

MONEY, WELL-BEING, AND IMPLICATIONS FOR MENTAL HEALTH

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ABSTRACT

Literature has shown there is little or no correlation between money and increased well-being, that monetary pursuits and material possessions are extrinsic goals that can become detrimental to one's psychological well-being, and materialism may actually lower a person's well-being as these people have unrealistically high standards in comparison to others. Research has shown that the answer as to what increases one's well-being lies largely in social relationships and religion. Because many people enter counseling to reduce their psychological distress, mental health practitioners can: (1) assist their clients in identifying when their monetary and/or material pursuits may have morphed into an obsessive behavioral pattern known as Compulsive Buying Disorder (CBD), (2) help their clients examine the etiology behind their dysfunctional thoughts and unhealthy behaviors by utilizing family-of-origin work, (3) aid their clients in changing dysfunctional thoughts through cognitive restructuring, and (4) support their clients in finding meaning in life through spirituality.

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CHAPTER 1. INTRODUCTION

Money represents the most transformational substance in our society. It is seductive, alluring, and mysterious; it represents the main facet of the American dream. Because of this fascination with money, many people buy into the myth that money will satisfy all of their yearnings, dreams, and wishes (Csikszentmihalyi, 1999; Meyers, 2000; O’Neill, 1997). Several themes are present in the literature regarding money and well-being: (1) there are small, if any correlations, between income and subjective well-being (Ahuvia, 2007; Ahuvia & Friedman, 1998; Diener & Biswas-Diener, 2002; Layard, 2005; Myers, 2000), (2) people who value extrinsic goals such as money and possessions have a lower well-being than those who value intrinsic goals such as close relationships and religion (Auerback et al., 2011; Deci & Ryan, 1985; Dykman, 1998; Kasser & Ryan, 1993, 1996; Lapierre, Bouffard, & Bastin, 1997; Ryan & Deci, 2000; Schmuck, Kasser, & Ryan, 2000; Sheldon, Gunz, Nichols, & Ferguson, 2010; Sheldon & Kasser, 1995, 1998), and (3) people who pursue materialistic goals or place a high value on possessions tend to have lower well-being scores than those who do not (Kasser, 2002; Kasser & Ahuvia, 2002, Richards & Dawson, 1992; Sirgy, 1998; Tazel, 2003). Additionally, money can actually decrease well-being when an individual’s pursuit of money takes precedence over the pursuit of intrinsic goals (Kasser, 2002; Kasser & Ahuvia, 2002, Richards & Dawson, 1992; Sirgy, 1998; Tazel, 2003). Furthermore, if the pursuit of money and possessions comprises a person’s entire value system such as in the case of materialism—a value system that emphasizes wealth, status, image, and material consumption over other things such as family, friends, and work (Levine, 2006)—, then the person’s satisfaction with life is actually lowered because he or she has set his or her standard of living goals in comparison to others who often

have more wealth, income, and possessions than he or she has or can realistically expect to have (Sirgy, 1998).

The question of what increases one's well-being is considered to be part of a desirable life (King & Nappa, 1998) and is the subject of most peoples' daily thoughts (Freedman, 1978). Since research shows that the answer to this question does not lie in money, what does the research say contributes to well-being? Research has shown that the answer lies largely in social relationships (Argyle, 2001; Lucas, Dyrenforth, & Diener, 2008; Shobhna, Shilpa, & Jain, 2008; Thayer, Newman, & McCain, 1994; Tkach & Lyumbomirsky, 2006; Warner & Vronman, 2011) and religion (Lim & Putnam, 2010; Maltby, Lewis, & Day, 2008; Shobhna et al., 2008; Thayer et al., 1994; Tkach & Lyumbomirsky, 2006; Warner & Vronman, 2011). Social relationships are discussed in detail as these two activities have been proven, in multiple studies to enhance a person's well-being.

Because one of the goals people have when they enter counseling is to reduce their psychological distress (Csikszentmihalyi, 1999), important tasks for mental health practitioners to address include but are not limited to: (1) helping their clients recognize if their extrinsic pursuits of money and/or material possessions has morphed into an addiction known as Compulsive Buying Disorder (Karim & Chaudri, 2012; Maltby, Keck, & Phillips, 1995; Maltby, Keck, Pope, Smith, Strakowski, 1994), (2) facilitating their clients in identifying the etiology of their detrimental extrinsic goal pursuits (Battegay, 1997; Carlson, Watts, & Maniacci, 2006; Robinson & Post, 1995; Sweeney, 1998) and (3) educating, encouraging, and assisting their clients in identifying, challenging, and changing their negative thoughts that have led to dysfunctional thinking (Beck, 2011; Corey, 2013). It is also important for mental health practitioners to examine whether they have any unresolved money issues of their own or biases

towards different socioeconomic levels (Kleefeld, 2000; Lott, 2002; Pearne, 1999). Additionally, mental health practitioners can also aid their clients in pursuing activities that may help to create meaning and purpose in their lives, such as engaging in spiritual activities (Frankl, 1978; Maslow, 1954, 1970, 1971, 1998; Rogers, 1961, 1980).

CHAPTER 2. LITERATURE REVIEW ON MONEY

2.1. Money and Well-Being

The question of whether higher incomes do indeed lead to greater happiness is not merely one of academic interest or idle curiosity. Many individuals are personally concerned with this question because of the important implications it has for how they should structure their lives (Diener & Biswas-Diener, 2002). As many Americans hold firmly to the belief that money will somehow increase their well-being, money and the things money can buy continues to hold tremendous attraction. The news is filled with stories of the crimes and malfeasance that people will perpetrate in their drive for wealth, power, and the material trimmings that announce success. It is all too easy to get caught up in the desire for more—more money, more possessions, and more esteem (Diener & Biswas-Diener, 2002). Yet there is little evidence that achieving financial success increases one's well-being, or as Tatzel (2003) stated, "It appears that overall, not having money accounts for a greater measure of unhappiness than having money accounts for happiness" (p. 412).

In a report completed by Myers (2000), his review showed that in the United States, Canada, and Europe, that once a person is able to afford life's necessities, the connection between income and one's well-being is surprisingly weak, virtually negligible. Summarizing his own studies of happiness, David Lykken (1999) observed that "people who go to work in their overalls and on the bus are just as happy, on the average, as those in suits who drive to work in their own Mercedes" (p. 17).

