



Prevention of Shopaholism in Students of Higher Education Institutions

Ivanna Parfanovich¹^a, Iryna Trubavina^{2,3}^b and Uliana Huzik⁴

¹Ternopil Volodymyr Hnatiuk National Pedagogical University, 2 Maksyma Kryvonosa Str., Ternopil, 46027, Ukraine

²Luhansk Taras Shevchenko National University, 7 Vokzalna Str., Lubny, 37500, Ukraine

³Kryvyi Rih State Pedagogical University, 54 Gagarin Ave., Kryvyi Rih, 50086, Ukraine

⁴Dzhurynsko-Slobidkiv branch of the Dzhurynskiy reference institution of general secondary education of the I-III degrees of the Bilobozhnytsk village council of the Ternopil region, 11 Shkilna Str., Dzhurynska Slobidka, 48571, Ukraine

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Abstract: The article deals with the phenomenon of shopaholism which is characterized as a harmful habit, unhealthy condition and/or disease because of a depressive state, psychoemotional problems, killing time or varying leisure and lifestyle. The prevention of shopaholism is possible on condition of coordinative actions of those taking part in prevention that is why, the focus should be on the peculiarities of program implementation and on providing diagnosis and prevention. The ways of the implementation of the research tasks are varied including determination of life values and principles of people likely to be shopaholics; devising the program of working with women; ways of program implementation in different institutions and organizations responsible for deviant behavior prevention; scientific and methodological grounds for the technique of shopaholism prevention and correction; expertized evaluation and analysis of the results of the preventive and therapeutical measures; finding out appropriate ways of prevention and treating shopaholism. The development and implementation of the project of prevention and treating shopaholism helps: to implement diagnostic and methodological results concerning revealing target groups and signs of shopaholism; to define the efficiency of the technique of dealing with the mentioned group; to achieve positive results what is proved by the research.


1 INTRODUCTION


Traditionally, the prevention of deviant behavior was the subject of activities of social services and educational institutions. But they engaged in traditional negative habits and manifestations. Shopaholism was not considered an actual problem. Today, this type of deviant behavior requires significant efforts on the part of society and, first of all, on the part of educational institutions.

Deviant behaviour is *asocial, amoral* (minor violations of the social life standards), *auto-aggressive which is divided into addictive and suicidal, unlawful* (significant violations of the norms of social life). Shopaholism according to such division refers to auto-aggressive addictive behaviour. This kind of deviation should be considered both as a social phenomenon due to its significant prevalence, and as a deviant behaviour of an individual through the defor-

mation of values, standards of behaviour. Preventing and treating this kind of deviant behaviour of individuals is important not only for the correction and rehabilitation of their social development and psychoemotional health, but also for the well-being of their relatives and loved ones, and hence for the microsocial environment and society in general.

In our definition, “prevention” (warning, overcoming) of deviant behavior is a normative-legal, social-organizational, psychological-pedagogical process of organizing and implementing a set of measures that ensure the social-psychological development of an individual. Accordingly, “prevention”, “warning” are measures aimed at preventing the formation of negative manifestations and deviations in the development of a person, and “overcoming” is the elimination of deviations in the development and vital activities of a person.

^a <https://orcid.org/0000-0002-5300-7092>

^b <https://orcid.org/0000-0003-1057-430X>

2 AIM

The aim of the article is to determine the specifics of the prevention of shopaholism as a type of deviant behavior, its causes and consequences for the individual and society. This, in particular, involves the need to: determine the essence of the phenomenon; to reveal the specifics of diagnosing shopaholism among the population; to establish effective ways of preventing and overcoming this type of deviation in institutions of higher education with student youth and in the individual development and behavior of a person.

3 MATERIALS AND METHODS

The problem of behavioural deviations became the subject of research of the scientific and research laboratory for the diagnosis and prevention of deviant behaviour, which operates on the basis of Ternopil Volodymyr Hnatiuk National Pedagogical University. Effective diagnostics and preventive maintenance of shopaholism are one of the directions the laboratory is working on.

