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Article

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MARKETING | RESEARCH ARTICLE

Self-control and compulsive buying behavior: The mediating role of ill-being perception

Ankita Jain¹, Dr.Sandeep Srivastava¹ and Abhishek Shukla^{1*}

Abstract: Compulsive buying is a relatively modern stereotypical disorder that interferes with our daily lives and causes serious mental and financial problems. Most studies provided information on an impulsive characteristic that causes compulsive buying and addiction, whereas a lack of studies was found on the controlling aspect of compulsive buying behavior. Using negative emotion can be the first approach for examining the relationship between self-control and propensity for compulsive purchases. The current study examined the direct influence of self-control on compulsive buying behavior (CBB) as well as the role of ill-being perception as a mediator in the relationship between self-control and CBB. An online survey was conducted to collect relevant data. A total of 639 buyers, both males and females of various ages, completed questionnaires. Correlation and mediation analysis revealed that self-control positively affected compulsive buying whereas ill-being perception negatively influences the CBB. Further, Ill-being perception had a mediating effect on self-control and CBB. The results further showed that to avoid the negative effects of compulsive buying behavior, buyers should be trained to improve self-control by inducing negative emotions related to CBB.



Ankita Jain

ABOUT THE AUTHORS

Abhishek Shukla has worked on problem conceptualization, literature review and drafted manuscript.
Ankita Jain worked on data collection and data analysis.
Sandeep Srivastava has worked on writing discussion content.

PUBLIC INTEREST STATEMENT

Most studies provided information on an impulsive characteristic that causes compulsive buying and addiction, whereas a lack of studies was found on the controlling aspect of compulsive buying behavior. Using negative emotion can be the first approach for examining the relationship between self-control and propensity for compulsive purchases. The current study examined the direct influence of self-control on compulsive buying behavior (CBB) as well as the role of ill-being perception as a mediator in the relationship between self-control and CBB. A total of 639 buyers, both males, and females of various ages, completed questionnaires. Correlation and mediation analysis revealed that self-control positively affected compulsive buying whereas ill-being perception negatively influences the CBB. The results further showed that to avoid the negative effects of compulsive buying behavior, buyers should be trained to improve self-control by inducing negative emotions related to CBB.

Subjects: Cognitive Psychology; Psychological Science; Mental Health; Business, Management and Accounting

Keywords: Mediation; compulsive buying behavior; self-control; ill-being perception

1. Introduction

Numerous consumers frequently overspend due to their strong, irrepressible urges to make purchases (e.g., Black, 2007). Previous studies have referred to this behavioral pattern as “compulsive buying” (Faber, 1992; Mueller et al., 2010). According to the definition of compulsive buying, it is a “chronic, recurrent purchase that becomes a primary response to negative events or feelings” (O’Guinn & Faber, 1989). Compulsive buying was initially identified and depicted as “chronic, cyclical purchasing that becomes a primary response to negative approach or actions (O’Guinn & Faber, 1989). Faber (1992) elaborated on this description by emphasizing the difficulty of stopping to buy, which has detrimental effects on the affected people. According to research, compulsive buying behaviour (CBB) is characterized by an inability to control a powerful inner impulse to repeatedly make purchases in order to alleviate emotional discomfort (D’Astous, 1990; Dittmar, 2005; Elliott, 1994; Kwak et al., 2004; Lejoyeux et al., 1995; Monahan et al., 1996; Roberts et al., 2014), additionally marked by a loss of control over these purchase decisions (Achtziger et al., 2015; Baumeister, 2002; Baumeister et al., 2008; Schlosser et al., 1994; Tangney et al., 2004).

