

# ONIOMANIA

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## Oniomania Defined: The Compulsive Nature of Acquisition

**Oniomania**, often clinically referred to as compulsive buying disorder (CBD) or shopping addiction, represents a significant and persistent impulse control difficulty characterized by the recurrent, overwhelming urge to purchase goods or services, often without regard for financial consequence, actual need, or practical utilization. This powerful drive transcends typical consumer behavior, moving beyond the casual desire for material possessions into the realm of an unmanageable psychological compulsion. Unlike enthusiastic shopping or occasional splurging, oniomania involves an irresistible tension that is momentarily relieved only through the act of acquisition itself. Crucially, the subsequent feelings are often marked by profound regret, guilt, and emotional distress, leading to a destructive cycle that impacts personal, occupational, and financial stability. The definition centers on the qualitative difference between standard purchasing habits and the pathological, ego-dystonic nature of the compulsion, highlighting the loss of control experienced by the individual despite recognizing the irrationality of their actions.

The core mechanism of oniomania involves a psychological dependence on the purchasing process. The anticipation phase--the planning, searching, and identification of the desired item--is frequently associated with heightened arousal and pleasure, mimicking the reward pathways activated in substance addictions. This anticipatory high is the primary motivator, often overshadowing the value of the purchased item itself. The actual acquisition provides immediate, albeit fleeting, gratification, serving as a temporary escape from negative emotional states such as anxiety, depression, or loneliness. Consequently, the purchased items frequently remain unused, stored away, or even discarded shortly after the transaction, emphasizing that the intrinsic value lies in the transaction experience rather than the utility of the product. This pattern differentiates oniomania from simple materialism, where the goal is the possession and display of wealth or status.

The term itself is derived from the Greek words *onios*, meaning "for sale," and *mania*, meaning "insanity" or "frenzy." Although recognized in clinical literature for over a century, its formal classification remains debated, often categorized within the spectrum of impulse control disorders not otherwise specified, or increasingly, behavioral addictions. Understanding oniomania necessitates recognizing it not merely as a financial problem but as a deeply rooted psychological disorder where the act of spending functions pathologically as an emotional regulator. The diagnosis requires evidence that the behavior causes significant distress or impairment in major areas of functioning, including accumulating substantial debt, strained relationships, or professional difficulties resulting directly from the excessive purchasing behavior.

## Historical Context and Nomenclature Evolution

The clinical recognition of compulsive buying predates many modern behavioral diagnoses, tracing

back to the late 19th century. Early descriptions of the phenomenon were provided by the German psychiatrists Emil Kraepelin and Eugen Bleuler around 1915, who coined the term **oniomania**. They observed patients exhibiting uncontrollable urges to purchase items they neither needed nor could afford, noting the cyclical nature of tension, release, and subsequent remorse. At that time, these behaviors were often conceptualized within the broader framework of moral insanity or abnormal impulses, reflecting the nascent understanding of impulse control disorders separate from major psychoses. However, these early descriptions established the foundational understanding that the pathology resided in the impulse itself rather than in the material goal.

Throughout the 20th century, the nomenclature fluctuated as diagnostic frameworks evolved. Initially grouped with other impulse disorders like kleptomania or pyromania, oniomania struggled to gain independent recognition. Critics often dismissed it as a manifestation of underlying mood disorders or simply a reflection of societal materialism. However, increasing research, particularly starting in the 1980s, highlighted distinct psychological and neurological profiles associated with the disorder, prompting researchers to advocate for its inclusion in major diagnostic manuals. The shift in terminology toward "Compulsive Buying Disorder" (CBD) or "Shopping Addiction" reflected an attempt to align the condition more closely with other recognized addictive behaviors, recognizing the underlying neurobiological similarities related to dopaminergic reward pathways.

Despite extensive clinical evidence and high prevalence rates in Western consumer societies, **oniomania** has yet to receive a dedicated, standalone diagnosis in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). It is currently often grouped under "Other Specified Impulse-Control Disorders" or sometimes mentioned in the context of behavioral addictions, although the latter category itself is still developing. The lack of a formal, dedicated DSM category presents challenges for systematic research, standardized clinical treatment protocols, and insurance reimbursement. Nevertheless, the clinical community widely acknowledges the validity and debilitating nature of the syndrome, continuing to use terms like oniomania or CBD to describe the specific constellation of symptoms involving the irresistible urge to acquire.

