



The moderating effect of dispositional mindfulness on the relationship between materialism and mental health



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ABSTRACT

In this study, we sought to determine whether dispositional mindfulness would moderate the relationship between materialism and mental health. In total, 533 college students completed the Material Values Scale, Mindful Attention Awareness Scale, Symptom Checklist 90, and Social Desirability Scale. The results indicated that, mindfulness exerted a significant moderating effect. Greater materialism predicted worse mental health in individuals with low and medium mindfulness levels. However, the effect of materialism on mental health was nonsignificant in individuals with high mindfulness levels. Our findings have implications for interventions against the negative effect of materialism.

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1. Introduction

Materialism, a set of values and goals focused on possessions, and its negative consequence have recently received greater attention from researchers (Kasser, 2016). Materialism has been shown to exert a detrimental effect on such aspects of mental health, including social isolation (Pieters, 2013), depression and anxiety (Kasser & Ryan, 1993, 1996), certain compulsive behaviors (Dittmar, Bond, Hurst, & Kasser, 2014), as well as affective/interpersonal aspects of psychopathy (Foulkes, Seara-Cardoso, Neumann, Rogers, & Viding, 2014). However, empirical research on the boundary condition of the relationship between materialism and mental health is limited. The current study aimed to examine dispositional mindfulness as a moderator empirically. Mindfulness is “a receptive attention to and awareness of present events and experience” (Brown & Ryan, 2003, p. 822). It can be defined and studied as a dispositional trait (Brown & Ryan, 2003; Brown, Ryan, & Creswell, 2007). This study could provide theoretical guidance for reducing the negative influence of materialism.

1.1. Materialism and mental health

For materialists, possessions are central to life and essential for happiness (Richins & Dawson, 1992). The number and quality of possessions are the criteria via which they judge their own and others' success. They desire materials and goods, but the pleasure of acquisition

is fleeting and quickly replaced with a desire for more. This cycle inevitably undermines one's mental health. For example, materialism could cause lower self-esteem, reduce satisfaction with life (Richins & Dawson, 1992), and catch individuals in vicious cycles of loneliness (Pieters, 2013). Materialism is also associated with more frequent compulsive buying (Dittmar et al., 2014), increased likelihood of engaging in substance use (cigarettes, alcohol, and drugs; Vansteenkiste, Duriez, Simons, & Soenens, 2006), and higher psychopathy levels (Foulkes et al., 2014). According to self-determination theory, autonomy, competence, and relatedness are our basic psychological needs and directly linked to mental health (Deci & Ryan, 2000). While materialism, a typical extrinsic goal, could alienate us from the fulfillment of these innate needs; therefore, materialists tend to exhibit worse mental health, like higher anxiety, depression and stress, relative to that of those with intrinsic goals (Burroughs & Rindfleisch, 2002; Deci & Ryan, 2000; Dittmar et al., 2014; Kasser & Ryan, 1993, 1996).

Previous research suggested some moderators of the relationship between materialism and mental health. A meta-analysis examined the relationship between materialism and indicators of mental health including individual affect, anxiety, and depression, and reported that this relationship could be weakened by certain demographic (age and sex) and social (value context, economic growth, and inequality) factors (Dittmar et al., 2014). For example, the consequence of materialism was more negative in individuals aged 18 years or older, relative to that observed in younger individuals and respondent groups with higher numbers of women, relative to those with higher numbers of men. Other researchers have provided details regarding possible moderators, such as gender (Ryan et al., 1999), cultural factors (Choong, Ong, & Moschis, 2013), and value context (i.e. whether individuals hold the value that is congruent with the one supported in their immediate

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environment; Vansteenkiste et al., 2006). However, these moderators had few implications for practice, as they were difficult or impossible to change according with our wishes. In this study, we aimed to examine the moderating effect of dispositional mindfulness on the relationship between materialism and mental health empirically. Mindfulness is not only an individual disposition, but also could be practiced and cultivated whenever and wherever we want (Brown et al., 2007; Kabat-Zinn, 2003), therefore this study laid a foundation for future intervention of reducing the detrimental consequence of materialism, although we did not manipulate mindfulness in the current study.

1.2. Mindfulness as a moderator

Investigation and discussion concerning mindfulness has increased exponentially over the past 30 years. It was derived from Buddhist meditation in Eastern culture and has been met with profound enthusiasm in Western society (Brown et al., 2007; Kabat-Zinn, 2003). Fundamentally, mindfulness is a quality of consciousness. It refers to a “bare” attention to the present moment, without the involvement of elaborate processes via conceptual filters (Brown et al., 2007; Siegel, Germer, & Olendzki, 2009). Traditional studies examining mindfulness focused on the effects of mindfulness training; however, during the past decade, many researchers have explored the meaning and expression of mindfulness itself, or dispositional mindfulness (Brown & Ryan, 2003; Rau & Williams, 2016). Individuals vary on this capacity, from infrequent or fleeting mindful states to more frequent or continuous mindful states.