Auto-aggression is the manifestation of destructive activity directed by a person straight on themselves. The types of auto-aggression are the following: tobacco, alcohol, drug, computer, game addiction, bulimia and anorexia, suicidal and parasuicidal behaviour (UkrLoves.com, 2017). In cases of non-chemical addictions, the attention is permanently fixed on certain subjects (stamps, books, weapons) or activities (sex, work, food consumption, taking care about a man-alcoholic, communicating with a computer). These subjects or activities gradually displace normal contacts with people, love, care for their loved ones, rest, need in friendly support (Popov and Brug, 2005).

The phenomenon of oniomania was first noted by the famous German psychiatrist Kraepelin (1915), a “discoverer” of schizophrenia and manic depression. He noticed that it was very similar to other types of addictions (Nechaenko, 2011).

The stages of the formation of shopaholism are: the first – a sudden, meaningless purchase; the second – experimentation; the third – a desire to buy; the fourth – purchases are made on any occasion, the criticality of purchase is lost; the fifth – constant sense of guilt (Shopogolizm, 2015).

Today, online shopping or e-shopping is where anyone can buy goods or services using a provided application or web browser on the Internet (Huei et al., 2023).

Theoretical approaches of scientists to this problem are classified by the determinants of oniomania: *biological* (Nechaenko, 2011); *social* (Jhang, 2018; Shopogolizm, 2015); *pedagogical* (Nechaenko, 2011); *psychological* (Romanchukevich, 2013). Many scholars consider a complex of reasons affecting the emergence of shopaholism. The present study was descriptive qualitative in design, consisting of a few case studies based on semi structured interview of individuals high on shopaholism, consisting information about participants’. Before and after affect of shopping, motivation, causes and other related significant information regarding their shopping behavior was also explored (Sharma et al., 2020; Hunter, 2018; Ghosh, 2013; Gust, 2015; Yuh and Choi, 2017).

Thus, oniomania as a social phenomenon is still most common among women. This is evidenced by the following argument: “A woman is a biological person who biologically has a more developed hemisphere of the brain, which is responsible for emotions and irrational perception of the world, and it is this that plays a predominant role in the emergence of tension in the departments that control emotions” (Nechaenko, 2011; Tyagi and Shyam, 2019). Scientists are also convinced that in most cases women suffer from oniomania and because of the prevalence of such emotions as lack of love, recognition, the presence of a feeling of emotional emptiness, depression.

The consequences of shopaholism are severe: feelings of guilt; nervous tension or breakdowns; exhaustion; apathy; irritability; financial losses.

It is proposed to carry out diagnostics of the presence of oniomania according to the *criteria*: frequent purchasing concerns or sudden impulses to buy something; regular purchases of unnecessary things usually not correspondent to available funds or a significant increase in shopping time compared to the one originally scheduled; purchasing troubles, sudden purchases or the associated behavioural features are accompanied by expressive distress, inadequate loss of time, become a serious obstacle both in everyday life and professional field, or cause financial problems (e.g., debt or bankruptcy); excessive purchasing or going shopping is not necessarily manifested in periods of hypomania or mania (Noykina, 2012).

Domestic and foreign scholars offer mechanisms for displacement and replacement of shopaholism as a form of behavioural deviations by establishing positive social relations in interpersonal and intersexual aspects, socially positive ways of self-actualization (Jhang, 2018; Kireicheva and Kireichev, 2006; Nechaenko, 2013; Liu, 2016; Noykina, 2012; Yuh and Choi, 2017).

Various approaches of the research significance of

shopaholism in the life of society and individuals are investigated:

- Contemporary culture encourages shopping to abate negative emotions or alter one's disposition (Hunter, 2018);
- The papers investigate shopaholism as a linguistic term (Callies, 2016);
- The research is dedicated to analysis of stars' shopaholism (Gust, 2015);
- The role of Fashion and Commodity Fetishism in the formation of shopaholism is defined (Ghosh, 2013).

