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## The Lived Experiences of Women as Addictive Consumers

**AUTHOR(S):** Sue Eccles

### ABSTRACT

Addictive consumption is an extreme form of consumer behavior which, until recently, has been relatively unexplored and understudied. Addictive consumers buy for motives unrelated to the actual possession of the goods, and most purchases remain unused. Feelings of anticipation and excitement prior to and during the shopping experience are replaced by guilt and shame afterwards. Patterns of behavior are developed and maintained in secret over a period of time. This paper presents the results of a study of forty-six women in the UK who identified themselves as addictive consumers. Through phenomenological interviews, they describe their thoughts and experiences both within the shopping environment and in their everyday lives.

A rich picture of the reality of being an addictive consumer emerges, not only in terms of the consumption activity but also the precursors to, the consequences, and the means of self-managing the activity. Addictive consumers are presented here as women who have adopted what is traditionally considered to be a male-based mechanism for coping with depression or unsatisfactory situations - that is, *doing* something rather than *thinking* about their problems. These women have chosen to engage in a familiar, enjoyable and socially acceptable activity, shopping, to gain some kind of control in their lives. Paradoxically, the activity is developed and maintained to such an extent that *it* controls *them*. The consumption behavior itself is almost identical in each case, but addictive consumers are not a homogeneous group. Four patterns or sub-groups of addictive consumers emerge - the existential addict, the revenge addict, the mood repair addict and the serial addict.

### **Introduction**

Addictive consumption, as a pathological form of shopping behavior, has been explored in studies in the USA (O'Guinn and Faber, 1989), Canada (Valence, d'Astous, and Fortier, 1988), Germany (Scherhorn, Reisch, and Raab, 1990) and the UK (Elliott 1994). These consumers (predominantly female) buy for motives that are not directly related to the actual possession of the goods - in fact, many of the purchases remain wrapped and hidden in cupboards. They persistently repeat the behavior despite it leading to severe financial and social consequences, such as huge levels of personal debt and even marital breakdown. The act of shopping itself is an important element, as many people seem to need to engage in a shopping process within a store environment, rather than obtain goods from a catalogue showroom or by mail order. Typically, addictive consumers experience feelings of great excitement and anticipation prior to and during the shopping experience, only to feel guilty and ashamed of themselves and their behavior at the post-shopping stage.

Lane Benson summarizes compulsive buying thus:

"The buying preoccupations, impulses or behaviors cause marked distress, are time-consuming, significantly interfere with social or occupational functioning, or result in financial problems, and they do not occur exclusively in short periods of hypomania or mania. In short, the compulsive buyer is a person who allows shopping to destructively deflect resources - whether of time, energy or money - from the fabrication of everyday life" (Lane Benson, 2000; p.xxv).

However, as Woodruffe-Burton (2001) points out, this summary allows little for the construction of social reality through consumption (e.g. McCracken, 1990), the focus on pleasure and dreams in consumer culture (Featherstone, 1990) or the role of consumption goods and practices in the transformation of the self (Belk, 1991). As Faber, O'Guinn and Krych (1987) and Elliott (1994) note, compulsive consumption can have some positive outcomes in terms of relieving anxiety or unhappiness, or bolstering self-esteem.

As much as there has been interest in the behavior of the addictive consumer in recent years, there has been debate as to the appropriate terminology for this form of aberrant and excessive behavior. Described variously as 'compulsive buying' (e.g. Valence, d'Astous and Fortier, 1988 and O'Guinn and Faber, 1989),

'compulsive consumption' (e.g. Shoaf, Scattone, Morrin and Maheswaran, 1995) and 'addictive buying' (e.g. Scherhorn, Reisch and Raab, 1990), there appears to be little acceptance of one term that could be used universally. Yet evidence to date would suggest that researchers are actually investigating a similar sort of behavior, and developing and exploring similar phenomena. This difference in opinion is important not only from a conceptual point of view, but also because of the differences in the ways of measuring and treating compulsive as opposed to addictive behaviors. There is increasing concern regarding the personal, social, physical and financial implications of addictive behaviors generally, and a recognition in medical and counseling fields that addictive behavior may require very different and specialized treatment. For example, Concar (1994) explored some of the current research and treatment for drug addicts, and the conflict between the influence of 'nature' (e.g. genetics) and 'nurture' (e.g. socialization) in identifying and understanding addictive behaviors.

Much of the interest into addictive consumption developed from the more general and increasing concern over consumer debt which, in the USA, was \$2.4 trillion by 1985 (US Department of Commerce, 1986). Ronald Faber and Thomas O'Guinn were arguably the major protagonists in forwarding studies into compulsive consumption. Their first research was published in 1987, and they established this province as a legitimate area for future research in the field of consumer behavior.

Although initial research (e.g. Faber and O'Guinn et al., 1987, 1988, 1989, 1992; Valence and d'Astous et al., 1988, 1990) termed this behavior as compulsive consumption or buying, it is believed that a more appropriate term is 'addictive consumption'. This latter term, as noted by Elliott (1994), incorporates the development of normal, everyday behavior into a pathological habit, and encompasses the whole experience from the pre-shopping anticipation and planning, through to the secretion of goods and manipulation of finances.

This study explores the role played by consumption (in the context of 'shopping') in the lives of some consumers who engage in this behavior to an excessive extent. The extreme and seemingly bizarre behavior of the addictive consumer has often been interpreted as being "out of control". In contrast, the research reported in this paper suggests that addictive consumption may be the only activity undertaken by these women where they do feel in control and are able to 'self-manage' their lives.

