about how I had this great sense of secrecy about my money. It’s kind of like a lack of balance. So I would be really secretive about money. I would blurt out and not keep secrets about other things that were much more important to keep secrets and with girlfriends especially…But I think they’re related to my disease. I didn’t even recognize that I had a problem with my (will?) when I first came to DA.

Money is correlated with a sense of entitlement. This emergent theme of Glenda’s seems to correlate well with affluenza, where we are socialized to keep spending money to reward ourselves for any experience, positive or negative in life.

Oh, I definitely think a sense of entitlement definitely has to do with my upbringing. We never were able to talk about money and how to manage money; I was always given things and even when I shouldn’t have them. I was never held accountable for my actions. One thing is, growing up between my brother and myself; we had a total of 5 different cars. And every time we totaled the car, the next day my dad would go down and buy us another one. And we’d always have these really good reasons, but my brother is an alcoholic and he’s a recovered
alcoholic now, but I never was bent in that direction. I think our compulsive behavior is one and the same. It didn’t even strike me as odd that that would be unusual that we’d have another car in the driveway. So it definitely had to do my upbringing.

**Fuzziness about money.** It is not surprising that Glenda, who had been raised in an affluent family, where money was kept a secret, and where she was never held personally responsible for her expenses, that she would be very confused about the meaning of money and credit card bills.

I don’t even know what money is, to be honest. I think that part of my compulsion, too.

Debt, student loans and student credit cards were a real trap to me.

**Credit and money are a game.** For Glenda, money, shopping and credit cards were all an exciting and entertaining game.

Once I got the Chase Company to use its credit card to pay off a credit card from the same company. I thought I just pulled a scam. Because they didn’t connect it.

I’ve got a pack of credit cards in my possession now that I’ve never even called them up to tell them…just having the credit cards makes me feel secure somehow. I’ve never gotten to a point with a credit card company that they’re calling me. I’ve always been able to get a student loan to pay it off and come up with the money. That’s part of it, too, that I really enjoy, is thinking I could outsmart them. Money is a game.

“I’m so proud. It’s about being seen with it on. And also, in my family, because we’re all kind of bargain shoppers, I guess, it’s sharing my bargain stories with my mother or my sister. It’s a sport…It is. I love that…It is and my parents are really good at it. They call it boutiquing. So when we get a deal or a present ‘did you go to the boutique?’ or that just means that we bought it at a yard sale or someplace really terrible…. They are fun and still a lot of pride comes through with just the idea that you can walk through a boutique, as we call them, and know what the cashmere is and what’s not cashmere. I mean we’re really snooty.

**Arousal from life in chaos and credit card usage.** Glenda thrived from the “rush” she received when spending money.
I think that part of my compulsion, too, was spending and having these things, these credit cards and student loans…part of me is addicted to the payoffs and the crisis. I was getting to the point where all the cards were maxed out.

“This definitely has to do with…for me, the arousal is the chaos. I felt bored if I didn’t have a challenge and this self-created chaos. I didn’t recognize that it was self-created. That was definitely excitement. I don’t know if arousal is the right word, but thinking about credit cards I get a certain sense of arousal when I put down a platinum card. I get like a thrill. That’s different than spending cash unless I have a big bill. I get an arousal from paying a $100 bill.

**Glenda’s DA journey to recovery.** It was apparent that Glenda’s road toward recovery was yet ahead of her, but that already she had made some important positive strides toward improving her life in many ways. Glenda had been a member of DA for a few months at the time of her interview. Glenda evidenced that DA has enabled her to mature in some important ways. She mentioned that DA has helped her to view herself as becoming self-supporting, a way she had never previously viewed herself. This marks an improvement for Glenda’s self-esteem.

But at the same time, that’s another thing I love about DA, is part of DA is healing from the debting and from the compulsion in my life. And then the other half of it is focusing on a vision of what you want your life to be. I wish that I had thought of that seriously when I was going to school and thought, “What are the pivotal steps that I need to make to be a self-supporting person?” Self-supporting—I never recognized that I was not self supporting until I read the traditions of the 12 steps—that 7th tradition that we’re fully self-supporting. I was recently asked, “What do you want to accomplish in your life?” I want to be self-supporting. For myself I’ve never felt that before. It’s always been for me to be taken care of the way I always had been. It’s such a different focus.

In addition, some of the constant negative feelings of guilt and shame that Glenda has experienced from compulsive buying are beginning to change since Glenda has begun working on the DA 12 Steps. Glenda also stated that her spiritual life has been enriched by embracing the DA 12 steps. When I asked Glenda what DA means to her today, she
was filled with energy and a vibrant smile as she stated,

> It’s such a gift. It means a gift to me. It’s a gift of self-knowledge. It’s a gift to allow me to fantasize about visions that I can work toward achieving. I always thought that was a myth.... I think part of my disease manifested itself in always thinking that someone else was going to take care of me and wanting someone else to take care of me. I really feel like DA gives me tools to help me take care of myself. I’m not at that point yet. I’m not even near the point of being able to take care of myself. I’m not working right now, so I’m not financially self-supporting, but I just feel like I have people to go to and places to turn. The 12 steps... I love that it’s all about giving.

Yet, while DA had begun to help her change her perspective about money, Glenda still very much defined herself by her clothes, credit cards and bank balance. Affluenza continued to drive Glenda’s value system. “I like people to look at me and think, ‘she has money.’ I like them to think that. That’s my goal.”

One of the most interesting parts of this study for me has been observing how different people embrace and respond to the DA 12 steps. For some such as Calea, effecting significant positive change occurs within 24 hours of joining. For others, such as Glenda, a few months are needed before attitudes toward money change and strategies for behaviors toward it are improved. As far as progress toward recovery for Glenda, I think that she has only just begun to realize the significant mountain in front of her that she must climb.

**Rose’s Emergent Themes Similar to Figure 1**

Figure 4 represents Rose’s lived experience of compulsive buying. Please refer to it when reading the following discussion of themes presented representing the antecedents and consequences of her disease. Rose’s emergent themes begin with
relationship problems as an antecedent to her disease. While this theme is discussed in the literature, it has only been associated with compulsive buying outcomes, rather than antecedents. Since this represents an emergent theme different from the literature and Figure 1, it will be discussed following the discussion of those emergent themes similar to the literature.

Disease theory is evidenced in Rose’s life by addictive behaviors present in her sister and mother. “I think I mentioned my sister just took out bankruptcy. She had like $40,000 in credit card debt. My parents…my mother is definitely a shop-a-holic. She shops all the time.” Rose stated that her own compulsive buying disease is analogous to

Figure 4. Compulsive buying model for Rose.
alcoholism.

I think the main thing is…you’ve heard of alcohol as compulsive and the fact is they say if you’re an alcoholic and you stop drinking and then drink just one drink you’re right back in the disease wherever you’d stopped. So you know. And that’s the same thing for me. When I relapsed and I just said, “I’m ok and I don’t need Debtors Anonymous.” I’m now back to $500 credit card balances and back to working on $5000 again…. It never gets easier. It never gets better. You need to know when you’re going into relapse it’s extremely dangerous. Going to meetings every week at least gets you thinking about it and helps.

About every morning he’d wake up and find price tickets under the bed because I would get my clothes from the closet, cut off the tickets and leave them there. So I compare that a lot to an alcoholic leaving empty bottles of liquor around.

Social learning theory also played a role in shaping Rose’s attitudes. Rose expressed that at an early age, she realized that her family was poor when her peers criticized her clothes for not being in style. Rose learned modeling behavior from her peers at this impressionable age that having stylish clothes would increase her popularity.

Well I think that comes from growing up poor and then in junior high I remember this conversation with this girl who was pretty popular and we were sitting there talking and she said to me, “You know, you are really (poor?). You should get some more in-style clothes.” And so it was like if I had the in-style clothes then I could fit in with them. I remember that.

Emergent personality themes supported by the literature for Rose’s compulsive buying include compulsivity, low self-esteem, arousal seeking, depression, fantasizing, and affect intensity. When Rose felt negative emotions and a need to cope with life’s difficulties, she sought shopping as a means to escape her problems. Rose also perceived money as a game in the battle ground of control and power with her husband. Rose mentioned that she would constantly be looking for ways to get her own money to spend.

What happened to me most recently with my marriage is I was being controlled and I’d be mad at him and I’d go out shopping. I would feel like if I was in the store shopping with my own money to spend I was just like all the other people in
the store that had money to spend. Everybody was happy, the sweater’s nice and I
would buy it and I would feel like everything was normal.

Rose viewed credit card usage as “free money.”

I think in making decisions I didn’t want to consider what was best for me or what
was best for the family, I just considered what can I get away with. Could I have
money for this? If I had a credit card, for me that was free money.

Early in her disease, Rose evidenced none to low levels of normative evaluations
when shopping. When I asked her about how she felt after returning home from a
shopping spree, she stated,

Sometimes it did, sometimes it didn’t. But that doesn’t seem to matter until after
the fact. Sometimes I’ll buy something and I’ll be really excited about it and I’ll
wear it a couple of times and then I’ll think, “What was I thinking?” It just kind of
varies.

The product category most important to Rose when she shopped compulsively
was clothes. This product line had been the focus of extreme embarrassment as a teen
when her peers criticized her for not being in fashion. In addition, an emergent theme that
also influenced Rose to make clothes so important to her was Affluenza. This theme will
be discussed later in the section of those emergent themes dissimilar to the literature.

Short-term outcomes from shopping for Rose involved her experiencing an
emotional lift, even an escape from routine responsibilities. Additional short term
consequences of compulsive shopping for Rose included significant levels of debt, which
led to increased marital problems, and eventual divorce. Long term consequences of
Rose’s compulsive buying matched theory in terms of divorce, both in terms of the
relationship and legal problems.
Rose’s Emergent Themes Different from
Figure 1

**Relationship problems as an antecedent to her disease.** Compulsive buying literature discusses the problem of broken relationships as a consequence of the disease. Unlike the literature but similar to Diane’s experience with compulsive buying difficulties, Rose’s marriage served as an antecedent, propelling her disease to its next more serious stages. Emergent themes included feelings of deprivation from her husband’s control, not having money of her own to spend and her husband forbidding her to even enter retail stores (which produced extreme anger in Rose). These episodes usually resulted in triggering shopping trips for Rose that cost in the thousands of dollars.

He told me I could not go grocery shopping, I could not go clothes shopping, any kind of shopping at all. I was not allowed to go in stores.

I would spend the obscene amount of money that I would spend towards something really nice that I wanted on a whole bunch of things that I didn’t want, but I can lose myself literally for hours in the store. And being there and I start looking at stuff and getting outfits together and checking out the discounted price charts and trying things on and unless it’s…first of all there are so many different choices and then there’s sales and people are nice and helpful and that just adds too.

**Fuzziness about money.** This emergent theme, not previously discussed in the literature, appeared frequently with Rose and throughout the study with all six participants. On the surface, it is reasonable to expect that a compulsive buyer would not clearly understand money and thus evidences mismanagement of it. Perhaps it could be deduced that this would be the case with a person like Rose who mismanaged her money. For Rose, however, who had been abused psychologically in her marriage about money, manipulation and control, this fuzziness about money on the surface implied deep
psychological imbalances.

I remember I would get these checks for $100 or something every week and I put them in my bank account, or so I thought. I remember seeing at the end of it that I had made $700 or something and all I had was a new stereo that I spent $100 on and I didn’t know what happened to the rest of the money. I remember a couple of checks I just lost and I sort of came back on that as just the way I’ve always been about money and I spend money and don’t really think about how much I’ve spent or where it is or how it goes.

I think, to be more specific, I would just have the cash and spend it and then not realize how much I had spent.

When I asked Rose about her attitude about money, she explained how emotionally her definition of it is.

There are a lot of emotions involved with money for me. It’s not just money. In fact, some of the biggest fights I’ve had with my husband is he would start talking to me about money and I would cry or get angry. He would say, “Why are you getting emotional about it? It’s just money?” He didn’t understand my emotional attachment to money and I think growing up as I did poor and not really having any money I think I felt like I wasn’t as good as other people.

Affluenza. It is apparent that affluenza played a role in shaping some of Rose’s attitudes about clothing and how she felt she needed to have the latest styles and fashion in order to be accepted. She mentioned several times in the interview about how her peers, as well as contemporary culture and marketing, had impacted and had shaped her attitudes toward fashion buying, as well as her fashion purchase behavior.

Well I think that comes from growing up poor and then in junior high I remember this conversation with this girl who was pretty popular and we were sitting there talking and she said to me, “You know, you are really (poor?). You should get some more in-style clothes.” And so it was like if I had the in-style clothes then I could fit in with them. I remember that.

I always felt like if I could have the cool clothes and look a certain way, if I could look like the people in the magazines then I would be ok and I’d be like other people and I’d be accepted. It really wasn’t until I started going to DA that that came to me.
Rose’s DA journey to recovery. Rose stated that she since she has been a DA member, she has been given useful tools to view money more rationally, with a view toward making future financial decisions for what will be good for her life. In addition, Rose said that she has been able to develop a meaningful relationship with her Higher Power, as well as with other DA members who are mutually supportive of each other...

I think I was an addict for most of my life and Debtors Anonymous has given me the tools to look at why and try to stop it. What happens is…for me I was just angry inside and I didn’t know the real reason and I didn’t think I needed help. So I was filling myself with shopping and credit cards and just basically making problems and through Debtors Anonymous those are promised to work and it did give me a relationship with a higher power. But now the decisions that I make in the future ideally are going to be better and it’s what my higher power wants me to do and I can pay more attention to my feelings and make decisions for what’s best.

Rose has reduced her credit cards now to three, and evidenced improved levels of normative evaluations about spending and managing money.

If I make the money that I’m capable of making and have my family and save for vacation, that’s what I want. So I guess what I’m trying to say is I quit thinking of money as something that I can never get enough of…It’s the love of money that is evil.

While Rose has begun her journey toward recovery, however, she acknowledges that she has only just begun, with a few episodes of relapse already experienced along the way.

I don’t even know if I’ve ever been in recovery yet… But if I don’t go to meetings or if I miss one meeting I can do it, but if I attend only one week it’s not enough and I can completely give into my thoughts and that’s happened to me before.

As for Rose’s future outlook, she remarked,

So if I get to the point where I can see I haven’t debted for 5 years…. That’s going to be important to my recovery. The day I say I don’t have a problem anymore is when I’m going to be in recovery. It’ll get started.
Rose’s life has been deeply impacted by a number and depth of difficulties. Being born into a family with multiple incidents of compulsive buying disease, and socialized in her family home to believe that this behavior was normal, Rose came into any relationship in her life with significant disadvantages in terms of tools for coping with problems. This beginning, combined with a domineering husband who reinforced her sense of low self-esteem as an adult, positioned the compulsive buying disease as Rose’s main coping mechanism, providing escape from her deeply troubled reality. In addition, affluenza shaped Rose’s attitudes from an early time in her life as a teen. Rose was significantly impacted by cultural influences to look stylish or not be accepted. Rose faces a life of single parenting ahead, with a teenage daughter whom she must now try to teach differently, to break the pattern of this family disease of compulsive shopping, Rose is clinging tightly to a new vision of hope and improved life for the future.

It is apparent that, as Rose stated herself, she has only just begun the difficult journey toward recovery. I kept thinking about the sign Rose displayed on her coffee table that made such a powerful first impression as I entered her apartment that day, “Whoever said that money cannot buy happiness, doesn’t know where to SHOP!” I was filled with sadness for Rose and her daughters as I drove back home. But when I left her, she was her bubbly self and looking forward to seeing me again on Sunday at the DA meeting. If Rose can be happy after all she has experienced in life, I thought, then DA is doing very some good stuff! Rose’s story provides a powerful testimony of how DA can offer hope and effect improvement, even in the lives of those who seem to be the most disadvantaged and hopeless.
Diane’s Emergent Themes Different from Figure 1

Figure 5 represents Diane’s lived experience of compulsive buying. Please refer to it when reading the following discussion of themes presented representing the antecedents and consequences of her disease. Diane’s emergent themes begin with relationship problems as an antecedent to her disease. While this theme is discussed in the literature, it has only been associated with compulsive buying outcomes, rather than antecedents. Since this represents an emergent theme different from the literature and Figure 1, it will be discussed following the discussion of those emergent themes similar to the literature.

Figure 5. Compulsive buying model of Diane.
Both disease theory and social learning theory are evidenced in Diane’s life.

Disease theory is present by her addictive tendencies. Diane had three male alcoholics in her family and she referred to herself several times as an addict.

And so through that I think there’s the addictive behavior, I have that addictive gene. I only drank a couple of years, just a tiny bit and if I did I’d go overboard. So I know that I do have.

Diane described her shopping behavior as obsessive/compulsive, and that shopping was her “drug of choice.”

Social learning theory plays a significant role in Diane’s marriage relationship. Diane stated that her first husband’s father had behaved abusively toward his wife, and had been especially controlling with money. Diane’s husband modeled this exact learned behavior with Diane; he had required Diane to turn over her pay checks to him even before they were married, and continued to control her throughout the marriage in a power struggle with money. Likely significantly impacted by this abuse, Diane evidenced an attitude of fuzziness about money and how she managed it for her life.

Emergent personality themes supported by the literature for Diane’s compulsive buying include compulsivity, impulsivity, arousal seeking, depression, fantasizing, affect intensity, loneliness and guilt. When Diane felt these negative emotions, she found herself wanting to shop. Early in her disease, Diane evidenced none to low levels of normative evaluations when shopping.

Describing shopping as therapeutic, Diane stated frequently throughout the interview that she found refuge and relief from life’s pains in retail environments. Diane shopped as a coping mechanism for life’s difficulties. Diane was specific about the types
of products for which she shopped compulsively. Merchandise categories important to Diane included make up, jewelry and clothes. “I was attracted to…I guess you could say the clothes, shoes, jewelry items, which was feeding myself.” Short-term outcomes from shopping for Diane involved her experiencing an emotional lift, even an escape from routine responsibilities.

I found myself to not think through some of the deep emotions and the pain I felt inside that the escape was either, number one either to keep busy and then what I would do is go shopping for entertainment and then have the obsessive/compulsive and purchase items and it would give me a little bit of a feel good feeling for a little while. And the other thing I think I did that I realize that the counselor told me is what happened is it became a coping mechanism and it developed worse into more of an addiction type of thing and then what would happen is as I was doing it my rational mind realizing that there was bills, there were things, it would like go.