Thus, having analyzed the views of the researchers of shopaholism, such conclusions are drawn: many scientists define oniomania as a disease or a pathological condition of a person; presence of oniomania manifestations testifies to an uncomfortable condition of a person, deterioration of social development, psychological well-being; predominantly, the phenomenon of shopaholism is characteristic of female persons through the psycho-emotional mechanism of the emergence and formation of addiction; oniomania has biomedical, psychological, pedagogical and social determinants; prevalence of the defined determinants of oniomania emergence and development indicates a stable tendency towards deformation in the development and behaviour of a person, in particular, social disorganization.

Thus, shopaholism can be defined as a *bad habit; unhealthy condition and/or disease; the consequence of a depressed state, psycho-emotional problems; diversification of time, leisure, life.*

The problem of behavioural deviations became the subject of research of the scientific and research laboratory for the diagnosis and prevention of deviant behaviour, which operates on the basis of Ternopil Volodymyr Hnatiuk National Pedagogical University (90 female students), Kharkiv National Pedagogical University named after H. Skovoroda (72 female students).

The scientific and methodological substantiation and the results of the practical solution of the tasks set are presented below. Work on the specified issue has been carried out by the scientific and research laboratory since 2013. As diagnostic tools of the study served: a) questionnaires; b) polls; c) specialized diagnostic techniques.

In the course of study a comparison of diagnostic data, obtained with the help of A. N. Orel's method and our own one, has been conducted. The method developed by Orel (2004) is a set of specialized diagnostic scales aimed at measuring the readiness (predisposition) for the implementation of separate forms

of behaviour with deviations. According to these scales, 90 females aged 18-25 were diagnostically examined, and the results are presented in table 1.

The questionnaire according to A. N. Orel's methods includes both male and female versions. The female version contains 107 statements that should be analyzed by the person being tested. From a number of statements concerning life, character, habits, one needs to choose what corresponds to the person interviewed and mark it in the response form with the number of a statement. Each answer according to the key is assigned 1 point. Further, the total score is calculated according to each scale that is presented in table 1, which is compared with the test standards. If the deviation of the individual results from the standards is observed, a psychological feature is defined as expressed. In table 1 the data on the mass fraction of those women from the total number of respondents who have high, average and low indicators are given and these data as a percentage of the total number of persons involved in the diagnosis according to A. N. Orel's methods are presented.

Identifying people belonging to a risk group is the first step in a diagnostic examination. The second is the detection of a person's predisposition to shopaholism. Conducting a comprehensive comparative survey eliminates the possibility of an error, ignoring some indicators. We used a developed questionnaire. The poll is aimed at analyzing the problem comprehensively: What, in your opinion, is "shopaholism"? Do you consider yourself a shopaholic? How do you feel about this category of people? Do you think that shopaholism is a problem? Have you ever thought that you are spending too much money on buying things you do not need? What features do you pay attention to during the purchase: quality or quantity? Do you agree with the idea "Clothes are never enough"? Why? Is it needful to plan purchases? Do you have close friends, who are prone to shopaholism? Do you know how to cope with this problem? In addition, we offer a set of diagnostic methods that can be used in the monitoring process and identifying shopaholism as a form of deviant behaviour (Parfanovych, 2009).

Having conducted the research on the basis of Ternopil Volodymyr Hnatiuk National Pedagogical University, State Higher Educational Institution "Ternopil College for Food Technologies and Trade", covering 90 girls and young women aged 18 to 25, found that 81 girls of the respondents were not characterized by a tendency to such addiction as shopaholism. However, among those identified with the predisposition (9 girls), too, not all of them have the same degree of behaviour: 2 girls – *have clearly*

Table 1: The results of the diagnostic examination of females in order to reveal signs of predisposition to deviant behaviour (based on A. N. Orel's methods).