## **Background to the Research**

This research was the first major investigation into addictive consumption in the UK. The primary objectives were to obtain descriptive empirical materials(1) on the nature of the behavior in terms of the frequency and form of the shopping experience; to identify the functional consequences that help maintain the behavior; and to investigate the negative consequences of the behavior, such as personal debt, marital breakdown and stress. Apart from five personal interviews by O'Guinn and Faber (1989) and 26 in-depth interviews by Scherhorn, Reisch and Raab (1990), most of the previous research had been based around self-administered mail-out questionnaires (see, for example, Faber and O'Guinn, 1992 and Valence, d'Astous and Fortier, 1988) and group interviews. In general terms, the results suggested homogeneity in the causes, manifestation and consequences of addictive consumption. Depression, low self-esteem, family disharmony and materialism were all measured and analyzed. What never fully emerged were the individual factors and influences that could provide a far greater insight into how and why some women become addicted to the consumption experience.

### **The Research**

The study was based on in-depth interviews with forty-six self-referred women, who identified themselves as addictive consumers. They volunteered to participate following extensive coverage in the UK media of the proposed study. Everyone who contacted the research team was informally screened over the telephone using the clinical screener for compulsive buying designed by Faber and O'Guinn (1992), which includes scaled questions such as "I have very often/never bought things even though I couldn't afford them", "I have very often/never felt anxious or nervous on days I didn't go shopping" and "I have very often/never bought something in order to make myself feel better" (1992: 468). Although over two hundred people contacted the research team to express an interest in the study, only one hundred and eighteen were short-listed to participate. This was based on their responses to the Faber and O'Guinn clinical screener, as well as other information they provided via letters and telephone conversations. Of these, forty-six volunteered to be interviewed in their own homes.

It was hoped at the outset of the study to interview a larger sample of addictive consumers than has been used in previous research. Elliott (1994) for example interviewed fifteen women; Faber and O'Guinn (1989) interviewed only five. A larger sample size would enable both similarities and differences in addictive consumption, its precursors and its consequences to emerge.

As Miles and Huberman (1994) point out, it is not possible to decide on statistical grounds how many cases a multiple-case study should have. The issue has to be approached conceptually: "How many cases, in what kind of sampling frame, would give us confidence in our analytic generalizations?" (p. 30). They argue that a study with more than fifteen cases can become unwieldy, and contain too many data to scan visually, as well as potentially presenting too many possible permutations of the resultant materials. They further warn that the consequence of too large a sample size may result in thinner data. For this study, it would have been possible to interview a smaller number of consumers - a group of ten, for example, could have been interviewed in depth on more than one occasion, providing a longitudinal representation of their lives and behavior.

Nevertheless, the fact that so many consumers were interviewed has enabled a rich picture of the development, manifestation and consequences of addictive consumption to emerge. Some of the patterns of addictive consumption materialized after only a few interviews. The element of 'revenge', for example, emerged after fifteen interviews had been completed. Whilst it would arguably have been possible to be satisfied with that outcome and conclude the research process at that stage, the subsequent interviews provided not only further evidence of this pattern, but also alternative reported experiences and examples.

### **The Phenomenological Interview**

In proposing a philosophy and method for consumer research, Thompson, Locander and Pollio (1989) contend that adopting an existential-phenomenological worldview enables human experience to be seen as a pattern emerging from a context. They state that the research focus should be on individual experience described from a first person perspective. The researcher should seek to recognize patterns as they emerge. Descriptions of specific experiences should be related to each other, and to the overall context, in an holistic way. Existential-phenomenological interviews should focus on identifying recurring experiential patterns. The research goal is to give a thematic description of experience. When participants are asked to communicate their everyday experience they may reflect upon a particular experience, a lived event, and 'see' a pattern emerging. They may have repressed certain experiences; this repression is viewed as an existential choice and not as an unconscious mechanism: "the memory that is lost is lost only in so far as it belongs to a region of my life that I refuse" (Merleau-Ponty, 1962 in Thompson et al., 1989; p.136).

Thompson et al. (1989) outline in some detail guidelines for a suggested method of research, the phenomenological interview: "The interview is perhaps the most powerful means for attaining an in-depth understanding of another person's experiences" (Thompson et al., 1989; p.138).

According to Thompson et al., the in-depth interview should obtain a first person description of some specified domain of experience. Interviewers are advised that since the topic is the participant's experience, they should not begin the interview assuming they know more about the subject than the participant (perhaps a radical view for many consumer researchers). Apart from an opening question, the interviewer should have no set questions regarding the topic, questions should "flow from the course of the dialogue ... the interview is intended to yield a conversation, not a question and answer session" (Thompson et al., 1989; p.138).

The interviewer should aim to be "a non-directive listener... the transcript is a record of the interview dialogue and should reveal whether the interviewer assumed a domineering or directive role. In most cases, such an interview would not be acceptable as data" (Thompson et al., 1989; p.138).

As a paradigm, existential phenomenology is based on the philosophy of existentialism with the methods of phenomenology. As a means of studying "the totality of the human-being-in-the-world" (Thompson, Locander and Pollio, 1989; p. 135) it is effective. It allows the researcher to study or explore the lives of the individual within her own environment without the constraints of questions or approaches implicit in positivistic methods.