To further expand upon his review, Myers (2000) wrote that as we have seen our wealth increase little by little over four decades, Americans should now be happier because we have far more luxuries today than they had in the 1950's. Americans now own twice as many cars per

person, eat out more than twice as often, and enjoy microwave ovens, big-screen color TVs, and home computers. From 1960 to 1997, the percentage of homes with dishwashers increased from 7% to 50%, clothes dryers increased from 20% to 71%, and air conditioning increased from 15% to 73%. However, despite the increase in affluence, Americans are no more satisfied with their lives. In fact, the number of people reporting themselves as very happy has declined slightly from 35% to 33%. In summary, Myers (2000) concluded:

We are twice as rich and no happier. Meanwhile, the divorce rate has doubled. Teen suicide tripled. Depression rates have soared, especially among teens and young adults...Compared with their grandparents, today's young adults have grown up with much more affluence, slightly less happiness, and much greater risk of depression and assorted social pathologies. I call this conjunction of material prosperity and social recession the American paradox. The more people strive for extrinsic goals such as money, the more numerous their problems and the less robust their well-being" (p. 61).

Myers's review is consistent with approximately twenty years of research which shows that once basic needs are met, increases in income have almost no lasting impact on well-being (Ahuvia, 2007; Ahuvia & Friedman, 1998; Diener & Biwas-Diener, 2002; Layard, 2005).

Typically, income explains only about 2–5% of the variance in well-being when studies are conducted in developed countries (Ahuvia, 2007). A sophisticated multilevel analysis by Schyns (2002) found that individual income explained only 2.5% of the difference in well-being between people, leaving the rest of the variance in well-being to be explained by other variables. For all but the truly destitute, the chance of increased income improving one's well-being may be even lower than is suggested by studies using linear correlations. Studies have found evidence of a rather abrupt inflection point at around the income level where basic needs are met, and after that

point the influence of income on happiness drops off sharply (Ahuvia & Friedman, 1998; Argyle, 1999; Cummins, 2000; Fuentes & Rojas, 2001; Lever, 2004).

Additional studies in psychology and in consumer research literatures have examined the relation of aspirations for financial success, materialism, interest in/importance of/wish for/love of money, and similar constructs with well-being and have nearly always found that relation to be negative. For example, in Diener and Oishi's (2000) cross-national study of college students, the importance of money was negatively correlated with life satisfaction. Burroughs and Rindfleisch (2002) found that materialism was negatively correlated with both happiness and life satisfaction in a small national sample of adults. Nicherson, Schwarz, Diener, and Kahneman (2003) demonstrated in a longitudinal study that the negative relation of the importance of being very well off financially (expressed at college entry) with overall life satisfaction (assessed about 19 years later) was moderated by household income. Specifically, at lower household incomes, respondents with stronger financial aspirations had lower overall life satisfaction than respondents with weaker financial aspirations; whereas, at higher household incomes, respondents' financial aspirations were unrelated to overall life satisfaction. Similar studies (Diener & Biswas-Diener, 2002; La Barbera and Gurhan, 1997; Tang, Luna-Arocas, Sutarso, & Tang, 2004), in which financial aspirations (or materialism), income, and well-being were measured at the same time, have also found that income moderates the relation between financial aspirations (or materialism) and subjective well-being.

Even the very rich people—the *Forbes* 100 wealthiest Americans surveyed by Diener, Horwitz, and Emmons (1985)—are only slightly happier than the average American. Their survey results showed that 37% of the wealthy group reported less happiness than the average non-wealthy person. Thus, money is certainly no guarantee of well-being and explains only a

small fraction of the variation in well-being reported by Americans. When the researchers examined the wealthy individuals who took part in the survey, there were several wealthy persons who were less happy. One man with enormous self-made wealth said he could never remember being happy. A wealthy woman reported being unhappy because of problems her children had encountered. Thus, the influence of money can be overridden by other problems. There were also a number of non-wealthy individuals (45%) who responded that they were very happy despite the absence of wealth. The beliefs about the causes of well-being were varied in the study; however, money was rarely mentioned. The causes of happiness that were mentioned most frequently were found in other paths such as family and friends, achieving goals, a relationship with God, and good health. The overall theme in the survey, as stated by the researchers, was summed up by one respondent who wrote something to the effect that money has much less importance on a person's well-being than other factors, such as being loved and feeling useful (Diener et al., 1985).

The results of Diener et al.'s study continue to hold true through today as these results are consistent with a study conducted by Aknin, Norton, and Dunn (2009). In their study, Aknin et al. examined the accuracy of laypeople's intuitions about the relationship between money and well-being by asking people from across the income spectrum to report their own happiness and to predict the happiness of others and themselves at different levels of income. The researchers found that: (1) people assumed the association between money and well-being to be greater than it truly is, (2) people believed higher levels of household income would create a larger increase in happiness than were found to be true, (3) people anticipated less happiness among those with lower incomes than proved to be accurate, and (4) people miscalculated the increase in well-

being through such activities as social relationships and finding God to be lower than it actually is.

2.2. Money and Extrinsic Versus Intrinsic Goals

As well as looking at the evidence that supports the fact that there is little correlation between increased income and increased well-being, one must also consider the motivation for monetary pursuits. Motives are often described as intrinsic or extrinsic. Kasser and Ryan (1996) elaborated upon the definition and nature of intrinsic versus extrinsic goals. Intrinsic goals (i.e., self-acceptance, affiliation, community feeling, physical fitness, etc.) are goals which are inherently satisfying to pursue because they are likely to satisfy innate psychological needs for autonomy, relatedness, competence, and growth (Kasser, 2002; Schmuck et al., 2000). For example, when individuals pursue and make progress at such intrinsic goals, they have experiences along the way which satisfy their needs and thus help to support their well-being. In contrast, extrinsic goals (i.e., financial success, social popularity, and physical attractiveness) are goals which focus on obtaining rewards and are based on the positive evaluations of others. Such goals generally reflect a sense of insecurity about oneself and may also lead one to engage in more stressful, ego-involved, and controlled behavior which does not satisfy one's needs (Kasser & Ryan, 1996; Sheldon & Kasser, 1995). Thus, when individuals are especially oriented toward extrinsic goals, they are likely to ignore their needs and to engage in activities which work against their health and against their well-being (Schmuck et al., 2000).

In addition to defining extrinsic versus intrinsic goal pursuits, Kasser and Ryan began a line of research on money and motivation. In their 1993 study, they compared financial aspirations (a designated extrinsic goal) with other life goals that represented intrinsic motivation such as interpersonal relationships and a feeling of community. The major finding of this study

was that the drive for money, especially when it was a dominant purpose in life, was associated with a high control orientation to life, low energy, and overall poor adjustment, which, consequently, lowers one's well-being.