According to a survey of 18,503 online respondents conducted by market research firm (Richter, 2013), Indian consumers exhibit both impulsive and obsessive buying behavior. The majority of Indians (79%) said they would like to “spend time looking for a good offer.” Both compulsive and impulsive purchasing behaviors are displayed by urban Indian shoppers. Shopaholic customers are value searchers, which provide marketers with a fantastic opportunity to comprehend their behavioral variations and develop the ideal promotional plan (Wallard et al., 2018). Many factors contribute to the definition of compulsive buying, and individuals are unable to control these factors and it eventually has adverse effects. Additionally, since compulsive buying frequently makes victims emotionally depressed and financially helpless (Dittmar & Drury, 2000), it can harm not only the compulsive buyer but also their family, friends, and even society (Faber, 1992). The present study was motivated by the adverse effects of compulsive buying and consumer emotional instability, which have a long-term detrimental influence on society. Compulsive shopping has been conceptualized in clinical psychology and psychiatry literature as either an impulse control disorder (Dell’osso et al., 2006; Pazarlis et al., 2008) or a behavioural addiction (Brewer & Potenza, 2008; Hollander & Allen, 2006). Even though compulsive buying is not classified as a distinct mental disorder in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), numerous clinical psychology and psychiatry studies have referred to the disorder as “compulsive buying disorder” (Black, 2007), while others have used the more general term “compulsive buying” (e.g., Claes et al., 2010).

The current study investigates if and how compulsive buyers attempt to control their behaviour. Previous studies on compulsive buying have discussed the efforts made by compulsive buyers to control their problematic buying behavior. But the reason to identify the CBB and controlling factors from various perspectives is still missing. Although past studies have shown that compulsive buyers have lower self-control (Claes et al., 2010; Raab et al., 2011), these studies have employed generic trait measures of self-control rather than focusing on how consumers try to control their buying behaviour. According to some studies, compulsive buyers do make an effort to control their behaviour. Sohn and Choi (2012), for example, suggested that some compulsive buyers make an effort to apply self-regulatory coping strategies. Similarly, 92% of the compulsive buyer population studied by Christenson et al. (1994) reported taking part in activities intended to control their impulses to buy, however, they were rarely found to be successful. Understanding the regulatory efforts compulsive buyers naturally engage in theoretically and practically helpful for developing interventions to help them control their buying.

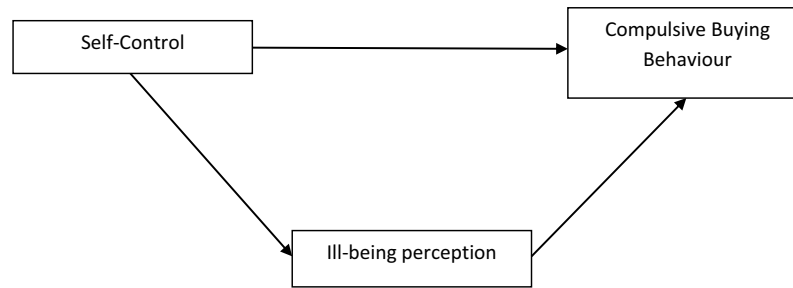
Self-control is the ability to resist one's innermost desires to achieve a better outcome (Jiang & Shi, 2016). People low in self-control announced higher degrees of purchases, while people high in self-control announced lower levels of buying (Achtziger et al., 2015). The process of buying has caused their lives to spiral out of control for the nearly 18 million Americans suffering from compulsive buying (Bragg, 2021). Self-control includes all conscious and purposeful actions, such as those against automatic behavioral responses, habits, or urges (Baumeister & Nadal, 2017). Delaying immediate gratification is another frequently emphasized essential self-control skill (Dreves et al., 2020). It is also important to distinguish between self-control and the more general concept of self-control, which includes automatic and unconscious means of regulating behaviour (Gillebaart, 2018). Horváth et al. (2015) explored self-control mechanisms for obsessive shoppers'. The first study employed qualitative in-depth interviews to offer a preliminary understanding of compulsive purchasers' concerning self-control. Study 2 used a quantitative survey methodology to evaluate how self-control differs between wise and obsessive purchasers. The findings showed that obsessive shoppers exercise self-control, but they do it differently from wise shoppers (Horváth et al., 2015).

According to previous studies, compulsive shopping is characterized by high impulsivity scores, novelty seeking, and compulsivity (Black et al., 2012), as well as high levels of both positive and negative urgency characteristics (Rose & Segrist, 2014). Previous studies also revealed that compulsive buying disorder can be controlled with an individual's high self-control. Indian culture is significantly different from developed countries for instance United States etc. which represents the conservatism among the shoppers. But self-control alone can control the buying behavior or some other factor also working to control the shopper's behavior. It will be interesting to investigate whether and how compulsive buyers attempt to control their purchasing behavior. Therefore, the question arises; do negative emotions also control compulsive buying despite having individual's self-control in the Indian culture?