As a process, the reality of this approach appears to become more complicated. It would, perhaps, be easy to ignore some of the unexpected issues that arose (such as the disclosures made during debriefing) but it is exactly these issues that make existential phenomenology such an exciting research methodology. It is because this form of interviewing invites and enables participants to say, do and be what they want at that moment in time, that such a richness of empirical material emerges. A further observation is that the epistemological and methodological approach shifts the locus of control from the researcher to the participant during the interview itself. By adhering to the spirit of existential phenomenology, the direction of any conversation has to be participant-led - a move away from most other research methods. The researcher is therefore required to relinquish *her* control. Having decided upon and organized all other elements of the research, the researcher at this stage has to allow the participant to control and dictate the progress, and to an extent, the process of the interview. The

researcher then has control over the transcripts, and interpretation and/or the communication of the contents. However, the dissemination of that interpretation will, to an extent, be controlled by the academic community and its institutions. The issue of control as it emerged from this research is discussed at length by Eccles, Hamilton and Elliott (1999).

## **The Participants**

By using phenomenological interviews, informants were able to 'tell their own story' rather than answer prescribed questions. They came from a variety of social, economic and educational backgrounds and all were able to articulate their experiences and thoughts, although those from the higher socio-economic groups tended to be more fluent and reflective in their discussion. Each participant considered herself to be an addictive consumer. All, to a greater or lesser degree, showed the same pattern of anticipation and excitement prior to and during the shopping experience, feelings of guilt and remorse afterwards and a desire to keep their behavior and goods a secret from others.

All of those interviewed were at different 'stages' of addiction. Some felt that, due to changing circumstances such as losing a job, being declared bankrupt, or becoming involved in a loving supportive relationship, they had become less addicted to the shopping experience. They had faced up to their behavior, come to terms with and explored the reasons they had become addicted and taken positive steps to break the addiction, usually with the support of a partner or professional. Others, on the other hand, had only recently acknowledged to themselves that their behavior had negative or unmanageable financial and social consequences - that they were, in fact, addictive consumers. It was yet another unresolved 'problem' in their life often alongside issues such as abuse, bereavement or loneliness. All the informants acknowledged that the shopping experience yielded short-term positive feelings that provided an escape from depressive mood states and aversive self-awareness.

These interviews, as well as supporting and enhancing previous knowledge of this area of consumption, provided the opportunity for exploration of the personal histories of addictive consumers and their coping strategies.

## **Findings**

One of the most significant findings of this study was the different 'patterns' of addictive consumption in terms of the precursors to and outcomes of the behavior. These have been termed the

"existential" addict, the "revenge" addict, the "mood repair" addict and the "serial" addict. Each is discussed in detail below, using in each case one of the informants as an example, although the patterns were generated from the findings of the interviews with all forty-six women. It should also be noted that these patterns are not mutually exclusive. Some respondents showed elements of two of the patterns, although in all cases one pattern dominated. For example, Cath, discussed below as a mood repair addict, also showed some aspects of an existential addict in creating a sense of meaning in her life through her consumer choices.

As one participant commented, "people see a smart, well-dressed woman, not a hopeless addict". Most of the women interviewed for this study presented themselves very much in this way. Superficially, an addictive consumer in the retail environment looks no different to any other consumer - an ordinary woman, engaging in an ordinary activity, to extraordinary levels. There are no physical signs; no obviously bizarre actions; no unsociable behavior that would give rise to comment from staff or other customers. All there is, is a woman immersed in, and enjoying, the same activity as most other consumers. Away from the retail environment, another picture emerges of a woman who feels guilty, hides or never uses her purchases, and soon feels the familiar craving and anticipation that only another shopping trip can alleviate. However, it would be misleading to present all these women as profoundly unhappy, or in urgent need of medical supervision. Many of them lead reasonably satisfactory lives, fulfil their roles as wives, mothers, daughters and employees, and it is only their addiction to consumption that marks them out as 'different'. To illustrate the diversity, the following table summarizes details of the first ten participants who were interviewed (2).

*Table 1: Summary of the first ten participants interviewed*

Case	Name	Age	Occupation	Debt	Types of Purchases	Type of Shopper
1	Anne [married]	65	Assists husband	None	Clothes, food, household goods	Hoarder, collector, mood repairer?
2	Cath [divorced]	40's	Personnel Manager	None now, but high in past	Clothes, underwear, perfume, shoes	Existential/mood repairer?
3	Renee [married]	Early 50's	Office worker	Negligible	Anything - clothes, gifts, household goods	Hooked but not over the top. Buys bargains & trinkets.
4	Paula [married x2]	40	Childminder	£3,000	Goes in major phases - anything Catalogue-aholic	Some revenge type
5	Mrs G-T. [widowed]	75	Retired (unskilled)	None	Car boot sales, trinkets, scarves	Happy! Existential addict?
6	Mrs S. [married]	51	Office worker	Was £13,000	Anything	Was totally addicted - mood repairer?
7	Mrs H.	63	Retired	None - but	Clothes, presents, food	Hooked! Food hoarder.