In follow-up to their 1993 study, Kasser and Ryan (1996) extended the findings of their earlier analysis in a two-part study; a study which focused on the three most salient aspects of popular American culture: fame, money, and good looks. These aspects were chosen because not only are they often portrayed as being signs of one's ultimate success, but also they are contingent upon external approval and rewards. Kasser and Ryan's (1996) analysis classified financial success (money), social recognition (fame), and an appealing appearance (image) as extrinsic goals because, to reiterate, these three goals require some other person to judge whether one is worthy of praise and reward. In addition, these extrinsic goals do not provide satisfaction in and of themselves; instead, their allure usually lies in the presumed admiration that attends them or in the power and sense of worth that can be derived from attaining them (Kasser & Ryan, 1996).

Kasser and Ryan (1996) then selected four other goals for their intrinsic nature for purposes of this study: affiliation (relatedness), community feeling (helpfulness), physical fitness (health), and self-acceptance. These four goals are congruent with the movement toward self-actualization and thus should be conducive to mental health. Such goals are classed intrinsic in the sense of being inherently valuable or satisfying to the individual, rather than being dependent on the approval of others (Kasser & Ryan, 1996).

In one study, they found that when extrinsic aspirations were of importance to the participants, these people had lower vitality, lower self-actualization, and more physical health symptoms. The reverse was true of participants who placed importance on intrinsic aspirations:

as when intrinsic values are appreciated, people had greater vitality, greater self-actualization, and fewer physical health symptoms. In the second study, the importance of intrinsic aspirations was associated with significantly more self-actualization and vitality and significantly less depression, narcissism, and physical symptoms. In contrast, the importance of extrinsic aspirations was associated with less self-actualization and vitality and with more depression, anxiety, narcissism, and physical symptoms (Kasser & Ryan, 1996).

Consistent with the results found by Kasser and Ryan's research, this basic pattern has been found within longitudinal studies as well as cross-sectional studies, in people of a wide range of ages and in multiple settings and cultures, including both collectivist and individualist cultural samples (Sheldon et al., 2010). Other studies have also suggested some of the goals offered as worthwhile by rich and free-market economy cultures, such as in the U.S., are actually associated with lower levels of well-being when they are highly valued. For example, Dykman (1998), Lapierre et al. (1997), and Sheldon and Kasser (1995, 1998) have shown in a series of studies that people whose system of goals is strongly focused on financial success, attractiveness, and popularity have relatively low levels of well-being; whereas, people oriented toward goals such as self-acceptance, affiliation, community feeling, and physical fitness generally have higher levels of well-being.

Guided by self-determination theory (Deci & Ryan, 1985), the authors suggest that the neglect of intrinsic goals ultimately thwarts the satisfaction of core, inherent psychological needs for relatedness, competence and autonomy, which in turn contribute to negative psychological outcomes (Kasser, 2002; Ryan, Sheldon, Kasser, & Deci, 1996) including: (a) greater depressive symptoms, (b) greater use of tobacco, alcohol, and marijuana, and (c) higher incidence of precocious sexual behaviors. There appears to be a relatively robust relationship between

extrinsic aspirations (relative to intrinsic goals) and negative psychological outcomes such as depressive and anxious symptoms (Auerbach et al., 2011).

There are several reasons to suspect that extrinsic aspirations contribute to the stress generation effect described above. First, research has shown that individuals who place a premium on extrinsic goals report lower quality interpersonal relationships (Auerbach et al., 2011; Kasser & Ryan, 2001; Kasser, Ryan, Couchman, & Sheldon, 2004). As suggested by Kasser (2002), one possible explanation for this association is that extrinsically-motivated individuals neglect interpersonal relationships, instead spending more time pursuing, consuming, and thinking about money and materialistic goods (Auerbach et al., 2011; Kasser & Ryan, 1993; Schmuck et al., 2000). Furthermore, such individuals may have a tendency to perceive and treat others as objects or instruments (Auerbach et al., 2011; Kasser, 2002). Namely, they may perceive their interpersonal relationships through the lens of a money-oriented mindset, seeing others as tools that they can exploit to further their personal extrinsic goals; thereby, engaging in behaviors that generate interpersonal discord and undermine their relationships. Also, research indicates that individuals who endorse a higher concentration of extrinsic versus intrinsic aspirations report higher levels of narcissism, interpersonal manipulateness, vanity, and defensiveness (Kasser & Ryan, 1996) and are more competitive with others, findings which bolster the claim that extrinsically motivated individuals engage in behaviors harmful to interpersonal harmony (Auerbach et al., 2011; Kasser & Ryan, 2001). Additionally, individuals who pursue extrinsic goals at the expense of intrinsic aspirations are hypothesized to have a contingent, unstable sense of self-esteem (Kasser, 2002). That is, their self-worth hinges upon the attainment of money and/or possessions and/or the admiration of their physical appearance and/or social status by others (Kasser & Ryan, 2001; Kasser, Ryan, et al., 2004). Thus, when

extrinsic goals are unfulfilled, many individuals experience dramatic dips in their self-esteem leading to increased stress, particularly in the interpersonal domain (Kasser, Ryan, et al., 2004). Taken together, these findings suggest that extrinsically-oriented individuals have a tendency to generate dependent interpersonal stress, which then may contribute to the onset of depressive symptoms (Auerbach et al., 2011) and a lowered sense of well-being.

Another suggestion as to why extrinsic goals do not increase well-being was proposed by Sheldon et al. (2010). They purport that extrinsically motivated people fixate on a small number of salient factors and fail to take into account the many other factors that will also impact them. Extrinsically motivated people also tend to consider the “wrong” factors in making predictions, such as ultimately inconsequential physical variables that they believe will affect their well-being, and to underestimate the influence of interpersonal and social variables, which tend to have greater effects on people’s well-being. Extrinsically motivated people may also give too much weight to the intensity of current experience in making future predictions, failing to take past experiences adequately into account. Finally, extrinsically motivated people think that the effects of changes, both positive and negative, will be more durable than they actually are (Sheldon et al., 2010).