According to a bottom-up spillover theory of satisfaction (Sirgy, 2012) and the macro marketing field, subjective well-being (SWB) is a significant result of consumer shopping well-being and shopping ill-being (Ekici et al., 2017). These benefits and drawbacks of shopping apply to compulsive and impulsive buying behaviour as well (Iyer et al., 2019; Ridgway et al., 2008). Both tendencies can be detrimental to an individual's well-being as well as to society as a whole in terms of overconsumption and sustainability. Shopping ill-being is defined by Lee et al. (2014) as "the extent to which consumers experience compulsive buying in shopping through overspending time, effort, and money" (p. 33). Ill-being perception can act as a controlling force to compel any shoppers to purchase. Hedonistic retail activities have been characterized as "recreation" (Backstrom, 2006), entertainment (Moss, 2007), or actions associated with enthusiasm that elicits emotional excitation and joy (Jin & Sternquist, 2004). But previous studies also revealed that positive and negative affect is associated with compulsive buying (Flight et al., 2012; Kearney & Stevens, 2012). Therefore, inconsistent findings encourage examining whether ill-being perception can encourage or discourage compulsive buying behavior?

The goal of the current study was to use samples from India to provide the first approach for examining the relationship between self-control and propensity for compulsive purchases through the lens of ill-being perception. Although to our knowledge, it has never been explored whether the decrease in compulsive purchasing with self-control is brought on by an enhancement in self-control skills or by the combination of ill-being perception. This would imply that individuals can learn to exercise self-control and combine the other factors with self-control to accomplish their goals as opposed to indulging in compulsive buying (Figure 1). The objective of this study is to investigate the relationship between self-control, ill-being perception, and compulsive buying behavior. The current research contributes to the identification of various combinations of parameters that influence compulsive buyer behavior.

Figure 1. Conceptual framework.



Buying is a means of improving an individual's personal worth or a reflex to a negative attitude (Adamczyk et al., 2020). Much research has been conducted to study the basic reasons for compulsive purchase decisions and their relationship with psychological and sociodemographic aspects (Rodríguez-Brito et al., 2022). The current study can show the breadth of scientific investigations that consumer policymakers might employ.

2. Theoretical background

2.1. Compulsive buying, self-control and Ill-being perception

Numerous variables influence the CBB, resulting in a financial loss that eventually affects the families. The previous study confirmed the expected positive correlations between unplanned purchases, purchases of products not on customers' shopping lists, and obsessive buying behavior (Gwin et al., 2005). When viewed as a dependency, compulsive buying may be viewed as a path from regular purchasing to uncontrolled buying as a way of escaping anxiety and stress, and eventually to extreme dependency to stimulate (DeSarbo & Edwards, 1996). Empirical case studies conducted in the United Kingdom found that CBB was more pronounced in women compared to men, and age-related differences in shopping addiction were essential (Dittmar, 2005).

Self-control deals with the ability of a person to refuse to accept an inner request to achieve the best possible result (Jiang & Shi, 2016). Self-control is the conscious thinking needed to achieve a particular goal through flexible behavior. As Gifford (2002) emphasized, "emotionally vulnerable individuals have low self-control and are naturally impulsive." Additional information is provided on the impulsive characteristic that causes compulsive buying and addiction (Jiang & Shi, 2016), whereas a lack of studies found on the controlling aspect of CBB. Self-control is a feature of inhibitory control, which is the ability to control an individual's behavior, emotions, feelings, or acting on impulses. It has been discovered that a person's desire for fulfillment overcomes self-control and compels them to make purchasing decisions (Achtziger et al., 2015). The findings of another study showed that obsessive-compulsive purchases result from both the obsessive-compulsive and self-impairing impulsive elements characteristic of behavioral addiction (Maccarrone-Eaglen & Schofield, 2017).

