

# COMPULSIVE BUYING AND ELDERLY MEN: DEPRESSION, COPING STRATEGIES AND SOCIAL SUPPORT

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## Abstract

Old age is characterized by great changes that become real challenges that the person must overcome in order to effectively end his evolutionary process.

Particularly, the most stressful events for the elderly are the social economic decline, the deterioration of health and the loss of loved ones. It is therefore important to consider the strategies chosen by the elderly person to cope with such tasks; these strategies, if not effective, result in a developmental failure.

The objective of this research was to analyze the relationship among geriatric depression, coping strategies and levels of problematic shopping in elderly male subjects.

The research involved 120 men over 60'. The choice of only elderly men is related to the idea that compulsive buying – which is usually associated with young people and females – is rarely examined in men because we generally think that they can cope better with critical events that women, using manly coping strategies (such as sport, gambling etc.).

The shopping in its problematic form, affects 29% of involved subjects and becomes the means used to avoid coping with feelings and dealing with problems directly. The research finds a significant correlation between problematic shopping and depression, proving in this way the existence of a link between how the person truly feels about his life and the use he does in relation with that of the shopping it self.

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**Keywords:** Compulsive shopping, elderly men, coping strategies, depression, social support

## Introduction

Compulsive shopping is a disorder by which an individual is compelled to make a purchase; some authors describe it as a form of compulsion, others as a *new addiction*. It is not yet been included between the Addictive Disorders of current version of the DSM (APA, 2013), but the present work is based on a theoretical model that considers the compulsive buying as a behavioural addiction, a pathological custom associated to a behaviour characterised by an abiding impulse to buy, a compulsion to go shops, a personal addiction oriented to an activity that ends in the loss of behaviour control, failures in controlling and revising the activity and significant affective consequences, when the action is not feasible, at the individual and social levels (Krych, 1989). However, due to the still existing confusion about the said disorder, in this article we use the terms “interchangeably” as *compulsive shopping, buying addiction, compulsive buying, compulsive buying disorder*. Instead, if we focus on the common language spoken we find that the english term “shopping”, although is usually used as a synonym for “buying”, it actually expresses a different and wider meaning that contains the sense and the gist of the purchase in the modern and post modern society:

not just a simple action dictated by necessities or needs, but a real experience moved by desires, dreams and pleasure which might undertake problematic behaviours.

The problematic buying was described for the first time by Kraepelin (1915) who introduced the term “oniomania” (from the Greek word *ōneîsthai*, impulse for buying things) in relation to excessive buying behaviours; afterwards the subject was resumed by Bleuer (1924): the author delineated some of the characteristics of the compulsive buyer, such as his/her tendency to contract nonsensical debts, delay payments and deny any debt.

In the 80s the interest towards this type of disorder is influenced by psychodynamic psychology approaches embraced by authors such as Winestine (1985) who identified primary conflicts in childhood and lack of sense of security as the main cause of compulsive shopping; Krueger (1988) approached the addictive behaviour as an emotion-regulating mechanism and a way to reinstate the psychological equilibrium in people with a fragmented auto perception.

Albeit an ever growing interest about this syndrome thanks to the aforementioned authors, the combined efforts of psychosocial research about the buyer’s behaviour and the clinical research were needed in order to consolidate the subject.

Pioneers of this approach were Valence, d’Astous and Fortier (1988) according to whom the primary function of the buyin resides in its capability to reduce pressure in the individual and giving him/her a false sense of security of his/her own self-esteem and emotional nature.

In the 90s progress was made thanks to Christenson together with Faber and other authors (1994) who adopted an operant conditioning approach to explain the inner reasons behind excessive buying behaviours: firstly, individuals experience a relief of their negative emotions, subsequently they keep showing this learnt behaviour as a way to self-medicate every time they might face negative emotions.

Afterwards, Edwards (1993) identified low self-esteem and dysfunctional communication as possible precursors of the syndrome, and finally Cole (1995) studied the compulsive parental behaviour, the use of gifts as mechanisms to compensate children’s negative feelings and offer a substitute to the fatherly figure.