Based on these premises, Sheldon et al. (2010) conducted a study and verified that one or more of these processes may be at work in leading people with strong extrinsic values to erroneously forecast that extrinsic goal pursuits will lead them to greater well-being, perhaps explaining their over-investment in such goals. First, extrinsic possible futures may be highly salient and focal, as one imagines one’s stunning new image after getting a cosmetic procedure done, one’s luxurious mansion after the big investment pays off, or one’s celebrity status after appearing on American Idol. Second, in selecting extrinsic goals people may over-emphasize the

effect of physical factors (one's appearance, one's possessions) and underestimate the effect of more intrinsic factors (one's relationships, one's peace of mind). Third, extrinsic goal strivers may fail to take past experience into account (“Was I really happier last time after I changed my appearance?”) and fail to consider possible negative repercussions of extrinsic goal pursuit (i.e., having less time for meaningful activities and having to spend more time in annoying or stressful activities). Fourth, extrinsic goal strivers may over-estimate the durability of the positive emotional changes resulting from extrinsic attainments, expecting that the new purchase or new hairstyle will have longer-lasting positive effects than it actually does (Sheldon et al., 2010).

The pursuit of extrinsic goals itself is not inherently detrimental to one's psychological well-being. However, when, for example, the purposes of enhancing one's financial position is motivated by wanting to overcome self-doubt, to seek power over others, and/or to engage in social comparison versus such motives as enhancing family security, to enjoy greater freedom to action, and the liberty to enjoy leisure activities (Srivastava, Locke, & Bartol, 2001) or when the pursuit of extrinsic goals comes at the exclusion of intrinsic pursuits (Kasser & Ryan, 1993), then such pursuits become damaging to the person's psychological well-being.

According to the research, intrinsic motivation emerges as a key component to a sense of increased well-being. It is expressed in an orientation to life that emphasizes personal growth, self-determination, good relationships, and ideals, such as wanting to make the world a better place (Tatzel, 2003). In terms of Maslow's hierarchy of needs, these are the higher order needs (Maslow, 1970). Maslow (1970) regards self-esteem as a higher order need (along with self-actualization), but he warns of “the dangers of basing self-esteem on the opinions of others rather than on real capacity” (p. 21). Intrinsic motivation means that the “locus of evaluation” (Rogers, 1961) is within the person. As Rogers says about the process of “becoming a person”, “Less and

less does [the individual] look to others for approval or disapproval. . . . He recognizes that it rests within himself to choose; that the only question which matters is, ‘Am I living in a way which is deeply satisfying to me, and which truly expresses me?’” (p. 119).

2.3. Money and Self-Esteem: Materialism

Materialism and extrinsic motivation are positively correlated (Kasser & Ahuvia, 2000), and personality traits associated with extrinsic motivation are also associated with materialism (Tatzel, 2003). A lack of self-esteem is cited as one of the core reasons behind people’s desire for material possessions (Battegay 1997); therefore, research posits that materialistic people are trying often to “buy” a sense of increased self-worth (Kasser, 2002). Unfortunately, as materialistic people are trying to fulfill an intrinsic need with an extrinsic goal, their desire for money and possessions becomes so intense that they feel driven to possess and consume money and/or things in an unhealthy manner; and regardless of how much they get, it never feels like enough (Battegay, 1997).

In addition to defining materialism as an individual factor related to the belief that income, wealth, and material possessions are important in achieving happiness in life, Sirgy (1998) proposed a theory of materialism and overall life satisfaction. Life satisfaction is partly determined by one’s contentment with one’s standard of living. Satisfaction with one’s standard of living is determined by one’s actual standard of living being equal to a set goal. Since materialists place high value on material possessions, they experience a greater dissatisfaction with their standard of living than do non-materialists, which in turn lowers their satisfaction with life. Materialists experience greater dissatisfaction with their standard of living because their goals are unrealistically high and are influenced by the perceptions of wealth, income, and material possessions of those who have more. Materialists also compare their own standard of

living with others in regards to income and work effort, concluding that others have more income and work no harder than they do. These comparisons lead to feelings of unfairness, envy, and anger. And, not unexpectedly, materialists may also spend more money than they earn, with debt ensuing as a result (Sirgy, 1998).

In addition to being unsatisfied with one's standard of living, materialism proves to be detrimental to one's well-being as individuals who ranked high on the materialism scale value possessions that are related to appearance and status rather than possessions more interpersonal in nature and, as a consequence, are bound to be less satisfied with family and friends and have less fun and enjoyment. These sentiments were the conclusion of a study in which Richins & Dawson (1992) found the following regarding materialism: (1) respondents who scored high on materialism felt they needed more income to satisfy their needs than those low respondents who scored low on materialism, (2) respondents who scored high on materialism rated financial security higher and rated warm relationships with others and a sense of accomplishment lower, (3) respondents who scored high on materialism would spend more of an unexpected \$20,000 windfall on themselves and less of this windfall on charitable causes, friends, family, and travel than those who scored low on materialism, (4) those who scored high on materialism scored higher on a non-generosity scale than those who scored low on materialism, (5) those who scored high on materialism were less likely to support a voluntary simplicity lifestyle, (6) those who scored high on materialism were less satisfied with their lives, and (7) those who scored high on materialism scored lower on a measure of self-esteem (Richins & Dawson, 1992). The last summarized result of their study reinforces the belief that materialistic people are often trying to bolster their self-esteem through the acquisition of possessions.

Seeking social approval through wealth, fame or image and chasing success as an end in itself seem not to be the roads to happiness, nor is consuming for impression management at the expense of personal satisfaction (Tatzel, 2003). Due to the fact that extrinsic values stem from lower order needs for safety and belonging, and are seen, in part, in other-directedness from self-actualization, it is not surprising that materialism has been positively related to anxiety, self-criticism, depression, anger expression, emotional instability, and stress. Some measures of materialism have been positively related to social anxiety, public self-consciousness, and susceptibility to normative influence. Materialism and financial aspirations have also been positively related to social aspects of identity, self-monitoring, conformity, and fear of negative evaluation, and negatively related to internal locus of control (Nickerson, Schwarz, & Diener, 2007).

It appears that often the goal underlying materialism is to overcome insecurity by attaining social prestige. Kasser (2002) connects money, fame, and image with materialism because all are means of gaining self-esteem and of impressing others. Those individuals ranked high in materialism value their expensive, high-status possessions; therefore, money and the things money can buy hold tremendous attraction; however, the drive for money and possessions alone is likely to lead to feelings of frustration and dissatisfaction, and even if one is successful, it appears that they contribute little to happiness (Tatzel, 2003).