Scales	Indexes		
	High	Medium	Low
1. The scale of the targeting on social desirability (job scale)	–	5%	95% (the tested are not prone to conceal their own norms and values, adjust their answers in the direction of social desirability)
2. The scale of predisposition to overcome norms and rules	6%	12%	82% (conformal settings of the tested, the tendency to follow the stereotypes and norms of behaviour)
3. The scale of predisposition to addictive behaviour	–	11%	89% (indeterminacy of the above-mentioned tendencies, good social control of behavioural reactions)
4. The scale of predisposition to self-damaging and self-destructive behaviour	–	16%	84% (lack of readiness to implement self-destructive behaviour, lack of inclination to implement complexes of guilt in behaviour)
5. The scale of predisposition to aggression and violence	–	22%	78% (high level of social control of behavioural reactions)
6. The scale of volitional control of emotional reactions	2%	9%	89% (strict self-control of any behavioural emotional reactions, sensory impulses)
7. The scale of predisposition to delinquent behaviour	–	3%	97% (high level of social control)
Scales average mean	1.1%	12.5%	86.4%

expressed signs; 4 girls – constitute a risk group; 3 girls – are characterized by periodic or partial manifestations of this addiction.

As in the analysis based on the methodology of A. N. Orel, a shift in the personal spheres of those individuals who are prone to shopaholism is also observed: *cognitive* (low self-esteem, lack of self-confidence, recognition at work or desired career growth, dissatisfaction with their appearance); *psychoemotional* (absence or lack of attention of your loved ones, feeling of loneliness, need for recognition and love, depression, life routine, severe disappointments in people, psycho-emotional injuries such as violence, death of a loved one, illness, psychological problems from childhood, sexual dissatisfaction, lack of parental love and attention); *volitional* (lowered level of self-regulation, illusion of power, limited spending of money, due to its lack, insignificant amount of pocket money, or too strict prohibitions).

Almost all females (except for three) involved in the diagnosis have shown readiness to correct their behaviour, the desire to improve their social development and psycho-emotional feeling. The developed project of the program for prevention and treating shopaholism was aimed at the problems mentioned above. The main target audience includes people aged 18-27 years, who have different degrees of predisposition to shopaholism.

The evaluation of the work result is based on the established criteria of effectiveness. The defined criteria are indicators of work based on the dynamics of

quantitative and qualitative indicators obtained at different stages of work. The following points served for the assessment of the effectiveness of diagnostic and preventive work: a) conclusions of all participants of the project; b) well-being and personal orientation of persons prone to shopaholism. The work within the framework of the program was characterized by *mass, group and individual measures*.

Mass measures and features of their implementation aimed at prevention and treating shopaholism among female students of higher education institutions are presented in table 2. It is advisable to use handouts (booklets) with the indicated list of a) regulations with their short content characteristics; b) social structures of the state and international levels, whose activities are aimed at protecting the rights of women; c) methodical recommendations with comments and explanations concerning the mechanism of the appeals of women to social institutions and organizations. And also including periodic coverage of the program implementation process in mass media.

Conducting **group** preventive work with females, who are prone to shopaholism, is a significant part of corrective and rehabilitation work.

The requirements for group work are as follows:
 1. *Sincerity in communication.* 2. *Mandatory participation in the group work during the whole time.* 3. *The right of each member of the group to say "stop"*
 4. *Each participant speaks for himself, on his own behalf and does not speak for the other.* 5. *Do not criticize and acknowledge the right of everyone to express*

Table 2: Mass prevention measures to prevent and overcome shopaholism among women (based on the results of the implementation of the developed project).