Our contribution to research on buying addiction has focused its interest on the specific target that is elderly male adults, following dissertation around existing studies and an experimental approach, which has been, however little, nonetheless a starting point on which to plant the seed of future works and contributions. Our research has chosen to focus on the “Elderly Male Adult” as outlined in Erik Erikson’s “Childhood and Society” (1950), a work on the development of the individual. The Author sees old age as the last step of the development process where the transition from one step to the other is determined by the achievement or failure of tasks or crisis points that occur throughout this period; the positive outcome for every step is determined, according to Erikson, by the modality in which each of the previous steps has been overcome and by the competencies that this continuous process has given to the individual. These competencies are, in fact, identified by the Author as coping strategies needed to overcome any crisis or as a task given to the individual to help him adapt to change. The use of wrong coping strategies can result in an arrest in the development of the individual and even a fragmentation of his individuality.

Secondly, we have chosen a male-only group of individuals following the late contributions on gender stereotypes (Ruspini, 2003) that is those social impositions which demand specific behaviours of men and women and influence their reactions to those. This has led to the idea that some forms of syndrome socially associated to women, such as compulsive shopping (d’Astous, 1990; Scherhorn, 1990; Christenson *et al.*, 1994), are reluctantly applied to men due to the false myth of a reduced emotional spectrum on their behalf, whilst women are believed to be coping with stress by showing behaviours such as practising sport, travelling, gambling etc. In clinical practice this stereotype can become the source of a prejudiced diagnosis of individuals that are commonly excluded from it.

For all these reasons, we have associated the elderly man to two stereotypes: age and gender, which instead separate the clinical aspect from the environment and the individual himself from a quick and effective diagnosis of the disorder.

#### A Dissertation Around The Shopping Self-Evaluation Role, Geriatric Depression and Coping Strategies

Based on these considerations three variables have been identified, together with their reciprocal relationship: compulsive shopping, geriatric depression and coping mechanisms used. On this basis we have tried to understand how a defined-size group lives its own senility, the shopping experience, the troubles of life and how these factors mutually influence one another. So, our study has pursued three objectives:

- Understand, from a different and yet pathological point of view, whether buying can have a compensation and self-evaluation role in those individuals who, once they're over a certain age, try new ways to reinvent their own identity or to adapt to the acquired one;
- Understand whether depression levels in the same individuals can influence the frequency or the value given to the shopping experience;
- Understand whether preferred coping strategies are the same ones as those used generally in a pathological context.

In order to understand what role is recovered by the shopping in the self-esteem individual evaluation, it is necessary make a premise regarding the concept of Self. The concept of Self discrepancy was introduced by Higgins (1987) who a little way after Markus and Nurius (1986) took back and developed his work by elaborating the Discrepancies Theory: the author in fact proposed a model of three different selves developed along the individual life:

- Currently Self correspondent to the self representation that an individual actually has;
- Ideal Self correspondent to the self representation that an individual would like to have;
- Imperative Self correspondent to the self representation that an individual thinks must have.

The lack of correspondence of the Ideal Self and the Imperative Self with the Currently Self creates discrepancies in the perception that an individual can have of himself: the more the incompatibility among the selves is high, the more disadvantages will be expressed through sadness and depression (in case of strong discrepancy between currently and ideal self) or anxiety (in case of strong discrepancy between currently and imperative) (Higgins, 1987).

Helga Dittmar (2005), in most recent studies, elected the self discrepancy as predictive variable of the compulsive buying, designing a model according to which, in case of high discrepancies, the individual will realize impulsive buying more often to make him self feel better and reduce the distance between the two self poles.

The second variable analyzed in this study is the geriatric depression. Depression is the most common disease among elderly subjects (Swanwick, 2011), in general we can affirm that it presents a psychic state characterized by a low affective tone, the lack of initiative and negative tendency. The previous works that try to prove the depression role as antecedent of the compulsive buying disorder belong to Valence, d'Astous and Fortier (1988), starting from the hypothesis that the most part of the compulsive buyers came from families where at least one member shows depressive features. In a later study conducted by Edwards (1992), it was verified that the depressive states influence as antecedent the compulsive behaviour. Among the predictive variables, there are no doubts that the loss of motor abilities, the lack of social support and loneliness appear to be as the main and most common variables in rising of the disease itself. A primary place belongs to the progressive loss of motor abilities, often connected with the interruption of the physical activity usually done or with the rising of an handicap. In parallel with the loss of motor abilities, also can happen the loss of the independence; this could be at different levels: total, in presence of grave motor deficits

which require a constantly controll, half-total in presence of deficits which requires a daily support but non constanly, and finally partial in presence of motor deficits which require just a distance support.