CHAPTER 3. LITERATURE REVIEW ON INCREASING WELL-BEING

It is a challenge of all human beings to create a satisfying and worthwhile life (O’Neill, 1997). This challenge becomes even more complex given the emphasis our culture places on the pursuit of money and material possessions despite the fact that research shows these prominent elements of the American Dream have little or no correlation to increased well-being (Ahuvia, 2007; Ahuvia & Friedman, 1998; Diener & Biswas-Diener, 2002; Layard, 2005; Myers, 2000). Yet, the inalienable right to the “pursuit of happiness” listed in the U.S. Declaration of Independence illustrates the long-standing American concern with well-being (Tkach & Lyubomirsky, 2006). Continuing to this day, well-being is considered an integral part of a desirable life (King & Napa, 1998) and is the subject of most people’s thoughts (Freedman, 1978). Therefore, if money and material possessions do not buy a greater sense of happiness, what has been shown in research to increase a person’s well-being?

To probe the question of what increases well-being, Tkach and Lyumbomirsky (2006) conducted a study as to the activities 500 ethnically diverse undergraduate students utilized to maintain or increase their well-being. The first and most frequently used strategy that emerged in this study was social affiliation characterized by such items as “helping others” and “communicating with friends.” Importantly, social affiliation showed a strong positive relationship to well-being, even after controlling for the other strategies. This finding is supported by studies showing a link between social activities and well-being. For example, research shows that people are happier while in the presence of others (Csikszentmihalyi & Hunter, 2003; Pavot, Diener, & Fujita, 1990), and social affiliation is rated as an effective strategy in combating dysphoria (Thayer et al., 1994) and stress (Cohen & Wills, 1985). Furthermore, experiments that have manipulated social activity have produced increases in well-

being (Myers, 2000; Schyns, 2002; Tkach & Lyumbomirsky, 2006). Social relationships also yielded a significant positive influence on happiness in an additional study completed by Warner and Vronman (2011).

In addition to social relationships, religion also showed a significant impact on happiness and was a strong predictor of increases in well-being (Tkach & Lyumbomirsky, 2006).

Moreover, a body of research supports the link between religion and well-being (Lim & Putnam, 2010; Maltby et al., 2008; Shobhna et al., 2008; Thayer et al., 1994; Tkach & Lyumbomirsky, 2006; Warner & Vronman, 2011), likely because religious activity provides increased social connectedness (Tkach & Lyumbomirsky, 2006) and a sense of purpose and meaning in life (Deiner, Tay, & Lewis, 2011; Joshi, Kumari, & Jain, 2008; Lim & Putnam, 2010; Tkach & Lyumbomirsky, 2006).

While research supports the positive impact of other mood-inducing behaviors such as physical fitness/exercise (McDonald & Hodgdon, 1991; Netz, Wu, Backer, & Tenenbaum, 2005; Rostad & Long, 1996; Spence, McGannon & Poon. 2005; Szabo, 2003), flow or the kind of experience that is so engrossing and enjoyable that it becomes worth doing for its own sake even though it may have no consequence outside of itself such as creative activities, music, etc., (Csikszentmihalyi, 1999; Warner & Vronman, 2011), community involvement (Warner & Vronmen, 2011), and meditation (which is addressed in the Religion section of this paper), this paper explores social connectedness and religion further as the literature suggests that these two topics are important pieces of enhancing not only a person's mood, but also their well-being.

3.1. Social Connectedness

According to one review of the literature on well-being, "social relationships have a powerful effect on happiness and other aspects of well-being, and are perhaps its greatest single

cause” (Argyle, 2001, p. 71). These findings are consistent with intuition and societal beliefs that suggest that friendships, romantic partnerships, and strong family relationships are of primary importance for leading a happy and satisfied life (Lucas et al., 2008).

Measures of sociability and extraversion, the amount of time spent in social interactions, social network size, and even marital status are all consistently correlated with ratings of happiness and well-being. Highly sociable and extraverted people experience more positive affect than less social individuals. People who spend more time with others, or have more friends, are happier than those who spend more time alone or have few friends. And married people report higher satisfaction than people who have experienced divorce or widowhood (Lucas et al., 2008).

Indeed, people report happier feelings when with others. When asked by the National Opinion Research Center, "How many close friends would you say you have?" (excluding family members), 26% of those reporting fewer than five friends and 38% of those reporting five or more friends said they were "very happy" (Myers, 2000). Other findings confirm the correlation between social support and well-being. For example, a survey conducted among 800 college alumni, those with "yuppie values"—those who preferred a high income and occupational success and prestige to having very close friends and a close marriage—were twice as likely as their former classmates to describe themselves as "fairly" or "very" unhappy (Perkins, 1991).

Results of studies between the perceived availability of social support and psychological well-being have consistently found that social support is negatively related to different measures of depression (Christopher, Kuo, Abraham, Noel, & Linz, 2004). Furthermore, Katainen, Rakkonen, and Keltikangas-Jarvinen (1999) demonstrated that support from family, friends, and significant others are each related to a decrease in mood-related symptoms (i.e., sadness) and

performance difficulties (i.e., difficulty making decisions) that characterize depression. In addition to decreased incidences in depression, social support has been linked to other components of psychological well-being such as positive affect, self-esteem, and happiness (Halamandaris & Power, 1999).

A study by Shobhana et al. (2008) is also consistent with this line of research as their study found that in addition to increased well-being and happiness, the love and social support that a close network of family and friends provides has been shown to offer protection against many diseases. It is generally understood that people who experience love and support tend to resist unhealthy behaviors and feel less stressed. Social support can influence health by facilitating adherence to health promotion programs and offering fellowships in times of stress, suffering and sorrow, thereby diminishing the impact of anxiety and other emotions. Social supports reduce physiological strain (i.e., anxiety and high blood pressure) as well as psychological stress, and provide a buffer against strains caused by psychological stress. Similarly, individuals indicate a greater impact of high level of life stress when social supports are few as opposed to many (Shobhna et al., 2008).

Myers (2000) elaborated upon the importance of social relationships by discussing the known toxicity of such negative emotions as anxiety, depression, jealousy, or loneliness that occur when our social ties are threatened or broken. Epidemiologists, after following thousands of lives through time, have consistently found that close, intact relationships predict health. Compared with those having few social ties, people supported by close relationships with friends, family, or fellow members of church, work, or other support groups are less vulnerable to ill health and premature death. When afflicted with leukemia or heart disease, those who experience extensive social support have higher survival rates. When social ties break with

widowhood, divorce, or dismissal from a job, immune defenses weaken for a time and rates of disease and death rise.