Peculiarities of measures implementation
1. Press conference. It is conducted with an aim to update the problem and highlight the results of the program implementation. The subject of the press conference is determined in the process of work and conditioned by the nature of urgent problems. The participants of the program and those social structures, the participation of which requires an in-depth approach to solving current and/or operational issues are involved before the press conference.
2. Round table. It is used as a form of preventive and corrective-rehabilitation work for 1) discussion of urgent issues with the involvement of subjects of prevention (program participants, employees of state executive bodies and local municipal bodies, and 2) women who are ready for and capable of self-disclosure and / or speech on particular issues subjected to coordinated activities of a psychologist, social workers.
3. Psycho-correction lesson. Conducted by a psychologist with target groups according to the defined order and content of work. The involvement of social educators, social workers is possible.
4. Training. The form of influence for developing ideas, beliefs, and standards of behaviour. It is advisable to conduct a narrow thematic training when women acquire some skills.
5. Lecture. Clarification and coverage of questions related to shopaholism. It is advisable to have a comprehensive look at the question with the involvement of specialists of different fields: doctors, lawyers, psychologists, social workers, civil servants.
6. Video lecture. Demonstration of video materials with corresponding comments in the form of a lecture by leading specialists related to the topic.
7. Conversation. Individual and group forms of work with women involved in the implementation of the program. The content, time, and topics of the conversation are determined by the necessity to fulfill the tasks in the framework of the project.
8. Dispute. The appropriate form of development of sustainable knowledge, ideas, beliefs, skills of women's behaviour; concerns the mechanisms of social and psychological protection, self-regulatory behaviour and basic standards of treatment in problem situations.

their views, respect the opinion of another. 7. Do not take all that is happening in the classroom beyond the group. 8. Carefully listen to the thoughts of others, do not interrupt. 9. Introduce a sign-regulator, for

example, a raised hand, when all attention is drawn to the speaker. 10. Introduce a time limit that will restrict and set the scope of each lesson. 11. Ask participants to propose additional rules if they consider it necessary (Tokova, 2014).

Among all the forms and methods of group work, we emphasize the feasibility of conducting a training lesson to attract people with varying degrees of deviations (Parfanovych et al., 2018). The developed training lesson passed an expert evaluation and is recommended for implementation by the regional expert commission on the expertise of psychological and sociological tools (№ 3 of December 21, 2017) of Ternopil Regional Public Institute of Postgraduate Pedagogical Education.

Group forms and methods for preventing and treating shopaholism among females are developed on the basis of the results of the implementation of the developed training lesson (Parfanovych et al., 2018): 1. **Exercise “Principles of work in a group”** (Tokova, 2014). 2. **Exercise “Draw Your Name”** (Kireicheva and Kireichev, 2006). 3. **Mini-lecture “Autoaggression, Addiction, Shopaholism”**. 4. **Dispute “Unfinished sentence”**. 5. **Examples of shopaholism** (Tokova, 2014). 6. **Dispute “Labels with Addictions”**. 7. **Situation analysis**. 8. **Exercise “Shopping”** (Parfanovych et al., 2018). 9. **Conversation**. 10. **Exercise “Waterfall”**. 11. **Discussion “My Values”**. 12. **Exercise “Write a fairy tale”**. 13. **Exercise “Free Advice”** (Tokova, 2014). 14. **Slide Show “Replacement of Shopping”**. 15. **Reflection**.

Individual work is of particular importance in the corrective and rehabilitation process. The criteria for the effectiveness of individual work with a person are as follows: 1) *interests, needs*; 2) *state of health*; 3) *forthcoming plans, future prospects*; 4) *the nature of social relations*; 5) *way of spending free time*.