According to Maccarrone-Eaglen and Schofield (2017), the CBB has two dimensions i.e. Self-control impaired spending (SIS) and compulsive purchasing (CP). According to several studies (Achtziger et al., 2015; Baumeister, 2002; Baumeister et al., 2008; Claes et al., 2010; Tangney et al., 2004; Vohs & Faber, 2007), the SIS dimension emphasizes the significance of self-control failure in CBB. According to Haws et al. (2012), individual differences in consumer spending self-control affect how people interpret environmental stimuli and weigh the implications of their actions. This suggests that using items that address general notions of impulsivity may not be an effective way to screen for CBB. Vijay and Kumar (2020) found that whenever willpower triumphs over desire, purchasers are less likely to purchase the goods. Many of the research findings indicated that self-control is a major predictor of compulsive buying (Horváth et al., 2015). Different influences can be attributed to excessively different cultural perceptions in the social context (Maccarrone-Eaglen & Schofield, 2018). It is interesting to investigate the

relationship of self-control with compulsive buying in the Indian context where it was assumed to have high self-control due to conservative culture.

Therefore, based on the aforementioned findings we hypothesized that,

H1: Self-control negatively influences compulsive buying behavior.

2.2. Ill-Being perception

In general, perception refers to how something is perceived, processed, or evaluated the phenomenon of compulsive buying has serious societal and personal consequences. Magee (1994) investigated whether compulsive buying influences identification and perceptions of the behavior of others. It has been proposed that the socio-cultural environment is one of many factors that contribute to the development of compulsive buyers (Damon, 1988; Faber, 1992; Hirschman, 1992). People's perceptions of what is acceptable and unacceptable behavior are influenced by societal, cultural, and individual norms. Consumers learn what is acceptable and unacceptable during the socialization process. Shopping ill-being perception is described as the degree to which consumers perceive impulsive buying and compulsive buying in shopping as overspending of time, effort, and money. In this case, an individual's resources (time, money, and effort) spent on shopping come from time, money, and effort needed in other life domains to maintain a given degree of life satisfaction. Generally, family members, friends, and/or coworkers grumble about the overspending of time, money, and effort spent on shopping. Therefore, ill-being perception acts as a controlling force to limit an individual from overspending.

The primary function of compulsive buying is to increase pleasure and effectiveness to meet the perception of socially valuable or required appearances (Farzana et al., 2015). It is conceivable that buying might make people feel less satisfied with their lives when a person devotes excessive amounts of time, effort, and money to shopping rather than fulfilling other role expectations in other areas of their life (e.g. family life, financial life, work life, leisure life, social life). In other words, time, money, and effort spent shopping may be at the price of these resources being used to fulfill obligations in other areas of an individual's life. Maintaining a certain degree of life pleasure depends on fulfilling these role expectations in other spheres of life. There are usually complaints from family members, friends, and/or coworkers about this excessive expenditure on shopping (time, money, and effort). These complaints are a result of failing to meet one's expectations, which in turn causes a significant amount of dissatisfaction in aspects of life such as job, family, and social life. Numerous negative effects of compulsive buying include financial difficulties, emotional harm (such as negative emotions or guilt), as well as social and relationship issues (Faber, 1992). Due to this, a person may regard their compulsive shopping as an illness and refrain from making excessive purchases.

Vieira et al. (2016) discovered a strong positive association between compulsive buying behaviour and credit card debt in their study on the trade-off between compulsive buying and perceived ill-being in determining the use of credit cards and the incurrence of debt. Additionally, they discovered that the forces of compulsive buying and ill-being perception on debt usage are in opposition to one another, with compulsive buying stimulating debt usage and ill-being perception discouraging it. Furthermore, according to a previous study, compulsive shoppers have less self-control (Claes et al., 2010; Raab et al., 2011). The root cause of compulsive buying is a lack of self-control: consumers prefer to participate in actions that produce little, immediate gains over longer-term, greater advantages (Baumeister, 2002; Faber & Vohs, 2011). According to Baumeister and Heatherton (1996), losing self-control is not always simply the result of succumbing to strong urges; there are several phases that consumers may forgo. Thus, it can be assumed that compulsive shoppers attempt to exercise self-control, though it is unclear how they go about doing so and how much their self-control efforts differ from those of prudent shoppers, who are more successful at curbing compulsive shopping, in this regard. To avoid compulsive buying, apart from self-control, ill-being perception can be another coping mechanism used by individuals. Therefore, it is interesting to investigate that if self-control fails, ill-

being perception can limit the urges of compulsive buying. Hence, ill-being perception can be treated as a mediator in the current study.