3.2. Religion

One of the main reasons cited in research for the positive correlation between religion and increased well-being is the social connectedness that is offered through religious affiliation (Lim & Putnam, 2010; Shobhna et al., 2008; Tkach & Lyumbomirsky, 2006). Even if social networks and identities forged in non-religious organizations could have benefits comparable to those found in the research, it is difficult to think of any non-religious organizations in the United States comparable to congregations in scale and scope of membership base, intensity of member participation in collective rituals, and strength of identity that members share. Congregations are unique among American voluntary organizations as a source of life satisfaction (Lim & Putnam, 2010). Based on their study, Lim and Putnam (2010) found that social networks forged in congregations and strong religious identities are the key variables that mediate the positive connection between religion and life satisfaction. People with religious affiliations are more satisfied with their lives because they attend religious services frequently and build intimate social networks in their congregations.

Support for the social connectedness experiences in religion was also found in Diener et al. (2011) as they also proposed that religion increases a person's well-being through relationship variables such as social support and respect. If one belongs to a religion, other members may be likely to provide help in time of need, and regular religious meetings offer opportunities for social contact. Because people in a religion tend to share beliefs, values, morals, and activities, they may be more likely to trust each other and be respected by one another. Also, religion might foster feelings of purpose and meaning in life, which predict life satisfaction and can compensate

to some degree for less enjoyment of life. It seems likely that social support, feeling respected, and purpose or meaning in life predict increased subjective well-being (Diener et al., 2011).

Ellison and Smith (1991) also studied the relationship between religious involvement and subjective well-being. Results from the General Social Survey (GSS) and self-reported participation in church attendance and activities indicated that of the 400 participants those with strong religious faith reported higher levels of life satisfaction in at least four ways. One of these ways being the support and social integration that religion offers (Ellison & Smith, 1991).

As the existing literature indicating the significant positive associations between religion, happiness, and well-being have been limited to predominantly Christians, Roemer (2010) conducted a study to examine whether subjective and organized religiousness are associated with life satisfaction and happiness in Japan— a highly industrialized, modern democratic non-Western society that has a small Christian population. Using data from large, nationally representative probability samples of Japanese adults, the findings of Roemer's (2010) study were similar to findings in the U.S. His study revealed that subjective religiousness (i.e., degree of devotion to a religion) is associated positively with life satisfaction and happiness in Japan.

3.2.1. Mindfulness

While much of the research on religion and well-being focuses on the effects of social integration, several studies suggest that various types of religious practices such as yoga and meditation may also have a significant impact on psychological well-being and over all functioning of the body (Ellison, Gay, & Glass 1989; Idler 1987; Shobhna et al., 2008).

Maltby et al. (2008) explored the subject of meditation as a way of reducing physiological and psychological stress as part of religious practice. Meditation may have a number of health benefits by decreasing anxiety, depression, irritability, and moodiness, and by

improving learning ability, memory, self-actualization, feelings of vitality, rejuvenation, and emotional stability. Meditative practices may benefit and provide acute and chronic support for patients with hypertension, psoriasis, irritable bowel disease, anxiety, and depression. Meditation may also enable individuals to reduce self-focus, to engage mentally with stress, and, therefore, to lower worry and rumination. Research notes that meditation can aid mental health by way of the individual spending time in quiet reflection, being allowed to spend time to understand a context to the world, and dealing effectively with daily occurrences. Research suggests that meditation, in conjunction with prayer, reflects self-regulation of thinking processes. Frequent quiet time thinking about God, listening to God, and reflecting on the teachings of the Bible provides the self-regulation by which individuals are able to lessen their self-focus, worry, and stress (Maltby et al., 2008).

Yoga has also been used worldwide for enhancing the well-being of individuals. Yoga is probably the best known Hindu philosophical system in the world. Yoga develops physical, mental, intellectual, emotional, and spiritual components, thus building up a well-rounded organic personality. Yoga may be associated with acute and long-term decrease in blood pressure. In this system, the self-control and self-mortification (self-actualization) are supreme (Shobhna et al., 2008).

While many people would argue that religion is, in the words of Freud (1964, p. 71), “corrosive to happiness—by creating an ‘obsessional neurosis’ that entails guilt, repressed sexuality, and suppressed emotions,” there is no denying the accumulating evidence that active religiosity is associated with increased well-being and is also associated with greater psychological health (Diener, et al., 2011; Ellison & Smith, 1991; Lim & Putnam, 2010; Myers, 2000; Roemer, 2010).

CHAPTER 4. FOUNDATIONS FOR HELPING

4.1. Defining Compulsive Buying Disorder (CBD)

When a value system that emphasizes monetary and/or material possessions is combined with the desire to find an outlet for negative psychological emotions such as insecurity (Kasser & Ryan, 1996), low self-esteem (Battegay, 1997; Kasser, 2002), depression or anxiety (Auerbach et al., 2011; Kasser & Ryan, 1996; Karim & Chaudhri, 2012; Nickerson et al., 2007), and self-critical thoughts (Karim & Chaudhri, 2012), one of the disorders that may present itself is known as Compulsive Buying Disorder (CBD). CBD is defined as a disorder associated with compulsive thoughts or impulses to purchase unnecessary or large amounts of items despite negative consequences (Karim & Chaudhri, 2012). Mood disorders (95%), eating disorders (35%), substance abuse disorders, personality disorders, and other impulsive disorders (40%) are often comorbid with CBD (Karim & Chaudhri, 2012; McElroy, et al., 1995); however, only CBD is addressed here as the other listed disorders are outside the scope of this paper.

Numerous researchers have identified diagnostic criteria for when a person's monetary and/or materialistic goals maybe morphing into CBD. Those suffering from CBD often shop or spend money as result of feeling disappointed, angry, or scared and often experience feelings of euphoria when spending money (Lee & Miltenberger, 1997; McElroy et al., 1995). They have a preoccupation with shopping and devote a significant amount of time to purchasing material goods (Black, Monahan, Schlosser, & Repertinger, 2001; McElroy et al., 1995; McElroy, et al., 1994). Once the money has been spent, they often experience emotional distress, such as feeling guilty, ashamed, embarrassed, or "let down" (Lee & Miltenberger, 1997; McElroy et al., 1995). As the euphoria of the purchase is short-lived, they may experience buyer's remorse. If they experience buyer's remorse, they may consistently return items to alleviate the guilt. In which

case, debt will not become an issue; however, they still are suffering from CBD. People with CBD may also find that they have a lack of space in their closets, garage, home, etc.