Additional short-term consequences of compulsive shopping for Diane included significant levels of debt to a point where she felt she was out of control. Long term consequences of Diane’s compulsive buying matched theory in terms of long term depression, legal problems and broken relationships. Diane experienced two failed marriages as well as filing for personal bankruptcy.

Diane’s Emergent Themes Different from Figure 1

Relationship problems as an antecedent to her disease. Compulsive buying literature discusses the problem of broken relationships as a consequence of the disease. Unlike the literature but similar to Rose, Diane’s difficulties within her marriage served as an antecedent, propelling her disease to its next more serious stages. Emergent themes included feelings of deprivation from her husband’s control, not having money of her
own to spend and her husband forbidding her to even enter retail stores (which produced extreme anger in Diane). These episodes usually resulted in triggering shopping trips for Diane that cost in the thousands of dollars.

**Fuzziness about money.** This emergent theme, not previously discussed in the literature, appeared frequently with Diane and throughout the study with all six participants. On the surface, it is reasonable to expect that a compulsive buyer would not clearly understand money and thus evidences mismanagement of it. Perhaps it could be deduced that this would be the case with a person like Diane who mismanaged her money. For Diane, however, who had been abused psychologically in her marriages about money, manipulation and control, this fuzziness about money on the surface implied deep psychological imbalances.

Throughout the interview as I asked Diane about the meaning of money in her adult life (with the exception of her current view as she is in DA recovery), she replied that money nearly always held a depth of negative psychological meanings attached, well beyond the objective purpose of serving as a means of exchange. Emergent themes about money for Diane included the idea that money is secretive and money is a game. Diane referred to her secretive methods of hiding her shopping purchases from her husband.

What I had done before, when I was married to him, the last couple or 5 years, was if I ever bought anything I’d sneak it in and bring it in the closet and then take it out later and I’d go through a series of buying it and then deciding whether I wanted to keep it or not, taking some of it back, or going and taking it back and then getting something else.

Money is huge…. So through that, money to me became an issue of whoever has the most money wins. Whoever had the most money can ultimately keep a legal system long enough to keep a fight going...so money was huge.
Choice of career propelling the disease. The literature does not discuss how one’s choice of career could actually serve to escalate the compulsive buying disease. For Diane, her choice of a job in the retail industry served to escalate her compulsive buying.

One thing I will say when I did work retail, they encouraged us to have an open credit card because they knew that they would spend more money. But it was a little bit difficult for me because knowing that it’s such a challenge it would be hard for me to tell somebody to go into debt for something that was a want, not a need.

Out of control. Diane often found herself out of control.

I found myself at that point charging and going into debt and that’s probably truly my 2nd marriage I incurred more debt than I ever had in my life and I felt like all of a sudden it just kind of spiraled out of control.

It also…maybe it forced me to a point of realizing that things were too far. And I ended up filing personal bankruptcy and had to borrow money for an attorney.

Diane’s DA journey toward recovery. A very good and moral person, Diane’s hardships and losses in life have been tragic and have played a significant role in propelling her disease to more serious stages. Diane found refuge from life’s pains through shopping, where she could escape her abusive relationships and difficult responsibilities for hours at a time. Shopping for Diane was truly “therapeutic” and” her drug of choice.” Through poor choices made about her spouses and finances, Diane’s life style and emotions had been turned upside down several times. While Diane’s progress toward recovery had been minimal when I interviewed her, Diane’s is another powerful story supporting the sense of hope, fellowship, and renewed vision that DA offers to some of the most hopeless lives in crisis. Diane had begun rehearsing mid-level normative evaluations about not shopping, and she realized that her only hope for recovery in the future rested in her dependence and dedication to DA.
Freda’s Emergent Themes Similar to Figure 1

Figure 6 represents Freda’s lived experience of compulsive buying. Please refer to it when reading the following discussion of themes presented representing the antecedents and consequences of her disease. Freda’s emergent themes begin with social learning theory.

Social learning theory was evidenced in Freda’s life through her attitude toward money. In her childhood home, Freda’s family had treated money and its management with secrecy and laden it with negative moral judgment. Freda’s attitude toward money in her adult life had been strongly impacted by this, and her compulsive buying disease took

![Figure 6. Compulsive buying model of Freda.](image-url)
the form of a compulsive pauper. These people find it almost impossible to spend money on themselves. Examples could be the TV breaking and remaining unrepaired, or a pair of shoes, ready for retirement, is made to work for yet another year. Even medical and dental problems will go unattended by compulsive paupers (*A Currency of Hope*, p. 17).

While this form of the disease was also present in another of this study’s participants at a young age, Freda’s compulsion remained one as a pauper rather than a buyer into Freda’s adult life.

So I learned that we were not able to discuss money at any time. We were not at any time permitted to ask about income or anything like that. There were huge moral judgments about money.

Probably since I was around 15…. I remember not wanting to spend any of my paycheck and feeling guilty if I spent any of it on anything, even if it was something I needed and the moment I spent $2.00 on lunch or anything like that it felt like the roller coaster had started and I had no control over where the rest of the money went,…it was a compulsion not to spend, very much, to save everything.

Emergent negative themes related to money, its secrecy and associated negative moral judgments were present throughout the interview with Freda. The social learning Freda had experienced from an early age through her parents had served to shape her disease by associating only negative attributions about money. “So a lot of issues of self worth and judgment and fear have always been there…. Money is a big issue.” Disease theory also played a role in Freda’s life. Freda mentioned that “her mother has specific mental health issues.” Freda acknowledged several times that she was obsessive/compulsive in her shopping behavior.

It’s almost fascinating to watch how the obsession changes, how it moves to a different item. I’ll be obsessed about a particular toy, and then after that will pass or I’ll have bought it and it may only be $10, I can get obsessed about the tiniest
thing. And then there will be a period of not being obsessed about anything and then the next thing will come along. At the moment it’s a set of dolls.

Comorbidity was also present in Freda’s life as she stated that she is currently a member in other 12-step programs. Emergent personality themes supported by theory for Freda’s compulsive buying include low self-worth, affect intensity, guilt, fantasizing, fear of money and fear of shopping.

I think I buy to release a fear. Because…if I don’t buy this sweater now while it’s cheap I won’t have the money to buy one when I actually need one and it’s more expensive. So I think it’s all fear based. We spent a weekend in Las Vegas…. I’m never going there again.

Merchandise categories important to Freda in her disease were bargains, toys and clothes for her son, cosmetics and gifts for others. I learned from studying more about the disease in the DA literature (A Currency of Hope), that searching for bargains and low priced items likely stemmed from Freda having been a compulsive pauper. Freda stated,

So I didn’t buy the nicely looking matching set. I bought the industrial dryer that would last longer and that sort of thing. Every single thing I bought for this new house has been on sale in some way or another. And I don’t buy things except clothes unless they’re on sale.

Freda could not bear to spend money on herself. Even medical and dental problems will go unattended by compulsive paupers (A Currency of Hope, 1999, p. 17). Freda mentioned that she had needed a new handbag for a long time, but rather than buy a new one, she made one for herself in order to save money. This compulsive pauper example for Freda exactly parallels that of Calea’s needing a new pair of shoes, yet denying herself the purchase.

I didn’t buy them, but the thing is I actually made a new handbag. I’ve been running through all the free cheap nasty handbags that I’ve got as free gifts or something because my handbag literally fell apart, but rather than buy I obsessed
with things we don’t need. So that’s where the fear and frustration.

Similar to Calea, Freda’s disease as a compulsive pauper drove her to be focused on buying gifts for others. Freda’s extreme sense of low self worth as a compulsive pauper tended to lead her to be overly generous with friends in an effort to be liked by them. She had a deep inner feeling that by doing this, she was investing in keeping her friends around so that they would continue to like her.

The other issue I have is gifts for people. I tend to spend more on those people than I do on myself by a long shot. I find it very difficult to pass on something I think someone might like. I find it very difficult to walk past it—toys and gifts for others.

When I don’t have anything else to do, when my time is not taken, when I don’t feel I’m contributing to society, that’s when the overspending starts and because I like to buy for others it’s more about feeling that I know too many people and I want to make sure they continue to like me or that they know they’re in my thoughts or that sort of thing.

Early in her understanding of her disease and before DA membership, Freda evidenced none to low levels of normative evaluations when shopping. Short term consequences from shopping experienced by Freda included guilt, which at times drove Freda to hide her purchases from her husband. This secrecy about her purchases seems to suggest a link to her social learning as a child where money and its management were treated with secrecy. Freda experienced short term relationship problems from her disease, but over the longer term, her relationship problems have healed through counseling.

Freda’s Emergent Themes Different from Figure 1

Fear of money. One of the emergent themes I that was different from those
indicated in Figure 1 was Freda’s fear of money.

I’m terrified of money. I’ve always been terrified of money. Money has a little judgment attached to it. I’m trying to describe that. I find having it, holding it, juggling numbers…. I just want to run away. I don’t go out and spend money I don’t have doing it. In fact, I don’t go out and spend money I do have doing it. And that’s one of the issues of my illness. Rather than generating equity…if I have $2,000 in savings I hang onto it for dear life instead of using that to fix up the house and get $12,000 in equity. So I’m much more fear based on this, but then there’s a point where I get resentful and frustrated about that.

Each of Freda’s consequences from compulsive buying was different from those discussed previously in the compulsive buying literature. The dominant themes underling most of Freda’s shopping consequences included frustration from shopping, the negative impact of culture and marketing on her compulsive buying disease, and her corresponding cynicism of U.S. retailers in general. Each of these themes is deeply rooted in the concept of affluenza.

**Fuzziness about money.** It is not surprising that Freda’s understanding of money is fuzzy, given the negative associations she developed for money from an early age through social learning.

I haven’t learned the difference between a want and a need and what’s ok to buy and the biggest issue for me is it started pretty much last year when we had settled in and moved to America and had to buy everything. We’d sold everything when we moved so we had to buy everything from tea towels, cutlery, a new car and a house. So it was really going from nothing and I don’t know where to put boundaries on that sort of thing.

In addition, to this theme, fuzziness about money, being present in Freda’s life from an early age, this feeling for Freda was compounded by being uprooted to a new culture, where value of money in exchange was different. Additional “fuzziness” about money and “value” were difficult struggles for Freda as a result of moving to a new culture.
I went through a phase when we first moved here. Can I talk about specific stories? We looked in the paper to see which stores—we didn’t know the names of the department stores and that sort of thing. And Meier and Frank had these coupons in the newspaper that said 15% off if you bought this or 10% off if you bought that. And I honestly thought that was a one-off thing. I thought it was just that weekend that we’d moved to Salt Lake City and that we should get to that store.

**Affluenza.** As the rate of consumer debt reached historically high levels in the U.S. by the late 1990s, de Graaf and colleagues (2005) coined the term “affluenza” as a way to describe how the U.S. has become imbalanced by an over emphasis on cultural consumerism where “more is always better,” and we are commended, even rewarded by banks and credit card companies, for “buying now and paying later.” Affluenza, defined as a noun by the authors is: “a painful contagious, socially transmitted condition of overload, debt, anxiety, and waste resulting from the dogged pursuit of more” (Graaf et al., 2005, p. 2). Calling this economic and social crisis “the American epidemic,” “an addiction,” or “at least a pernicious habit,” the authors hold that this illness in our society ‘is deeply rooted in the obsessive, almost religious quest for economic expansion that has become the core principle of what is called the American Dream” (DeGraff et al., 2005, p. 3).

**Fear of and frustration from shopping.** Freda’s attitude toward U.S. consumerism is characterized by disdain for affluenza. She expressed early on how disgusted she was with U.S. retailers with their overemphasis on selling and consumerism. Freda adamantly expressed that she did not enjoy anything about shopping. She stated that shopping in the U.S. made her experience a “crisis of choice.”

I don’t understand the concept of window-shopping. Why would you spend time at the mall if you didn’t have to?
The experience of shopping over here was so different to home when I moved here. I remember the sensation of walking in a Walgreens in San Francisco…that was the first place we moved to…wow, this is a Walgreens, this is a tourist thing. This is a big deal. I didn’t want to shop there. It was just like seeing the Statue of Liberty or something. It was that kind of…and now I’m like, “I’ve got to go to Walgreens and pick up this.” Now it’s become totally…so with shopping centers in America…. I find them, well, I can’t say America because it depends on. Now here in Salt Lake I just…there’s nothing appealing about it…. I can’t even walk into a Mervyns. Nordstrom just bores me with its overwhelming snobbishness…. But in terms of being affected or feeling affected, I feel a slight repulsion rather than anything else.

But I did go out to the first Thanksgiving sale when we were here and I had a list and I followed that list because the other thing I find shopping here is I have crisis of choice, there’s too much choice. I find that very stressful.

Freda expressed disdain for U.S. retailer promotional tactics, particularly on Black Friday after Thanksgiving the first year she was living in the U.S.

But we did see the first Thanksgiving that we were here there was an ad for Target where they offered wake-up calls. They had celebrities and you could ring and ask for a celebrity recorded message to wake you up at 5:00 a.m. so that you wouldn’t miss the start of the sale. We found that so hysterical that we were ringing and dialing all of our friends at home and saying, ‘Look at this country, can you believe this?’ We thought it was the funniest thing.

**Cynicism about U.S. retailers.** Freda also expressed how retail environments are “sterile” in the U.S., not homey as in her home country.

It is the retail atmosphere totally. It feels very sterile to me, very sterile and the way the merchandise is arranged, it’s infinitesimally small stuff…and how the store is set up would affect my buying behavior and more likely to make the compulsion kick in. Barnes and Noble is a store that is more likely to make my compulsion to spend kick in.

Freda expressed an overall level of cynicism about U.S. Retailers. Emergent themes included that they are dishonest, untrustworthy, sterile, and hysterical.

I think it was something to do with Memorial Day, from what I remember. And this Memorial Day will be coming up on 2 years, I guess. And those ads have been in the paper every single week...It strikes me as being blatantly dishonest.
You may as well just say the whole store is 10% off forever. I remember thinking at the time, “Oh, we’ve got one chance to get things we need to get.”

And I miss having a local post office and a local place where you get your daily paper and that sort of thing. I find it very sterile.

There’s just such a demeaning aspect to it. It’s sort of if you don’t buy this today your life will be horrible. That sort of thing.

I really do not like these cards at Smith’s and Albertson’s that you have to put your card in to get discounts and part of me very strongly wants to go to Wal-Mart and get the groceries and pay cash and no one knows…you know, there isn’t a big long list of what you bought and…which is how it should be, frankly. There shouldn’t be large companies that can track your eating traits. They can say, “Clearly they had a party on this date because they bought this beforehand.” That creeps me out.

**Freda’s DA journey to recovery.** As she was working toward recovery as a member of DA, Freda’s level of normative evaluations increased to medium levels. She was beginning to learn how to sort through her fuzziness about money, the added burden of being embedded in new culture and understanding value, as well as making deliberate decisions about when it is appropriate to spend money and buy merchandise.

I bought a rack last week for our house that was $50 marked down from $150. I’m not sure I did stop and think, “Is it worth $50?” I just liked it and thought, “Ok, that’s cheap.” I do think now it was a worthwhile purchase and it was a needed purchase, but I would to get to the point to where I could think of that before rather than after.

Since Freda was concurrently a member of other 12-step programs, emphasis on thinking before acting was likely being reinforced in multiple memberships and meetings in Freda’s mind. Freda also realized that she was now dependent on DA for any hope of recovery and “normalcy” in her life.

Peace of mind. Just peace around money and the understanding that I’ve got years ahead of me to work the steps. Just the one day at a time. I don’t have to keep coming and that’s what the program offers to me. That’s what I get. I just like the
way of living with this sickness.

Yeah, and personal responsibility. I really like the focus on the steps and acknowledging what I’m responsible for and working towards changing that and no longer blaming others and staying stuck in resentments about others behavior and that sort of thing.

It is sad that Freda’s attitude toward money remains so imbalanced in her adult life to actually cause her fear. I left my interview with Freda feeling lifted up by her wonderful sense of humor and keen insights about retailing strategy. I once again felt deeply grateful for the DA organization’s ability to attract people suffering diverse types and degrees of compulsive buying disease, and to offer each one of these people a real sense of hope for their futures.

**Harold’s Emergent Themes Similar to Figure 1**

Figure 7 represents Harold’s lived experience of compulsive buying. Please refer to it when reading the following discussion of themes presented representing the antecedents and consequences of his disease. Harold’s emergent themes similar to theory begin with social learning theory and disease theory. Harold stated that his parents had taught him as he was growing up that the discussion of financial matters should be kept secretive, and in Harold’s own marriage, he acknowledged that he and his wife had dealt with financial matters in this manner too. As with Calea, Harold operationalized this learning style tactic when he ignored expenditures as they accumulated well beyond his earnings. Another coping mechanism Harold employed was deliberately not opening his mail when he expected that it was filled with bills, in an effort to hide the financial responsibility even from himself. As with the study’s other participants, Harold
Figure 7. Compulsive buying model of Harold.

evidenced an attitude of fuzziness about money and how he managed it for his life.

Evidence of disease theory is present in Harold’s case as he stated during the interview that his compulsive buying and debting had been out of control. Several times Harold paralleled his behavior toward money with that of alcoholism, and he referred to his long term propensity to be addicted to this behavior.

And I found 12 and 12, you know, 12 step/12 traditions book on Alcoholics Anonymous...read that and I thought this really applies to how I’m getting in debt. Well, just that I’m still a compulsive debtor and I have to realize that because the things that led there I still have a tendency towards. And it’s the craziest thing because I know there’s money in the bank, but I don’t want to do bookwork because I know it’s going to be negative.
Harold also stated that he was bipolar. While the bipolar condition has not been specifically evidenced in the literature, this characteristic is supported by the literature on comorbidity. Thus, both the role that learning theory has played in shaping Harold’s abnormal and unhealthy attitude and behavior toward money, as well as the comorbidity of disease in Harold’s life are supported by the literature.

Emergent personality themes supported by the literature theory for Harold’s compulsive buying include impulsivity, arousal seeking, depression, guilt, affect intensity, and loneliness. Most of Harold’s compulsive buying behavior was centered on purchases related to his career and ability to earn a living. These merchandise categories included tools and business schemes and seminars. Harold frequently used credit cards to fund these purchases. He also frequently employed the practice of using one credit card to pay another card’s balance, as well as borrowing against his home mortgage multiple times.

The neat thing is that you can always depend on somebody else to get you out of trouble. At least that’s what you think, and it started out with my wife’s grandparents and it ended up being with refinancing the house half a dozen times. So you know, you get yourself in the hole and you have to find a way to get out of it. And for the compulsive debtor, the thing to do is borrow more money.