The goal of the current study was to use samples from India to provide the first approach for examining the relationship between self-control and propensity for compulsive purchases. Although to our knowledge, it has never been explored whether the decrease in compulsive purchasing with self-control is brought on by an enhancement in self-control skills or by the combination of ill-being perception. This would imply that individuals can learn to exercise self-control and combine the other factors with self-control to accomplish their goals as opposed to indulging in compulsive buying (Figure 1). Therefore, the current study examines ill-being perception as a mediator between self-control and CBB.

Therefore, based on the aforementioned findings we hypothesized that,

H2: Ill-being perception mediates the relationship between self-control and CBB.

3. Method

3.1. Design and procedure

This study was approved by the ethics committee of the university. The study is based on primary data collected through a well-structured online. Data collection was conducted in India via a snowball approach and convenience sampling approaches using a self-administered questionnaire, to which an offline customer introduces their fellow offline shopping customers (e.g., friends, relatives, colleagues). Alternative hypotheses and research designs were developed in light of the aforementioned theoretical framework (Figure 1). Respondents were informed that the survey was about their offline buying habits to reduce response bias. The short questionnaire (just 24 multiple-choice items) and clear statement of the research's goal helped to boost the response rate. Further instructions included encouraging the respondents to distribute the email to their social and professional networks. Along with asking people to complete the questionnaire, the link to the survey was also emailed to researchers' Facebook, LinkedIn, and other social media accounts. The present study was cross-sectional as the data was collected at a point in time. Correlation, regression, and mediation analysis were employed using SPSS software.

3.2. Participants

Initially, 710 people were contacted online through email to give consent regarding their participation in the research study. 59 people were not interested in the survey and unfilled (12) surveys were not included in the study. The sample consisted of 639 participants (Table-1), Male: 416 (65.1%), and Females: 223 (34.7%). More than half (67.8%) of the sample were living alone, while 31.8% were either married or living with a partner. As far as income is concerned, 34.6 % of people were earning less than 3 lakhs per annum, whereas 22.7% earning in between 3 lakhs to 6 lakhs, 24.9 earned between 6 lakhs to 9 lakhs, and 17.8% of respondents earning more than 9 lakhs per annum. 2.2 % of people belonged to the age group of below 18 years, 58.2 % belong to 18–25 years, 16.1 % were between the age group of 25–35 years and 15.8 % were in the age group of 35–45 years. 65.7% of respondents were living with less than 5 members as a family size, whereas 31.9% of respondents were living with 5–10 members and 2.4% were living with more than 10 members.

3.3. Measures

The author developed ten questions that make up the sample profile: questions about gender, age, marital status, education level, and income.

In the present study, three measurement scales were adopted to measure self-control, ill-being perception, and compulsive buying behavior. The ability of the self to change its states and actions is referred to as self-control (Baumeister, 2002, p. 670). Tangney et al. (2004) developed a self-control scale for measuring self-control. They developed a 36-item full version

of the scale as well as a 13-item short version (both versions performed equally well in the initial research; see Tangney et al., 2004). The current study adopted a brief scale that includes 13 items, 2 items were excluded due to the value being less than 0.5 in factor analysis. Each item on the measure was rated on a 5-point scale (1 for "if you feel the statement does not describe you at all" to '5 if you feel that it describes you very well). Two items were eliminated 'I refuse things that are bad for me' and "I am able to work effectively toward long-term goals".

The Faber (1992) compulsive buying scale was employed. The tool measures respondents' tendency for compulsive buying behaviour by evaluating seven concerns on a 5-point Likert scale (1-never, 5-always). The probability of someone being a compulsive buyer increases as the number increases of "nearly always" and "always." In this study, the compulsive buying behavior scale has an excellent internal consistency ($\alpha = 0.82$).

Ill-being perception was measured using a 5-point Likert scale (1-very unlikely and 5-very likely) and comprised seven items. These seven items were developed by Vieira et al. (2016) based on Disney and Gathergood's (2011) studies. The more "likely" answers and "very likely" responses were obtained, the larger the feeling of ill-being on this scale. In the current study, the ill-being perception scale has an acceptable internal consistency ($\alpha = 0.76$).