In the individual life the social networks execute three main roles: first collaborates on the creation of the individual identity by giving model that the individual can use to identify and compare him self; secondly, fit the integration need of the human being by giving groups that people feel to belong to and over investing their fidelity and energies, reinforcing in this way their own identities. Last, they support the person throught a feeling of assurance that whatever adversity or crysis happens, is possibile having the help or the support of anybody (Lavanco, Novara, 2012). The social networks, when face the moment of crysis experied by the elder because the loss of the social and parental role or because physical illnesses, should support and embrace properly the person by giving him trust, sympathy, encouragement to the expression of feeling and advices proposals (De Leo, 1994).

In a conducted study, Oxman *et al.* (1992) maintained that a proper emotive support and a dense social networks were clearly connected to the riduction of depression levels. Lately a study conducted by Pierce and Lakey (1997) over 65 years old people, proved an other significative relationship between low levels of social suppor and high levels of depressive states. Most recently studies conducted by Berg *et al.* (2007), proved that the social support has a main role in the coping of stressful events because it offers overall a network where the individual can compare him self and activetely collaborate at his own developot.

A third disadvantage due to the ageing, here presented, is the progressive loneliness that individuals experience; in fact they assist at the loss of beloved people, the loss of their job throught the retirement, the moved away of the sons and widowhood. In this stage of life, the individual is often pervade by a frequently sense of loneliness, an empiness that tends to cover, throught compensatory behaviours like the assumption of substance inhibiting the depression or the involvement in different activities like binge eating, gambling or the compulsive shopping of object evocating the past or lost love and pleasure. Due to the high tendency of the compulsive buyers to use compensatory behaviours, it doesn't surprise that they try to eliminate the loneliness and all the negative feelings associated to them by using the money not just as an instrument to buy goods but also as a trick for women that, to escape the poorness, would accept a marriage of convenience.

The third variable here presented is the coping stategies; the word coping refers to all those cognitive and behavioural efforts aimed at the managing and resolution of stressful events (Folkman, Lazarus, 1980). In the compulsive buying among elderlies case, it might show it self as a strategy used by the individual to face depression and stressfull events; the material abundance would cover the emptiness left in the person life by the loss of the job or the beloved, trying in this way to satisfy the loss and the changes experimented. One possible male reaction to the social change is the attachment to stereotype virility model where the man is powerful, homophobic (intolerance toward minorities) and essential for the survival, features that the individual might feel as lacking in him self during this phase of life, living a strong self-esteem decrease and depression; this lack would be resolved throught the compulsive buying of things invoking those features. In particular, the picture of the man as breadwinner is the one most damaged by the retirement; following is possibile assist to a loss of the masculinity turned into compensatory behaviours such as the buying of expensive cars, elettronics, antiques. All fields where the prevailing is still strongly male.

## **Method**

### **Individuals**

Our research has targeted a group of 120 adult males aged  $\geq 60$  y.o., who were recruited in Villabate (Palermo, Sicily, Italy) CAF Centre and the "The Elderly Club" after they had given their consent to take part.

Villabate is a small village located about 8 km southwest of the sicilian capital Palermo, it has a population of about 19,441 and an area of about 4 km. It has been chosen as area of interest, for the present research, due to the local elderly community and its represents (The Elderly Club for example) who have showed, during the screening period for the possible places to conduct the interviews where, a general willingness to cooperate with the town's university in order to give a contribution to the general knowledge acquire by the Department of Psychology.

## Research protocol

### The research protocol consists:

*Problematic Shopping Scale* (PSS) (Varveri, Di Nuovo, Lavanco, *in press*), is an italian instrument finalised to evaluate levels of problematicity in buying behaviours; it is made of 22 items that a subject is asked to evaluate, on a 5-point-scale basis, the frequency of thoughts and behaviours resulting in their shopping. The validity trials have indicated that the PSS has good psychometric properties in terms of construct validity, concurrent and reliability. The high levels of reliability and internal coherence (Cronbach alpha = 0,92), allow to considerate it as an helpful an flexible instrument for the valuation of the buying behaviour, prevalent concerning, at the moment, just research fields.