Harold evidenced none to low levels of normative evaluations when shopping for tools or business related schemes, but as he worked toward recovery as a member of DA, his normative evaluations increased to high levels. Short-term outcomes from shopping and accumulating excessive debt for Harold included some feelings of emotional lift. However, the dominant feelings after Harold’s realization of the amount of debt he had accumulated resulted in negative feelings. Both short and long term depression, guilt and
relationship problems were the focus of Harold’s feelings resulting from his compulsive buying behavior. His long term marriage ended in divorce, a legal problem.

**Harold’s Emergent Themes Different from Figure 1**

**Bipolar.** While comorbidity is supported in the compulsive buying literature, the specific mention of bipolar disease has not been discussed. Moreover, the body of research, aside from the DA literature, has not discussed the variant compulsive buying disease, the compulsive pauper. Harold’s lived experience with compulsive buying disease included each of these forms.

**Choice of career propelling the disease.** The literature does not discuss how one’s choice of career could actually serve to escalate the compulsive buying disease. As with Calea, Harold’s career choice seemed to escalate his disease into more serious stages. Harold’s entrepreneurial spirit drove him to desire the independence of running his own business. However, one of the most difficult aspects of successful entrepreneurship is the requirement of excellent financial management skills. This was not only Harold’s most significant weakness; it was at the core of his compulsive buying disease.

**Fuzziness about money.** Not previously discussed in the literature, this emergent theme appeared frequently with Harold and throughout the study with all six participants.

I always thought that if there was a little bit more money then I’d be secure. So I guess security… And not having it is being insecure. And being able to borrow it makes you feel secure at least for a little bit. So I guess that’s … you know, sometimes you don’t even care how much the interest rate is or how hard it’s going to be to pay back because you took care of that and got that problem fixed. Never mind that you’re going to have a bunch of problems for the next 3 years.
Yeah, but it was a disaster because I had money coming in, but I didn’t open my mail. I had like 2 months stacked up. I had like 3 months stacked up. The checking account that I was so meticulous about, my business account for my duplexes…. I was still being meticulous about that, but I wasn’t checking the mail. And the bank had gone and offset because my personal was all screwed up and I owed them a lot of money and they found where they could get it and they took it and then I had all these bounced checks out of my business account and I had no idea because I wasn’t opening the mail.

**Harold’s DA journey to recovery.** After Harold was divorced and he realized that his compulsive buying and debting were responsible for his broken relationship and loneliness, he realized that he needed help. In searching for what might be at the core of his problems, Harold initially found some DA books to read and realized that his life had exactly matched the compulsive buying disease. Harold stated that since he has been active in DA for the past 2 years, he has noticed a positive change in his level of self-esteem and the level of honesty with which he views himself. “I don’t think I’m really putting on airs anymore. I think a lot of times I have in the past. I feel secure about who I am…I accept myself, you know, weaknesses and all.”

Harold stated that his ability to interrupt his thinking process before making purchase decisions (normative evaluations) has been honed by his membership in DA and the tools and steps provided for help.

It’s not necessarily what we want that’s counterfeit, it’s that it actually takes work and if we don’t do that then that’s the fantasy, but if we’re working towards it then that’s a vision. I don’t know if very many people in DA really know that. I think it takes a lot to learn and I think before you can even start doing that, before you can start having a vision of what things can be like in the future you need to get the present under control.

Harold’s story points to how an important component toward achieving personal recovery from compulsive buying is derived through service to others. Harold is a
champion for this important DA cause, with a vision for it that literally spans the globe. And though his personal loss of relationship was a tragic outcome resulting from his compulsive buying disease, in getting to know the tender and caring heart inside of Harold, one that compares to the size of the sun in capacity to warm and to care for others, one is left with inspiration and hope about the prospect of a happy future that Harold is visioning, right now, this moment for himself, and working very hard to realize.

**Summarizing the Models of Compulsive Buying**

Table 5 provides an overview of themes emerging for each participant that matched those discussed by theory and the compulsive buying literature review in Chapter II, as seen in Figure 1. Table 6 displays those emergent themes across study participants that were not supported by theory and compulsive buying literature, but were nonetheless experienced as part of the essence of the participant’s disease. A discussion of similarities and differences in the lived experiences of the study follows next.

**Emergent Themes Common to Every Participant**

Every study participant evidenced emergent themes of having been influenced in their attitudes toward money through social learning theory. Every participant also evidenced a general tendency toward compulsivity, fantasizing, product specific compulsive buying categories, affect intensity, none to low normative evaluations early in their disease, relationship problems and an attitude of fuzziness about money. With the exception of the theme, fuzziness about money, each of these common compulsive buying themes across all participants is based in theory and literature, as seen in Figure 1.
## Table 5

**Literature Supported Data Themes**

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</tr>
<tr>
<td>Materialism</td>
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<tr>
<td>Product specific</td>
<td>Bargains, trinkets, household items and gifts for others</td>
<td>Clothes and entertainment</td>
<td>Clothes</td>
<td>Make-up, jewelry and clothes</td>
<td>Bargains, toys and clothes for son, cosmetics and gifts for others</td>
<td>Tools and business schemes</td>
</tr>
<tr>
<td>Affect intensity</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
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</tr>
<tr>
<td>Impulsivity</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
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<tr>
<td>None-low normative evaluations</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
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<tr>
<td>Short-term emotional lift</td>
<td>Evidence</td>
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*(table continues)*
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<tr>
<th>Literature supported data themes</th>
<th>Calea (female)</th>
<th>Glenda (female)</th>
<th>Rose (female)</th>
<th>Diane (female)</th>
<th>Freda (female)</th>
<th>Harold (male)</th>
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<tr>
<td>Short-term improved self-esteem</td>
<td>Evidence</td>
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<tr>
<td>High debt</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td></td>
<td>Evidence</td>
</tr>
<tr>
<td>High amount of material objects</td>
<td>Evidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Out of control</td>
<td></td>
<td>Evidence</td>
<td></td>
<td></td>
<td></td>
<td>Evidence</td>
</tr>
<tr>
<td>Guilt</td>
<td>Evidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Long-term depression</td>
<td>Evidence</td>
<td>Evidence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Long-term loneliness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evidence</td>
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<tr>
<td>Long-term low self-esteem</td>
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<tr>
<td>Long-term high debt</td>
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<td>Relationship problems</td>
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<td>Evidence</td>
<td></td>
<td></td>
<td>Evidence</td>
<td></td>
</tr>
<tr>
<td>Legal problems</td>
<td>Evidence (divorce)</td>
<td>High evidence (divorce) + stealing + jail time</td>
<td>Evidence (divorce)</td>
<td>High evidence (divorce + personal bankruptcy)</td>
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<td>Evidence (divorce)</td>
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Table 6

Nonliterature Supported Data Themes

<table>
<thead>
<tr>
<th>Nonliterature supported data themes</th>
<th>Calea (female)</th>
<th>Glenda (female)</th>
<th>Rose (female)</th>
<th>Diane (female)</th>
<th>Freda (female)</th>
<th>Harold (male)</th>
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<tr>
<td>Compulsive pauper</td>
<td>Evidence</td>
<td></td>
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<td></td>
<td>Evidence</td>
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<tr>
<td>Bipolar</td>
<td>Evidence</td>
<td></td>
<td></td>
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<tr>
<td>Choice of career escalated disease</td>
<td>Evidence</td>
<td></td>
<td>Evidence</td>
<td></td>
<td>Evidence</td>
<td></td>
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<tr>
<td>Fuzziness about money</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td></td>
<td>Evidence</td>
<td></td>
</tr>
<tr>
<td>Culturally driven fuzziness about money</td>
<td>Evidence</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Money as entitlement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evidence</td>
</tr>
<tr>
<td>Money &amp; credit are a game</td>
<td>Evidence</td>
<td>Evidence</td>
<td>Evidence</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Arousal from credit card usage</td>
<td>Evidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arousal from chaos</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Relationship problems as an antecedent to disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fear of money</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evidence</td>
</tr>
<tr>
<td>Fear of shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evidence</td>
</tr>
<tr>
<td>Frustration from shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evidence</td>
</tr>
<tr>
<td>Cynicism and distrust of us retailers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evidence</td>
</tr>
</tbody>
</table>

Emergent Themes Common to Five Participants

Common themes shared by five of six participants include gender, low self-esteem and low self worth, negative affect, short-term emotional lift, short and long term high debt, and legal problems. These themes are all theory based and shown in Figure 1.

Emergent Themes Shared By Four Participants

Four of the study’s participants shared theory supported emergent themes of
disease theory, arousal seeking, credit usage, and guilt. These themes are all theory based and shown in Figure 1.

**Emergent Themes Shared by Three Participants**

Theory supported emergent themes experienced by three of the study’s participants include affluenza, comorbidity, loneliness, long-term depression and long-term low self-esteem. Nontheory supported emergent themes experienced by three participants include choice of career escalating the disease, and money and/or credit as a game.

**Emergent Themes Shared by Two Participants**

Impulsivity was the only theory supported emergent theme experienced by two of the study’s participants. Nontheory supported emergent themes experienced by two of the study’s participants include compulsive pauper, bipolar, and relationship problems serving as an antecedent to the compulsive buying disease.

**Individual Emergent Themes Experienced by Only One Participant**

Theory supported emergent themes experienced by only one study participant include short-term improved self-esteem from shopping, a high amount of material objects, out of control, and long-term loneliness. Nontheory supported emergent themes experienced by only one study participant included additional culturally driven fuzziness about money, money as an entitlement, arousal from credit card usage, arousal from
chaos, fear of money, fear of shopping, frustration from shopping, and cynicism and distrust toward U.S. retailers. In addition, while Freda’s disease was strongly associated with theory in affluenza, she was the only participant evidencing contempt for this contextual influencer.

Referential Adequacy: Out-of-Control Model and Normative Model of Hope for Recovery from Compulsive Buying

As part of the study’s assurance of referential adequacy, I collected a portion of preliminary data from attending DA meetings as a participant observer while I was in my Ph.D. coursework in 2001-02. At the time, I analyzed the data from 10 one hour DA meetings in much the same fashion in which I have performed data analysis in this study. I recorded data themes in my reflexive journal after each meeting, and after 10 meetings, the protocols were divided into significant statements or horizontalizations. The units were then transformed into clusters of meaning expressed in psychological or phenomenological concepts, representing general themes of meaning. These transformations were tied together to make a general description of the experience, the textural description of what was experienced and the structural description of how it was experienced. Finally, I employed NVIVO to build date theme models, Figures 8 and 9, based on those themes evidencing the highest frequencies.

The unit of analysis for the early data set was the DA meeting content shared by all DA members attending and discussing their lived experiences of compulsive buying in the meetings. Meetings were typically attended weekly by 15-25 members. Whereas this
study’s unit of analysis was each individual participant interviewed in-depth, I have now compared the earlier data theme models, Figures 8 and 8, back to the participant models developed for this study.

Figures 2-7 from this study are highly correlated in data themes with Figures 8 and 9. For example, the out of control themes evidenced in Figure 8 exactly paralleled with Diane’s data theme, out of control. Commonly coded components of this theme include many of those experienced by and coded for Diane: struggle, victim, sense of imbalance, need to escape, relationship problems, long term cycle, related addiction,
regression with problem, low self-esteem, affect intensity, depression, fear, worry, jealousy of others’ possessions and shame.

While Figure 8 represents a theme frequency experienced by only one participant in the current study, it represented 15-25 members’ experiences in the early portion of the study. And since an important function of DA meeting attendance is sharing about life crises with other members in order to gain mutual support and healing, it is reasonable to expect that the frequency of this data theme would be higher when analyzed across many DA members at 10, one-hour meetings.

Two of this study’s members, Calea and Richard, evidenced what is represented in Figure 9, the normative model of hope. Similarly analyzed and using DA meetings as the unit of analysis, Figure 9 exactly parallels the recovery processes experienced by
Calea and Harold in this study. Each of these participants experienced in their recovery the emergent themes of dissatisfaction with overspending habitual lifestyles, introspection for improvement, regret of past money mismanagement, a realization that she/he must take action to change, and an expressed intention to make the necessary life changes. These experienced data themes pointed to high levels of normative evaluations evidenced in the participants’ lives, and an increased sense of responsibility about money management resulted. As this positive cycle of thoughts and actions continued, both Calea and Richard expressed experiencing high levels of personal pride, gratitude to DA and to their Higher Power, and a renewed sense of long-term faith in their commitment to their Higher Power. Their addiction recovery process was rooted now in their dependence on DA, a remarkable journey of hope and faith.

While the other four participants of this study had not progressed as far in their recovery journeys as had Calea and Harold, each of their individual models also imply a recovery process headed in the same direction, an eventual dependence on DA meetings and membership. After my prolonged engagement in DA and working closely with these members in the study, I strongly believe that this model is nearly a universal representation of what compulsive buying recovery must include.

A discussion of insights and implications from this study for a better understanding of compulsive buying are discussed next.
Toward a Better Understanding of Compulsive Buying:

Insights and Implications

Compulsive Pauper

Compulsive buying is a highly complex disease, impacting people differentially based on their particular genetic predisposition (i.e., disease theory) and how social learning has played a role throughout childhood in shaping their attitudes toward money. In addition to individual differences shaping different disease symptoms and lived experiences, the problem is compounded in that the disease itself takes on two different forms, that of a compulsive buyer, and that of a compulsive pauper. Prior to this study, I had not known about the disease form, compulsive pauper. In the study, I learned that this type of compulsive buyer is unique in many ways.

The emergent theme of compulsive pauper was evidenced in two of the study’s participants. Early in Calea’s life, she was a compulsive pauper in that she had very low self-esteem and had significant difficulty spending money on herself. She was focused on bargains when she did spend money, and she enjoyed spending money on others, in an attempt to buy their friendship. As Calea grew older, however, her symptoms were more similar to a compulsive buyer. For example, Calea expressed enjoyment of shopping, she felt an emotional lift from it, and she usually bought products in large quantities.

Freda, however, lived her entire life as a compulsive pauper, and her symptoms of the disease remained similar to Calea’s early symptoms. Unlike compulsive buyers, Freda despised shopping, she did not want to spend money on herself and even fretted over buying herself sunscreen, worrying that it cost too much. She dearly loved
cosmetics, but she was deeply concerned that she was spending too much money on cosmetics for herself as well. Part of her healing process in DA involved her being held to a strict spending plan so that she could be made to feel comfortable buying gas for her car. Freda was fearful of money. Freda stated that she also was afraid of shopping, and expressed that when she finds bargains, she buys them compulsively “to release her fear.” Freda’s behavior was driven by a constant sense of urgency to buy bargains because she believed that if she did not respond to promotional appeals immediately (e.g., a Memorial Day sale), they would not be available tomorrow and she would then likely be forced to spend more money. Freda was also focused on buying gifts and lunches for her friends in an effort “to remind them that she still cared about them.” In addition, Freda expressed that she lives her life with a ubiquitous sense of guilt.

From my prolonged engagement in the field, it is apparent to me that compulsive paupers suffer an additional measure of low self-esteem and low self worth as compared to compulsive buyers. Compulsive paupers cannot bring themselves to love themselves in the least, to the point that Freda even stated that if a stranger in need knocked on her door,

Oh yeah. If someone came to the front door, a complete stranger, and said, “Oh, I’ve lost my left arm,” I would be compelled to chop off my own for them. It’s that kind of self worth training and issues about money.

**Relationship Problems as an Antecedent to Escalate Compulsive Buying and Lack of Family Understanding and Support**

A very strong emergent theme recorded in my reflexive journal from my earliest experience as a participant observer in DA meetings was how most DA members
suffered from lack of family support during the most serious crisis times of their disease. Rather than gathering around to offer love and support, most family members did not understand the disease well enough to believe it was seriously a disease. It was frequent that members would tearfully describe how their loved ones would tell them to just snap out of it, and to become more responsible about their overspending and undisciplined money management. As a result, the compulsive buyers were usually propelled deeper into their disease symptoms of depression and social isolation. And as they felt these crisis feelings deeper and more frequently, shopping was the refuge where they found temporary relief, even an emotional lift. This theme emerged in the lives of both Diane and Rose, where their husbands mocked and degraded them to others, making them feel extremely devalued and unloved. And as Diane stated several times in the interview, “Shopping was my drug of choice.”

I often came away from DA meetings where scenarios like these had been shared feeling a strong sense of personal guilt on behalf of my own family. Our compulsive buyer family member had been mocked and disrespected in the same fashion by us, all in the spirit of “good fun and humor.” I realize now that what my beloved family member must have been feeling deeply within was being expressed over and over again to me as a participant observer at the DA meetings. It touched me deeply, and it gave me a profound vision for working in the future to increase awareness about the disease to family members of compulsive buyers in an effort to encourage love, and support and healing.
Social Learning Theory and Fuzziness about Money

In this study, social learning theory played a key role in shaping each participant’s attitudes toward money. A common emergent theme was that of the participants’ families having kept the subject of money secretive or even taboo as they were growing up. It was apparent as I spoke with each participant that these powerful first impressions about money had been profound and memorable, serving to shape their own attitudes toward money as adults. And unfortunately, most of the emergent themes around money among participants were imbalanced and dysfunctional. Each participant also shared the emergent theme of fuzziness about money.

When I considered this fact, it was not at all surprising to me that each participant had become a compulsive buyer. While many other individual themes also contributed to this outcome in each participant, these common themes together strongly suggest that it just did not have to be this way. Rather than being taught from an early age that money is a means of exchange, and a “tool” toward living a purposeful life, as Calea later learned in her recovery, each of the study’s participants associated extremely negative emotional meanings with money. When pain, power, gamesmanship, secrecy, negative moral judgments and fear are associated with money from an early age, it is not surprising that corresponding dysfunctional mismanagement of money results as habitual behavior in adulthood.

Thus, while compulsive buying is a disease without a cure, at least a portion of this negative pattern of social learning can be affected toward improvement through early childhood training and education. I have always believed before the study, but I come
away from this experience even more adamant that educating young children about healthy money management is a requisite part of training them to function well in society as adults. Allowances, budgeting and owning and balancing a checking account from an early age would be a few suggestions I would strongly encourage parents and educators to teach and mentor in today’s youth. In addition, Harold expressed in his interview chagrin that in looking back, none of his public education had included a basic personal finance class. With a country of 18 million compulsive buyers and growing, it seems a ripe time to begin this important educational work.