3.4. Data analysis

To avoid over-inflated indirect effects (Hayes, 2013), non-parametric bootstrapping analysis (Preacher & Hayes, 2004) was used to test the mediation model of ill-being perception as a mediator of the relationship between self-control and CBB. Demographic characteristics (age, gender, education, income, and marital status) were included as covariates. Using 5000 bootstrap samples, standard errors and 95% confidence intervals (CI) were obtained for the direct, indirect, and composite effects of self-control on CBB. If 95% of the indirect effects of correction and acceleration of CI deviation (lower limit, LL and upper limit, UL) do not include 0, then this intermediate analysis is important (Preacher & Hayes, 2004; Preacher et al., 2007).

The Hayes process macro in SPSS Model 4 was used in the Mediation Model for testing direct and indirect hypothesized relationships (Hayes, 2013). This method provides a more accurate estimate of indirect effects than the normal theory-based Sobel test and does not require a normal distribution of samples (Hayes, 2013). In addition, a separate regression analysis was also performed to investigate the relationship between self-control, ill-being perception, and CBB.

4. Results

The single-source data used for the current cross-sectional study has some limitations, but it was still used. The estimated variance, skewness, and kurtosis all fell within acceptable ranges, i.e., skewness falls within 3- to +3 and kurtosis acceptable range between +10 to +10. (Brown, 2006). Socio-demographic variables were also included in the statistical analysis as a covariate.

4.1. Correlation analysis

Table 1 and 2 showed correlation analysis and descriptive statistics. Correlation analysis showed that self-control is positively related to CBB ($r = .313$, $p < 0.01$) and negatively related to ill-being perception ($r = -.354$, $p < 0.01$). This result indicates that self-control is differently associated with ill-being perception and CBB respectively. In addition, ill-being perception is negatively associated with CBB ($r = -.237$, $p < 0.01$).

4.2. Covariates

Education was significantly associated with self-control ($r = .098$, $p < 0.05$), whereas family size was positively related with CBB ($r = .078$, $p < 0.05$). Gender, age, education, family size, income and marital status were considered as a covariate when estimating the mediation analysis. It was

Table 1. Sample characteristics (N = 639)

Demographic Values	Frequency (N)	Percentage (%)
Gender		
Male	416	65.1
Female	223	34.8
Age		
Under 18 Years	14	2.2
18 to 25 Years	371	58.2
25 to 35 Years	103	16.1
35 to 45 Years	102	15.8
45 and above Years	49	7.7
Marital Status		
Single	433	67.8
Married	206	31.8
Family Size		
Less than 5 members	414	64.7
5–10 members	204	31.9
More than 10 members	21	3.2
Income (P.A.)		
Less than 300,000	221	34.6
300000 to 600,000	145	22.7
600000 to 900,000	159	24.9
More than 900,000	114	17.8
Education		
School	23	3.6
Undergraduate	286	44.8
Graduate	97	15.2
Postgraduate	203	31.8
Other	30	4.7

found that all the covariates (gender, age, education, family size, income and marital status) neither significantly affecting ill-being perception nor affecting CBB.

4.3. Regression analysis

The mediation model hypothesized that ill-being perception will affect the relationship between self-control and CBB which is represented in Figure 1.

The results demonstrated that the mediator in a mediation model mediated the relationship between self-control and CBB (IETotal = .354, 95% CI, LL = .268 – UL = .441). The results showed that there was a significant direct effect of self-control on CBB ($\beta = .307$, $p < 0.01$), self-control on ill-being perception ($\beta = -.334$, $p < 0.01$) and ill-being perception on CBB ($\beta = -.176$, $p < 0.01$) in mediation model (Table 3). Therefore, rejecting H1. However, it was revealed that self-control was positively affecting CBB, thus not being able to regulate CBB. It was found that there was a mediation effect of ill-being perception between self-control and CBB ($\beta = .051$, SE = .016, LL = .020, UL = .085), hence supporting H2.

