

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

Arunima Mitra¹, Aparajita Chakraborty^{2*}, Anindita Mukherjee³, Atanu Kumar Dogra⁴

ABSTRACT

Introduction: The present study aims to explore the role of materialism, loneliness and quality of interpersonal relationship as predictors of Dysthymia, along with the contribution of happiness as a potential protective factor. **Methods:** The study is divided into two phases. In Phase I, information schedule, Modified Kuppaswamy's Socio-Economic Status Scale, Beck Depression Inventory, General Health Questionnaire, Ger and Belk's Revised Materialism Scale, Revised UCLA Loneliness Scale Relationship Profile Test were administered on 120 participants (60 participants having Dysthymia and 60 normal control). In Phase II, Subjective Happiness Scale was administered, and semi structured interview on happiness was conducted. **Results:** In Phase I, Descriptive statistics revealed that dysthymic people scored higher on each domain of materialism, loneliness, destructive overdependence and dysfunctional detachment while their score of healthy dependency was lower than that of non-dysthymic people. By using binominal logistic regression, it was found that possessiveness, loneliness and healthy dependency significantly predicted the probability of having dysthymia. In Phase II, t test showed significant difference among two groups in terms of subjective happiness. The qualitative findings revealed happiness to be associated with materialistic possession and other extrinsic motivators among the people having Dysthymia. However, healthy control group define happiness in terms of altruism, independence, honesty and responsibility taking. **Conclusion:** Possessiveness, loneliness and healthy dependency were found to be the predictors of Dysthymia. Along with that, it is also revealed that excessive materialistic comfort leads to more competition and social withdrawal, but positive interpersonal relationship enhances happiness and relieves pain.

Keywords: *Dysthymia, Materialism, Loneliness, Interpersonal Relationship, Happiness*

¹Department of Psychology, State Aided College Teacher, Gokhale Memorial Girls' College, Kolkata, India

² Assistant Professor, Department of Psychology, Amity University, Kolkata, India

³Department of Health and Family Welfare, West Bengal Health Service, Suri Sadar Hospital, Clinical Psychologist, India

⁴Department of Psychology Assistant Professor, University of Calcutta, Kolkata, India

*Corresponding Author

Received: July 05, 2022; Revision Received: November 20, 2022; Accepted: November 28, 2022

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

Among many other mental health problems, depression is considered to have significant contribution to the global burden of disease which affects people of all communities across the world. In contrast to temporary sadness or normal emotional reaction to any unwanted and stressful life events, clinical depression is a mental disorder which, due to its severity, tendency to recur and its significant impact on the individual and the society at large, is considered as medically significant that needs proper diagnosis and treatment (Cancro, 1985).

According to DSM V, a chronic form of depression, persistent depressive disorder (dysthymia), can be diagnosed when the depressed mood continues for at least 2 years in adults or 1 year in children. People who have dysthymia may not be disabled by their illness like the people suffering from Major Depressive Disorder (MDD) but they may not feel well or really enjoy their lives. Although the symptoms of dysthymia are not as various or severe as in case of MDD, the pensiveness associated with dysthymia can be serious enough due to its prolonged duration.

But, who becomes the victim of depression or Dysthymia, per se, and why, varies considerably across the populations of the world. If it is possible to determine the predictive function of some significant variables associated with depression, then the results can be utilized for prevention or better prognosis of it. For the present work some variables have been studied, which are assumed to be strongly associated with depression, namely, materialism (as a personality trait), loneliness and quality of interpersonal relationship. Thus, the enigma regarding the interaction between the significant variables which are responsible for dysthymic state remains unexplored. This study, thus, focuses on three pertinent factors, namely, materialism, loneliness and quality of interpersonal relationship.

In this present era, people place the greatest importance to the resplendent glory of achievement and materialism has become one of the apex need of life. It was conceptualized materialism as the importance a consumer attaches to worldly possessions (Belk, 1985). Materialism can also be considered as a collection of three personality traits: possessiveness, non-generosity and envy. After conducting some cross-cultural studies, the trait of “preservation” was added to the concept of materialism (Ger,Belk, & Lascu, 1993). Kasser and Ryan (1996) suggest that people who attach strong value to the pursuit of wealth and possessions usually had some life experiences which made them feel insecure and in turn created difficulties both in their interpersonal relationships and in the development of sense of self-esteem. Another important concept in this regard is Possessiveness. Possessive people have a tendency to cling to people they are related with, for which the other person may feel suffocated in the relationship. According to a study by Cleary et al. (2016) on nurses in Singapore, envy can have negative consequences including damaged relationships and communication, and also influences performance of the colleagues. Thus, it is clearly expressed through different research evidences that materialism and its different facets are related to increasing mental health related troubles. On the contrary, it is also being demonstrated that spiritual awakening can act as necessary buttress. Thus, devotional practice through spiritual endeavours can help to ‘achieve’ ultimate happiness. Spirituality focuses on cure and healing, where cure entails eradicating the symptoms and healing re-structures the whole personality.