*Coping Inventory for Stressful Situations* (CISS) (Endler, Parker, 1990), is an instrument finalised to evaluate the multidimensional aspects of coping and is articulated in three scales, each of which is composed of 16 items: the problem-centred scale, which describes the efforts to solve a problem by restructuring it from a cognitive point of view or by trying to alter the situation, the emotion-centred scale, which described the self-orientated emotional reactions to reduce stress, and the avoidance-centred coping scale, which describes activities and cognitive changes finalised at avoiding the stressful situation. The latest one includes two sub-scales: the Distraction sub-scale, which describes a form of coping finalised at avoiding a stressful situation by distracting the self with other situations, and the Social Diversion sub-scale, which describes a coping finalised at avoiding a stressful situation by common socialising.

*Geriatric Depression Scale* (GDS) (Yesavage *et al.*, 1983), is one of the scales most widely used to identify and distinguish the symptoms of depression in the elderly population. The test is composed by 30 items for each of which the subject is asked to dicotomically answer yes or no on his own living conditions; the final score enables to distinguish amongst absence of depression, mild depression and severe depression.

A questionnaire has been administered in order to collect socio-anagraphic data such as age, education, occupation as well as some information regarding buying habits such as the frequency and time dedicated to it, so that a possible comparative analysis of the collected data and the protocol-based tests could be done.

Regarding the screening, uncompleted and partially fulfilled protocols were excluded; data were analyzed by SPSS software.

## Results

The analysis of the socio-anagraphic questionnaire has established that 57% of the group is married, 20% is widowed, 13% divorced, 5% separated and 5% single; also, 35% possess a post-elementary education, 25% a secondary education, 21% a university degree, 17% have got only elementary education, and 2% declared alternative educational studies.

Analysing the data collected through the administration of the PPS it has emerged that 71% of the subjects involved does not show problematic buying behaviours, whilst 29% has a borderline tendency to pathological behaviours (Table 1).

*Table 1. Scores obtained by the subjects at Problematic Shopping Scale*

PSS	%
Lack of buying addiction	71
Problematic buying behaviours (risk of buying addiction)	29
Tot	100

Problematic buying behaviours show a positive correlation with the frequency of buying ( $r=-.37$ ,  $p=0.05$ ), whilst there is no significant correlation between PSS scores and the time variable. Analysing the data collected through the administration of the CISS we came across some interesting results: the interviewed subjects showed, on average, lower scores on the situation-based coping mechanism, slightly higher scores on the emotion-based coping mechanism, and much higher ones on avoidance-based coping mechanism, on both sub-scales and especially on the social-based one (Table 2). These results show, indeed, that the group involved has, on average, the tendency to avoid any problem that may arise, instead they try to lever with their own emotions and, moreover, to avoid any problems by engaging in alternative activities or in the relationship with other people.

*Table 2. Comparison between the scores obtained at the CISS scale by the group involved and the referring group*

CISS	Group Involved		Referring Group	
	MEDIA	D.S.	MEDIA	D.S.
Situation	55.54	7.6	57.03	9.51
Emotion	45.56	10	44.03	11.5
Avoidant	47.47	9.8	41.5	11.6
<i>Distraction</i>	<i>21.20</i>	<i>6.2</i>	<i>18.3</i>	<i>6.4</i>
<i>Social Diversion</i>	<i>26.27</i>	<i>5.2</i>	<i>15.69</i>	<i>5.11</i>

Finally, subjects were administered the GDS to evaluate the presence of possible symptoms of depression; from the analysis of the data it has emerged that 36% of the subjects does not show symptoms of depression, 25% has mild depression, and a significant 39% shows severe symptoms of depression (Table 3).

*Table 3. Scores obtained by the subjects at the Geriatric Depression Scale*

GDS	%
Lack of Depression	36
Medium Depression	25
High Depression	39
Tot	100

Our research has tried to explore possible relationships amongst levels of problematicity connected to buying, levels of depression and the different coping strategies adopted.