## Clinical Manifestations and Diagnostic Criteria

The clinical presentation of **oniomania** is defined by several pervasive behavioral and cognitive patterns. The behavior is typically chronic and recurrent, often beginning in late adolescence or early adulthood, although the severity and frequency tend to increase over time. The purchases are usually unnecessary items, such as clothing, jewelry, cosmetics, or household gadgets, and the buying episodes are often triggered by negative emotional states or stressful life events. These episodes are characterized by a sense of urgency, excitement, and a temporary suspension of critical judgment regarding financial responsibility. Crucially, the individual often attempts to conceal the extent of their purchasing from partners or family members, leading to profound

secrecy and isolation, which further exacerbates the emotional burden.

Specific diagnostic features, though not standardized by DSM-5, are commonly used in clinical practice and research settings. These criteria typically include a preoccupation with shopping and spending; frequent buying episodes that are experienced as irresistible, intrusive, and senseless; spending more money than one can afford, leading to debt accumulation; and repeated unsuccessful attempts to reduce or stop the behavior. Furthermore, the purchases are usually made privately, sometimes stored and never used, and the immediate gratification is rapidly replaced by feelings of shame, guilt, and depression. A key component is the functional impairment resulting from the behavior; this impairment must be significant, impacting relationships, career, or financial health, distinguishing it from typical consumer enjoyment.

The cycle of compulsive buying can be delineated into four distinct phases. First, the **anticipatory phase** involves mounting tension and craving related to the idea of shopping. Second, the **shopping phase** is the actual act of purchasing, characterized by excitement and relief. Third, the **dejection phase** follows immediately after the purchase, marked by intense guilt, self-reproach, and realization of the financial damage. Finally, the **rationalization phase** involves the individual developing excuses for the behavior or attempting to minimize the severity of their actions, temporarily reducing the immediate emotional pain before the cycle inevitably restarts. This cyclical pattern underscores the addictive quality of the disorder and the difficulty in breaking the behavioral loop without professional intervention.

## Etiological Factors and Underlying Causes

The etiology of **oniomania** is complex and multifactorial, involving an interplay of psychological, biological, and socio-cultural elements. From a psychological perspective, compulsive buying often serves as a maladaptive coping mechanism designed to regulate intense or negative emotions. Individuals struggling with CBD frequently report low self-esteem, chronic loneliness, and difficulty tolerating distress. The temporary high derived from shopping acts as a powerful, immediate distraction from these painful internal states. Furthermore, for some individuals, the act of purchasing confers a temporary sense of power, control, or identity enhancement that they feel is lacking in other areas of their lives. The purchased objects become symbolic representations of desired status or personal worth.

Neurobiological research suggests that dysregulation in the brain's reward system plays a crucial role. Studies utilizing functional magnetic resonance imaging (fMRI) have shown that the purchasing process activates areas rich in dopamine receptors, specifically the ventral striatum and the nucleus accumbens, mirroring the neural pathways involved in substance use disorders. This activation creates a powerful positive reinforcement loop, conditioning the brain to repeat the purchasing behavior to achieve that dopamine surge. Furthermore, abnormalities in

neurotransmitter systems related to impulse control, such as serotonin and norepinephrine, have also been implicated, suggesting a common underlying mechanism shared with other impulse control pathologies.

Socio-cultural factors provide the context within which oniomania thrives. Modern Western societies emphasize consumerism, equating material possessions with happiness, success, and social acceptance. Pervasive, accessible advertising and the rise of e-commerce--allowing instantaneous, private acquisition--lower the behavioral threshold for compulsive episodes. The ease of online shopping, coupled with delayed payment mechanisms like credit cards, removes the immediate pain of financial loss, facilitating reckless spending. These environmental triggers interact with individual vulnerabilities, creating fertile ground for the development and maintenance of compulsive buying behaviors.

### Comorbidity and Related Psychological Disorders

A critical aspect of understanding **oniomania** is its high degree of comorbidity with other psychiatric conditions. Compulsive buying rarely exists in isolation; rather, it often functions as a behavioral symptom or coping strategy within a broader psychiatric profile. The most commonly associated disorders include mood disorders, particularly Major Depressive Disorder and Bipolar Disorder. As noted in early descriptions, oniomania can occur prominently during manic or hypomanic phases of **bipolar disorder**, where inflated self-esteem, impulsivity, and reckless behavior--including excessive spending--are core diagnostic features. In these contexts, the shopping behavior is often grandiose and financially catastrophic.