Social relationships play an important role in human life. Individuals often experience loneliness when their essential requirement for relatedness is baffled and then immediately

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

most individuals at first heighten their endeavours to connect and reconnect with others (Cacioppo & Patrick, 2008). According to a meta-analytic study by Wang et al. (2018), people with depression perceive their social support as poorer and has poor prognosis and greater loneliness are indicative of depression outcome. Loneliness has been found as a main symptom of different categories of disorders such as depression, anxiety, suicide, and psychosomatic complaints (Allen-Kosal, 2008). Thus, lack of social support or being lonely have adverse effect on mental health. However, the negative impact can be attenuated if spiritual factors are introduced. It is also evident that spiritual resources mitigate the adverse effects of depression and loneliness among homebound older adults, thereby improving mental health and quality of life (Han & Richardson, 2010). However, contradictory finding by Akhtar (2011) revealed that spirituality and loneliness are positively correlated, indicating that excessive socializing might compromise reflecting back, thereby impacting spiritual and creative development.

Close and caring interpersonal relationships are the most fundamental of all human needs. In the present study destructive overdependence, disturbed detachment and healthy dependency will be examined. People with healthy dependency are capable of delaying short term gratification in order to maintain long-term supportive relationships and they can also demonstrate situation-appropriate flexibility (Bornstein et al., 2003). But destructive overdependence is inflexible and maladaptive. It is found that healthy dependency is negatively correlated with introjective depression, but positive relationship exists with mental health (Huprich, Rosen & Kiss, 2013). This needs to be understood that happiness acts as a buffer against the negativities and helps in having positive feeling about oneself, by accepting the weaknesses and living in present time.

The aim of the present research is to explore the role of materialism, loneliness and quality of interpersonal relationship as predictors of Dysthymia, along with the perception of happiness according to people having Dysthymia and the healthy control.

METHODOLOGY

The study aims to explore whether the probability of moving from non-dysthymia to dysthymia can be predicted on the basis of non-generosity, possessiveness, envy and preservation (the components of materialism), loneliness and destructive overdependence, healthy dependency and dysfunctional detachment (components of quality of interpersonal relationship). Along with it, it also aims to explore how happiness is perceived by the people having Dysthymia and healthy control group. The research was approved by the internal research committee of the department of Psychology of University of Calcutta. The committee followed the guidelines proposed by the Declaration of Helsinki.

Participants

Purposive sampling was done for the present work. For the clinical population around 105 people were approached for participating in the research from the outdoor clinic of psychiatric department of government and private hospitals, who were diagnosed with dysthymia, based on diagnostic criteria of DSM V. Out of them 86 people gave their consent to participate and for them the diagnosis of dysthymia was further corroborated through scores (mild to moderate level) of Beck Depression Inventory (BDI). 26 people did not attend the follow up sessions. So the final clinical population comprised of 60 participants who were in the age range of middle adulthood, (age range 45 to 60 years with mean 49 years and SD 4.13, N= 15 male and 45 female; participants were selected as per their

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

availability, so the availability ratio caused gender discrepancy in the sample size.), who were residents of Kolkata, had minimum 10th level of education and were able to understand the questions or statements of the scales. Subjects with history of co-morbid psychological disorders (other than anxiety disorders), serious, acute or chronic medical illness or neurological condition and developmental disorders were not included in. For the normal control, 60 participants were matched with dysthymic people, in a one to one manner with respect to age, sex, marital status, number of family members and socio economic status, who do not have any history of any psychological disorders. Only those were included to participate in the research, whose score was 4 or less on General Health Questionnaire 28 and 9 or less than 9 in BDI.

Tools used

For the quantitative method, the following scales were administered.