The levels of problematicity of buying behaviours show a negative correlation with the situation-based coping mechanism, whilst they show a positive correlation with the emotion-based – the tendency to indulge in emotions – and avoidance-based coping mechanism, although for what the avoidance-based coping mechanism is concerned, the correlation is significant only in relation to the social distraction coping mechanisms, in other words the tendency to avoid the threat of stressful situations getting involved in activities that deflect the attention from the problem. We gather that shopping is indeed an avoidance-based coping mechanism finalised at ignoring any problems or negative feelings among the elderly population; moreover, the levels of problematicity of buying behaviours show a significant correlation with the levels of depression observed in the GDS results: the higher the level of depression is, the higher is the tendency to use the buying in a problematic compulsive manner (Table 4).

*Table 4. Comparison between the scores obtained by the subjects at the PSS, the GDS and the CISS*

Pearson's Correlation	GDS	COPING SITUATION	COPING EMOTION	COPING AVOIDANT	COPING DIVERTION	COPING DISTRACTION
PSS	,514**	-,212*	,455**	,468**	,167	,593**

\*The correlation is meaningful at level  $p < 0.01$

\*\*The correlation is meaningful at level  $p < 0.05$

A most exhaustive analysis of the data found has been realized through multiple regressions, using, as problematic shopping predictors, the GDS scores and several scores from the CISS subscales.

The selected method stepwise has selected, as significant, the follow predictors:

- The GDS scores show a significant relationship positively correlated with the shopping issues (regression coefficient 0.380;  $p < 0.0001$ ); the result confirms how depressive states could be considered as antecedents of the compulsive buying disorder (Valence, d'Astous, Fortier, 1988; Edwards, 1992);

The participants with higher PSS scores tend to have higher avoidant coping levels and, in particular, to be involved in activities direct to get by stressful situations (regression coefficient 0.593;  $p < 0.0001$ ).

Finally, as said before, the PPS has allowed to identify the risk subjects group, consisting of 35 subjects (29% of the involved group), then the risk subjects have been compared to the unrisk ones, extracted from a general sampling, and individually balanced according age, marriage relationship and education level. Regarding the difference between the two group in relation to the coping strategies, the situation coping orienteed dimension is significantly higher among the unrisk subjects group, whilst the emotion oriented and the avoidant oriented dimensions are significantly lower among the same group people (respectively,  $t = -5,840$ ;  $df = 68$ ;  $p < 0.0001$  and  $t = -4,684$ ;  $df = 68$ ;  $p < 0.0001$ ). Specifically, regarding this last subscale, the significative difference between the two groups continues to be relative to the avoidant through activities ( $t = -7,789$ ,  $df = 68$ ;  $p < 0.0001$ ), and the shopping seems to fit in those ones. The depression levels, at the same way, result significantly higher in the risk group ( $t = -5,734$ ;  $df = 68$ ;  $p < 0.0001$ ) (Table 5).

*Table 5. Comparison between the scores obtained by the respondants at the GDS and the CISS*

	t	df	Sig.
GDS	-5.734	68	.037
COPING SITUATION	2.124	68	.000
COPING EMOTION	-5.840	68	.000
COPING AVOIDANT	-4.684	68	.000
COPING DIVERTION	-1.356	68	.125
COPING DISTRACTION	-7.789	68	.000

Lastly, the risk subjects realize buying behaviours most frequently respect the unrisk ones ( $t = -3,649$ ;  $df = 68$ ;  $p < 0.0001$ ); the result confirms how the shopping frequency represents an important predictors about the possibility that the relationship with the buying attitude could turn into a source of distress.

Briefly, the variables best discriminating the problematic shopping behaviour, respect the classification risk-unrisk, result: the avoidant coping orienteed, the presence of depressive state and the shopping frequency.

## Conclusion

The choice of a tiny sample (N=120) it was due more to the intention of using a loupes on a micro universe such as the elderly one in order to catch those element that at first and greater sight could be missed or not detected because a common trend to not doing that.