	[widowed]		secretary	using up £10,000 savings		Revenge shopper?
8	Freya [single]	29	Student & psychiatric nurse	Small and controllable	Exclusively make-up - high cost, high quality	Gets a real buzz - 'flow-er'?
9	Mrs O. [married]	35	Clerical assistant	£9,000	Clothes, household goods - now magazines	Addict? Had eating disorders and drink problems in past
10	Sandra [married x 3]	55	Admin. Manager	None yet but spent '000s of own savings	Clothes and accessories	Frantic! A real 'flow-er'

## The Existential Addict

Existential addicts can be defined as those who engage in addictive consumption in order to create a sense of meaning in their lives through their consumer choices, which for them involve an experience of 'flow'. Although not necessarily intrinsically unhappy, they develop and maintain the behavior over time to an extent that is excessive. They experience the same feelings of craving, anticipation, excitement and a 'high', guilt and secrecy as other addictive consumers, but in the consumption process appear to experience a state of 'flow' (Csikszentmihalyi, 1988), where their skills as a shopper are matched by the challenge of the consumption choice and purchase. They are similar to the 'market maven' described by Feick and Price (1985) in that they are skilled, expert consumers to whom others may turn for advice. There are possible links here with other non-drug forms of addiction. For example, the thrill experienced by excessive gamblers (particularly when the game is based on skill, not just chance) may encourage them to take risky decisions (Orford, 1985). As Baumeister, Heatherton and Tice found (1994; p.223), "some gamblers take pride in their skill level and have great expectations for future winnings". They further argued that such forms of skilled performance "requires keeping attention carefully focused on the task but not on one's own internal responses and processes" (p. 52). So, it may well be that the skill, concentration and absorption in the process of consumption is not only a means of providing a short term feeling of being in control and "feeling good" but also a sense of optimism for the future.

Sandra is typical of this group of addictive consumers. She is fifty-eight years old, twice divorced and now married to Nick, who is fifteen years her junior. Her son committed suicide some thirteen years ago, but she has a married daughter and grandson. She lives in a spacious modern house in the north of England. She works full-time as an Administrator, but is due to retire soon. She is not in

debt but has spent several thousand pounds of her own savings over the past few years to pay off credit cards and loans. She tends to buy goods in phases - a week buying handbags, a few days buying blouses and so on. Sandra is extremely energetic and she does not appear to need (or get) much sleep. She is very smartly dressed and presented, and her house is tastefully decorated and furnished. She describes herself as:

... a very, very fussy shopper. I go into the shop and I've got to have a sweater. I weigh them all up; I measure them all out; I can't make up my mind about three of the same color. I bring them all home and try them on until 2 a.m. or 3 a.m. in the morning, until I find the one that is just right. Then, when I've found the right one, I have to go back the next morning and buy one of every color in that. Then, they are forgotten. Probably just hung up in the wardrobe and never worn.

She describes these phases of buying particular items as 'missions':

When I knew I was going to retire, I went off sick for a couple of days...I thought, 'What will I wear?' I've got forty to fifty work suits, but that was my next mission - something to wear in the house. So I bought tracksuits, indoor and outdoor; Reebok trainers, lightweight and silky; polo shirts in every color, so that I could have one a day, and I never wear them. I'll be like a tramp in jeans in the house or my old trousers but they are there, so that when I get out of bed I could think, "That is what I could put on". Bags next. I love leather bags...

And she goes on to describe her handbag mission. Apart from the purchases themselves, Sandra finds the whole experience of going to the shops exciting and describes the experience:

I just love the feeling of excitement and wonderment as I go into the shopping mall. I love the buzz of people; the color and displays; the whole atmosphere. I can just soak up that feeling at the beginning of my shopping trip - it's almost as if I say to myself "OK, you're at home now, you can relax and enjoy yourself."

Sandra considers herself to be a very discerning shopper ("I do surveys on things, like which will wash the best") and will check each item to make sure it is perfect (i.e. has no snags or marks) and that the fit and cut are just right. She has a real 'eye' for color and design, and can tell almost at a glance whether an item will match up with other clothes in her wardrobe. She admits:

I will spend hours both in the shops and at home considering and comparing different items - invariably, buying more than one and,

on many occasions, worrying at night about something I have seen that day in the shops but not bought.

On these occasions, she will arrive late for work in order to go back to the shop as soon as it opens the next day. Sandra is not as secretive about her shopping behavior as some of the other participants:

I don't think I necessarily boast about my purchases, but I do feel a great pride when I find that 'perfect outfit' - even though I may have spent several days searching for it and it ends up, along with most of my other purchases either in the loft or hanging unworn in one of my four double wardrobes!

She feels she is seen by others as a 'canny shopper' (akin to the 'Market Maven' described by Feick and Price, 1985) who often turn to her for advice on where to shop or how to co-ordinate an outfit. However, she goes shopping virtually daily:

I get withdrawal symptoms and feel depressed if I don't go to the shops. I tried staying in on a Saturday last week and went for a long walk with Nick. We got back at 4.20 p.m. and I was sweating. I thought, "I have to go in to town" and I thought, "Well, what am I looking for? I don't need anything", but I can always see something.

About shopping generally, Sandra is quite adamant about its importance in her life:

If ever there was anyone born to shop, it must be me! I have to say it's the most important thing in my life and gives me a real sense of purpose. Although I hate the fact that I can't break the habit, if I'm really honest, I don't want to - what else could I do that would give me so much pleasure and satisfaction?

It would be unfair to say that Sandra has had a particularly charmed or easy life. She was one of five children, and her father was in the Second World War whilst her mother worked in a local mill. Although she won a scholarship to the high school, her family was too poor to afford the full school uniform - a source of great embarrassment to the young Sandra. She does admit that she wanted her children to have the material things she never had, and has had to cope with the suicide of her only son when he was nineteen years old. She does, however, come across as a person who has coped with the ups and downs of life, and is generous with her time to others, offering a sympathetic and supportive ear to those who need to talk. She is smart, articulate, intelligent and meticulous. She perceives herself as a skilled shopper - "I get so much pleasure out of it" even though "I know it is a problem".