- **The General Health Questionnaire-28:** The test has high test-retest reliability (0.78 to 0.9 respectively) and high interrater and intrarater reliability, (Cronbach's α 0.9–0.95) (Failde, Ramos, & Fernandez-Palacin, 2000).
- **Modified Kuppaswamy scale:** The scale includes index parameters such as occupation, education and total income. Satisfactory reliability and validity were found for this scale (Sharma & Saini, 2014).
- **The Revised Materialism Scale :** The 21-item scale comprises of 4 sub scales: Non-Generosity, Possessiveness, Envy and Preservation. The authors reported that Coefficient Alpha of .62 for the new overall scale and Alphas of .66 for nongenerosity, .61 for possessiveness, .46 for envy, and .55 for preservation (Ger, 1990; Ger, Belk, & Lascu, 1993) .
- **The Relationship Profile Test :** It measures quality of interpersonal relationship in terms of three 10 item subscale scores namely- Destructive Overdependence, Dysfunctional Detachment, Healthy Dependency. Satisfactory internal consistency (Alpha coefficient: 0.68- 0.83) and test-retest reliability (r: 0.65- 0.75) were found for this scale (Bornstein et al., 2003). In the present population satisfactory cronbach's alpha (.68, 0.72, 0.74) were found for three different domains of this scale respectively.
- **The revised UCLA loneliness scale:** It was used to measure the degree of loneliness which contains 20 questions. Half of the items reflect satisfaction with social relationships and remaining half reflects dissatisfaction. The internal consistency was found to be high (coefficient α 0.94) and test-retest reliability over a 1-year period was found to be 0.73 (Russell, 1996).
- **Beck Depression Inventory:** It is a 21-item self-report rating inventory that measures the severity of subjective feeling of depression. The split – half reliability is around 0.90 and its test- retest reliability is approximately 0.75 (Beck & Steer, 1996).
- **Subjective Happiness Scale:** The 4 items scale has good to excellent internal consistency, with the alpha's ranged from 0.79 to 0.94 (Lyubomirsky, S., & Lepper, 1999).

For the qualitative method, Semi-structured interview was used for data collection. The semi-structured interviews are the data gathering source in many qualitative research studies. Based on relevant research evidences, the interview protocol was prepared, which was then consulted with an expert, who has pertinent knowledge in this topic. The semi

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

structured interviews were then conducted on few participants for checking whether the protocol was adequate and satisfactory. Based on that, the interview protocol was reframed and thereby, conducted. The original interview protocol were developed in English.

Analysis of the interview data

For the analysis of the data. Coding was done, that is attaching conceptual labels in two levels: Open Coding, Focus Coding, followed by Axial Coding (Urquhart, 2013; Strauss & Corbin, 1998).

Procedure

Consent forms were given and nature of the study was explained. Those who agreed were included and confidentiality of results was assured for every participant. For the one to one matching Kuppaswamy's Socio-Economic Status Scale was administered to the normal comparable group. The other socio demographic variables that were matched for the inclusion of normal group were age, gender, marital status, number of family members and type of residential area. After that BDI was administered to find out the presence and severity of depression and then data were collected by administering the different scales. For the normal/comparable group GHQ was administered to rule out psychiatric morbidity and only those were selected whose score were 4 or less than 4. There were two phases in the study. In Phase I, information schedule, Modified Kuppaswamy's Socio-Economic Status Scale, Beck Depression Inventory, General Health Questionnaire, Ger and Belk's Revised Materialism Scale, Revised UCLA Loneliness Scale Relationship Profile Test, Subjective Happiness Scale were administered on 120 participants (60 participants having Dysthymia and 60 normal control). And in Phase II, Subjective Happiness Scale was administered, and semi structured interview on happiness was conducted. 3% of the participants were randomly selected from both normal control and study group for conducting the interview. The interview was then analyzed in terms of Open coding, Focus Coding and Axial Coding.

RESULT

Phase I

Quantitative analysis: The findings of descriptive statistics (Mean, SD) of different predictors associated with Dysthymia among 120 participants is shown in Table 1.

Table 1: Descriptive statistics of different predictors associated with Dysthymia

Different predictors	Dysthymia	
	Dysthymic Mean± SD	Dysthymic Mean± SD
Dimensions of materialism		
Non Generosity	26.67± 2.63	18.68 ±4.84
Possessiveness	14.25±1.97	10.03±2.56
Envy	17.13±1.98	11.37±2.85
Preservation	12.93±1.63)	7.12±1.74
Total Materialism	67.07±5.69	47.25±1.07
Loneliness	63.98 ±9.10	33.05±4.44
Relationship Profile		
Destructive overdependence	40.28 ±5.61	18.78±3.53
Dysfunctional detachment	36.12±9.92	20.63 ±3.84
Healthy dependency	19.30±4.48	39.7±3.92
RPT Total	1.03±4.55	80.25±5.05
Severity of Depression(BDI)	23.6±4.73	7.11±3.57

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

The significant impact (findings of binominal logistic regression) of different domains of materialism on dysthymia based on which participants are classified into dysthymic and non-dysthymic are shown in Table 2.

Table 2: Binominal logistic regression of domains of materialism on dysthymia based on which participants are classified into dysthymic and non-dysthymic.