Nevertheless, they continue to make purchases because they feel like they just have to have more or they are trying to accumulate material goods as a way to display their wealth (Black et al., 2001).

Those suffering from CBD continue to overindulge in making new purchases despite negative consequences. Some of these negative consequences may include having arguments with others about their shopping or spending habits, lying to others about purchases they make or how much money they spent, and hiding purchases from others because they don't want people to know how much they have spent or to criticize them for their purchases. As people suffering from CBD often find themselves arguing with, lying to, or hiding purchases from significant people in their lives, their relationships may begin to deteriorate. The close relationships of those with CBD may also suffer as these people devote more and more time to work in order to be able to afford their purchases, and they lie more and more frequently in order to obtain more material possessions (Black et al., 2001, Hartston, 2012; McElroy et al., 1994). Additional negative consequences for those suffering from CBD may include spending a lot of time juggling accounts or bills to accommodate purchases made, acquiring an increasing amount of credit card debt and/or feeling "lost" without credit cards, buying items on credit that would not be bought with cash, filing bankruptcy or facing the threat of having to file bankruptcy, being unable to budget money or spending over budgetary constraints, and acquiring more debt as a result of spending (McElroy et al., 1994).

Additionally, the following signs may indicate a client's monetary pursuits maybe morphing into materialism: (1) the client tries to surround him or herself with possessions, accolades, and attention in an attempt to gain others' approval (Richards & Dawson, 1992), (2) the client is self-promoting and constantly talks about him or herself as such clients need validation from other people for their actions and qualities (Beatty, Kahle, & Homer, 1991), (3) the client is a wage-slave, overworking at a job so they can afford things that are not needed (Hamilton & Denniss, 2006), (4) the client is more focused on the square footage of his or her home than he or she is on developing relationships, and (5) the client is more interested in how he or she will look in his or her designer clothing, bathing suit, etc. than in his or her actual health (Betty et al., 1991).

4.2. Importance of Mental Health Practitioners Examining Their Beliefs

4.2.1. Money Biases

It is important for mental health practitioners to examine whether they have any unexplored and unresolved money issues as the therapy environment is fertile ground for the mental health practitioner to act out his or her own money issues (Pearne, 1999). This can take many forms, two of the most common of which are for mental health practitioners to ignore money issues completely or to unconsciously express resentment or envy towards those clients who are perceived as being financially well-off by falling into the attitude, "I wish I had such problems!" or minimizing the challenges the clients are facing (Pearne, 1999). It is important for mental health practitioners to keep in mind that the reverse of this situation can also occur. Mental health practitioners can also over-emphasize the importance of money, relating everything that occurs in therapy to money even when the clinical picture may call for attention elsewhere (Kleefeld, 2000; Pearne, 1999). The thoughts, emotions, and hardships faced by

clients regarding their money issues need to be handled with sensitivity and acceptance; however, this can only be accomplished by a mental health practitioner who is aware of his or her own money biases for all levels of the socioeconomic spectrum.

4.2.2. Classism

Along with their own money issues, mental health practitioners need to be aware of and explore the concept known as classism, which is directed to some degree at all socioeconomic levels. Interestingly, negative views are expressed towards those at both ends of the economic continuum. Lott (2002) noted that the poor are often characterized as being dishonest, lazy, promiscuous, uneducated, and personally responsible for their own dire life circumstances. There is then a parallel set of adjectives that are commonly applied to those persons perceived to have financial resources: unethical, entitled, arrogant, superficial, narcissistic, and entirely responsible for their own unhappiness (Lott, 2002). It is imperative for mental health practitioners to analyze any possible prejudices they may have regarding different socioeconomic levels as such negativity is likely to manifest itself in the therapeutic processes and in their reactions to their clients. Mental health practitioners working with poor heroin-abusing mothers are often cautioned about such reactions as judgments of moral depravity or neglect of children (Luthar et al., 2003). In parallel, mental health practitioners are warned about reactions ranging from dismissiveness at the one end to envy and contempt at the other for the clients they perceive as having more financial resources, more access to material possessions, and more life opportunities (Lott, 2002).

CHAPTER 5. THEORETICAL APPROACHES TO HELPING

5.1. Adler, Family-of-Origin, and Beyond

The unquenchable desire for more money and more possessions is thought to possibly derive from childhood when the person's desire for closeness, warmth, and stimuli were either inadequately met or inordinately gratified, resulting in a recurrent experience of an insatiable hunger and of an emptiness that feels like it must be filled with something (Battegay, 1997). Family systems and psychodynamic theories suggest that adult patterns of interactions have their roots in the family-of-origin, and a large body of research shows that an effective family-of-origin is related to healthy functioning in adulthood. Accordingly, family-of-origin work is often essential for understanding the etiology of unhealthy patterns created by unresolved feelings in response to a dysfunctional family upbringing that is often carried into adulthood (Robinson, 1986). Therefore, mental health practitioners can assist clients in looking into their family-of-origin to explore whether there are childhood wounds that exist that may be the root cause of low self-esteem, depression, anxiety, and other negative emotions (Robinson, 1986; Robinson & Post, 1995) that have consequently resulted in the clients focusing on money, possessions, and social desirability.

The emphasis on family-of-origin work for clients whose value system emphasizes wealth, status, and image has been reinforced by a study conducted by Kasser et al. (2002). Drawing upon longitudinal archival data, Kasser et al. (2002) made the case that in low socio-economic status (SES) families parents raise their children to be able to meet security needs and to work in occupations that will limit their self-expression. Such parents inculcate conformism and material striving by adopting a restrictive parenting style. In higher SES families, parents adopt a non-restrictive parenting style and encourage children to be self-directed, to be social,

and not to be materialistic. The effect of parenting style on adult values was found to be significant, even after controlling for SES.

The premise of the importance of the family-of-origin on adult behavior patterns is also consistent with Adlerian psychology. Alfred Adler emphasized the importance of the family as the original influence on our emerging personalities. Adler also stressed that it is in our familial unit that we learn and create our attitudes and behaviors (Adler, 1996). These attitudes and behaviors become our lifestyle and our personality and include the themes that characterize our existence. Our lifestyle also consists of our views about ourselves, our perceptions about the world, and our behaviors and habits that manifest as we are pursuing our personal goals. As we are striving to achieve goals that have meaning to us, this lifestyle influences everything we do (Sweeney, 1998).