Prevention of shopaholism at an individual level includes the following *techniques for self-correction behaviour*: 1. On the days when you can buy something needless, take money only for your transport and lunch. 2. Find constant hobbies and reasonable entertainment, to include sports exercises or dance classes, aerobics, which contribute to the development of endorphin or a pleasure hormone, into the routine of a day. 3. Do not go shopping in a state of hunger or annoyance. 4. Switch over to other problems. 5. Count money spent (buying needless things, not necessary items). 6. Plan trips. 7. Communicate more with nice people. 8. Start learning a foreign language, take a pet, learn to do something with your own hands. 9. Think of the needy and get something for them. 10. Before each trip to the store, make a list of things you need to buy, and strictly follow this

list. 11. Take to stores only the amount of money that is enough to pay for what is on the list. 12. Do not carry a credit card on you. 13. If you saw the thing you would like to buy, put it aside for a few hours, and preferably for a day; maybe after a couple of hours it will seem to you not so much needed and important.

So, mass, group and individual work have their differences and specifics in application. The nature of the technology (prevention or coping) will be determined by the degree of deformation of the person's personal development. Such differentiation is presented in table 3.

4 DISCUSSION QUESTIONS

Unexpected and unpredictable moments in the research process require discussion.

1. Point 14 "Slide Show of "Shopping Substitutes" (presentation materials for aerobics, yoga, sports, charity activities, etc.) revealed that there are so many alternatives to shopping. Women and girls involved in work named many of their passions and hobbies. However, they also claimed that shopaholism is not an adikiya and has a socially accepted character, it can be a good way to spend free time. That is, the existing fact of conscious rejection of the problem – "departure" from it. Therefore, a lot of work should go into highlighting the consequences of deviation and increasing motivation to prevent and overcome the problem. And this, in turn, proves that prevention of shopaholism is very important and a priority.
2. It is worth highlighting the *risks* that may arise in the process of diagnosis and preventive work:
 - low motivation of a person to cooperate;
 - inconsistency of the person's psycho-emotional state, its dynamism;
 - manifestations of conformity, when the person pays more attention to the opinion of the environment than to the process of correcting the deviation;
 - unpreparedness of the subject of diagnosis and prevention and his inability to interpret the results of research and the process;
3. **Interpretation of research results.** The identified risks may negatively affect the effectiveness of the research.

We have identified the following as criteria for the effectiveness of the work with the person: interests, needs; well-being; immediate plans, future

prospects; the nature of social ties; way of spending free time. To determine reliable results, we offer a 5-point scale that will help you choose the right answer for a specific person:

- (a) interests, needs (positive focus on development – 5 points; versatility of interests that are not fixed in stereotypes of behavior, possible manifestation of shopaholism in crisis situations – 4 points; interests do not have independent in-depth development, are manifested under the influence of other people, as well as manifestations shopaholism, – 3 points; periodic making of ill-considered purchases – 2 points; constant manifestations of shopaholism and lack of deeper interests – 1 point);
- (b) feeling of well-being (balanced state, focus on positive communication and development – 5 points; state is balanced, but there is no positive setting – 4 points; there are periodic manifestations of psycho-emotional imbalance and the ability to impulsive acts, ill-considered actions – 3 points; ascertaining the presence of signs of negative well-being, increased anxiety, irritability, psycho-emotional excitability – 2 points; depressive state and manifestations of concomitant types of deviant behavior (smoking, alcohol abuse, etc.) – 1 point);
- (c) immediate plans, future prospects (shopping is not included in the plans as an ill-considered purchase of things – 5 points; there are no plans and the person is guided by spontaneous decisions – 4 points; the probability of spending time in the form of shopping – 3 points; subconscious desire for shopping and unconsciousness of actions and their consequences – 2 points; an open desire to spend another unnecessary shopping trip – 1 point);
- (d) the nature of social relationships (friends and the environment are free from addiction to buying unnecessary things – 5 points; uncertainty of the circle of acquaintances and friends – 4 points; possible spontaneous selection of shopping companions – 3 points; unconscious selection of friends with an addiction – 2 points; close friendship with persons who have similar addictive behavior – 1 point);
- (e) way of spending free time (interests are diverse, aimed at development – 5 points; spending free time does not have clearly defined forms and landmarks – 4 points; the impossibility of shopping is limited by lack of funds and time – 3 points; shopping takes place if it is not in the form of buying, then at least contemplation, and at the same time you can borrow money if nec-

Table 3: Mass, group and individual measures to prevent and overcome shopaholism among women.