Beyond mood disorders, anxiety disorders, especially generalized anxiety disorder and social anxiety, are frequently observed alongside CBD. Shopping can serve as a distraction or temporary anxiety reducer. Furthermore, there is a strong association with other impulse control disorders, such as trichotillomania (hair pulling) and kleptomania (compulsive stealing), suggesting a shared underlying difficulty in inhibiting urges. Obsessive-Compulsive Disorder (OCD) is also relevant, although the relationship is complex; while some aspects of shopping might seem ritualistic, CBD is generally ego-syntonic during the act (felt as pleasurable or relieving), unlike true OCD compulsions which are typically ego-dystonic (unwanted and stressful).

Perhaps the strongest link exists between oniomania and substance use disorders, as well as other behavioral addictions (e.g., compulsive gambling, internet gaming disorder). This comorbidity supports the model that compulsive buying is a behavioral addiction rooted in shared neurobiological mechanisms involving the reward system. When treating a patient presenting with symptoms of excessive spending, clinicians must conduct a thorough differential diagnosis to determine whether the spending is primary oniomania, a secondary symptom of a mood disorder (like Bipolar I), or part of a pervasive pattern of personality disorder pathology, as effective

treatment hinges on accurately addressing the primary underlying condition.

## Psychological Impact and Consequences

The consequences of untreated **oniomania** extend far beyond mere financial inconvenience; the disorder inflicts severe psychological and social damage on the individual and their surrounding network. Psychologically, the cycle of spending and subsequent remorse leads to chronic low self-esteem, deep feelings of shame, and often clinical depression. The constant pressure of managing mounting debt and the secrecy required to maintain the behavior result in high levels of stress and anxiety. This internal turmoil can lead to an exacerbation of the underlying emotional vulnerabilities that initially triggered the compulsive shopping, creating a self-perpetuating, negative feedback loop.

Socially and interpersonally, the impact is devastating. Relationships are severely strained due to financial deception, the accumulation of debt, and the emotional unavailability of the individual who is preoccupied with their shopping rituals or hiding their purchases. Family members often experience feelings of betrayal, anger, and helplessness. In severe cases, the financial instability caused by the spending can lead to bankruptcy, loss of housing, and even criminal charges related to fraud committed to funding the addiction. The occupational sphere is also affected, as preoccupation, stress, and lack of sleep related to debt management can impair concentration and performance at work.

Furthermore, the accumulation of unused items often leads to significant clutter and hoarding behaviors, adding environmental stress to the psychological burden. The paradox of oniomania is that the behavior, intended to fill an emotional void or achieve momentary happiness, ultimately leads to greater emptiness, isolation, and misery. Recognizing and addressing these profound psychological consequences is essential, as recovery involves not only stopping the purchasing but also rebuilding self-worth and repairing damaged trust.

## Treatment Modalities and Intervention Strategies

Effective treatment for **oniomania** typically involves a multidisciplinary approach combining psychotherapy, pharmacotherapy, and self-help strategies. Cognitive Behavioral Therapy (CBT) is considered the gold standard psychological intervention. CBT aims to identify the triggers, irrational beliefs, and cognitive distortions that precede and maintain the compulsive behavior. Techniques focus on developing healthier coping mechanisms for managing negative emotions, challenging the belief that purchasing will solve problems, and implementing behavioral techniques such as stimulus control (avoiding shopping environments) and response prevention (delaying the urge to buy). Relapse prevention strategies are also paramount, teaching the patient to identify high-risk situations and manage impulsive urges effectively.

Pharmacological interventions are often used, particularly when significant comorbidity with mood or anxiety disorders exists. Selective Serotonin Reuptake Inhibitors (SSRIs), commonly used for depression and anxiety, have shown efficacy in reducing the frequency and intensity of compulsive buying urges, likely due to their effects on impulse control and mood regulation. In cases where oniomania is strongly linked to bipolar disorder, mood stabilizers are the primary treatment, addressing the underlying mood cycling that drives the manic spending. Additionally, preliminary research has explored the use of opioid antagonists, such as naltrexone, which have proven useful in other behavioral addictions by dampening the rewarding aspects of the compulsive act.

Crucially, financial counseling and debt management are non-negotiable components of recovery. Patients require practical assistance in establishing spending budgets, limiting access to funds (e.g., cutting up credit cards, using cash envelopes), and developing realistic plans for debt repayment. Support groups, modeled after 12-step programs (like Debtors Anonymous or similar recovery fellowships), offer invaluable peer support, reduce feelings of isolation, and provide a structured environment for accountability. A holistic approach that addresses the behavioral, chemical, and environmental factors simultaneously offers the best prognosis for long-term recovery from this persistent and destructive behavioral addiction.