Sandra was accompanied on one of her shopping trips, and the behavior she describes is evident in her actions. Her energy, determination and sense of 'mission' are quite exhausting to experience - but the very genuine pleasure and satisfaction she gains from making just the right decision and purchase is quite obvious.

### **The Revenge Addict**

Some addictive consumers appear to be in spoiled personal relationships (see Duck and Wood, 1995; p. 10) where they do not have a positive regard for their partner. These revenge addicts feel that they are in control whilst in the retail environment. This control is only over a small part of their lives, and the whole behavior is kept secret from others, but it seems to provide them with the focus and respite that they need from the rest of their lives. At the same time, there is the feeling of being able to 'get back at' their partner, through spending his/their money. The consequences of this form of addictive consumption are probably similar to that of all the other addictive consumers in terms of finance and personal relationships.

What seems to be common is that the development of addictive consumption as a form of revenge is not a spontaneous or one-off reaction to a particular incident. It builds up over several years and in some cases over a lifetime, and is often a last resort when all other attempts at communication with the partner have failed. All the participants who showed elements of revenge in their addictive shopping behavior appear to have feelings of lack of control in their relationship with their partner (and often, previously, their father). They felt undermined and patronized, and that their only responsibility was for 'mundane' tasks such as housekeeping and cooking. Comments such as "he still treats me like a child" were common, even though the participants themselves feel they have 'grown up' because of family or professional responsibilities. It appears therefore that these women developed and maintain their shopping behavior in order to have some kind of "exciting" or even slightly dangerous control over a part of their personal lives and their finances. This in turn suggests some feeling of power, albeit secretive, over their partner. The fact that many partners appear to tolerate what they know or suspect about the shopping activities seems, if anything, to encourage the participants to take even greater risks and be even more outrageous in their activities (Elliott, Eccles and Gournay, 1996a and 1996b).

Angela is thirty-six years old, married and with three daughters under twelve years old. She lives in a large and elegant Victorian house. She was very spoilt as the youngest of four children and

admits that she was her "father's favorite". Her husband, aged forty-three, is a medical practitioner working long and irregular hours. Angela works part-time at the local radio station. She is not in debt, as her husband pays off the credit cards regularly and she has a small inheritance of her own. She buys clothes and accessories and is particularly interested in attending fine arts auctions. Angela and her husband appear to have a fairly stable and loving relationship, but she feels that he has taken over from her father as an indulgent father figure:

He says: "Well, you were spoilt as a child and I suppose I will have to continue the tradition."

About her husband she says:

He loves to work and, in the early days when the children were very small and I was bringing them up practically single-handed, he would work Saturdays and Sundays. I would resent that so I would think, "Right, if he's working, then I'm spending." Now we're in a vicious circle - I'm spending and he's working. And I say, "Can't you cut down the work? Can't we go away for the weekend?" And he says, "How can I? I have to work to pay the bills." In the early years we would have big rows about it.

She feels her husband treats her as frivolous and incompetent with regard to money:

Sometimes I get the Spanish Inquisition, especially when it has peaked over £1,000...until recently, it would have been: "Show me your checkbook. Where has this money gone?" and I, trembling, would have to give him my check stubs. And I would say, "Look, we're living in the 1990's, not the 19th century" and I would put a stop to that and now I won't comply any more.

Angela herself seems to be in conflict between the child in her that wants to "get back" at her husband, and the adult who has responsibilities as a mother and worker. About her shopping behavior she says:

The sensible side of me says, "Stop it - grow up!" whilst another little voice is saying at the same time, "I deserve it, and I want it, so it's mine."

Angela considers herself to be generally happy and fortunate. She doesn't feel that she shops to bolster low self-esteem or depression, but acknowledges it may sometimes be through boredom and is often a way of getting back at her husband (even though she

acknowledges that he has no idea of the extent of her shopping and spending):

Sometimes when I'm shopping, I see something I like and it's as if I think: "Right, I'll show him!" Even though he doesn't know how much I'm spending, I feel that I am getting revenge on him for all the times he ignores what I want or isn't there when I need him. I don't think I could confront him anymore, but I really can get back at him through shopping.

She and her husband rarely spend any time together, and he leaves the running of the household and bringing up the children mainly to her - which she generally enjoys but sometimes finds lonely and boring. She has no other close confidantes. The fact that her husband is so dedicated to his work and spends time and energy on that - to the extent, perhaps, of being a "workaholic" - presents codependency as a possible explanation for the development of Angela's addictive behavior. According to Gordon and Barrett (1993) "the codependent individual may suppress feelings, harbor anger and resentment, suffer from low self-esteem and be trapped in the belief that there is no way out of the conflicted interpersonal web that would not be destructive to self or others" (p. 311). This would suggest that Angela may be using her behavior in order to exert control in a damaged relationship.

### **The Mood Repair Addict**

Although the term 'mood repair addict' suggests someone who is intrinsically unhappy, women with elements of this pattern in their behavior did not present themselves as particularly depressed, and were articulate and thoughtful in their comments. The sort of negative moods or feelings these women describe include feeling "cheesed off", needing "a fix", "not having anyone to share things with", "a bit of comfort", and being "fed up". Although some of them talked in terms of being or having been depressed, such depression appears to be reactive rather than endogenous. It occurred as a reaction to negative external events that were, at the time, beyond their control. By developing and maintaining an activity they already found pleasurable and satisfying (i.e. shopping) into an addiction, they had also taken some kind of action (albeit excessive and secretive) which they felt helped them cope with and survive negative times. Even though their behavior may be described as being out of control, the consequences of their addiction do not necessarily have to be extreme. It appears by trying to stay *in control* of a difficult or unhappy situation, one of the activities they enjoy most (i.e. shopping) is developed and maintained until *it* controls *them* (unlike the type of "compensatory consumption" described by Eccles and Woodruffe, 2000). It may be

that mood repair addicts progress in and out of addictive consumption over many years, using it as a relatively short-term coping mechanism as events occur in their lives.