5. Discussion

The current research aimed to assess the relationship between self-control and Compulsive buying behavior (CBB) through ill-being perception. Our study showed the important role of ill-being

Table 2. Correlation among various variables									
	Gender	Age	Education	Marital Status	Family Size	Income	Self-Control	Ill-being perception	CBB
Gender	1	.103**	.151**	.112**	.075	.012	-.010	-.044	.017
Age		1	.645**	.743**	-.023	.404**	.044	-.005	.031
Education			1	.578**	.092*	.367**	.098*	.060	.074
Marital Status				1	.155**	.332**	.073	.016	.025
Family Size					1	.050	.075	.060	.078*
Income						1	-.017	-.031	.022
Self-Control							1	-.354**	.313**
Ill-being perception								1	-.237**
CBB									1
M(SD)							6.73 (3.11)	7.84 (2.94)	9.49 (3.59)

N = 639, * $p < 0.05$, ** $p < 0.01$.
Male coded as 1; female coded as 2; age coded as 1 (Under 18 Yrs), 2 (18 to 25 Yrs), 3 (25–35 Yrs), 4 (35–45 Yrs), 5 (45 Yrs and above); 1 coded as single; 2 coded as Married; 1 coded as less than 5 members; 2 coded as 5–10 members; 3 coded as more than 10 members; 1 coded as less than 300,000; 2 coded as 300,000–600,000; 3 coded as 600,000–900,000; 4 coded as more than 900,000; education coded as 1 (school level), 2 (Under-Graduate level), 3 (Graduate), 4 (Post-Graduate) and 5 (others).
CBB denotes Compulsive buying behavior; M denotes mean; SD denotes Standard Deviation.

Table 3. Bootstrapping results in direct and indirect effects

Direct effect	Estimate	SE	t
Gender → CBB	.131	0.300	.436
Age → CBB	.108	.129	.836
Education → CBB	.203	.131	1.54
Self-Control → CBB	.361**	.043	8.31
Marital Status → CBB	.144	.256	.561
Family Size → CBB	.658	.331	1.98
Income → CBB	.070	.125	.557
Gender → Ill-Being Perception	-.273	.245	-1.11
Age → Ill-Being Perception	-0.015	1.09	-.138
Education → Ill-Being Perception	.167	.110	1.51
Marital Status → Ill-Being Perception	.088	.216	.408
Family Size → Ill-Being Perception	.409	.271	1.50
Income → Ill-Being Perception	-.081	.102	-.789
Self-Control → Ill-Being Perception	-.334**	.035	-9.55
Ill-Being Perception → CBB	-.176**	0.04	-3.62

(95% bias-corrected confidence interval method)

Indirect effect	Effect	SE	LL	UL
Self-Control → Ill-Being Perception → CBB	.051	0.016	.020	.085

LL, Lower limit; SE, Standard error; UL, Upper limit.

N = 639, * $p < 0.05$, ** $p < 0.01$.

perception in Indian culture. Addictive behavior purchasers, along with their families, might face economic and social difficulties as a result of overwhelming debt levels (Workman & Paper, 2010). The result of the current study revealed that the CBB has been impacted by self-control and ill-being perception. Firstly, both the direct and indirect effects of self-control in the occurrence of ill-being perception have a substantial impact on CBB. A previous study found that low self-control skills lead to compulsive shopping, which results in liabilities (Achtziger et al., 2015), but the current study found that self-control positively affects CBB. The current study found that high self-control leads to a higher score of CBB, which was a self-control failure in limiting CBB. The participants were aware of their self-control but at the time of controlling the urges of compulsive buying, they fail to self-control those urges and resulting in to high score of CBB. The conflict between nature and nurture, which manifests itself as a lack of self-control, maybe the outcome of sequential decision processes that reach contradictory results (Gifford, 2002). It was also found that the current findings contradict the findings of Asad et al. (2012) which demonstrated that education level negatively correlated to CBB. Probably this is due to some other factor influence the individual for CBB despite of high score of self-control. This factor can be emotional intelligence, which regulate the emotions at the time activity. Previous studies have suggested that inadequate emotional self-regulation is the root cause of compulsive purchase (e.g., Rose & Segrist, 2012; Jung, 2017; Tariq et al., 2021). Therefore, emotional intelligence can be investigated to examine CBB in Indian context in future studies. Shoppers' previous shopping experiences have

an impact on their perceptions of pricing, product, brand attitude, and merchandise trust which leads to shopping in compulsive disorder (Jaafar et al., 2012).