In addition, the meaning of credit cards and their usage also needs to be positively and objectively taught to youth. With the exception of Freda and Calea, a compulsive pauper and former compulsive pauper, each of the study’s participants had experienced significant difficulty in managing credit cards and debt. Emergent themes associated with credit cards included reports that credit card usage felt different from spending money, it was not as real as money, and since their attitudes toward money were fuzzy, credit card usage was even fuzzier. For Glenda, using a platinum credit card actually produced arousal.

As college campuses are saturated by credit card companies each fall at the beginning of new academic school years, college freshman are offered inducements such as free t-shirts or book bags for opening new credit card accounts. As a result, college graduates are coming out of school today with record amounts of debt before landing their first jobs (CNN.com, October 8, 2009). Thus, a call for increased education about money, credit card usage and personal financial planning toward the youth segment are
Compulsive Buying Is Not a Joke

In spite of the sign still holding a place of dominance in the center of Rose’s coffee table stating, “Whoever said that money cannot buy happiness, doesn’t know where to SHOP!” this study has evidenced that compulsive buying is clearly not a joke. I kept thinking about how this joking attitude toward compulsive shopping has permeated our country when I saw this sign. I strongly believe it is one of the reasons that people do not fully understand that this disorder is not a joke. It is a disease, as defined by DA literature, resulting only in negative consequences. Yet, here was Rose, a member of DA for over a year at the time of her interview, and even she was making a joke about this issue by displaying this sign on her coffee table where she and her daughters could see it each day.

Evidence that this attitude permeates U.S. culture and impacts our buying behavior became clear with the study’s theoretical underpinnings of affluenza. Glenda and Rose literally “bought into” affluenza, monitoring advertisements and fashion magazines to ensure that they were wearing “the right look,” a look that they hoped would make them feel better about themselves and liked by others. That this dangerous thinking of racing to acquire more and more “things” each time we feel an emotion of sadness or happiness has possibly served to escalate compulsive buying disease should not be surprising. In fact, it was interesting to learn of the particular product categories that each participant was attracted to buying compulsively. Clothing, make up, jewelry, and cosmetics were common emergent themes among female participants. These are
industries that typically employ powerful emotional appeals in advertising, driving consumers to feel that they had better buy in order to be accepted and liked by others. Particularly in that each of the study’s participants expressed high levels of affect intensity, it is not unreasonable to believe that compulsive buyers may buy into these emotional messages at a higher rate than most “normal” consumers.

When I initially attended DA meetings as a participant observer, I remember clearly the day I had to “come out of the closet” and tell the group that I am there as a family member of a compulsive buyer, but that I am also a marketer doing a research project on the phenomenon. The sudden silence in the room, and expressions of shock and scorn by these folks whom I was trying to come to know better were significantly visible. I might as well have told them I was an attorney. It required many weeks of consistent attendance and participation in my prolonged engagement before I felt a sense of trust among them. I learned that many DA members have contempt for marketers for reasons associated with affluenza. They expressed at DA meetings that marketers are tricksters who want to steal their money. Marketers have also been called enablers of compulsive buyers, a term that clearly does not hold respect or positive associations.

With all of this considered quite seriously, what is an ethical, socially responsible marketer to do in order to live “the good life” as discussed by Plato, making meaningful, positive contributions to society? I have approached this study strongly suggesting that we need to step up to the table and become more educated about how our tactics may be harming some of our prospective consumers. Early in this study, Tables 1-2 evidenced that potentially harmful appeals are being employed by some marketers. It is my hope
that this study may contribute to the important call for increased awareness, education and research.

**Implications for Marketing Strategy**

The scope of marketing has been described by Hunt (1991) as “unquestionably broad,” and includes not only the positive areas of consumer behavior, sales management, and retailing, and so forth, but also such normative problems and issues as the practice of ethics and social responsibility in all marketing activities. Part of our mission as marketers is to ensure that strategies crafted and tactics employed be executed with ethical consideration to ensure satisfactory outcomes are realized by all relevant stakeholders.

Further, Peter (1991, p. 543) specifically noted that “one criterion for considering the usefulness of research concerns its contribution to society and society’s welfare.” Faber and O’Guinn (1992) observed that while interest in expanding the consumer behavior discipline to include its negative aspects appears to be growing (e.g., Cole, 1989; Cox et al., 1990; DeSarbo & Edwards, 1996; Hirschman 1991, 1992; Klemke, 1982; Magee, 1994), greater investigation of harmful consumer behaviors would be a step toward remedying the existing gap in marketing research addressing this important societal criterion.

The study of abnormal consumer behavior is important because these behaviors have severe consequences for both the affected and nonaffected individuals. Economic and social problems resulting from unmanageable amounts of debt can be experienced by
compulsive buyers as well as by their families. Creditors who are unable to retire this debt can also be adversely affected by this abnormal marketplace behavior.

It has been argued that study of harmful aspects of consumer behavior is essential to the field’s further development (Faber & O’Guinn 1988; Moschis, 1987; Moschis & Cox, 1989; O’Guinn & Faber, 1989). Thus, in the interest of an enhanced general understanding of the consumer behavior area, as well as the possibility for improving negative financial and social outcomes related to consumer behavior and the marketing discipline, additional marketing research is paramount in an area such as compulsive buying, where a growing and significant number of consumers are emerging.

The social and psychological needs of compulsive consumers have been regarded seriously enough in recent years to support the development of DA, an organization similar to Alcoholics Anonymous. DA offers guidance and action plans toward assisting these consumers to move toward a more “normal” consumption lifestyle. It is suspected by many of those working for DA and Consumer Credit Counseling Services (CCCS) that compulsive buyers may actually be negatively impacted and encouraged to continue behaving compulsively by existing marketing communications tactics such as advertising and aggressive personal selling (DeGraaf et al., 2005). If this is the case, additional research identifying how, and recommendations toward addressing these possible negative outcomes is needed.

If marketers either knowingly or unknowingly encourage increased consumption by these compulsive buyers who cannot pay for their purchases, potential negative outcomes stand to impact others well beyond the span of the personal psychological and
financial situations of individual consumers. Financial institutions providing retailer and customer credit, retail institutions, all other consumers, as well as the nation’s economy can become subject to the increasing costs realized by compulsive buyers’ mounting and noncollectable debt (Bragg, 2009).

There have been many jokes, expressions, and sales of bumper stickers over the years making light of consumers who frequently shop and buy (e.g., “When the going gets tough, the tough go shopping,” “Born to shop,” “I am a shopaholic,” “I shopped till I dropped,” or “The devil made me buy it.”). Yet, for many Americans the process of shopping and buying has caused their lives to literally go out of control (Magee, 1994). According to Magee, these consumers are similar to substance abusers in that not only are they unable to control their behavior, but they also experience “a high” by buying merchandise. Only recently have researchers begun to investigate the estimated eighteen million compulsive buyers (CNN.com, October 8, 2009) with an eye toward better understanding the various negative social, psychological and financial consequences.

Impulsive vs. Compulsive Buying Behaviors: Can Marketers Observe the Difference?

Earlier in this study’s literature review, I discussed how marketers have focused on increasing impulse purchasing behavior in an effort to improve sales and profits. Researchers have studied impulse purchasing relating it to in-store stimuli such as shelf location and space (Cox, 1964; Patterson 1963), as well as in terms of the rapidity with which a consumer moves through the decisional period before the purchase of goods is made (D’Antoni & Shenson, 1973). Further, Rook (1987) noted that marketing innovations such as credit cards, cash machines, “instant credit,” 24-hour retailing home
shopping networks, the Internet and telemarketing have made it easier than ever before for consumers to purchase products on impulse. Rook also noted that the consumer is more likely to feel “out of control” when buying impulsively than when making contemplative purchases, and that due to the strong emotional nature of impulse buying, it is more likely to be perceived of as “bad,” rather than “good.” Dittmar and colleagues (1996) found strong gender-specific merchandise category support linking the selection of specific merchandise categories such as clothing, jewelry and makeup items to females, while males selected electronics items impulsively more often. These authors spoke of the positive association with the acquisition of desired self images sought by the impulse purchasers. Understanding how to increase this type of behavior among consumers toward the business goals of increased sales and profits has nearly always been the focus of such discussions.

I suggested earlier, that considering that both impulsive and compulsive behaviors have similar observable outcomes in the marketplace (i.e., an immediate purchase is made), that it is reasonable to believe that some merchandise sold in the past was not the result of impulse buying, but that it could actually have been the outcome of compulsive buying behavior. That is, the same qualifiers and associations of impulse purchasing behavior discussed in the literature could also be present among at least some compulsive buyers. This study offers supportive evidence. For example, Calea is a compulsive buyer for whom in-store displays play a highly significant role (Cox, 1964; Patterson, 1963), in her compulsive purchase behavior. Calea’s practice was to systematically go up and down each aisle in a store, studying each item for internal triggers reminding her that she
“needed” to buy it. Cleaning supplies and scissors were specific goods for which a store manager may have congratulated himself for the effective end cap displays in triggering Calea’s over consumption of merchandise (e.g., Calea had eight pairs of scissors).

Additional evidence of similarities between impulsive and compulsive buyers relates to the rapidity with which they make their purchase decisions (D’Antoni & Shenson, 1973), thus lacking any normative evaluations before making purchases. Every participant in this study reported rehearsing low to none levels of normative evaluations before buying compulsively. In addition, Rook’s (1987) discussion of marketing innovations such as credit cards propelling impulse purchasing is paralleled in this study with Glenda’s near obsession with owning and using her platinum credit cards. Because Glenda owned them, she compulsively used them in an effort to make herself feel better (Dittmar et al., 1996), and experience an emotional lift. Finally, Rook’s discussion of impulse purchasers feeling “out of control” during impulse purchasing closely parallels what each participant in this study ultimately described feeling when their compulsive buying had literally taken over their lives.

**Are Marketers Responsible?**

Thus, the behaviors of impulsive and compulsive buyers in the marketplace can easily look the same to marketers on the surface, and given marketers’ organizational goals, the outcomes of increased purchase behaviors (i.e. sales are positive). It would not be reasonable to hold marketers responsible for triggering all compulsive consumption acts merely because they are trying to optimize their environmental store stimuli toward
triggering impulse sales and improved profits. These are reasonable goals and are clearly in the best interest of most organizational stakeholders. After all, it is nearly impossible to discern in many cases whether a consumer is behaving according to temporary environmental stimuli (i.e., an impulse purchase), or whether she is, in fact, on a 12-hour buying binge to escape life crises, as was frequently a lifestyle situation with this study’s participants, Rose and Diane. It is of critical importance, however, that marketers at least begin to realize that such successful in-store displays, could actually be contributing toward the demise of some compulsive buyers. Granted, compulsive buyers do not typically represent the majority of consumers, but the disease has been growing significantly in the past decade. We know that compulsive buyers number around 18 million consumers, and as Peter (1991) suggested, whether knowingly or unknowingly, if marketers are at all contributing toward the increase of this social disease, given the increasing importance of social responsibility (Kerin, Hartley, & Rudelius, 2010), it is time for marketers to begin a conversation about how they may be playing a role and what marketing strategies and tactics should be re-examined and modified.

Modification of selling tactics employed by hosts of television shopping channels is an area where marketers stand to improve toward the goal of operational social responsibility. For example, hosts should be given sensitivity training to compulsive buying and taught to recognize some of the obvious symptoms of compulsive buyers calling in to speak on air with them, as evidenced in Tables 1 and 2. When customers begin speaking about shopping without consideration for its consequences, hosts could modify their typical hard selling tactics to a softer selling style. An example could be,
“We appreciate your business and are very happy that you like this merchandise. We realize that you may not be able to budget every piece of jewelry in today’s show, but we hope that you will return as our customer again real soon.” In this way, the host is not engaging in the language of addiction, and consumer socialization is also addressed as the customer base of millions of customers is socially trained not to but compulsively.

Tables 1 and 2 of this study point to one marketing area in particular, electronic retailing, which may attract and enable a higher number of compulsive buyers than others simply because of its unique retail format. Consumers of this retail format buy merchandise in the privacy of their own homes, thus eliminating any risk of negative social judgment from others observing their abnormal behaviors. The compulsive buyers in this study each described how loneliness, depression, and a sense of escape or fantasy characterized and triggered their compulsive shopping episodes. The conversations between program hosts and consumers recorded on Tables 1 and 2 evidence shoppers who could also be experiencing these negative feelings. Yet, it is clear that the hosts of the shows on each of the stations, QVC and HSN, are in these cases, enabling their call-in customers with their disease by encouraging them to continue shopping. The hosts recorded in this sample are speaking the language of addiction with consumers, who can be easily identified as abnormal in their consumption patterns by what they state, e.g., “I have every color of cubic zirconium that you sell—you should come over to my house and buy from me!” Responses from the show hosts, marketers, to comments such as these include comments such as “‘Ha, ha, well it’s certainly something that can get you hooked, but it’s a good hooked.”
Consumer Socialization

Social learning theory played a significant role in the lives of all participants in this study. From early ages, each participant learned from their families and significant others, and associated negative feelings with the management of money, and/or with the consumption of merchandise. In addition to the language of addiction evidenced in the Tables 1 and 2, consumer socialization is suggested by the comments, “Stock up, save them, hoard them! Give them to all of your friends!” and, “We know we are women. The estrogen makes us shop. We know how to shop. I’ve been shopping for a living for 14.5 years,” In each of these cases, the show host is suggesting to the consumers that evidencing extreme shopping behaviors is normal, if not good. In addition, the element of humor is present, thus making a joke of the phenomenon of compulsive shopping. That each of these shopping channels enjoys over 90 million households as their customer base, it is reasonable to expect a significant number of their customers are being socialized and influenced to view extreme and compulsive shopping behaviors in this manner.

Thus, while marketers may not be responsible for each of the behaviors of all compulsive buyers, this study holds strong support that some marketing tactics practiced and evidenced among millions of consumers clearly are not socially responsible. Enabling compulsive buyers by speaking the language of addiction, and attempting to socialize tens of millions of consumers to believe that compulsive shopping behaviors are normal, good or even funny, do not represent acts of socially responsible marketers. Tactics such as these represent marketers’ worst practices, and they can be what lead
many consumers to a mindset of cynicism toward all marketers, such as with Freda in this study.

Finally, while D.A. has typically targeted and attracted compulsive buyers and debtors as individuals, evidence from this study reveals that by opening the organization up to also be inclusive of family members and significant others of members would aid in a better overall understanding of the disease and likely, would result in a stronger support group for individuals afflicted with the disease. Many of the participants attending meetings during my prolonged engagement, as well as each of my study’s participants, spoke of a lack of understanding by their loved ones and friends that eventually lead them to a state of social isolation. This extreme state of loneliness always propelled the compulsive buyers deeper into their disease. Thus, while there is a separate 12-step program called Families Anonymous that targets family members of any individuals suffering from any addictive disease, it would serve each family of a compulsive buyer well to be specifically educated about the particular symptoms of this disease.

**Study Limitations**

Especially after prolonged engagement in the field and working so closely with the DA members, I think it is impossible to completely remove researcher bias. I became so involved with these people that at times it seemed we were inseparable. While this issue may not be as significant a problem for a phenomenologist study, it is nevertheless a research issue that must be acknowledged. While I strongly believe that I captured the essence of the compulsive buying disease by doing so, I did become emotionally
involved with my participants.

With this tradition, we must trust where the data leads us to secure a lived experience. I, with help from my committee, attempted to follow the tradition’s guidelines but I cannot say that mistakes in the process were not made. Once arriving at my synthesis, it seems difficult to identify any mistakes I made in my attempts to capture the experiences of the respondents in this study. I believe that the respondents were truthful and sincerely wanted to help make this study special, but I cannot guarantee that I uncovered ALL important issues related to the disease.

Although I was engaged in a prolonged manner, took copious notes, and used techniques to verify the data collected, the study unfolded over a period of several years. It is possible that there exists a timing issue. That is, further interactions with respondents and/or additional respondents may reveal even more about the disease. Also, although I believe that I am now a more experienced phenomenological researcher, I began as a novice. This is my first study of this type that I have conducted.

**Future Research Directions**

Although the compulsive buying literature points to its first discussions as long ago as the early 20th century (e.g., Bleuler, 1924; Kraepelin, 1915), the issue of compulsive buying has only reappeared as a significant personal, social, and economic problem in the U.S. within the past two decades. Ontological relativism and qualitative methods, as applied in the current study, are most appropriate when topics of scientific inquiry are in their early stages of understanding and research on the topic has only
recently been conducted and developed. The area of compulsive buying fits well this post-positivist research paradigm. That is, it is difficult to quantitatively test variable relationships with a high degree of confidence until a substantial body of literature has been developed in the area to verify/validate which variables should be included, and the nature and direction of their posited relationships.

As the body of research increases in compulsive buying in the future, performing a quantitative study based on a positivist research paradigm becomes more meaningful and relevant. Based on the literature review and evidence of variable/theme structures resulting in the current study, I have developed a structural measurement model to be employed in a future quantitative study of compulsive buying. Figure 10 represents the variable relationships via arrows between dependent and independent variables, with either positive or negative associations between them based on the compulsive buying literature. In this future study, my plan is to collect data from a large sample of members seeking financial assistance from CCCS.

This study has identified several additional areas ripe for future research on compulsive buying. The phenomenon of compulsive paupers, a derivative of compulsive buying disease, has not yet been investigated in the marketing literature. Both Calea and Freda, this study’s compulsive pauper participants, evidenced a unique profile of compulsive buying behaviors such as purchasing for friends in excess, but denying themselves of basic necessitates such as shoes and hand bags. Three of this study’s participants evidenced comorbidity of disease. Thus, it would be very interesting to investigate other compulsive diseases such as bulimic eating disorders to see how closely
associated the diseases are. Additional areas begged for future research include the investigation of the many and diverse attitudes evidenced in this study toward shopping to relieve emotional pain and stress, the usage of credit cards and their meaning, as well as the meaning of money. The socialization process of shopping and financial education among families, friends and retail personnel is another area ripe for future research.

In addition, the United Kingdom has CCCS offices and it would be extremely interesting to perform this study across cultures to determine similarities and differences, particularly related to the theoretical underpinning of this study, affluenza (DeGraaf et al., 2005). With the U.S. cultural context currently evidencing so many symptoms of

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*Figure 10. Structural measurement model of compulsive buying.*
affluenza, or illness related to over spending and over emphasis on materialism, and its daily reinforcement by advertisers via electronic media, it is reasonable to expect that U.S. consumers could be differentially negatively impacted by these cultural influences, thus propelling them into spending beyond their means at a higher rate than consumers of different cultures.