Shopping as a means of alleviating negative mood states has been extensively studied and commented on by within the consumer research arena by, for example, Woodruffe (1996), Gronmo (1988) and Luamala (1998). As Annie Chan (2001) found from her accompanied shopping trips with three women in Hong Kong, "All three women confessed that occasionally they feel an inexplicable need to spend some money, usually when they are unhappy or troubled by certain things" (p. 213). However, when this "occasional need" becomes a daily necessity, it is possible that such shopping shifts from becoming a short-term coping mechanism to a longer-term addiction. Cath is a typical example of a mood repair addict who recognizes now that her addiction developed three years ago, during the breakdown of her marriage. Like many of these women, she has always enjoyed shopping, but recognizes that:

When I divorced, or coming up to the divorce, I think it became a problem. I tended to make up for lack of emotional comfort by shopping and buying things...

Cath is in her mid-forties, and lives in London with her teenage daughter. She is a personnel manager for a large national organization, and is highly articulate, intelligent and professional. She has a high salary and little debt now, but has spent thousands of pounds in savings and the divorce settlement. At the time of the divorce, she felt "very low, and very depressed":

*Interviewer: What did the shopping do?* Attempted to make you feel better. It didn't work though, in the long term, it never does. Three of my things would be underwear, nice perfumes and shoes, and I would buy if I needed to or not. And especially things like underwear, and if I see a set I still buy it. That would make me feel nice and pretty, but then I've nobody to see it, and nobody to share it with, and then it didn't give the buzz anymore. That was part of it you know, you work it out. Part of it was not having anybody to share things with and I was trying to make up for that by shopping.

*Interviewer: Just spoiling yourself?* Yes, and towards the end of the marriage was the same, when I knew everything wasn't right. But now I feel more that it's not so important anymore. I think because you're on your own, and you manage, and the world doesn't fall apart.

Alongside coping with the divorce, Cath also suffered badly from PMT (pre-menstrual tension). She recently had a hysterectomy and it now on hormone replacement therapy (HRT). She feels that this

has made a significant improvement on her mood swings, and, because of that, decreased her need to shop:

I also think that some of it [the need to shop] was driven, like PMT time, instead of bingeing on chocolate, I would go out to the shops. [...] Other people have now commented that I'm more relaxed. I had a hysterectomy in the summer and I'm on HRT and I'm not getting the mood swings. And honestly, since then, I'm not getting the urge to shop as much.

So time has helped Cath to overcome all the emotional and health-related issues that were making her so unhappy. During this period, her consumption behavior, whilst out of control, ironically gave her a sense of being *in* control whilst everything else around her was unmanageable. Finally, her doctor prescribed her some mild sleeping tablets for a three-month period. This, she acknowledged, meant that:

I stabilized, and then once I stabilized, I felt in control. I'd just felt totally out of control before - not out of control in terms of going loopy, but if I stopped thinking about work or something specific, I started panicking - that sort of out of control. I hated it.

Cath has now had the time and opportunity to reflect on the three years when she was addicted to shopping, and spent so much energy and money on the whole consumption experience. Now, her behavior is much more under control but she is aware that:

I'm never going to be not a shopper. There's no way, because as I say, right from a very young age I have enjoyed buying.

However, for the time being, she can enjoy shopping without the feelings of guilt and secrecy, and keep it as an enjoyable but no longer crucial activity in her life.

### **The Serial Addict**

This group of participants shows evidence of deep-rooted unhappiness. They have often been addicted to other behaviors or substances (e.g. alcohol or eating disorders), or are currently being treated for clinical depression. Their consumption behavior tends to be more spasmodic and manic, although the actual process of the addictive behavior is similar to that of all other addictive consumers. However, their individual histories and personalities suggest profoundly unhappy women who have struggled for years to cope with and fend off depression.



For consumers who show elements of the serial addiction pattern, the precursors to their behavior are complex and deep-rooted. Their consumption is just one of so many other dysfunctional behaviors, that it would be inappropriate to attempt to address it in total isolation. It is, however, possible to conclude that in all such cases, the addiction to consumption is probably the least of their problems. They may be in some debt, or spending more than they would wish on consumption, but the effects on their physical health are less damaging than alcohol, exercise or food abuse, which some of those interviewed had been addicted to in the past. As Harris (2000) states "some people practice serial addiction and substitute one addiction for another, such as replacing smoking with overeating. Others practice addictions simultaneously, such as shopping and overeating, or drinking and smoking" (p. 207). By drawing on the work of Lefevre (1988) and Wilson-Schaef (1987) she suggests that such addictions are used to mask and perpetuate feelings of hopelessness and powerlessness. However, the risk is that by treating one form of addiction without taking account of other previous or concurrent addictive behaviors, underlying issues and reasons for such behavior developing in the first place may not be fully addressed, leading to the substitution of yet another addiction. For these addictive consumers, breaking the cycle of serial addiction may be longer term and more challenging than for others.

Sally is aged forty-seven, with a husband and two teenage children, as well as two older children from her previous marriage. She lives in Scotland, and works full-time as a researcher, using her own salary to pay for her excessive consumption. She has debts of about £1,000 at present, which she is desperately trying to control. She is a well-dressed, articulate and intelligent woman, who has had several addictions in the past.