The current study found that self-control is positively affecting the CBB, whereas ill-being perception was negatively affecting the CBB. In other words, self-control failed to control compulsive buying and supported by the findings of Baumeister (2002), as compared to ill-being perception was successfully able to control CBB. It was also found that self-control works differently from ill-being perception in terms of controlling compulsive buying. Unfortunately, efforts at self-control do not always succeed. According to Baumeister and Heatherton (1996), there were three causes of self-control failure (1) conflicting objectives; (2) failure to monitor one's behavior; and (3) diminution of the necessary resources for self-control to operate. From our point of view, buying behaviors can both contribute to the failure to exert self-control and be a response to such failures. Consumers with a clear idea of what they want are generally less prone to making impulsive purchases and do not lead to compulsive buyers as compared to others, and they're also presumably less susceptible to pressure from salespeople, advertisements, etc. People are more prone to becoming vulnerable when they have unclear or contradictory goals. For instance, more potential candidates are those that visit the retail store with no specific shopping agenda. The Indian consumers are "dealaholics", and they are not able to control buying when they encounter any good deal.

The current study revealed an interesting finding that self-control was unable to control CBB, but ill-being perception was successful in resisting compulsive buying. Individuals who felt CBB from an illness perspective, they are diminished their compulsive buying. The negative emotion i.e. ill-being perception is also called a good emotion when strategically used to control CBB. The sample of the current study was from an educated background, maybe they have used ill-being perception to resist CBB. The findings may be different for non-academic background individuals.

Additionally, our findings also showed that self-control with the combination of negative emotion (ill-being perception) cannot resist impulse purchases. But due to the negative perspective towards CBB, it declined the intensity of CBB. Thus, in the Indian context, individuals were in a dilemma to grab the best deal offer or to control their buying behavior. The failure of self-control may be due to the individuals' underregulated or may be misregulated self-control for the buying behavior. The majority of studies on self-regulation failure have been on underregulation or the inability to exert enough self-control (Faber & Vohs, 2011). Another factor is misregulation, which happens when people try to exercise control but do so in an ineffective or harmful way. Misregulation occurs as a result of buying things to temporarily block out unpleasant emotions for example anxiety, stress etc. However, induction of negative emotion for instance ill-being perception can be an appropriate technique to control the desire of purchasing. Ill-being perception is occurring due to the knowledge of consequences that can be experienced by an individual from compulsive buying, which can be beneficial to overcome the compulsive buying disorder. This research makes a significant contribution with the use of information on ill-being perception with the combination of self-control can prevent anybody from CBB.

6. Limitation and Future directions

There are indeed some limitations to the present study that might be examined in future research. Cross-sectional data were used in the study, which acted as a limitation. Future studies may focus on time-lagged or longitudinal research design. The data collected were from India, thus the result may be different in case of a change in data or country. The data were collected in the online survey so it may be possible that buyers from the physical stores are different in behavior. Although ill-being perception of only one negative emotion was examined between the relationship between self-control and CBB, other negative aspects for instance cognitive distortion can be investigated as mediating factors. Other moderating factors can also be tested for example personality; cultural dimension etc in future studies. Additionally, it was also found that the sample of the current study

was almost from an educated background. Therefore the findings cannot be generalized to the non-academic background individuals. Further, non-academic individuals can be included in future studies.

7. Conclusion

The main objective of the current study was to investigate the role of ill-being perception as a mediator between self-control and CBB. Self-control is unable to resist compulsive buying, but ill-being perception mediates the association between self-control and compulsive buying behavior. The inference suggested is that various situations may require different training programs for improving self-control and eliciting negative emotions, or other therapeutic treatments for preventing compulsive buying.

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Disclosure statement

No potential conflict of interest was reported by the author(s).

Availability of data and material

Yes, data can be available according to the requirement.

Consent to participate

Yes, consent was received for the study by the participants.

Consent for publication

Yes, consent for publication also received.

Ethics approval

The present study was conducted with the approval of the departmental ethical committee.

Supplementary Material

Supplemental data for this article can be accessed online at <https://doi.org/10.1080/23311975.2023.2286673>

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