**Conclusion**

The current study has been a powerful, fascinating journey into the minds, hearts, even spiritual souls of a few, very special, atypical and growing number of American consumers. I have surfaced from the study with a much deeper understanding of compulsive buyers’ differential daily struggles faced in a contemporary society where we all must be savvy consumers. Many of us take for granted our American contextual environment of affluenza and we are equipped to keenly screen through what we should or should not buy today or tomorrow, or even next year. But at an alarming and increasing rate, many American consumers simply do not have the capacity to make such daily decisions to carry on their lives in any sense of “normalcy.” Compulsive buyers are either consumed with filling up an inner void that is a bottomless pit, induced daily by advertisements and what they perceive they need to consume in order to be more liked by others. Or, as in the case of a compulsive pauper, they are overpowered by a “crisis of choice” in American affluenza that literally disempowers them and their ability to cognitively make the right decisions in the marketplace.

Particularly in an era where the emphasis of social responsibility empowers
marketers to differentially position themselves against others in the marketplace to gain and sustain competitive advantage, compounded by a technologically evolved marketing environment where micromarketing tactics are increasingly being effectively and efficiently employed toward improved profit margins and higher quality, longer term customer relationship management, responsible marketers should focus on compulsive buyers’ individual needs. At alarming annual growth rates, it is only through increased research in the future that we may come to better understand and effectively market to these consumers, currently numbering over 18 million in the U.S. I hope that this study may serve in some meaningful way to increase awareness of and future research focused on compulsive buying, a serious personal, social and economic disease.
REFERENCES


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MacAndrew Scale. (1965). The differentiation of male alcoholics outpatients from non-alcoholic psychiatric outpatients by means of the MMPI. *Quarterly Journal of Studies on Alcohol*, 26, 238-246.


APPENDICES
Appendix A

Data Theme Testimonial Tables
### Table A-1

<table>
<thead>
<tr>
<th>Literature supported data themes</th>
<th>Calea (Female)</th>
<th>Glenda (Female)</th>
<th>Rose (Female)</th>
<th>Diane (Female)</th>
<th>Freda (Female)</th>
<th>Harold (Male)</th>
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<tr>
<td>Disease theory</td>
<td>No Evidence</td>
<td>“And we’d always have these really good reasons, but my brother is an alcoholic and he’s a recovered alcoholic now, but I never was bent in that direction... So it definitely had to do my upbringing” (Interview Data, p. 3).</td>
<td>“I think I mentioned my sister just took out bankruptcy. She had like $40,000 in credit card debt. My parents ... my mother is definitely a shop-a-locic. She shops all the time (Interview Data, p. 14).”</td>
<td>Disease theory seems to explain some of Diane’s addictive tendencies. Diane had three male alcoholics in her family and she referred to herself several times as an addict.</td>
<td>“No, my mother has specific mental health issues and I think this was just one part of it” (Interview Data, p. 14).</td>
<td>No Evidence</td>
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| Social learning theory          | “I think the stocking up was definitely in my family of origin. My mother would see something in the coupon section of the newspaper and say, "Well, we don’t really need it right now, but this is such a good price and we will eventually use and we’ve got the money to buy it so we might as well get it at a cheaper price." What I didn’t correlate was my parents were always pretty good with managing their money and not going into debt and paying off their credit cards. So if my mom was going to buy something that was on sale she wasn't paying interest on that sale item because of purchasing it when she | “We were never able to talk about money and how to manage money; I was always given things and even when I shouldn’t have them, I was never held accountable for my actions” (Interview Data, p. 2). | Rose learned modeling behavior from her peers: “Well I think that comes from growing up poor and then in junior high... And so it was like if I had the in-style clothes then I could fit in with them. I remember that” (Interview Data, p. 6). | “I always felt like if I could have the cool clothes and look a certain way, if I could look like the people in the magazines then I would be ok and I’d be like other people and I’d be accepted. It really wasn’t until I started going to DA that that came to me” (Interview Data, p. 8). | “But my ... yes, money was always a tremendous battle in our house and if it was perceived that there wasn’t enough ... and it was only a perception because I came from a pretty affluent background. But if it was perceived that there wasn’t enough the answer was to spend more money. I remember my mom talking for weeks about how there wasn’t enough money at the moment or issues discussing money and then they hired a boat for their wedding anniversary and took 200 people up the river. I think in that case there wasn’t enough money for a new washing machine; I think that was | “I think I’d have been a lot better off if I had learned early to save on a regular basis and I don’t know where they teach that. We didn’t learn it in our house” (Interview Data, p. 9). | Harold stated that similar to the manner in which his parents had communicated about finances, his treatment and management of money when he was married had been characterized as secretive. “Probably from the very first we never could really talk about money... We were
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<td>didn’t have the money. So that’s a fundamental difference” (Interview Data, p. 7-8).</td>
<td>... she really felt … best dressed … whatever she wants I’d try to figure out how to get it for her, whether I had the money for it or not. So she has a very skewed perception of money and shopping. The other day I told her that she wasn’t able to have $900 for car insurance. And she goes (sound of breath taken away). And then I got her credit card bills in the mail here and I put them in a bag and I had her come get the bag and she found out that there were hundreds of dollars due. So she’s just 18 and she’s just starting college and already doing this... She said, “I don’t have credit card issues. I just didn’t pay them. I shouldn’t have to pay that. I hardly ever have the card.” I told her that she has to start being responsible for her costs. She just isn’t even aware or listening…That was me ... I did that to her” (Interview Data, p. 4).</td>
<td>... allowance. “So I think I kind of fought it and it caused contention in the marriage as I felt I didn’t feel settled inside with the decision he had made” (Interview Data, p. 2).</td>
<td>the specific thing. So I learned that we were not able to discuss money at any time. We were not at any time permitted to ask about income or anything like that. There were huge moral judgments about money” (Interview Data, p. 14).</td>
<td>married for 28 years. Of course 5 of that we were separated, so quite a while (Interview Data, p. 7).</td>
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<td>Affluenza</td>
<td>No Evidence</td>
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<td>“I recognize that it is materialism is that when I live in a culture that isn’t materialistic then I lose the thrill of it, the desire. So when I was living with my husband we lived in this cabin up in the woods for a couple of years with no television. And we gave up television. Actually I lived without television for 7 years. And the “Well, TV is … I was growing up in the late 70’s and early 80’s. I would watch popular TV shows and see what they were wearing and how they looked and as I got older, I did it even more … I figured I want to grow up and be like that” (Interview Data, p. 6).</td>
<td>No Evidence</td>
<td>Culture and marketing have reinforced and shaped Freda’s compulsive buying disease. Data themes emerging that support this theoretical underpinning for Freda point to her complete contempt for affluenza. Freda expressed disgust throughout the interview for what she perceives to be the superficial aspects of American culture, where the race to get more perpetuates values and the attainment of the American Dream. Emergent data</td>
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Compulsivity

I tend to have a little bit of Obsessive/Compulsive personality” (Interview Data, p. 6).

I think that I’m compulsive about buying certain things and I don’t really recognize it until I change my clothes over for the season and I’ll realize that I’ll buy 5 white little t-shirts. I find myself buying the same thing over and over again. I don’t know if that’s compulsive, but yes, I must be a compulsive buyer about purses. I can never have enough purses. It just is strange when I see that I own 20 purses. It’s just ridiculous. I see one that I really like ... I definitely know where my weaknesses. Specific items of clothing I buy over and over again. I do...until I started going through my clothes until I left my husband and I actually went through the stuff that I owned. I realized I buy the same things over and over” (Interview Data, p. 11).

“...if I ever bought anything I’d sneak it in and bring it in the closet and then take it out later and I’d go through a series of buying it and then deciding whether I wanted to keep it or not, taking some of it back, or going and taking it back and then getting something else. And it was like a cycle, whether to keep my mind occupied or this obsessive/compulsive behavior that it became” (Interview Data, p. 18).

“I think the main thing is...you’ve heard of alcohol as compulsive and the fact is they say if you’re an alcoholic and you stop drinking and then drink just one drink you’re right back in the disease wherever you’d stopped. So you know. And that’s the same thing for me. When I relapsed and I just said, “I’m ok and I don’t need Debtors Anonymous.” I’m now back to $500 credit card balances and back to working on $5,000 again...It never gets easier. It never gets better. You need to know when you’re going into relapse it’s extremely dangerous. Going to meetings every week at least gets you thinking about it and helps” (Interview Data, p. 14).

“...I guess probably about, oh maybe 10 years ago I decided, you know, it’s probably something akin to maybe alcoholism. And I found 12 and 12, you know, 12 step/12 traditions book on Alcoholics Anonymous ... read that and I thought this really applies to how I’m getting in debt” (Interview Data, p. 2).

“Well, just that I’m still a compulsive debtor and I have to realize that because the things that led there I still have a tendency towards...” (Interview Data, p. 18).