Different domains of materialism	Nagelkerke R square value	PAC	Chi Square Value	Wald value	P value	Exp(B)
Non generosity	0.764	90	101.886	0.224	0.636	1.056
Possessiveness				4.347*	0.037	1.533
Envy				5.213*	0.022	1.514
Preservation				0.626	0.429	1.242

PAC= Percentage accuracy in Classification

The significant impact (findings of binominal logistic regression) of loneliness on dysthymia based on which participants are classified into dysthymic and non-dysthymic are shown in Table 3 given below

Table 3: Binominal logistic regression of loneliness on dysthymia based on which participants are classified into dysthymic and non-dysthymic.

	Nagelkerke R square value	PAC	Chi Square Value	Wald value	P value	Exp(B)
Loneliness	0.725	84.2	94.14**	33.832**	0.00	1.178

PAC= Percentage accuracy in Classification; ** Significant at 0.01 level

The table below shows the significant impact (findings of binominal logistic regression) of different domains of relation profile test on dysthymia based on which participants are classified into dysthymic and non-dysthymic (Table 4).

Table 4: Binominal logistic regression of domains of relation profile test on dysthymia based on which participants are classified into dysthymic and non-dysthymic

Different domains of relationship profile test	Nagelkerke R square value	PAC	Chi Square Value	Wald value	P value	Exp(B)
DO	0.584	80.8	69.029	0.067	0.795	0.985
DD				2.246	0.134	1.066
HD				7.643**	0.006	0.860

DO- Destructive Overdependence; DD- Dysfunctional Detachment; HD- Healthy Dependency; PAC= Percentage accuracy in Classification; ** Significant at 0.01 level

The significant impact (findings of binominal logistic regression) of Different domains of materialism, loneliness and different domains of relationship profile test on dysthymia based on which participants are classified into dysthymic and non-dysthymic is shown in Table 5.

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

Table 5: Binominal logistic regression domains of materialism, loneliness and different domains of relationship profile test on dysthymia based on which participants are classified into dysthymic and non-dysthymic.

	Nagelkerke R square value	PAC	Chi Square Value	Wald value	P value	Exp(B)
Possessiveness	0.837	93.3	118.36	6.87**	0.009	2.012
Envy				0.26	0.607	1.118
Healthy				6.84**	0.009	1.299
Dependency(HD)						
Loneliness				10.32**	0.001	1.295

* Significant at 0.05 level, ** Significant at 0.01 level.

Quantitative analysis comprises of Descriptive statistics that was used to find out the average value of the scale scores in each group (mean) and the spread out of the scores from the average value (SD). Binomial logistic regression was used to explore the predictors of Dysthymia by using SPSS 22 software. After fulfilment of parametric criteria 0.05 and 0.01 level of Significance was considered as criteria for statistical significance.

Phase II

The significant difference between the two groups in terms of subjective happiness is given below in Table 6.

Table 6: showing difference between the two groups in terms of subjective happiness

	Mean±SD	tvalue
Healthy control	5.20±1.88	3.89**
Dysthymic group	3.92±1.72	

** Significant at 0.01 level

For qualitative analysis for both the groups, Open, Focus and Axial coding were done multiple times with the consensus of 4 experts.

Qualitative Analysis

The axial coding for the clinical population are given below. Initially Open coding was done, followed by focus coding, thereby the following axial coding could be reached.

- Happiness can be obtained through materialistic possession, despite knowing it's unfeasible nature
- Transaction based interpersonal relationship
- Resorting to substance for relieving frustration in relationship.

The axial coding for the healthy control are given below. Initially Open coding was done, followed by focus coding, thereby the following axial coding could be reached.

- Independently fulfilling own needs through self-employment.
- Relationship lasts due to sharing, responsibility taking, unconditional love.
- Altruism, hard work, honesty and faith in relationship can help in gaining happiness.

DISCUSSION

Depression has become a daunting affair in today's world. It's all comprehensive expression, including motivation, emotion as well as behavioral expression is a serious

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

matter of concern. The present study aimed to explore the various predictive factors of Dysthymia, namely, materialism, loneliness and quality of interpersonal relationship. In this demanding situation, materialistic possession seems to be one of the significant criteria for happiness.

It was found that those who are suffering from dysthymia scored higher on all the domains of materialism and possessiveness. Dysthymic people often appear to be insecure and tend to possess 'something' concretely acts as security anchors in their lives. As per Christopher, Marek and Carroll (2004), materialistic possession seems to be such 'anchor', and direct thoughts & behaviour toward possessions over pursuits like personal relationships, experiences or intellectual enrichment. Strong sense of possession or psychological ownership develops as it fulfills the needs of self-enhancement, self-continuity, and the need to have a sense of control.