Activities	Forms and methods of implementation	Features carrying out	Nature (warning / overcoming)
Mass	Press conferences, round tables, psychocorrective classes, lectures, video lectures, conversations, debates	There is no specification regarding the object of influence. Orientation on the right choice of the way of spending free time, teaching positive forms of leisure	Warning
Group	Training sessions, exercises, lectures, debates, examples, discussions, analysis of situations, reflection, presentations	Individuals are "at risk" or the problem is closely related to a group of individuals. It can be both preventive and corrective and rehabilitative in nature	Warning / overcoming
Individual	Work of a psychologist, application of specialized methods, conversations, organization of self-education and self-control	Work is determined by the degree of socio-pedagogical neglect of a person and manifestations of oniomania as a type of deviant behavior. The person needs social support.	Overcoming

essary – 2 points; shopping – one of the priority ways of spending leisure time – 1 point).

Thus, the derived average score from the specified criteria will be evidence of the manifestation of oniomania, if the score is lower than 5 and 4. If the score is within 3, the person is in a risk group and needs appropriate correction in development; 1–2 points – work with the person should be carried out according to the type of "overcoming oniomania".

- The variability of the approach to the prevention and overcoming of oniomania as a type of deviant behavior, which is dictated by the goal and the necessary result, as well as stages, forms and methods of work.

Additional research and analysis require such questions as: determining of clear functional obligations of institutions, establishments, organizations involved in the work, its financial, technical, material, methodological, scientific, personnel components; socio-organizational, scientific and methodical, normative and legal provision of preventive measures and solving of social and organizational issues of measures realization.

5 RESULTS

We have carried out a parametric measurement (comparison of data at the initial and final stages of work) in relation to persons involved in measures of mass, group and individual character. The results are presented on figure 1.

Referring the statistical data, such conclusions can be drawn: preventive and corrective and rehabilitation work with persons who have clearly expressed signs

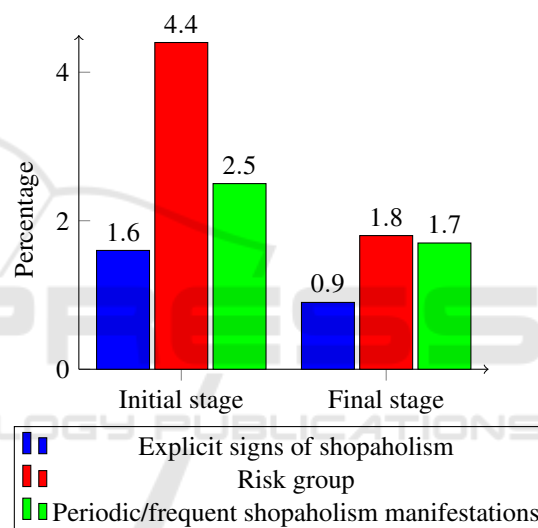


Figure 1: The change of the indicators of manifestation of shopaholism among women at the initial and final stages of preventive work.

of shopaholism is the most difficult to carry out; actualization of the problem positively influences people of the risk group; variables change the least among people who are characterized by periodic or partial manifestations.

Analysis of achieving the goal of the article. The purpose of the article is to establish the specifics of the prevention of shopaholism as a type of deviant behavior: the specifics of diagnosing shopaholism among student youth, effective ways of preventing this type of deviance in institutions of higher education. We believe that the goal of the article has been achieved. In the course of work, the following were discovered:

- shopaholism (oniomania) is a deviant behavior, as it is a deviation in behavior, has a systemic and negative character;

- b) the diagnosis of oniomania in the forces of multi-vector determinants is complex and must be based on various methods and forms and with the use of specialized techniques; a feature of diagnostics is that the deviation can be determined with the gradual application of diagnostic tools and with the involvement of specialists of various profiles;
- c) in view of the fact that three groups of people have been identified with regard to the presence of oniomania (without deviations, a risk group, the presence of shopaholism), there should be a differentiation of the application of measures of a preventive and preventive nature, as well as measures aimed at overcoming an already existing problem (table 3); e) preventive measures at the general societal and individual levels in the activities of higher education institutions should also be excellent, taking into account the sex-gender approach.