Sally had a difficult childhood. Her father was a heavy drinker, which impacted on the family income. It is also probable that this factor affected her own development and behavior - as Sher (1993) points out "children of male alcoholics are approximately five times more likely than children of non-alcoholics to become alcoholics themselves at some point in their lives" (p. 3). Her mother appeared to be the mainstay of the family:

My mother was one of that kind that kept us all together, type of thing. Like, I suppose, she always made sure that we had everything. We never really went without because of mother. But I went to Dysfunctional Families at one point to find out things about what made me do the things that I did, because in saying that, I didn't want to make the same mistakes with my kids that I thought my parents did with me. But they didn't really make mistakes, it's

just that they didn't know any different...my mum can still pull the strings...even though I am grown up and she still has got control...I still look for affection and approval from her.

About her life now, she says:

Well, I'm an alcoholic, and I've been sober for coming up to fifteen years, and when I stopped drinking - I've got an obsessive personality - and maybe I didn't have the money to spend then. Like, I'll go from one crutch to the next, it must be something in my make-up. In my classes, you were taught to look into yourself, so maybe I'm looking into myself more than other people. I don't know why I was doing [the shopping]. I think it may have been to get a high, to get the high that you get from alcohol or drugs, but it's not a chemical thing. *Interviewer: Are there other things you've been hooked on?* Food...when I got myself into difficulties with the spending, I recognized what I was doing, and it seemed to be that I started putting weight on because I suppose I was comfort eating, and then the slimming seemed to become an obsession.

Her colleagues at work don't know about her private life:

Nobody knows that I go to AA. They know that I don't drink, but they don't know anything else about me...but when we talk about spending and things like that, they do the same. And they think they're OK, but I analyze mine because I know I'm not...It wouldn't be a problem if I had the money, but it is a problem because I don't know if I'm totally happy. I would say that my husband is really good to me; nice children; nice family - no worries there. Why do I do it? *Interviewer: Have you - if this is too distressing then you don't have to talk about it - but did you go through analyzing why you became an alcoholic?* Well, at AA you're told really not to, because for whatever reason, you become a heavy drinker and you cross the borderline from being a heavy drinker to being an alcoholic. Which leads to the "why's?". "Why me? Why did I have to be an alcoholic?" And so they say, "Well, why not? Why not you? Why are you so...?"

Although Sally has a history of addiction, she finds it impossible to pinpoint why. Whether or not this would make it easier for her to break the addiction cycle, she cannot articulate. She says:

Mine isn't a safe job...I do actually enjoy the job that I do, and I like it. So there is nothing really that I'm unhappy about, in my life, that would make me do these things. I don't know - you see other people buying stuff, and I can't say it's jealousy - that I want to be the same as them...that's not what really makes me kick into buying something, it's not to be as good as somebody else or even to

impress somebody else. *Interviewer: What is it?* I don't know. I wish I did.

At the time when her drinking was most problematic, Sally was drinking regularly with a group of other people, who she described as heavy drinkers:

But even then, they probably wouldn't want to do anything about their drinking, whereas I saw that it was ruining my life. My daughter wasn't born then, but my middle one was about two years old. I was putting him to sleep drinking, trying to sober up for when he wakened up, and it was a horrible existence and I knew there was something wrong with me. I had a thought that I couldn't go on with it, so I telephoned for help.

About her shopping, she says:

I had got a card from Debenhams [a UK store], and I went right up to the full limit, and I was buying things and hiding them. When I took them home instead of, like, showing them, I was hiding them. I got this big kick out of it and I didn't seem to have any control - it seemed that when I was buying, it wasn't the money. Yet if I didn't do it I was getting withdrawal symptoms...it's just like an obsession in me and I can't seem to stop.

Although Sally has attended several different types of self-help groups over the years, including Alcoholics Anonymous, Over-Eaters and Dysfunctional Families, she refuses to talk to the doctor about her deep-rooted unhappiness and various addictions "in case they think I need to see a psychiatrist or something". In summary, Sally feels she lurches from one addiction to another. Although she acknowledges all the positive aspects of her life and lifestyle, she is still unhappy, like other serial addicts, and unable to identify herself as the root of this unhappiness. At the time of the interview, she had not spoken to anyone else about her addictive consumption, even though she had sought help from other self-help groups. Sally's behavior appears to go beyond that discussed above of consumption as a means of mood repair.

For the women interviewed who showed elements of serial addiction, the feelings of hopelessness and powerlessness were much more deep-rooted when compared to the other addictive consumers interviewed. As Harris (2000) noted, "treating someone for a shopping addiction is only successful if it addressed the underlying needs and feelings which trigger the addictive behavior. Failing to do so often results in giving up one addiction and replacing it with another " (p. 212).

## Discussion

There is no single explanatory theory of addiction (McMurrin, 1994). Researchers (such as Harris, 2000; Orford, 1985; Heather and Robertson, 1997) would argue that economic, sociological or physiological factors, for example, have a contribution to make to a greater or lesser degree. This study has attempted to understand how and why some consumers develop and maintain their consumption behavior over time, to the extent that it becomes a (or even *the*) central focus in their lives. Despite the apparent loss of self-control suggested by this excessive behavior, it may be, paradoxically, the only time these individuals feel in control. It is possible to observe the behavior within the wider context of the lives of addictive consumers. A range of internal and external factors and experiences, such as culture, family, personal thoughts and feelings, appear to strongly influence the development and maintenance of this behavior.