Furthermore, materialistic possession is also associated with physical comfort, which is a cardinal criterion for 'happy life' (Scott, 2009). However, with greater control people start experiencing the objects as part of their own selves and the feelings of ownership often becomes overwhelmed by the burden of responsibility. As individuals cannot psychologically 'own' everything, the felt need to do so diminishes a person's wellbeing, which may subsequently result in depression. The qualitative analysis also shows that materialistic demands are endless and it encompasses a sense of possessiveness and displeasure at the superiority of others in terms materialistic possessions, thereby associating possession with happiness.

'To say happiness, I understand money. Happiness means a lot of things, if I have money, a house, a car. I wish to have one more car, another house. Be rich and have a comfortable life.'

However, for healthy control, materialistic possession is not a major concern in life. They give relevance to other entities, like, sharing ideas,

'Happiness is having a chance to share ideas. I want to get along with my near and dear ones, acquaintances through love and friendly relationships'

Indian Philosophy has been a major proponent of intimate circle, with bond, and kinship as the major catalyst to have a 'happy life', where open communication can take place without the fear of rejection (Avasthi, Kate & Grover, 2013).

It is also found that people with Dysthymia scored higher in the domain of envy. An envious person often feels personally demeaned by other's possessions of desired objects and materialistic possession tends to evoke envy. The presence of the money, thereby, brings a feeling of "envy" toward wealthy others that provokes socially unacceptable behavior. Another study by Tang (2010) found that money inclined individuals have low pay satisfaction, low quality of life, low ethical intentions, and low intention to help others. In the lens of an interviewee, it has been found that prolonged sense of deprivation and unhappiness can produce grudge and intolerance toward witnessing positive incidents in others life.

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

'I dislike it when I see something good is happening to someone. At times I find myself getting jealous of my friends. They can get whatever they want'.

Attribution of personal failure to internal factors and jealousy are associated with the threat to self-esteem (Mikulincer, Bizman & Aizenberg,1989). However, having control and spending diligently promotes happiness, thereby reducing negative feeling and enhancing quality of life, which is evident from the interview of the healthy control.

'I don't want any unnecessary expensive thing to show off. I am happy with the amount of money I need to run my family well'

Another important revelation in this regard is the score of preservation is also higher for dysthymic people, which is essentially the conservation of any experience in materialistic form. It was stated that it is the tendency to make one's experiences palpable and realistic (Manchiraju, & Krizan,2015). It eventually leads to increased sorrow, as this tendency keeps aggravating. Sorrow is the consequence of augmentation of desire (Misra, Srivastava & Banwet,2019). From the interview, similar revelation by people having Dysthymia has been revealed.

'I think I just want that amount of money and luxury. Then only I will be happy. I hate the competition which people face. How they behave in a hypocritical way when we think they are good friends'

However, such preservative tendency often lead to insecurity and sadness

'I wish that the people close to me do not leave me, do not misunderstand me and try to understand my situation... I dislike the whole world because nothing good has ever happened to me'

However, contrasting finding is found in healthy control.

'Happiness can be found only if there is harmony in getting what is wanted. Happiness come if my demand is realistic'

And the propensity to such preservative tendency leads to withdrawing behavior. A significant finding is higher score on loneliness among dysthymic people and loneliness was also found out as a predictor of Dysthymia. Lonely people are vulnerable to suffer from depressive symptoms, as they have than been reported to be less satisfied, less happy, and more pessimistic. There is an association between loneliness and negative feelings about interpersonal relationships (de Jong-Gierveld,1987). People with loneliness are less interpersonally competent than people who are not lonely. It is relevant from the present qualitative finding as well

'Being silent- this is what I mean by happiness. Being alone makes me happier because being alone is what I love most. Since I have decided not to marry, possibility is there that I will have to spend the rest of my life alone'.

A positive correlation has been found among insecure attachment styles, loneliness, and depression (DiTommaso et al.,2003).Because insecurely attached individuals tend to develop low self-esteem, difficulty or inability in developing and maintaining relationships with others and have an unstable self- concept (Daniel,2013).Attachment theory also states that failure in attaining primary attachments with a human being may steer people toward

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

relying on material possessions as secondary attachments (Mikulincer & Shaver,2008). It is also revealed from the interview of Dysthymic people
'Drinking makes me stress free'

A bidirectional relation may form over time between materialism and loneliness when materialism crowds out social relationships and in turn increases loneliness and also when due to loneliness people use materialism as coping strategy. It results in increased feeling of competitiveness toward others, decreased proportion of free time to be spent in social activities and decreased trust in others. The cycle might become tightened when sustained loneliness leads to social anxiety, pessimistic social expectations and active social distancing (Wang, Zhu, & Shiv,2012). Thus, it can be said that loneliness is associated with social withdrawal which in turn is responsible for developing dysthymic mood. Similar finding revealed that materialistic people are less willing to connect with other people as compared to less materialistic individuals (Pandelaere,2016). However, healthy control usually shows much more connectedness.