“The’s certain things that you just have to keep working at and maybe it will never really be natural, but it can be functional in a normal way. And I think that’s really great that somebody that has a disease might have to do maintenance on it and if
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<td>made a new handbag. I’ve been running through all the free cheap nasty handbags that I’ve got as free gifts or something because my handbag literally fell apart, but rather than buy I obsessed with things we don’t need. So that’s where the fear and frustration … I don’t know about depression. I get annoyed. I suppose there’s not too much depression either because of my nature or because we’re not actually a family in debt. So those two. If we were a family in debt I’m sure there would depression. But I just get so frustrated at the cost of things that I think about even if I don’t do them‖ (Interview Data, p. 6).</td>
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<td>they do that maintenance, you can live a normal life‖ (Interview Data, p. 19).</td>
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<td>“Like I said, I was already familiar with the 12-steps. I knew they had helped me with my other problems and had no reason to doubt that they wouldn’t help me with my money problem” (Interview Data, p. 9).</td>
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<td>“I think it was their website and I have been involved in other 12-step organizations and someone may have mentioned something, but I don’t remember. I just remember thinking, ‘Wow, there’s a place you can go to get rid of this fear around money.’ I just didn’t think that was possible” (Interview Data, p. 16).</td>
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<td>“Yeah, that’s an interesting question, which comes first, the negative depression or the debting? Of course my wife isn’t a psychiatrist, but she said, “Harold, you’re bipolar.” I said, ‘What do you mean?’ I guess finally I looked at myself and said, ‘You know, it’s probably true…” (Interview Data, p. 10).</td>
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<td>Low self esteem/worth</td>
<td>“The self-esteem also went hand-in-hand with the depression. I always felt like there was this hole inside of me and I was inferior to everyone else” (Interview Data, p. 16).</td>
<td>“I would spend the money on buying material things that I thought would impress … I thought would make me happy. I thought a thing would make me happy. That is a big responsibility”</td>
<td>“He (Rose’s husband) didn’t understand my emotional attachment to money and I think growing up as I did poor and not really having any money I think I felt like I wasn’t as good as other people” (Interview Data, p. 16).</td>
<td>“And so it became a self-esteem issue. It became an issue much more than money ever could be. So I guess when I get back to the story of what money means to me it just means pain” Interview</td>
<td>Freda had extreme difficulty spending money on herself due to low self worth: “But what is a reasonable amount to spend and am I being unreasonable to spend $12 on sunscreen? So even …</td>
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<td>(Interview Data, p. 9-10).</td>
<td>8).</td>
<td>Data, p. 8).</td>
<td>at one time I had to take some medication for a health issue when I got here and the amount of guilt I felt in spending that money on medication” (Interview Data, p. 6).</td>
<td>No Evidence</td>
<td>“So that’s what I decided. I had to just deal with being depressed and not being medicated. I just have to learn how to be who I was and do the best I could with that” (Interview Data, p. 11).</td>
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<td>Negative affect</td>
<td>“I know that my depression did play into my spending. When I was depressed my mind would just race for anything that seemed like a logical … (laughing) insane … I thought was logical at the time … a logical solution, ‘Oh, that’ll work, that’ll work,’ to alleviate the pain. And if that meant buying a candy bar, if that meant going out to dinner, if that meant buying eight pairs of scissors so that I never lost my pair of scissors, you know, that definitely played into it” (Interview Data, p. 16).</td>
<td>“Oh yes. Especially I feel depression over people that I’ve hurt” (Interview Data, p. 7).</td>
<td>“There are a lot of emotions involved with money for me. It’s not just money. In fact, some of the biggest fights I’ve had with my husband is he would start talking to me about money and I would cry or get angry. He would say, ‘Why are you getting emotional about it? It’s just money?’ He didn’t understand my emotional attachment to money…”(Interview Data, p. 8).</td>
<td>“But I tend to beat myself up about it a lot and take the shame and use it to … I felt depression when my kids left to go with their dad. I felt like I lost my identity and who I was because I wanted kids so bad and when I had them I devoted my heart and soul and life to them… So when it was taken away I felt like my life was taken away and I felt depressed” (Interview Data, p. 9).</td>
<td>No Evidence</td>
<td>“I think maybe I felt that more than other people might. But I seemed to have lots of friends. I seemed to get a lot of people at work that liked me, guys that I’d pal around with at work, but I think somehow I was wearing a mask most of the time because one of my good friends said, “Well, you are one of the happiest guys I know.” And so…” (Interview Data, p. 12).</td>
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<td>Loneliness</td>
<td>“The loneliness definitely played into that. I could feel lonely in a room full of 50 people. I could feel lonely one-on-one with somebody with them giving me all their attention” (Interview Data, p. 16).</td>
<td>“…I was isolated and lonely…And I think another way that I feel isolated is before DA I never realized that I wasn’t the only person in the world that felt like money was a taboo subject or felt guilty” (Interview Data, p. 8).</td>
<td>No Evidence</td>
<td>“But ultimately I felt like I lost my kids and I haven’t and that relationship, the worst part is not having the money to feel like I have a lot to offer them and provide for them. They are 16 and 19” (Interview Data, p. 9 ).</td>
<td>No Evidence</td>
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<td>Arousal seeking</td>
<td>No Evidence</td>
<td>“This definitely has to do with … for me, the arousal is the chaos. I felt bored if I didn’t I would spend the obscene amount of money that I would spend towards”</td>
<td>“…But if I … like I went on vacation and it’s like I could actually probably shop from</td>
<td>No Evidence</td>
<td>“Yeah…But there’s been times when, you know…you just go into the dollar</td>
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<td>Literature supported data themes</td>
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<td>Fantasizing</td>
<td>“So I did fantasize that I would be one of those successful people to bring that in. And I did go through while my husband was unemployed. I continued ordering more and more inventory as they continued putting out the seasonal products and whatnot that contributed to our debt as well. I was thinking that you have to spend money to make money…That was definitely a fantasizing experience. And not that I think that all in-home businesses are bad. There are people who are very successful.” (Interview Data, p. 17).</td>
<td>“Right now I’m fantasizing about taking a trip to Italy. I don’t want to call it a fantasy because I want it to be a reality. I fantasize a lot, but I’d like it to really happen. I fantasize about some stock investments right now. So I fantasize about it going up. I fantasize… I’ve been doing a lot of catalog shopping, that’s what I do now, so it’s kind of what I do instead of spending money on things. I go through the catalog and I’ll say, ‘Ok, if I had the money and could buy one thing per page, what would I buy?’” (Interview Data, p. 9).</td>
<td>“But I used to lay awake at nights and fantasize about winning the Reader’s Digest Sweepstakes or something like that. And I would imagine all the money and in my mind I would say to myself that I’d have this really nice house and I’d pay my parent’s house off and my children would have things and the best schools or whatever and then I’d start imagining how I really am and realize that there’s really no difference” (Interview Data, p. 8).</td>
<td>“But I would say that escape fit all of that. And so my fantasy was being the taken care of one, the woman who her husband didn’t care what she spent, that was my fantasy, that he was just fine with it and that he wanted to spoil me” (Interview Data, p. 11).</td>
<td>When Diane initially attended DA meetings, she was living a fantasy of denial of her condition. “(I joined DA) a year ago, almost a year and a half. And after 6 months I found myself going every week. It took me about 6 months to listen, thinking I’m not like this, I’m not part of those people are. I’m not out of control” (Interview Data, p. 7).</td>
<td>“Of course I dream about one day waking up and having more money than anybody else” Interview Data, p. 8).</td>
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<tr>
<td>Credit usage</td>
<td>“So my debt jumped from about $11,500 down to about $5,750 or whatever”</td>
<td>“I’ve had 5 cards that had balances, but I would always be shifting the balances back.”</td>
<td>“Right now we have an American Express card and then we have a Visa that’s a when the store opens to when the store closes… If it’s nice and… Yes. And just looking I can be entertained. And actually time… my whole time goes, my whole… but I’ve been where I haven’t bought things, too, it’s still that just looking and how I feel and what I get from it. And cosmetics… Absolutely, and a sense of who I am or what… I found myself late picking the kids up from school or different things because I would really get caught up in where I was or looking or just in another world and then realize I had to go” (Interview Data, p. 13).</td>
<td>“And then what had happened was after we were married about 5 years then I got some</td>
<td>No Evidence</td>
<td>“Yeah, I think that’s probably part of the … I spend $2000 and get</td>
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<td>Literature supported data themes</td>
<td>Calea (Female)</td>
<td>Glenda (Female)</td>
<td>Rose (Female)</td>
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<td>that works out to. And all of a sudden, since I only had $5000 worth of debt</td>
<td>and forth to get the zero percent interest rate for as long as possible. So</td>
<td>checking account. I have a Discover, but I don’t use either of those. But if</td>
<td>credit cards, not that many. By the time the marriage ended I had about $3000</td>
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<td>your business. Yeah, that’s fantasy, but I think visioning could actually</td>
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<td>rather than almost $12,000 worth of debt, it was ok to have one credit card</td>
<td>even though I had 5 cards with balances, I’m sure I’ve got 20 credit cards”</td>
<td>…American Express…I paid it off last time so we are going on this trip this</td>
<td>on credit cards and we paid those off with the divorce and everything. So I</td>
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<td>take that $2000 course and turn it into something and so there’s a…they look</td>
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<td>still open…And within about 6 months I had over $10,000 again” (Interview Data,</td>
<td>(Interview Data, p. 5).</td>
<td>weekend and we don’t have this credit card to use so I’ve just been…I would</td>
<td>didn’t have any debt at the time” (Interview Data, p. 5).</td>
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<td>the same, but one’s counterfeit and the difference is how much energy we put</td>
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<td>p. 5).</td>
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<td>say before I came to DA on a regular basis I would have at least 6 or 7,</td>
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<td>into it. It’s not necessarily what we want that’s counterfeit, it’s that it</td>
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<td>department store cards” (Interview Data, p. 9).</td>
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<td>actually takes work and if we don’t do that then that’s the fantasy, but if</td>
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<td>Materialism</td>
<td>No Evidence</td>
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<td>we’re working towards it then that’s a vision. I don’t know if very many</td>
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<td>“…Success, which is why, I think, I get such a thrill out of the boutique shop,</td>
<td>“Clothes and entertainment. I spent a lot of money going out… Looking good and</td>
<td>“I was attracted to … I guess you could say the clothes, shoes, jewelry items,</td>
<td>“Every single thing I bought for this new house has been on sale in some way</td>
<td>No Evidence</td>
<td>people in DA really know that” (Interview Data, p. 13).</td>
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<td>because I know in my heart and my mind, it doesn’t matter if I paid full price</td>
<td>“Well, for me mostly it’s clothing stores, department stores. There is one</td>
<td>which was feeding myself and that’s where my second husband was saying, “It’s</td>
<td>or another. And I don’t buy things except clothes unless they’re on sale”</td>
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<td>for them. Materia</td>
<td>ly I just like that” (Interview Data, p. 9-10).</td>
<td>retailer that I don’t go to and that’s Wal-Mart, for political reasons and also</td>
<td>because you’re so selfish.” Yet I never felt like that. It would be more true</td>
<td>(Interview Data, p. 2).</td>
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<td>Product specific</td>
<td>“I guess household items, things like extra plates or bowls or silverware or</td>
<td>I can’t afford to spend and pay full price it’s just that in my mind it’s</td>
<td>if it was different, but it was social. Basically I have to say when my kids</td>
<td>“And I don’t buy things except clothes unless they’re on sale. The other</td>
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<td>paper towels or buying 4 things of toilet cleaner instead of one. What else?</td>
<td>wrong to be there because I’ll spend money on clothes and so I’ll go to the</td>
<td>were little, after I’d get all the work done, they’d take their nap. If the</td>
<td>issue I have is gifts for people. I tend to spend more on those people than I</td>
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<td>Things like vacuum bags, I’d stock up on vacuum bags and buy 4 packages</td>
<td>80% off rack. I would spend the obscene amount of money that I</td>
<td>weather wasn’t great we’d go down to the mall and I’d take them for a walk</td>
<td>do on myself by a long shot. I find it very difficult to pass on something I</td>
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<td>instead of one. A coffee carafe and then a coffee maker and then a teapot and</td>
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<td>in the stroller and get a drink and I’d look around. I did a lot of window-</td>
<td>think someone might like. I “Let me really talk about compulsive shopping.</td>
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<td>it was a lot of household items and things that … like trinkets for a</td>
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<td>“Every single thing I took that $2000 course and turn it into something and</td>
<td>Guys gotta have tools. Lots of tools. And I didn’t spare myself anything…</td>
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<td>bookshelf or going to the fine furnishings, but …Scissors – I think I own</td>
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<td>so there’s a…they look the same, but one’s counterfeit and the difference is</td>
<td>well, there was a good excuse. And yeah, I had to have all this equipment. I</td>
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<td>how much energy we put into it. It’s not necessarily what we want that’s</td>
<td>couldn’t be for anything less. And really I could be quite rational about it</td>
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<td>counterfeit, it’s that it actually takes work and if we don’t do that then</td>
<td>and say I really did need the tools, but I got up too early and I didn’t make</td>
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<td>that’s the fantasy, but if we’re working towards it then that’s a vision. I</td>
<td>sure that I was going to be making it pay before I picked up those tools. I</td>
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<td>don’t know if very many people in DA really know that” (Interview Data, p. 13).</td>
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<td>about 8 pairs of scissors because I would always lose them, and so if I had 8 there was more to lose. If you only have one pair of scissors and you lose them, you’re out of luck. It was definitely a security issue” (Interview Data, p. 7).</td>
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<td>would spend towards something really nice that I wanted on a whole bunch of things that I didn’t want, but I can lose myself literally for hours in the store. And being there and I start looking at stuff and getting outfits together and checking out the discounted price charts and trying things on and unless it’s … first of all there are so many different choices and then there’s sales and people are nice and helpful and that just adds to” (Interview Data, p. 7).</td>
<td>shopping. I’d never buy. And then I found myself getting to know different people and a lot of retailers know me by name. And then I ended up working retail. So it did become somewhat social. Or friends and I would go to lunch and go shopping. So that became social‖ (Interview Data, p. 11).</td>
<td>find it very difficult to walk past it-toys and gifts for others‖ (Interview Data, p. 2).</td>
<td>had a big van full of tools that my business partner was helping me lose $4000 with. And so, yeah, that’s the sort of thing that just…” (Interview Data, p. 8).</td>
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<td>Affect intensity</td>
<td>“And yet, on the other hand, like I said, I am definitely a person of extremes and… I either have really big highs or really big lows” (Interview Data, p. 16).</td>
<td>“… My sisters and I always laugh that we cry at television commercials. I am very swayed emotionally by the visual and the … especially by television. So I think that I am very affected by ads” (Interview Data, p. 10).</td>
<td>“I’ve always been very emotional in my life. In grade school I would always cry at whatever and I would still say I am very much in my own issues” (Interview Data, p. 13).</td>
<td>“Sometimes guilt, feeling like, oh, there you were, it’s like this euphoria would kind of take over, this little high and then I’d come back to reality and be like, oh my gosh, I was a little out of control, but oh well, it’s ok, rationalize it or feel guilty or become obsessed with something I saw that I didn’t get to keep my mind in that same thought process to not think or feel or realize how out of control I was” (Interview Data, p. 11).</td>
<td>“I’m a sucker for … I will cry at TV shows or movies. It’s getting less as my son gets a little bit older, but after his birth tremendously vulnerable. I think they installed a whole new set of buttons in that sort of thing” (Interview Data, p. 11).</td>
<td>“I think maybe I felt that more than other people might. But I seemed to have lots of friends. I seemed to get a lot of people at work that liked me, guys that I’d pal around with at work, but I think somehow I was wearing a mask most of the time because one of my good friends said, “Well, you are one of the happiest guys I know.” And so…” (Interview Data, p. 12).</td>
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<td>Impulsivity</td>
<td>No Evidence</td>
<td>“I think I’m very impulsive” (Interview Data, p. 11).</td>
<td>No Evidence</td>
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<td>No Evidence</td>
<td>“I guess I have had problems being impulsive. Spending $2000 for a stupid business I wasn’t even looking at the day before as very impulsive. So yeah, I’m impulsive, but I try not to be now” (Interview Data, p. 15).</td>
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<td>None-low normative evaluations</td>
<td>“I have to say, though, the normative evaluations that”</td>
<td>“… before I was married and when I was really in my”</td>
<td>“Sometimes it did, sometimes it didn’t. But that”</td>
<td>“People would say, “How could you not?” But when”</td>
<td>“I’m not sure I did stop and think, ‘Is it worth $50?’ ” I</td>
<td>“Yeah, and maybe I used to spend a whole lot</td>
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<td>I have now, I’ve only had for a short amount of time…I did not have them while I was married, while I was going through the divorce. I would even sometimes know that it was logically unsound and do it anyway. I would know that we had no money and yet I’d still go out and spend” (Interview Data, p. 18).</td>
<td>reckless years I would have just bought and bought and looked the other way, beg, borrow or steal the money. I don’t do that anymore” (Interview Data, p. 9).</td>
<td>doesn’t seem to matter until after the fact. Sometimes I’ll buy something and I’ll be really excited about it and I’ll wear it a couple of times and then I’ll think, “What was I thinking?” It just kind of varies” (Interview Data, p. 8).</td>
<td>your mindset is off you’re not looking into the consequence. You’re not looking at the future. You’re just in the present of what’s going on and feeling the compulsion or whatever it is to help yourself cope” (Interview Data, p. 10).</td>
<td>just liked it and thought, ‘Ok, that’s cheap.’” (Interview Data, p. 3).</td>
<td>more money than I do now, but there’s been times when, you know, you just go into the dollar store and drive around with your little plane and you think, “That’s cool.” And you put that in the basket. And you know, I don’t leave the store before I take it back, but I do take stuff back. I don’t need that. I think, “Oh, man, I gotta get out of here.” But there’s been times when I just did very polite and take stuff all back and made it back mainly where I got it from and there’s been other times when I just … “Oh, I gotta get out of here” and I just leave the basket and I leave out of the store and I’m gone and I go, “Whew, why was I doing that?”” (Interview Data, p. 12).</td>
<td>“And I think that since I’ve been in debtors anonymous, I’ve learned how to actually put money aside for little things like that and plan for the unexpected that you know is going to happen, you just don’t know what” (Interview Data, p. 6).</td>
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<td>SHORT-TERM EMOTIONAL LIFT</td>
<td>“… again, my mind just looking for anything that would alleviate the pain. If a trip to the grocery store would give me a boost to my day, a trip to Wal-Mart would give me a boost to my day and be the highlight to my day I</td>
<td>“I don’t know if arousal is the right word, but thinking about credit cards I get a certain sense of arousal when I put down a platinum card. I get like a thrill. That’s different than spending cash unless I have a big bill. I get an arousal from paying a $100</td>
<td>“… and how the clothes are just all bright and stylish and you’re in it all and there’s people in there, shopping and spending money and they’re all very happy and having a good time. … I don’t know what their situation is so I can’t go by that, but</td>
<td>“… there you were, it’s like this euphoria would kind of take over, this little high and then I’d come back to reality and be like, oh my gosh, I was a little out of control, but oh well, it’s ok, rationalize it or feel guilty or become obsessed with something I saw that I</td>
<td>No Evidence</td>
<td>“Yeah…But there’s been times when, you know, you just go into the dollar store and drive around with your little plane and you think, ‘That’s cool.’ And you put that in the basket” (Interview Data, p. 12).</td>
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<td><strong>Short-term improved self esteem</strong></td>
<td>would do it” (Interview Data, p. 16). “…I have experienced an emotion lift just from going shopping” (Interview Data, p. 8).</td>
<td>“Self esteem—I don’t know that it actually made me feel better about myself as much as it just gave me that high so I could ignore… I guess it was the ego boost of ‘I really am better than everybody else,’ so that I can ignore that fear of ‘I’m less than than everybody else,’” (Interview Data, p. 19).</td>
<td>everybody’s shopping and everybody looks happy” (Interview Data, p. 13).</td>
<td>didn’t get to keep my mind in that same thought process to not think or feel or realize how out of control I was” (Interview Data, p. 12).</td>
<td>No Evidence</td>
<td>No Evidence</td>
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<td><strong>High debt</strong></td>
<td>“Moving on, though, after we got divorced … when we got divorced, when we signed the divorce decree we each took half of the debt. So my debt jumped from about $11,500 down to about $5,750 or whatever that works out to. And all of a sudden, since I only had $5000 worth of debt rather than almost $12,000 worth of debt, it was ok to have one credit card still open…And within about 6 months I had over $10,000 again. And that one I couldn’t blame on him. You know, that was a big wake-up call that it was all me. At least that portion of it and that’s when I started looking back at my behavior while he was unemployed and seeing that I had made some very irrational, insane decisions during that time” (Interview Data, p. 5).</td>
<td>“I was on a limited income and I was getting student loans and using student loans to go on trips and pay for clothes and … I think I first became aware of my misuse of money when I realized … I lived with this really … I lived in a home with a roommate and we rented from this really loving landlady. She was just an old grandmotherly type and she got sick and had to go to a home and her kids came and confronted me that I hadn’t paid my rent for 9 months and I didn’t even realize it. I just was using the money for other things. I was just so irresponsible. I was very ashamed and I made up and paid the rent. That’s when I first really became aware that I don’t handle money well. I remember that experience” (Interview Data, p. 2).</td>
<td>“… have you seen that commercial where that guy’s saying what a wonderful life he has and he arrives at a country club and he’s riding his tractor mower and he says, ‘PLEASE, somebody help me!’ And I realize other people have credit card debt too. I don’t know what their situation is so I can’t go by that, but everybody’s shopping and everybody looks happy” (Interview Data, p. 13).</td>
<td>And then what had happened was after we were married about 5 years then I got some credit cards, not that many. By the time the marriage ended I had about $3000 on credit cards and we paid those off with the divorce and everything. So I didn’t have any debt at the time” (Interview Data, p. 5).</td>
<td>No Evidence</td>
<td>So you know, you get yourself in the hole and you have to find a way to get out of it. And for the compulsive debtor, the thing to do is borrow more money. I think we bought the house for $54,000 and by the time we sold it for $120,000, by the time we paid the listing agent and the sales agent and paid the money that we owed for the previous month or month and 2 months on the house payment, you know, because we lost a renter in it” (Interview Data, p. 4).</td>
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<td>High amount of material objects</td>
<td>“And then the material objects … I would just look around my house and see all the clutter. There’s so much clutter around my house because of all the little stupid stuff I bought” (Interview Data, p. 19).</td>
<td>No Evidence</td>
<td>No Evidence</td>
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<td>Out of control</td>
<td>No Evidence</td>
<td>No Evidence</td>
<td>No Evidence</td>
<td>“…I was a little out of control, but oh well, it’s ok, rationalize it or feel guilty or become obsessed with something I saw that I didn’t get to keep my mind in that same thought process to not think or feel or realize how out of control I was” (Interview Data, p. 12).</td>
<td>No Evidence</td>
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<td>“I found myself at that point charging and going into debt and that’s probably truly my 2nd marriage I incurred more debt than I ever had in my life and I felt like all of a sudden it just kind of spiraled out of control” (Interview Data, p. 7).</td>
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<td>“So at that time I wanted to die. I thought my life had ended because I had devoted my whole life to my kids. I sacrificed every last dime I had” (Interview Data, p. 6).</td>
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<td>“And I wasn’t between losing the kids and moving and doing what he wanted me to do I found myself in that same predicament of no power, no control, etc., and that was my subtle way of fighting back, which ultimately hurt myself that somehow… obviously hurt them too” (Interview Data, p. 8).</td>
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<td>Guilt</td>
<td>No Evidence</td>
<td>“Before, I felt guilty about everything. It’s like I lived in something…” (Interview Data, p. 5).</td>
<td>No Evidence</td>
<td>“I felt a lot of shame through the bankruptcy and kind of…” (Interview Data, p. 4).</td>
<td>“I remember not wanting to spend any of my paycheck…” (Interview Data, p. 7).</td>
<td>“So I felt guilty, but I’ve accepted my part in it…” (Interview Data, p. 8).</td>
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<td>a cloud of guilt. I felt guilty for breathing. I just felt guilty all the time. And after my 4th step I felt guilty for the right things. I felt guilty for the things that made sense and lost that cloud of guilt. So it’s different to feel specifically guilty for something I did and it’s a way to let go. Whereas before it was just so guilty so fast” (Interview Data, p. 11).</td>
<td>disgust with myself and knew that if I bought things I had to pay cash. It also … maybe it forced me to a point of realizing that things were too far” (Interview Data, p. 7).</td>
<td>and feeling guilty if I spent any of it on anything, even if it was something I needed and the moment I spent $2.00 on lunch or anything like that it felt like the roller coaster had started and I had no control over where the rest of the money went” (Interview Data, p. 2).</td>
<td>“I have always felt guilty when I have spent a single cent. It doesn’t matter even if it’s on food for the family, I feel guilty that I spent the money. Then I feel resentful that I feel guilty and then I buy things that we don’t need, or are possibly going to need. I haven’t learned the difference between a want and a need and what’s ok to buy and the biggest issue for me is it started pretty much last year when we had settled in and moved to America and had to buy everything” (Interview Data, p. 2).</td>
<td>and I’ve tried to do what I could and if the other person still feels bitter than that’s up to them. And I can’t fault them for feeling bitter and I have to forgive them for maybe, well, I might feel like I may be slighted at this point. And so there’s guilt involved and it’s a heavy burden for people to get rid of” (Interview Data, p. 15).</td>
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**Long-term depression**

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<th>“It was only temporary. Right and it quickly went to the other extreme when I would get those envelopes every month of what my new revolving balance was. And the debt and actually feeling that despair of ‘I don’t know what I’m going to do, I don’t know how I’m going to get out of this.’ And feeling like I couldn’t live and meet my needs without spending money and… you know, the credit card and everything” (Interview</th>
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<td>“Oh yes. Especially I feel depression over people that I’ve hurt… So I feel a lot of shame about my behavior… I get really depressed about my past… A lot of sadness” (Interview Data, p. 7)</td>
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<td>Data, p. 19).</td>
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<td>developed worse into more of an addiction type of thing and then what would happen is as I was doing it my rational mind realizing that there was bills, there were things, it would like go” (Interview Data, p. 10).</td>
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<td>Long-term loneliness</td>
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<td>“And also my first husband I remember said … I felt like I sacrificed and I moved a couple of times with him and did what it took for his career to get off the ground. He would travel a lot and it would just be the kids and I and I never lived near my family or any support group” (Interview Data, p. 10).</td>
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<td>During her second marriage, Diane felt a lack of support from her husband as she was faced with a tragic second custody fight, where she lost her children and was trying to still maintain contact and relationships with them.</td>
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<td>“It was just a lot of struggle and I felt like I was alone on it” (Interview Data, p. 8).</td>
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<td>Long-term low self-esteem</td>
<td>“And then the long-term affects – you know, it’s been very important to me to hear in the meetings ‘I am not my debt’ and that I will be able to live within my means, but my means does not define me. I am more than my financial status and that’s something that when I was just in the depths of despair with all of my credit cards maxed, my car broken down and no way to fix it, that I just felt like I was this horrible”</td>
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<td>“…It’s was painful to see him with my girlfriend, … But I tend to beat myself up about it a lot and take the shame and use it to” (Interview Data, p. 9).</td>
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<td>“If someone came to the front door, a complete stranger, and said, “Oh, I’ve lost my left arm” I would be compelled to chop off my own for them. It’s that kind of self worth training and issues about money…” (Interview Data, p. 6).</td>
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Literature supported data themes