6 CONCLUSIONS

In general, a person with a shopaholism problem should be taught not to hide from it, and to slowly and persistently solve it. This is ensured by: the work in accordance with the defined target groups and an individually differentiated approach as the basis for achieving the goals related to improving the socio-psychological state of those who are prone to shopaholism; monitoring of psychological and personality characteristics of persons prone to shopaholism; qualitative analysis of the implementation of preventive measures at mass, group, individual levels; expert assessment of the achieved results; scientific and methodical, socio-organizational, methodical, material and technical support of realization of diagnostic and preventive and correction measures.

Shopaholism in the article is defined as a social phenomenon and deviant behavior through the nature of manifestation, distribution, outcomes and significance in social and individual development. As a negative deviation, which first and foremost manifests itself in the behavior of an individual, shopaholism due to its mass manifestation has acquired a social character. This requires an in-depth study of the effective ways of preventing and overcoming it. Addressing this problem has allowed to highlight the main aspects that should be taken into account in the prevention of shopaholism.

1. The actuality of the problem and the coverage of the consequences of the formation of the addiction in mass measures is rather significant in the preventive maintenance of shopaholism. Primary prevention is known to be the most effective and addressing the problem itself helps to confirm its efficacy. Shopaholism or oniomania as a kind of deviant behavior is not realized by people, so the appeal to it is already a preventive step. Here, the rule that only a recognized pathology is defined as a problem works.
 2. As the suppression, and, possibly, the complications of such risks as information oversaturation, deterioration of psycho-emotional state of health due to the lack of empathy, the spread of feelings of loneliness and alienation, pragmatism, rationalism are expected, and especially among women, the problem will acquire worse forms and complications. This is the first point. And secondly, preventive and correction and rehabilitation work on the problems of behavioral addicts should be approached comprehensively and treated not in isolation, but in relation to these problems in the state and well-being of a person.
 3. There is a change in public values, when material values are propagated and moral and spiritual ones are somewhat devalued. Shopaholism is an obvious consequence of exaggeration of the material. Therefore, this deviation should be addressed not as a problem of behavioral disorders, but as a problem of morality and spirituality. The determinants of human development as a social being are social values, and hence the value benchmarks of each person.
 4. Shopaholism or oniomania is an addiction. In general, any dependence should be prevented by the correct outlook of the world and treated through exclusion by positive behavioral skills. Therefore, it is necessary to actualize measures aimed at the formation of a healthy lifestyle, protection of the rights and interests of an individual. Work on general development, the direction of positive motives of the behavioral functioning of an individual eliminates the influence of negative and unpredictable factors of influence. This also implies the formation of skills for the correct exit from stressful situations, psychoemotional discharge, and the skills of positive relaxation.
- Thus, shopaholism is a deviant behaviour, since it has the nature of deviations from normal behaviour with negative consequences for a person. It refers to the addictive, auto-aggressive kind of behavioural deviations. Conditions for effective implementation of the prevention and treating of shopaholism as a social phenomenon and the type of deviant behaviour

are: the development of diagnostic and preventive tools for prevention and corrective and rehabilitation work, a unified approach and recommendations for diagnostic, preventive and corrective and rehabilitation work; development of the program of activity; drawing up a clear plan of actions, defining the obligations, regulating the order of the of implementation of the planned measures and determining the conditions for the effective organization of the project implementation; scientific and methodological support of the work, formation of the scientific and methodological base of measures, establishment of peer review of the appropriate forms and methods of work.

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