'Being peace with others. By happiness I mean to keep others well. I think happiness is to spend the life in peace with everyone in the family'

Another important aspect in this regard is the significant impact of social relationships on mental health. Support from family members, friends, and especially support from a significant person result in greater well-being and decreases the probability of having depression through multiple mechanisms including influence on health-related behaviours, engagement in social activities, transfer and exchange of social support and access to material resources (Walen & Lachman,2000; Berkman et al.,2000). Thus, social relationship has a strong association with quality of life. It was also found that stated that patients with dysthymia were significantly impaired on measures of quality of life, disability, social support and marital adjustment (Subodh,Avasthi & Chakrabarti,2008). It is evident from the current finding of the interview

'If my family members obey me then I will be happy. What I dislike most is my husband's behaviour because I want his help in everything and he feels irritated by that... People should be complementary to each other so that no one feels helpless'

However, as per Buddhist philosophy, interpersonal relationship helps us to establish, develop positive acquaintances, and thereby making it better would lead to happiness and vice versa (Phu,2019). For healthy control, the importance of social relationship is evident and it leads to happiness.

'May my relationship with my loved ones remain intact forever. Good and strong relationship bonds are maintained till the end.I want two of us to love each other selflessly for the rest of our lives'

Healthy dependency is another facet which is required to maintain well-being as overdependence can create a feeling of suffocation. Healthy Dependency signifies satisfactory social bonding, reciprocity, mutuality, congeniality in relationship bonds and assertive, effective goal-directed interpersonal behaviour. The inner tune of dysthymic people is just the reverse as they embrace materialistic impetus for their emotional voids. As a victim of “Loneliness Loop” and “Material trap” they have few close, trusting relationship with others. So, dysthymic people have low score in the domain of “Healthy Dependency. It can be supported with the finding by concept of “belongingness hypothesis” where human beings generally tend to form and maintain long lasting, positive and significant

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

interpersonal relationships (Baumeister & Leary,2017). Furthermore, insecure attachment positively predicts depression (Liu et al.,2020).

It is revealed from the interview as well.

'Not getting praise. It makes me feel not being up-to-the-mark and lonely ...If my family members obey me, then I will be happy'

Dysthymic people scored higher on the domain of “Destructive Overdependence”. They perceive the self as weak and ineffectual. Lack of healthy dependency may create a feeling of insecurity which may further impair the desire for closeness or intimacy. Moreover, the fear of negative evaluation and abandonment concerns results in clinginess, reassurance seeking, and helpless self-presentation in relationship bonds. So, lack of “Healthy Dependency” may increase the risk of having dysthymia. their inward flow of narcissism and egoistic concern for self leads to lack of empathy, trust and co-operation with others, which is reflected by their non-generous attitude. Individuals with materialistic orientations tend to have lower quality of relationships and they have less satisfied relationship with their friends and family (Keng et al.,2000; Roberts & Clement,2007). Destructive overdependence of dysthymic people results non-realization and non-acknowledgement of self-potentials. It creates a sense of personal stagnation. *'I am tired of prolonged boredom and frustration'*.

Being tremendously insecure by nature, dysthymic people may perceive others as untrustworthy. Moreover, fear of being hurt creates a desire to maintain distance from others which results in social avoidance. In order to avoid strain in interpersonal relationship a person becomes withdrawn and stops expecting anything from anyone, making it evident to score higher in the domain of Dysfunctional Detachment.

'I am tired of other's expectations from me. I have always helped them in their troubles but I know I will not get help like that'.

However, more secured sense of attachment has been observed in the interview of the healthy control. They tend to be altruistic and ready to take responsibility. Altruism is a protective factor against depression and concern and love for neighbor as self also decreases the severity of high-risk depressive symptoms (Miller et al.,2021). It is relevant from the present qualitative finding.

'Happiness is the mental satisfaction that can be found in helping others in any way'

Another significant finding revealed from the qualitative of the current study on the healthy control is the dislike against social discrimination. Association between prejudice and depression can occur at the societal and interpersonal as well as intrapersonal level (Cox et al.,2012). Thus, addressing prejudice and discrimination is a major concern. It is also revealed from the interview.