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<td>rotten person who didn’t deserve anything. That’s another key part to my disease, is the deserve level. It’s either, ‘Well, I’ve done the self-deprivation for so long that I deserve to splurge.’ Or the other extreme of, ‘Oh, I don’t deserve to buy a new pair of shoes, I’ve got to make this pair of shoes that hurt my feet last because I can’t afford to buy another pair and I don’t deserve it.’ That definitely negatively impacts my self-esteem, that I won’t even do basic personal care of buying another pair of shoes because my foot hurt, because I’m not worth that” (Interview Data, p. 20).</td>
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<td>“I’ve got a pack of credit cards in my possession now that I’ve never even called them up to tell them … just having the credit cards makes me feel secure somehow. I’ve never gotten to a point with a credit card company that they’re calling me. I’ve always been able to get a student loan to pay it off and come up with the money. That’s part of it, too, that I really enjoy, is thinking I could outsmart them. Money is a game” (Interview Data, p. 5).</td>
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<td>“I would spend the obscene amount of money that I would spend towards something really nice that I wanted on a whole bunch of things that I didn’t want, but I can lose myself literally for hours in the store. And being there and I start looking at stuff and getting outfits together and checking out the discounted price charts and trying things on and unless it’s … first of all there are so many different choices and then there’s sales and people are nice and helpful and that just adds too” (Interview Data, p. 7).</td>
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<td>“I found myself at that point charging and going into debt and that’s probably really my 2nd marriage I incurred more debt than I ever had in my life and I felt like all of a sudden it just kind of spiraled out of control” (Interview Data, p. 7).</td>
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<td>“And so that’s what happens. I mean, you just borrow money on the equity and what happens is supposedly there’s going to be inflation and so the value of the house supposedly increases while your mortgage goes down and then at some point in time you find that you need to pay off other debts. So you put it on the house again and refinance the house” (Interview Data, p. 4).</td>
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Long-term high debt

“The overwhelming debt, the relationship problems, I think one of the biggest things that … how the debt caused relationship problems for me was my blaming him” (Interview Data, p. 20).
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<td><strong>Relationship problems</strong></td>
<td>“I think it really has impacted my social life because when I was in the high point of my disease I was really impressed with … I call them slick willies … the appearance of success. I was really easily sucked into dishonest men and I think my relationships with them were shallow because I was shallow. … When I was in the midst of my disease I looked down at other people without money. So I think it’s really affected my relationships and my friendships with women too, because I have not been a good friend until I started DA. I wasn’t a good friend on his side in my marriage and I didn’t know how to have a relationship” (Interview Data, p. 12).</td>
<td>“The overwhelming debt, the relationship problems, I think one of the biggest things that … how the debt caused relationship problems for me was my blaming him” (Interview Data, p. 20).</td>
<td>“I think we always from the very beginning had disagreements about money and I think that’s why I took it to such an extreme, because I was being controlled. And so it was like if he wanted something he would buy it and if I wanted something it was wrong. And so we never compromised. My needs were never considered. It was very controlled. So he got angry … I started shopping to get even … and he started seeing my counselor probably a couple of years ago. He had called a marriage counselor. About every morning he’d wake up and find price tickets under the bed because I would get my clothes from the closet, cut off the tickets and leave them there. So I compare that a lot to an alcoholic leaving empty bottles of liquor around” (Interview Data, p. 3)</td>
<td>“We were married for quite a while … Money was definitely a source of contention. However … ultimately what happened was he had a relationship and it ultimately broke the marriage up” (Interview Data, p. 4).</td>
<td>“And then by October he filed for divorce and sent it to my work to the point that I collapsed when I got the papers and ended up in emergency” (Interview Data, p. 9).</td>
<td>“We had marriage counseling because I couldn’t take it anymore. Money’s probably the biggest issue in our marriage … But that enabled me through the early years of our marriage to try to micromanage, which is what I wanted to do. Yeah, I get frustrated and resentful about it, but no one was going to take that from me. I was in charge of the dollars and cents. I was compelled to do it, so I’d hate the fact that he couldn’t be involved in it, but if he wanted to be involved it would have to be my way, that sort of thing” (Interview Data, p. 8).</td>
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<td><strong>Legal problems</strong></td>
<td>“And because I was blaming him for our debt, that ruined our relationship and the debt and the legal issues … eventually having to go through the divorce” (Interview Data, p. 20).</td>
<td>“…and I probably had 30-40 speeding tickets that I never paid and they threw me in jail. It was a terrifying experience. I stayed the night in jail and I didn’t have any money to pay my bail” (Interview Data, p. 4)</td>
<td>Rose was in the process of divorce at the time of the interview. (Reflexive Journal, 6/06). “And I know that … when I first moved into my apartment when I left my husband I had this pressure to get out with my new salary and get everything and I was checking my money every day and I had some things happen with my money and</td>
<td>“…and I probably had 30-40 speeding tickets that I never paid and they threw me in jail. It was a terrifying experience. I stayed the night in jail and I didn’t have any money to pay my bail” (Interview Data, p. 4)</td>
<td>Glenda had been arrested twice, spending time in jail for not paying a large amount of traffic tickets. She also reported having stolen</td>
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<td>and the strange thing about it is that I make less money now than I ever have and I’m very careful and I don’t borrow money. And she thought she’d be better off and maybe she is, but you know, I’m still paying alimony for the rest of this year and then I don’t know what she’ll do because she’s … I know what she spends most of her money on and I don’t begrudge that because most of the money that I’d give to her she spend on our kids and on our grandkids. And she’s very generous and I think that if there are circumstances where she had a car break down or something like that, she just does what we always did” (Interview Data, p. 6).</td>
<td>“And I ended up filing personal bankruptcy and had to borrow money for an attorney” (Interview Data, p. 7).</td>
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<td>merchandise (yarn) from a retail store, as well as the inappropriate use of roommates’ rent money and student loans. (Interview Data, p. 4)</td>
<td>it’s almost like I self destructed. It was like I had a little taste of what it would be like and I just freaked out. So now I’m trying to get back there. It’s a struggle because now it’s even worse than it was before, but I’m still trying” (Interview Data, p. 14).</td>
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Table A-2

*Nonliterature Supported Data Theme Testimonials*

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<td>Compulsive pauper</td>
<td>“When I was young I would go into a self-deprivation in order to save and my parents and my family always said, ‘Oh, she’s the saver. She doesn’t spend her money on anything.’ But then, on the other hand, I would decide that it was time to spend my money and it would all be gone. I didn’t buy little things along the way, it was either save or spend and nothing in between I remember the deprivation always very … but I never spent my money on anything. I’d go to the grocery store with my mom or I’d want something at the store and I’d say, ‘Mom, can we buy this?’’ And she’d say, ‘You can buy it with your money.’ And I’d say, ‘Never mind, I don’t think I want to buy it,’” (Interview Data, p. 2). “I think I probably started getting allowance somewhere around 6. And I never … I’d just heard it all. And then about the time that I hit my teenage years I started using money to buy friendship, I guess would be the way to put it” (Interview Data, p. 2). “So I didn’t buy the nicely looking matching set. I bought the industrial dryer that would last longer and that sort of thing. Everything single thing I bought for this new house has been on sale in some way or another. And I don’t buy things except clothes unless they’re on sale” (Interview Data, p. 2). “I didn’t buy them, but the thing is I actually made a new handbag. I’ve been running through all the free cheap nasty handbags that I’ve got as free gifts or something because my handbag literally fell apart, but rather than buy I obsessed with things we don’t need. So that’s where the fear and frustration” (Interview Data, p. 6). “The other issue I have is gifts for people. I tend to spend more on those people than I do on myself by a long shot. I find it very difficult to pass on something I think someone might like. I find it very difficult to walk past it – toys and gifts for others” (Interview Data, p. 2).</td>
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<td>Bipolar</td>
<td>“And yet, on the other hand, like I said, I am definitely a person of extremes and, in fact, my depression … I am bipolar.” No Evidence No Evidence No Evidence No Evidence No Evidence</td>
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“Yeah, that’s an interesting question, which comes first, the negative depression or the debting? Of course my
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<td>I either have really big highs or really big lows. That’s all in the obsessive/compulsive as well and my counselors would determine whether or not my medication was working for my bipolar as to whether or not I was moving furniture at 3:00 a.m. I would rearrange the whole house while my husband was sleeping.” (Interview Data, p. 16).</td>
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<td>wife isn’t a psychiatrist, but she said, “Harold, you’re bipolar.” I said, “What do you mean?” I guess finally I looked at myself and said, ‘You know, it’s probably true…Yeah, so you get laid off from your job and you happen to be at a low point and you just mope around…Or you get laid off from your job and you think, ‘I am awesome. I have total power. I’m going to start a business.’ And you spend money. And you get 2 flipsides there that neither one of them are very good. Neither one of them is down the road where you need to be, which is just steady working along, playing along and making plans that are realistic. You know, you’re looking at it from a … the debt’s the oppression, which isn’t a realistic view, or from a manic point that you think, ‘I can do no wrong. I know I (have lots of money to do this?).’ The manic depressed person, they look forward to those manic times. So I … you know … when I didn’t have that thing going for me I was wondering what was wrong. But anyway, I was studying self help books and all that kind of stuff to see why I was having trouble, but I think probably the biggest thing that I learned was that when I feel invincible, don’t sign any contracts”</td>
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"I know that I spent a lot more money when I was in manic phase and I probably made money then, too, but I was probably spending it a whole lot faster than I was making it" (Interview Data, p. 10).

"I guess I did try one grandiose scheme. It was an in-home business that they chartered in thousands for the beginning people and 50,000's checks of 17,000 and 48,000 in one month. Can you imagine this company sending this check for one month? The lady who I was training with would show us her $8000 check that came in the mail that month. And the lady above her would show us her $17,000 check that would come in the mail. And the lady above her which was a nationally blah blah position, the highest position you could get in this company would show us photocopies of her check that was $42,000 for one month. And so I guess I did buy into that" (Interview Data, p. 16).

"And after 6 months (of attending DA) I found myself going every week. It took me about 6 months to listen, thinking I'm not like this; I'm not part of who these people are. I'm not out of control. And I also had been working retail for those couple years. And when I worked retail I was in it every day and realized that it wasn't healthy for me at that time because I was out of control because that's where a lot of my paychecks would go, (Interview Data, p. 7).

"One thing I will say when I did work retail, they encouraged us to have an open credit card because they knew that they would spend more money. But it was a little bit difficult for me because knowing that it's such a challenge it would be hard for me to tell somebody to go into debt for something that was a want, not a need" (Interview Data, p. 16).

"A lot of times in the line of work that I was in, I would make good money and we'd get used to spending that kind of money. And then I would be off from work, you know, construction isn't always working. Sometimes you're waiting for something to start. And those are the times when I was spending money trying to start a business or something and … oh yeah, people are willing to help you get started doing something that will make you a millionaire, but it costs you $2000. And I did that several times" (Interview Data, p. 5).

"I got involved in one of the first Internet sales companies. It was kind of a multi-level sort of a thing. It was like an internet mall and you could go on there and you could buy things and supposedly it would be at a smaller cost and you'd get … because, you know, you'd have it shipped directly to your home and you wouldn't have to have … supposedly … a middleman. Actually
Fuzziness about money

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<td>pay taxes is the angle that I see</td>
<td>“Once I moved into adulthood, though, and moved out on my own, it was just amazing how many little bargains would catch my eye. I could walk into the dollar store and spend $35-$100 in the dollar store. Or Wal-Mart…just on little things that becaus $100 in the dollar store. Or spend $35 in the dollar store and spend $35 in the dollar store and spend $35 in the dollar store. Or Wal-Mart…just on little things that becaus Wal $100 in the dollar store. Or spend $35 in the dollar store and spend $35 in the dollar store. Or Wal-Mart…just on little things that becaus Wal</td>
<td>“We never were able to talk about money and how to manage money; I was always given things and even when I shouldn’t have them, I was never held accountable for my actions”</td>
<td>“I think, to be more specific, I would just have the cash and spend it and then not realize how much I had spent”</td>
<td>“Yes, although I remember taking an accounting class and I could do checks and balances. But somehow money meant something different emotionally than on paper in somebody else’s story problem…Actually, money represents a lot of things. My first thought when I think about money is pain, lack of control, power, a sense of freedom, a sense of being… I guess all the words that come to mind are lack of responsibility”</td>
<td>“I haven’t learned the difference between a want and a need and what’s ok to buy and the biggest issue for me is it started pretty much last year when we had settled in and moved to America and had to buy everything. We’d sold everything when we moved so we had to buy everything from tea towels, cutlery, a new car and a house. So it was really going from nothing and I didn’t know where to put boundaries on that sort of thing”</td>
<td>“I always thought that if there was a little bit more money then I’d be secure. So I guess security…And not having it is being insecure. And being able to borrow it makes you feel secure at least for a little bit. So I guess that’s… you know, sometimes you don’t even care how much the interest rate is or how hard it’s going to be to pay back because you took care of that and got that problem fixed. Never mind that you’re going to have a bunch of problems for the next 3 years”</td>
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<td>there was a middleman and it was supposed to be me and I was supposed to make money. We spent quite a bit of money trying to get that thing going and we didn’t make very much. But we did spend money in the mall“</td>
<td>(Interview Data, p. 21).</td>
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<td>&quot;I think the main thing is … you’ve heard of alcohol as compulsive and the fact is they say if you’re an alcoholic and you stop drinking and then drink just one drink you’re right back in the disease wherever you’d stopped. So you know. And that’s the same thing for me. When I relapsed and I just said, “I’m ok and I don’t need Debtors Anonymous.”</td>
<td>“I always thought that if there was a little bit more money then I’d be secure. So I guess security…And not having it is being insecure. And being able to borrow it makes you feel secure at least for a little bit. So I guess that’s… you know, sometimes you don’t even care how much the interest rate is or how hard it’s going to be to pay back because you took care of that and got that problem fixed. Never mind that you’re going to have a bunch of problems for the next 3 years“</td>
<td>(Interview Data, p. 2).</td>
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<td>“But what is a reasonable amount to spend and am I being unreasonable to spend $12 on sunscreen? When I know and the entire nation’s teaching is we need this stuff or we could end up with cancer. So even… at one time I had to take some medication for a health issue when I got here and the amount of guilt I felt in spending that money on medication”</td>
<td>(Interview Data, p. 5).</td>
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<td>&quot;I kept thinking I could figure this out on my own, I could do this on my own…I couldn’t get it all figured out</td>
<td>(Interview Data, p. 2).</td>
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<td>“I think about money is pain, a feeling like I could work on a story problem…Actually, money meant something different emotionally than on paper in somebody else’s story problem…Actually, money represents a lot of things. My first thought when I think about money is pain, lack of control, power, a sense of freedom, a sense of being… I guess all the words that come to mind are lack of responsibility”</td>
<td>(Interview Data, p. 3).</td>
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<td>“I would like to think of it … that you’re putting it in for retirement. But all my time in the carpentry never meant a whole lot. That’s a defined benefit and the benefit sure isn’t very much. I think I’d have been a lot better off if I had learned early to save on a regular basis and I don’t know where they teach that. We didn’t ‘learn it in our house”</td>
<td>(Interview Data, p. 6).</td>
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<td>“Yeah, but it was a disaster because I had money coming in, but I didn’t open my mail. I had</td>
<td>(Interview Data, p. 9).</td>
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“―Once I moved into adulthood, though, and moved out on my own, it was just amazing how many little bargains would catch my eye. I could walk into the dollar store and spend $35-$100 in the dollar store. Or Wal-Mart…just on little things that because it was only $.89, or because it was only $1.50, it was, “Oh, I can afford it. It would just add up very $3.50, it was, ―Oh, I can afford it.” It would just add up very quickly and I was spending it in such small increments that I quickly and I was spending it in such small increments that I | (Interview Data, p. 3). |
| “I don’t even know what money is, to be honest. I think that part of my compulsion, too…” | (Interview Data, p. 5). |
I’m now back to $500 credit card balances and back to working on $5,000 again… It never gets easier. It never gets better. You need to know when you’re going into relapse it’s extremely dangerous. Going to meetings every week at least gets you thinking about it and helps” (Interview Data, p. 14).

“I went through a phase when we first moved here. Can I talk about specific stories? We looked in the paper to see which stores – we didn’t know the names of the department stores and that sort of thing. And Meier and Frank had these coupons in the newspaper that said 15% off if you bought this or 10% off if you bought that. And I honestly thought that was a one-off thing. I thought it was just that weekend that we’d moved to Salt Lake City and that we should go to that store” (Interview Data, p. 3).

“I think it was something to do with Memorial Day, from what I remember. And this Memorial Day will be coming up on 2 years, I guess. And those ads have like 2 months stacked up. I had like 3 months stacked up. The checking account that I was so meticulous about, my business account for my duplexes … I was still being meticulous about that, but I wasn’t checking the mail. And the bank had gone and offset because my personal was all screwed up and I owed them a lot of money and they found where they could get it and they took it and then I had all these bounced checks out of my business account and I had no idea because I wasn’t opening the mail” (Interview Data, p. 11).
Literature supported data themes

Calea (Female) | Glenda (Female) | Rose (Female) | Diane (Female) | Freda (Female) | Harold (Male)

been in the paper every single week. It strikes me as being blatantly dishonest. You may as well just say the whole store is 10% off forever. I remember thinking at the time, ‘Oh, we’ve got one chance to get things we need to get.’” (Interview Data, p. 3).