A primary aim of this study was to verify whether buying can have a compensatory and self evaluation role in older men. Results showed as subjects with the tendency to cope with stress by focusing exclusively on the resolution of the stressful situation, have buying behaviours more adaptives respect those subject with the tendency to use coping strategies like Avoidance, Distraction and Social Diversion. These subjects tend to deny the existence of their addiction problems and suppress displeasure and unhappiness deep in their conscience; shopping undertakes for these subjects the meaning of transition object able to distract and delude them about the power they still have to control their life. This is conformed by the second aim of the present study which was to verify whether depression levels in the same individual can have influenced the frequency or value given to the shopping experience. We predicted correctly that the more the depression level rises, the more the tendency to use the buying in a problematic way gets high; this hyphotesis is supported by several studies (Valence, d'Astous, Fortier, 1988; Edward, 1992) who mantained that depression has a main role in the rising of the compulsive shopping disorder. Further the results showed that even the compulsive buying is significatively related to the frequency, it doesn't show the same with the time variable. The correlation between the two variables undelies how these subjects perceive the shopping as a medication against sadness. What is pathological is not that these subject feel themselves as better after a casual shopping episode, but the seeking and repetition of the buying episode, deprive of casuality, every time negative emotions and feelings are perceived. The more they feel bad, the more they go shopping and the more the unadaptive behaviour gets fix at the level of the behavioural schemes.

Finally, the third aim was to verify whether preferred coping strategies are the same one as those used generally in a pathological context. We predicted correctly that buying is one of the most used way to cope with negative feelings and stressful events among our subjects.

This results were conformed also by previous studies (Martz, Livneh, 2007; Zeidner, Saklofske, 1996; Lazarus, Folkman, 1984) that have conformed as well as typicall coping strategies of the pathological context the avoidance, diversion and distraction brought by some activities like shopping, gambling, internet, binge eating and other in which the individual is free to forget what does upset him.

## First aid and professional help

Albeit the small research on the matter and the difficulty of recognising such a disease in the elderly male population , the addiction to buying becomes clear in the long run as it has consequences difficult to hide, such as debt, hoarding, withdrawal symptoms and superimposition of the buying experience on any other aspect of life. Often the individual and, most of all, the environment where the individual lives do not possess the correct means to deal with compulsive behaviour in an adequate and timely manner; for these reasons, the first recommendation is to seek professional advice through counselling or therapy so that a plan for intervention can be drawn.

Equally important is the need for the subject not to go shopping on his own, but always in the company of a family member who is aware of his problem and has got the necessary authority to stop possible excessive buying behaviours; the same importance must be given to the environment as a whole where specific strategies are put in place to prevent the compulsion so as not to aggravate an already tense state in which the sujet is; of these strategies we can suggest paying in cash to keep track of the expense, cancelling any credit cards except one or two to be kept for emergency situations, making a detailed shopping list

and sticking to it when going around shopping and, finally, keep a diary of the products purchased so that possible excessive shopping can be easily identified.

As well as the support offered by family members, the subject can make good use of professionals whose job is to offer care and support (Lavanco, Novara, 2012).

### **Future recommendations**

In order to prevent the onset of the compulsive disorder in elderly male adults some devices must be employed both in the individual primary (family, friends and colleagues) and secondary (institutional) context. In the familial context, the individual must perceive his life as active by getting involved in activities that, whenever possible, imply that the individual goes outside the house or, when this is not possible (i.e. the housebound), that he gets strongly involved in the running of the household. If the elderly person lives alone, he should be encouraged to cultivate interests and take part in activities promoted by clubs, associations and parishes within the community. Part of the individual's primary group is also his GP who, being a clinical person, is able to identify abnormal signs in the patient's mood that could hide possible depression.

From an institutional point of view, the SSN (the Italian National Health Service) should mostly promote information about the physical and psychological changes that patients face when growing old. This can be achieved, for instance, by distributing brochures in local primary care trusts or by public information campaigns on the subject which should be promoted by organisations and companies whose employees are close to the age of retirement and by making psychologists or counsellors available for them. Moreover, institutions could implement social utility programs aimed at actively involving elderly male adults so that structured (and therefore stable and continuous like a job) activities are offered instead of temporal and personal compensation.

Another setting where the promotion of prevention activities would be beneficial to any possible problematic buyers are places where they are more likely to be found: banks, post offices, CAF centres, shopping centres, all places where these individuals are directly exposed to a systematic self-observation (Varveri, Lavanco, 2005). The staff themselves, if correctly trained, can spot, in habitual customers, behaviours such as increased frequency of shopping, request for credit, delay in payments, nervousism and evident anxiety, and may ethically decide to inform the individual's partner or someone close to him.

Moreover, although in modern times families are advised to use credit cards for purchasing goods, it is good practice for families to use cash so they can have a more tactile perception of what has been spent.

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