'I dislike social discrimination the most. No one has the right to deprive or demean people'

Thus, the present study explored the different predictors of Dysthymia, along with the understanding of happiness in people with Dysthymia and healthy control.

CONCLUSION

Based on the findings it can be concluded that dysthymic people score higher on each domain of materialism, loneliness, destructive overdependence and dysfunctional detachment while their score of healthy dependency is lower than that of non-dysthymic people. Moreover possessiveness, loneliness and healthy dependency are found to be the

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

predictors of Dysthymia from non-dysthymic group to dysthymic group. The current research finding implies that with increased materialism, dysfunctionality in relationship also increases, as materialism stands as the security anchor to coat the emotional voids of people who lack self-confidence and self-control. Thus, the present study targets to plan appropriate intervention strategies for enhancing more social engagement and having meaning and purpose in life, with relatively lesser emphasis on materialistic pursuits.

REFERENCES

- Akhtar, Z. (2011) Spirituality and Loneliness among Adolescence in Jharkhand. *Social Modernity*, Oct 25:102.
- Allen-Kosal, L. M. (2008). *Cooperative learning and cooperative pre-training: An intervention for loneliness in elementary students*. ProQuest.
- Avasthi, A., Kate, N., & Grover, S. (2013). Indianization of psychiatry utilizing Indian mental concepts. *Indian journal of psychiatry*, 55(Suppl 2), S136.
- Baumeister, R. F., & Leary, M. R. (2017). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Interpersonal development*, 57-89.
- Beck, A. T., & Steer, R. A. (1996). Brown manual for the beck depression inventory II. *San Antonio, TX: Psychological Corporation*.
- Belk, R. W. (1985). Materialism: Trait aspects of living in the material world. *Journal of Consumer research*, 12(3), 265-280.
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social science & medicine*, 51(6), 843-857.
- Bornstein, R. F., Languirand, M. A., Geiselman, K. J., Creighton, J. A., West, M. A., Gallagher, H. A., & Eisenhart, E. A. (2003). Construct validity of the Relationship Profile Test: A self-report measure of dependency-detachment. *Journal of Personality Assessment*, 80(1), 64-74.
- Bornstein, R. F., Languirand, M. A., Geiselman, K. J., Creighton, J. A., West, M. A., Gallagher, H. A., & Eisenhart, E. A. (2003). Construct validity of the Relationship Profile Test: A self-report measure of dependency-detachment. *Journal of Personality Assessment*, 80(1), 64-74.
- Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. WW Norton & Company.
- Cancro, R. (1985). Overview of affective disorders. *Comprehensive textbook of psychiatry*, 4.
- Christopher, A. N., Marek, P., & Carroll, S. M. (2004). Materialism and Attitudes Toward Money: An Exploratory Investigation. *Individual Differences Research*, 2(2).
- Cleary, M., Walter, G., Halcomb, E., & Lopez, V. (2016). An examination of envy and jealousy in nursing academia. *Nurse researcher*, 23(6).
- Cox, W. T., Abramson, L. Y., Devine, P. G., & Hollon, S. D. (2012). Stereotypes, prejudice, and depression: The integrated perspective. *Perspectives on Psychological Science*, 7(5), 427-449.
- Daniel, K. (2013). Loneliness and depression among university students in Kenya. *Global Journal of Human-Social Science Research*, 13(4), 11-18.
- de Jong-Gierveld, J. (1987). Developing and testing a model of loneliness. *Journal of personality and social psychology*, 53(1), 119.
- DiTommaso, E., Brannen-McNulty, C., Ross, L., & Burgess, M. (2003). Attachment styles, social skills and loneliness in young adults. *Personality and individual differences*, 35(2), 303-312.