“That was one that really stood out. Because of the price difference between the country I came from and here it took me time to adjust to the fact that things here are much cheaper. Generally 40% cheaper including food products and gas is cheaper. So there was this feeling of, ‘Oh well, this is so cheap I have to buy it.’ I went through a phase of going to a lot of movies that I didn’t really want to see, but they were only $5, whereas at home it’s $14.50. And so there was that feeling of, ‘It’s so cheap I have to do it.’ That’s settled down a bit now, but I’m adjusting to the prices over here, and now getting annoyed if I have to pay more than $1 for a dozen eggs. It may be $3.50 at home. So it’s that sort of thing. I’d say the Meier and Frank thing was the thing that really blinded me and I did buy a fair bit stuff there. I thought a lot of the buy get one for one cent sales that they had at JC Penney, I had no way to judge whether things were of value at the price they were because everything in this country seems to be
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<th>Literature supported data themes</th>
<th>Calea (Female)</th>
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<tr>
<td>Money as entitlement</td>
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"Oh, I definitely think a sense of entitlement definitely has to do with my upbringing. We never were able to talk about money and how to manage money; I was always given things and even when I shouldn’t have them. I was never held accountable for my actions. One thing is, growing up between my brother and myself, we had a total of five different cars. And every time we totaled the car, the next day my dad would go down and buy us another one. And we’d always have these really good reasons, but my brother is an alcoholic and he’s a recovered alcoholic now, but I never was bent in that direction. I think our compulsive behavior is one and the same. It didn’t even strike me as odd that that would be unusual that we’d have another car in the driveway. So it definitely had to do my upbringing" (Interview Data, p. 3).
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<tr>
<td>Money &amp; credit are a game</td>
<td>No Evidence</td>
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<td>“I think in making decisions I didn’t want to consider what was best for me or what was best for the family, I just considered what can I get away with. Could I have money for this? If I had a credit card, for me that was free money” (Interview Data, p. 6).</td>
<td>“And so to me money is huge…Then the other thing was…. I remember calling the power company at midnight trying to have them keep the power on. He was court ordered to pay all the bills, but unless he did everything I had no way of doing it all. So through that, money to me became an issue of whoever has the most money wins. Whoever had the most money can ultimately keep a legal system long enough to keep a fight going…so money was huge” (Interview Data, p. 4).</td>
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<td>from the same company. I thought I just pulled a scam. Because they didn't connect it” (Interview Data, p. 5).</td>
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<td>“It must be being seen with a platinum credit card... Yeah, more than the merchandise, exactly. Usually the platinum card comes with ... I like spending big money in restaurants. I don’t buy big pieces of jewelry” (Interview Data, p. 9).</td>
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<td>Arousal from chaos</td>
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<td>“I think that part of my compulsion, too, was spending and having these things, these credit cards and student loan ... part of me is addicted to the payoffs and the crisis. I was getting to the point where all the cards were maxed out” (Interview Data, p. 5).</td>
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<td>“This definitely has to do with ... for me, the arousal is the chaos. I felt bored if I didn’t have a challenge and this self-created chaos. I didn’t recognize that it was self-created. That was definitely excitement. I don’t know if arousal is the right word, but thinking about credit cards I get a certain sense of arousal when I put down a platinum credit card. I get like a thrill. That’s different than spending cash unless I have a big bill. I get an arousal from paying a ($100?) bill” (Interview Data, p. 8).</td>
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<td>Relationship problems as an antecedent to disease</td>
<td>No Evidence</td>
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<td>“What happened to me most recently with my marriage is I was being controlled and I’d be mad at him and I’d go out shopping. I would feel like if I was in the store shopping with my own money to spend I was just like all the other people in the store that had money to spend. Everybody was happy, the sweater’s nice and I would buy it and I would feel like everything was normal” (Interview Data, p. 1).</td>
<td>“After my … when I was first married and my husband … before we got married asked for my paychecks and I gave them to him and as I felt the lack of any of my own personal unintelligible as an adult I found myself spending more or wanting to spend more” (Interview Data, p. 2).</td>
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<td>Fear of money</td>
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“...And just the whole power, because I felt like my first husband felt like to him money was God. It was power, control, and he used it that way” (Interview Data, p. 3).

“And the more he would buy an expensive house, bring another car, each time he would do that in my mind I would be like … ok, so I deserve to get something and I would find myself shopping and buying clothes or buying shoes with money I really shouldn’t have been spending. And then what had happened was after we were married about 5 years then I got some credit cards, not that many. By the time the marriage ended I had about $3000 on credit cards and we paid those off with the divorce and everything. So I didn’t have any debt at the time” (Interview Data, p. 5).

“I’m terrified of money. I’ve always been terrified of money. Money has a little judgment attached to it. I’m trying to describe that. I find having it, holding it, juggling numbers … I just want to run away. I’ve always had the feeling … I remember when I was about 22. I graduated in the recession and I took a full-time job in a department store at that time because there was nothing else out there. And I remember thinking, “I’m 22, I have a degree. I should be the Vice President of a large
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<td>corporation by now and I should have enough to fund my retirement. “That was a serious and genuine thought and I look back on that now and I laugh. But now that was 14 or 15 years ago and I still feel the same way. I still feel I should every day of my life … that I should have today enough to fund my retirement. And I don’t know where that feeling came from. I don’t know where that terror of money came from. Money has always been terrifying to me and I could never … the most I ever earned could never be enough. So my husband and I earned exactly the same amount of money until I was 12 weeks pregnant and then he got paid… So all the way through the first 12 years of our marriage we had the same amount, but to me his amount was what mattered and mine was secondary. So a lot of issues of self worth and judgment and fear have always been there… Money is a big issue” (Interview Data, p. 5).</td>
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| “I don’t go out and spend money I don’t have doing it. In fact, I don’t go out and spend money I do have doing it. And that’s one of the issues of my illness. Rather than generating equity … if I have $2000 in savings I hang onto it for dear life instead of using that to fix up the house and get $12,000 in equity. So I’m much more fear based on this, but then there’s a
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<tr>
<td>Fear of shopping</td>
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<td>Frustration from shopping</td>
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“...But I did go out to the first Thanksgiving sale when we were here and I had a list and I followed that list because the other thing I find shopping here is I have crisis of choice, there’s too much choice. I find that very stressful” (Interview Data, p. 5).

“...But it would be the feeling of fear and also the feeling of why can’t I just walk straight past this?” (Interview Data, p. 6).

“I think I buy to release a fear. Because…if I don’t buy this sweater now while it’s cheap I won’t have the money to buy one when I actually need one and it’s more expensive. So I think it’s all fear based. We spent a weekend in Las Vegas … I’m never going there again” (Interview Data, p. 7).
fascinating to watch how the obsession changes, how it moves to a different item. I’ll be obsessed about a particular toy, then after that will pass or I’ll have bought it and it may only be $10, I can get obsessed about the tiniest thing. And then there will be a period of not being obsessed about anything and then the next thing will come along. At the moment it’s a set of dolls. My son got some for his birthday and I want him to have the whole thing. It’s actually better for him not to have the whole thing. Fear, frustration and just learning the capacity to stand back and say, ‘Oh, here we go again.’ So today I obsessed with x and to remember that next week it will be y. This week I was obsessed with a particular range of toys that would have cost $100. I didn’t buy them, but the thing is I actually made a new handbag. I’ve been running through all the free cheap nasty handbags that I’ve got as free gifts or something because my handbag literally fell apart, but rather than buy I obsessed with things we don’t need. So that’s where the fear and frustration … I don’t know about depression. I get annoyed. I suppose there’s not too much depression either because of my nature or because we’re not actually a family in debt. So those 2 I we were a family in debt I’m sure there would
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<td>depression. But I just get so frustrated at the cost of things that I think about even if I don’t do them” (Interview Data, p. 6). “I think I buy to release a fear. Because…if I don’t buy this sweater now while it’s cheap I won’t have the money to buy one when I actually need one and it’s more expensive. So I think it’s all fear based. We spent a weekend in Las Vegas … I’m never going there again” (Interview Data, p. 7). “And I miss having a local post office and a local place where you get your daily paper and that sort of thing. I find it very sterile” (Interview Data, p. 4). “There’s just such a demeaning aspect to it. It’s sort of if you don’t buy this today your life will be horrible. That sort of thing” (Interview Data, p. 4). “But we did see the first Thanksgiving that we were here there was an ad for Target where they offered wake-up calls. They had celebrities and you could ring and ask for a celebrity recorded message to wake you up at 5:00 a.m. so that you wouldn’t miss the start of the sale. We found that so hysterical that we were ringing and dialing all of our friends at home and saying, “Look at this country, can you believe this?” We thought it was the</td>
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<td>Funniest thing&quot; (Interview Data, p. 4-5).</td>
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<td>“I didn’t enjoy (Las Vegas) at all I have to say. I was with my other boy and we spent a lot of time in the pool. And the hotel had a big video screen and we’d watch Twister or two every day. I took him to things like the lion and tiger and dolphin display. And interestingly enough, even he hated being pushed through the actual casino areas. And by the end of the week he was getting quite distressed by them. You have to go through one to go to a program or to find anything, really. So it was an interesting experience and I’m glad I had it because there’s no place like it in the world. But we keep getting this junk mail saying, ‘Come stay again and we’ll give you x off or you’ll get this coupon,’ “ (Interview Data, p. 7).</td>
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Appendix B

Permission Letter
November 20, 2009

David J. Paper, Ph.D.
Professor
Management Information Systems
Utah State University
Logan, Utah 84322

Re: Permission to Use Debtors Anonymous’ Copyrighted Materials—Letty Workman

Dear Professor Paper,

Letty Workman has been granted a non-exclusive, royalty-free license to reference Debtors Anonymous’ copyrighted materials in her doctoral thesis titled “The Essential Structure of Compulsive Buying: A Phenomenological Inquiry” which she shall submit to the Jon M. Huntsman School of Business at Utah State University.

If you have any further questions regarding this permission grant, please contact me.

Sincerely,

M. Jean Connolly
Trustee
Debtors Anonymous General Service Board, Inc.
CURRICULUM VITAE

LETTY WORKMAN

Woodbury School of Business
Department of Marketing
Utah Valley University
(801) 863-8855
Letty.Workman@uvu.edu

Academic Preparation

Utah State University, Logan, UT 84322
PhD in Ed/MIS, with emphasis in Marketing Education, 2010,
“The Essential Structure of Compulsive Buying: A Phenomenological Inquiry,”
unpublished doctoral dissertation, Utah State University, Logan, UT.

Southern Illinois University at Carbondale, Carbondale, IL 62901
Master of Business Administration, 1990
Major: Marketing, Minor: International Business

University of Missouri-St. Louis, St. Louis, MO
Bachelor of Arts, 1976
Major: Philosophy, Minor: Literature

Professional Work Experience

Assistant Professor
Department of Marketing
Utah Valley University
800 West 1200 South
Orem, UT 84058-5999
7/00 to present

Co-Director of Marketing and Educational Programs
The Hope Alliance
PO Box 980541
Park City, UT 84098
2000
**Professional Work Experience**

*Adjunct Faculty*
Westminster College  
The Bill and Vieve Gore School of Business  
1840 South 1300 East  
Salt Lake City, UT  84105  
1/00-5/00

*Assistant Professor*
Ohio University  
School of Human and Consumer Sciences, Retail Merchandising  
Tupper Hall 208  
Athens, OH  45701  
1995-1999  

*Visiting Assistant Professor*
Purdue University  
Consumer Sciences and Retailing  
1262 Matthews Hall  
West Lafayette, IN  47907-1262  
1994-1995

*Graduate Teaching Assistant/Instructor*
Southern Illinois University at Carbondale  
Department of Marketing  
Carbondale, IL  62901  
1991-1994

*Graduate Research Assistant*
Office of Scales Research, Department of Marketing  
Southern Illinois University at Carbondale  
1990-93

*Graduate Research Assistant*
University Women’s Professional Advancement  
Southern Illinois University at Carbondale  
1989-90
Professional Work Experience

Graduate Research Assistant
Alumni Association
Southern Illinois University at Carbondale
1988-89

Manager of Store Operations
Life Uniform and Shoe Shops
St. Louis, MO
1986-1987

Regional Group Buyer
Sears, Roebuck, and Company
St. Louis, MO
1982-1986

Division Manager
Sears, Roebuck, and Company
St. Louis, MO
1976-1982

Instructor (part-time)
Patricia Stevens Career College
St. Louis, MO
1982 (worked concurrently as Division Manager at Sears)

Scholarly and Creative Accomplishments

Refereed Publications: Academic Journals


Manuscripts under Review


Refereed Publications and Presentations: Conference Proceedings


**Refereed Abstracts and Presentations**


Sciences Annual Meeting and Exposition, Washington, DC, June 25, 1997, p. 64.


**Refereed Posters and Presentations**


**Research Honors**


2005 *Executive Times Book Reviews*, Quoted as a retail expert in “The Trader Joe’s Adventure, by Len Lewis.

2006 *Utah Campus Compact Engaged Scholar Award*.

1998 *Irwin Distinguished Paper Award: Best Conference Paper*

**Additional Honors**

*UVU Presidential Award for Excellence for Engagement, April 2008.*

*UVU Service Learning Fellow, April 2008.*


**Working Papers**


Berry, Greg and Letty Workman (2009-10), "Understanding Client Understanding of Student Civic Engagement Projects: Can students add value to business organizations?"


Workman, Letty, and Greg Berry (2010-11), “Understanding Institutional Understanding of Student Civic Engagement Projects: Can Students Add Value to Their Educational Institutions?”


**Refereed Financial Awards and Grants**


Workman, Letty (2008), *UVU Presidential Award of Excellence for Engagement*, $2500.

Workman, Letty (2008), *UVSC Service Learning (CEL) Faculty Fellowship*, $700.00.

Workman, Letty and Greg Berry (2007-08) *CEL Grant*, $2500.00

Workman, Letty (2007), Utah Valley State College, Summer Research Grant, established percent of salary.

Workman, Letty (2006), Utah Valley State College, Summer Research Grant, established percent of salary.
Workman, Letty and Greg Berry (2005-06) *UVSC Presidential Faculty Scholarly Grant*, $1000.

Workman, Letty (2005), Utah Valley State College, Summer Research Grant, established percent of salary.

Workman, Letty (1997), Vivian Roberts Faculty Award, Graduate Study, $815.00.


Workman, Letty (1996), Ohio University International Programs Travel Award, funding for study abroad course development: HCRM 469A, European Retailing, and international conference paper presentation, *3rd International Conference on Recent Advances in Retailing and Services Science*, Telfs/Buchen, Austria, July 1, 1996, $500.00.

**Service: Professional, Community and University**

**Professional Membership**

Marketing Management Association, member 1993-to present.
Academy of Management, 2006-09.
Delta Pi Epsilon, National Honorary Professional Graduate Society of Business Education, member 2004 to present.
The Honor Society of Phi Beta Delta, International Scholars, Member 1997-to present.
American Association of Family and Consumer Sciences, member 1997-99.
Academy of Marketing Science, member 1996-9.
American Marketing Association, member 1990-to present.
American Collegiate Retailing Association, member 1994-99.
Toastmasters International, member 1981-82; 1989-90;  

Professional Service

Reviewer

Marketing Management Association, Annual Conference Track Chair,  
IMC, 2010-2011.  
Research Grant for Celine Pinet, Ohio University, 1996.  

Discussant

Biology in the Twenty-First Century: New Horizons for the Sciences,  
Humanities, and Business, Utah Valley State College Conference  
By the Faculty, September 22, 2000.  

Community Service

Invited Speaker, Utah Count Hispanic Chamber of Commerce,  
Christ United Methodist Church, PR Committee, member 2008.  
Domestic Peace Task Force Board of Directors, member 2000.
Co-Chair Sponsorship Committee, Park City Luxury Home Tour, 2000.
Finance Committee, Park City Community Church, member 2000.
Park City 2000 Sundance Film Festival Volunteer, January 2000.
Judge, FHA Hero Entrepreneurship Event, Ohio Southeast C Regional Rally, March 1, 1997.
Marketing Committee, 1997 Athens Bicentennial Kick-off, School of Human and Consumer Sciences and The First Presbyterian Church, Athens, OH, February 2, 1997.
Executive Board, Marketing Committee, Ohio University United Campus Ministries, 1996-8.

**University Service**

UVU Institutional Review Board Member, 2007-2010, and 2010 to present.
UVU Service Learning Faculty Ambassador for Woodbury School of Business, 2005 to present.
UVU School of Business Task Force & Accreditation Committee, 2008-2010.
UVU Service Learning Conference, Panel Discussant, April 2009.
UVU Woodbury School of Business Entrepreneurship Conference Panel Discussant, April 17, 2009.
UVSC School of Business, PR Committee Chair, 2007.
UVSC Faculty Fellowship in Service Learning, Invited Instructor, 2007-09.
UVSC School of Business Outcomes Assessment Committee member 2005-06.
UVSC Spring Faculty Service Learning Retreat, Invited Speaker, March 22, 2006.
UVSC Faculty Teaching and Scholarship Roundtable, Invited Speaker, January 25, 2006.
UVSC Fall Faculty Service Learning Retreat, Invited Speaker, December 1, 2005.
UVSC Faculty Advisor for Student NCUR Presentations, 2005-06.
UVSC School of Business Faculty Retreat, April 2005.
UVSC Faculty Advisor to Steve Sonnenberg, 2nd Place Western Regional Winner at Global Student Entrepreneurship Competition, May 2005; April 2006.
UVSC Faculty Advisor to 8 IS Student Theses; 2004-2006.
Faculty Mentor Committee, UVSC, 2002; 2003.
Search Committee for OU Education Abroad Associate Director, 1998.
School of Human and Consumer Sciences Curriculum Committee, Chair, 1997-99.
School of Human and Consumer Sciences International Committee, Chair, 1996-97, 1997-99.
School of Human and Consumer Sciences Technology Committee, 1996-97.
School of Human and Consumer Sciences Curriculum Committee, 1995-99.
College of Health and Human Services Representative for Career Services Screening Committee, 1996.
College of Health and Human Services Representative and Writing Team Member, Ohio University Career Services Task Force, 1995-96.
School Faculty Coordinator, Purdue Retail Career Conferences, 1996-98.
Faculty Coordinator for School Open House, Parent’s Weekend, 1996.
Ohio University Study Abroad Fair Exhibitor, 1996.
Multicultural Access Program School Faculty Advisor, November, 1996.
Advisor/Judge for FACES Student Organization, 1995-1996.
Advisor/Judge for Black Student Cultural Programming Board, Homecoming Coronation 1996.
Purdue University, Dept. of Consumer Sciences and Retailing, Publicity and Public Relations Committee, 1994-95.

**Instruction**

**Courses Taught: UVU**

Consumer Behavior, 2010 to present.
Advertising and Promotion Management 2006 to present.
Retail Management 2000 to present.
Principles of Marketing, 2002 to present.
Internet Marketing, 2000-present.
Business Policy: Senior Capstone, 2000-03.
Fundamentals of Marketing, 2000-03.

Courses Taught: Westminster College


Courses Taught: Ohio University

New York Study Tour, 1998.
Strategic Retail Policy: Senior Capstone, 1997.
European Study Abroad Tour: A Retail of Two Cities, 1997 and 1999.
Promotional Strategies, 1993-98.
Introduction to Retailing, 1996-98.

Courses Taught: Purdue University

Promotion Management and Marketing Communications, 1995-96.

Courses Taught: Southern Illinois University

Retail Management, 1991-93.

Courses Taught: Patricia Stevens Career College

Creative Writing and Retail Fashion Merchandising, 1982.

Professional Development

UVU Woodbury School of Business Weekly Faculty Research Seminars, 2007-present
UVSC Great Teacher’s Academy, Park City, UT, October 2007.
UVSC Faculty Teaching and Scholarship Roundtables 2004-08.
Rotary International Assembly, Zion National Park, UT, March 2000.
Gerber Garment Technology Product Data Management Training, Workshop, Dallas, TX, June 8-14, 1997.
AutoCAD Faculty Workshop, Ohio University School of Human and Consumer Sciences, January 10-12, 1997.
Cooperative Learning Workshop, Ohio University Center for Teaching Excellence, December 9-12, 1996.
Ohio University Faculty Service-Learning Seminar, Ohio University Center for Teaching Excellence, December 3-6, 1996.
International Distance Learning Workshops, Ohio University Center for Teaching Excellence, October-November 1996.