This develops research by, for example, Thompson, Locander and Pollio (1990) and Elliott (1995). They suggested that the issue of consumers of being in or out of control of their consumption experiences reflected an anxiety about "not buying the 'right' way, so that women felt guilty when they perceived themselves as not making rational purchase decisions" (Elliott 1995, 292). A strong emergent theme from this research is feeling in or out of control of one's life or situation. What transpired from the interviews was that each of the participants in the research, to a greater or lesser extent, was living in a situation where they felt they had little control over many aspects of their everyday lives. The causes of this were varied, but included living with an over-dominant partner, being unemployed or under-employed, marital breakdown, or long-term illness. For the main part of their everyday lives, these women felt that both major and minor decisions were being made for them - that their lives were being "managed" by someone or something out of their control.

This contrasts with their reflections on their shopping experiences. In the shopping environment, awareness of the surroundings and atmosphere enhances their feelings of being in control of themselves. They can choose where to go, what to look at, what to buy. In other words, for this period of time, addictive consumers can make their own decisions, untroubled by external pressures or concerns. It is an important "space" in their lives where they can remove themselves not only from everyday issues, but also take full responsibility for what they are doing. As noted by one participant, "It's a sort of freedom."

Even beyond the shopping environment, this element of being in control continues. Secreting the goods away, sorting out and paying the credit card bills, hiding both the purchases and the consumption behavior from partners, friends and families all contribute to the feeling that a small part of their lives is free from the knowledge and interference of others. Addictive consumption has been reported in terms of being 'out of control' behavior. Baumeister, Heatherton and Tice (1994) believe that this type of shopping behavior "represents a considerable problem with self-control" (p. 224). Faber and O'Guinn (1988) concluded, "these people...sometimes feel out of control while buying and experiencing [sic] an inability to control their behavior" (p. 105). Scherhorn, Reisch and Raab (1990) supported this finding. In their research, they found that two thirds of their sample of 26 experienced feelings of a loss of control - "these persons experience a loss of control in the sense that they buy too much, feel guilty and have a bad conscience" (p.378). Yet the findings from this present study suggest the contrary. The shopping and associated behaviors appear to provide feelings of empowerment and emancipation, through a process of self-management.

It may also be that these some of these women are adopting what is usually considered to be a more male-based coping mechanism for negative mood. This applies particularly but not exclusively to mood repair addicts. Nolen-Hoeksema (1987) argues that "men's responses to their dysphoria are more behavioral and dampen their depressive episodes, whereas women's responses to their depressive episodes are to ruminate and amplify them" (p. 274). She argues that there are distinct gender differences in the way that periods of depression are addressed. By ruminating and trying to find the possible causes of their mood and implications of their depressive episode, women are more likely to prolong the depression symptoms. By taking an active course of behavior, men are more likely to dampen and shorten their depressive symptoms. What seems remarkable about many of these women is that they seem to be engaging in *both* coping mechanisms. They are still very aware of the pain and unpleasantness of their situation, and do not appear to be seeking to totally escape from these experiences. On reflection, they articulate a certain wisdom and understanding about what they did and why - which was to actively seek out a pleasurable, familiar and socially-acceptable experience in order to allow negative feelings to recede, if only on a short-term basis. The difficulty these consumers have over 'normal' consumers is that the coping mechanism developed is so successful that it is eventually maintained over time as an addiction, with all the characteristics of such addictive behavior.

Baumeister, Heatherton and Tice point out that "even the most law-abiding citizens suffer from problems arising from lack of self-control" (1994: p. 4) evidenced through, for example, a reluctance to give up smoking, poor eating habits and inadequate exercise that may all lead to subsequent health problems. They argue that being in control requires self-regulation and that when this fails it can be understood in two forms - underregulation (a failure to control oneself) and misregulation ("controlling oneself in a fashion that produces an undesirable or counterproductive outcome" p. 33). This latter concept could well be applicable to addictive consumers. Arguably, addictive consumption can be seen from two points of view - as a positive means of coping with and making sense of one's life or, in more negative terms, as a form of distorted self-control that has inevitably negative consequences.

Addictive consumers should not be perceived as necessarily 'dysfunctional' or 'aberrant' women - the fact that many of them appear to be using their consumption activities as a means of coping, should perhaps be seen in more positive terms by others, despite any negative consequences. At the very least, it provides an alternative to ruminating and introspection; at best, it may prevent other more damaging behaviors (to the self or to others) being developed such as alcoholism, shoplifting or drug dependency. Within the UK, there has been an increased interest in the shopping experience and shopping behavior of the consumer as an individual. Recent studies have explored, for example, the phenomena of compensatory consumption (Woodruffe, 1996), the apathetic shopper (Reid and Brown, 1996) and addictive consumption (Elliott, 1994). Woodruffe (1996) suggested the concept of a continuum of consumer behavior, with apathetic shoppers at one extreme and addictive consumers at the other. Although simplistic, such a model presents a useful starting point for researchers to begin to identify the fragmentation and typologies of consumers in the 21st century which potentially can embrace internal and external factors, can allow for change over time of the individual, and can encourage researchers to view the consumer as a constantly changing and adapting individual. It is within this context that researchers can understand addictive consumption as an extreme yet significant facet of consumer behavior.

## **Notes**

1. In line with Denzin and Lincoln (1998; p. 29), the term 'empirical materials' is used in the context of qualitative research, in preference to what is traditionally termed as 'data'.
2. All names have been changed to ensure anonymity.

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