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

- Failde, I., Ramos, I., & Fernandez-Palacin, F. (2000). Comparison between the GHQ-28 and SF-36 (MH 1–5) for the assessment of the mental health in patients with ischaemic heart disease. *European journal of epidemiology*, 16(4), 311-316.
- Ger, G. (1990). Measuring and comparing materialism cross-culturally. *ACR North American Advances*.
- Ger, G., Belk, R. W., & Lascu, D. N. (1993). The development of consumer desire in marketizing and developing economies: The cases of Romania and Turkey. *Advances in consumer research*, 20, 102-107.
- Ger, G., Belk, R. W., & Lascu, D. N. (1993). The development of consumer desire in marketizing and developing economies: The cases of Romania and Turkey. *Advances in consumer research*, 20, 102-107
- Han, J., & Richardson, V. E. (2010). The relationship between depression and loneliness among homebound older persons: Does spirituality moderate this relationship?. *Journal of Religion & Spirituality in Social Work: Social Thought*, 29(3), 218-236.
- Huprich, S., Rosen, A., & Kiss, A. (2013). Manifestations of interpersonal dependency and depressive subtypes in outpatient psychotherapy patients. *Personality and Mental Health*, 7(3), 223-232.
- Kasser, T., & Ryan, R. M. (1996). Further examining the American dream: Differential correlates of intrinsic and extrinsic goals. *Personality and social psychology bulletin*, 22(3), 280-287.
- Keng, K. A., Jung, K., Jiuan, T. S., & Wirtz, J. (2000). The influence of materialistic inclination on values, life satisfaction and aspirations: An empirical analysis. *Social Indicators Research*, 49(3), 317-333.
- Liu, Y., Li, H., Xu, X., Li, Y., Wang, Z., Zhu, H., & Huang, J. H. (2020). The relationship between insecure attachment to depression: mediating role of sleep and cognitive reappraisal. *Neural Plasticity*, 2020.
- Lyubomirsky, S., & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social indicators research*, 46(2), 137-155.
- Manchiraju, S., & Krizan, Z. (2015). What is materialism? Testing two dominant perspectives on materialism in the marketing literature. *Management & Marketing*, 10(2), 89-102.
- Mikulincer, M., & Shaver, P. R. (2008). Adult attachment and affect regulation. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 503–531). The Guilford Press.
- Mikulincer, M., Bizman, A., & Aizenberg, R. (1989). An attributional analysis of social-comparison jealousy. *Motivation and Emotion*, 13(4), 235-258.
- Miller, L., Wickramaratne, P., Hao, X., McClintock, C. H., Pan, L., Svob, C., & Weissman, M. M. (2021). Altruism and “love of neighbor” offer neuroanatomical protection against depression. *Psychiatry Research: Neuroimaging*, 315, 111326.
- Misra, R., Srivastava, S., & Banwet, D. K. (2019). Do religious and conscious investors make better economic decisions? Evidence from India. *Journal of Behavioral and Experimental Finance*, 22, 64-74.
- Pandelaere, M. (2016). Materialism and well-being: The role of consumption. *Current Opinion in Psychology*, 10, 33-38.
- Phu, H. M. (2019). Contributions of Buddhism to Improving Interpersonal Relationships. *Buddhist Approach to Harmonious Families, Healthcare, and Sustainable Societies*. Eds. by Most Ven. Thich Nhat Tu and Most Ven. Thich Duc Thien. Hanoi: Hong Duc Publishing House, 181-195.

Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia

- Roberts, J. A., & Clement, A. (2007). Materialism and satisfaction with over-all quality of life and eight life domains. *Social Indicators Research*, 82(1), 79-92.
- Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of personality assessment*, 66(1), 20-40.
- Scott, K. (2009). *Terminal materialism vs. instrumental materialism: Can materialism be beneficial?*. Oklahoma State University.
- Sharma, R., & Saini, N. K. (2014). A critical appraisal of Kuppaswamy's socioeconomic status scale in the present scenario. *Journal of family medicine and primary care*, 3(1), 3.
- Strauss, A., & Corbin, J. (1998). Basics of qualitative research techniques.
- Subodh, B. N., Avasthi, A., & Chakrabarti, S. (2008). Psychosocial impact of dysthymia: a study among married patients. *Journal of Affective Disorders*, 109(1-2), 199-204.
- Tang, T. L. P. (2010). Money, the meaning of money, management, spirituality, and religion. *Journal of Management, Spirituality & Religion*, 7(2), 173-189.
- Urquhart, C. (2013, June). Exploring Analyst-Client Communication: Using Grounded Theory Techniques to Investigate. In *Information Systems and Qualitative Research: Proceedings of the IFIP TC8 WG 8.2 International Conference on Information Systems and Qualitative Research, 31st May–3rd June 1997, Philadelphia, Pennsylvania, USA* (p. 149). Springer.
- Walsh, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family, and friends: Costs and benefits for men and women in adulthood. *Journal of social and personal relationships*, 17(1), 5-30.
- Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC psychiatry*, 18(1), 1-16.
- Wang, J., Zhu, R., & Shiv, B. (2012). The lonely consumer: Loner or conformer?. *Journal of Consumer Research*, 38(6), 1116-1128.

Acknowledgement

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interests.

How to cite this article: Arunima, M., Aparajita, C., Anindita, M. & Atanu, K. D. (2022). Contribution of Materialism, Loneliness, Quality of Interpersonal Relationship on Depression and Happiness Among People with Dysthymia. *International Journal of Indian Psychology*, 10(4), 598-611. DIP:18.01.058.20221004, DOI:10.25215/1004.058