In accordance with the characteristics of mindfulness and the findings of some empirical studies, we predicted that mindfulness would moderate the relationship between materialism and mental health. Firstly, individuals with high mindfulness levels could hold a decentered attitude toward their materialistic desire and perceive it as a merely transient mental event, and this aids in the suspension of the negative influence of materialism (Bishop et al., 2004; Papiés, Pronk, Keesman, & Barsalou, 2015). The stability of mindfulness helps people live in the present moment and recognize the transient nature of their thoughts and feelings (Bishop et al., 2004). In an empirical study, researchers conducted mindful attention training by asking participants to observe their reactions to stimuli as passing mental events, and found that mindfulness could reduce the link between motivation and behavior. Thus, mindfulness promoted healthier and more rational judgment or behavior and could reduce human suffering derived from cravings and unhealthy intentions (Papiés et al., 2015). Therefore, we propose mindfulness could help materialists less immersed in their desire for money and possessions, behave less automatically in their reactions, and finally restore their mental health (Bishop et al., 2004; Brown et al., 2007; Kang, Gruber, & Gray, 2013; Siegel et al., 2009).

Secondly, mindfulness could also facilitate choices that are consistent with our innate needs, which could be one of the reasons why it improves materialists' mental health (Brown & Ryan, 2003). Mindfulness promotes clarity in awareness, which facilitates insight into reality without interference from previous experience, anticipation of the future, or situational cues (Brown & Cordon, 2009; Brown et al., 2007; Levesque & Brown, 2007; Papiés et al., 2015; Radel, Sarrazin, Legrain, & Gobancé, 2009). When we live in a mindful way, we are less immersed in or compelled by our fantasies regarding money and attractive cues around us; therefore, we have greater opportunity to reconnect with our innate needs. Brown and Ryan (2003) reported that mindfulness was positively correlated with basic psychological needs, including autonomy, relatedness, and competence, and negatively correlated with anxiety, depression, impulsiveness, and vulnerability. Therefore, dispositional mindfulness could act as an antidote of materialism and restore mental health.

1.3. The current study

The present study aimed to determine whether dispositional mindfulness would moderate the relationship between materialism and mental health. We hypothesized that materialism would be associated with worse mental health, and mindfulness would moderate this relationship. With low mindfulness levels, individuals holding higher extent of materialism were expected to report worse mental health. With high mindfulness levels, the relationship between materialism and mental health was expected to be weak or absent.

2. Method

2.1. Participants

We recruited 533 college students (134 females, 392 males, and 7 did not report gender) from one college in Changsha, the capital city of Hunan Province in China. Participants' average age was 18.06 years ($SD = 0.83$). Of these students, 374 (70%) and 153 (29%) students majored in mechanical engineering and economic management, respectively, and 6 majored in other fields or did not respond. We asked them to report their perceived economic level of their family compared with other families in this society on a 9-point Likert scale ranging from 1 (*very low*) to 9 (*very high*), and the average score was 4.08.

2.2. Measures

2.2.1. Material Values Scale

A 15-item version of the Material Values Scale (Richins, 2004) was used to assess materialism (Cronbach's $\alpha = 0.69$, Guttman split half = 0.74). Items include “I admire people who own expensive homes, cars, and clothes” and “It sometimes bothers me quite a bit that I can't afford to buy all the things I'd like.” Participants rated each statement using a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Average scores were calculated for all items. Higher scores represented greater materialism.

2.2.2. Mindful Attention Awareness Scale

The Mindful Attention Awareness Scale (Brown & Ryan, 2003) was used to measure the general tendency to be mindful in daily life (Cronbach's $\alpha = 0.87$, Guttman split half = 0.83). Participants provided responses using a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Items include “I could be experiencing some emotion and not be conscious of it until sometime later.” All items were reverse coded. Average scores were calculated for all items, and higher scores represented greater mindfulness.

2.2.3. SCL-90

The SCL-90 was used to assess mental health and includes a broad range of psychological symptoms in nonclinical samples (Cronbach's $\alpha = 0.97$, Guttman split half = 0.94). The scale contains nine subscales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic-anxiety, paranoid ideation, and psychoticism (Cronbach's α range: 0.70–0.85, Guttman split-half range: 0.68–0.81). Participants reported symptom severity experienced during the preceding 7 days using a 5-point Likert scale ranging from 1 (none) to 5 (very severe). Average scores were calculated for all items (General Severity Index) and nine facet scales. Higher scores indicated worse mental health.

2.2.4. Social Desirability Scale

The 12-item Marlowe-Crowne Scale was used to control for socially desirable responses (Crowne & Marlowe, 1960; Loo & Thorpe, 2000; Reynolds, 1982). Items include “It is sometimes hard for me to go on with my work if I am not encouraged.” Responses were provided using a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7

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