It is believed that clients encounter problems when their conclusions based on their private logic (i.e., the unconscious reasoning about self, others, and life that constitutes the philosophy on which one's lifestyle is based, encouraged, and rationalized) does not conform to realistic and healthy goals, beliefs, and values (Christopher & Bickhard, 1992; Ferguson, 1984; Sweeney, 1998). Therefore, one of the goals in Adlerian counseling is to identify, explore, and discover mistaken beliefs and faulty assumptions in clients' lifestyles.

Mental health practitioners look for major mistakes in clients' thinking and valuing such as mistrust, selfishness, unrealistic expectations, and a lack of confidence. Along with identifying and exploring such thinking and valuing, mental health practitioners are also responsible for educating, guiding, and encouraging their clients in correcting their mistaken beliefs and faulty assumptions. Encouraging clients is an important aspect of Adlerian counseling as these mental health practitioners believe their clients have become discouraged and function ineffectively

because of their mistaken beliefs and faulty assumptions (Sweeney, 1998). With encouragement, Adlerians believe clients will gain a sense of hope as they become aware of their strengths and of the new possibilities that exist for themselves and their daily living. With this new found hope, mental health practitioners believe clients will begin to make choices in life that will enable them to function effectively (Corey, 2013).

For example, a client sees a mental health practitioner due to symptoms of anxiety and mild depression. It is discovered through the initial lifestyle assessment (Sweeney, 1998) that the client tries to surround herself with possessions, accolades, and attention as an attempt to gain others' approval. The client believes she needs possessions, accolades, and attention in order to be respected and adored due to the following mistaken beliefs: she is unworthy of love, she must try to control everything in her life as she believes she must be perfect in order to be accepted by others, and she is harshly critical of herself as she expects perfection (Carlson et al., 2006).

Even though these mistaken beliefs may have developed in the client's childhood, she still clings to these ideas as rules for living; therefore, the mental health practitioner will help the client challenge the validity of her private logic. For purposes of this example, the client's private logic consists of the following: she is unlovable and, therefore, must keep people at a distance or reject them before she is rejected or hurt; she must be perfect as making a mistake would be catastrophic; and she must control everything in her life as she would not be able to survive not getting what she wants (Carlson, et al., 2006). In addition to helping the client challenge the validity of her private logic, the mental health practitioner will also help the client discover, challenge, and correct these mistaken beliefs as Adlerians see feelings as being aligned with thinking and as the fuel for behaving. The mental health practitioner will also re-orientate

the client in a productive way and give the client the much needed encouragement for change (Carlson et al.; Sweeney, 1998).

5.2. Beck, Cognitive Restructuring, and Beyond

Cognitive behavior therapy (CBT) is based on the cognitive model, which hypothesizes that people's emotions, behaviors, and thoughts are influenced by their perceptions of events (situation/event=automatic thought=emotional response). In CBT, it is not the situation itself that determines people's emotional responses, but rather the way people feel and the way they behave are associated with how they construe a situation. To reiterate, the situation itself does not directly determine how people feel or what they do; their emotional response is mediated in their perception of the situation. If the person's perceptions and subsequent thinking becomes dysfunctional, it will result in psychological distress (Beck, 2011). Therefore, the goal of therapy is to change the way clients think by using their automatic thoughts (i.e., personalized notions that are triggered by particular stimuli that lead to emotional responses) to reach the core schemata and begin to introduce the idea of schema restructuring by encouraging clients to gather and weigh the evidence in support of their beliefs (Corey, 2013).

An example of CBT as it relates to money motivation or materialism is as follows: a client sees a mental health practitioner as his family is upset with him for missing yet another one of his children's activities because he was working (event/situation). Despite his family being upset with him, the client believes he needs this job in order to be able to afford X,Y, and Z as without X,Y, and Z, he is nothing and he is unlovable (automatic thoughts). As a result of believing he's stuck at this job because he needs to be able to afford X. Y, and Z, the client has been experiencing trouble sleeping, racing thoughts, tense muscles, extreme tiredness, decrease

in appetite, irritability and feelings of hopelessness (emotional response, which includes signs of depression and anxiety).

A first step with this client would be a collaborative effort in which the client is taught to discriminate between his own thoughts and events that occur in reality because in CBT, clients are taught to recognize, observe, and monitor their own thoughts and assumptions, especially their automatic thoughts that are negative (Beck, 2011). Some questions worth exploring with this client would be: What does X,Y, and Z represent to him? Why does he believe he is nothing without X,Y, and Z? What does being nothing mean to him? Why does he believe that he is not lovable if he does not have X,Y, and Z? Are the beliefs of being nothing and being unlovable without X, Y, and Z recurrent themes in his life (i.e., part of his core schema)?

After the client gains insight into his automatic thoughts that are dysfunctional, the mental health practitioner will train the client to test these dysfunctional thoughts against reality by examining and weighing the evidence for and against them. This process may involve engaging in Socratic dialogue (open-ended questions) with the mental health practitioner, carrying out homework assignments, gathering data on assumptions that he (the client) makes, keeping a record of activities, and forming alternative interpretations. In CBT, the client will form hypotheses about his behavior and eventually learn to employ specific problem-solving and coping skills. Through a process of guided discovery, the client will acquire insight about the connection between his thinking and the way he acts and feels (Corey, 2013). In addition to teaching the client how to understand the connection between his thinking and feeling, the mental health practitioner will also assist the client in identifying, challenging, and restructuring his core schema (Beck, 2011). In this example, the mental health practitioner would aid the client in challenging the fact that he is nothing and unlovable without X,Y, and Z. The mental health

practitioner would also assist the client in restructuring his core schemata so that he is able to come to believe that his authentic self is something and is worthy of love without X,Y, and Z.

If the client decides he is ready to leave the job he detests, the mental health practitioner can also support the client in pursuing other career avenues such as finding a similar position with another company, seeking another position within the same company, finding a position with less responsibility even if it means less pay, receiving additional training to open up other employment opportunities, and exploring other career possibilities if the client is interested in a vocational change.

5.3. Maslow and Rogers, Spirituality, and Beyond

While this paper previously identified religion as the review topic, the subject is now going to broaden to spirituality. The reason for this is because many mental health practitioners address spirituality versus religion with a client as spirituality has a more expansive view than religion. Spirituality is defined as a broader concept that represents personal beliefs and values; whereas, religiosity is a narrower concept that refers to institutional beliefs and behaviors and is often expressed through group religious participation. While spirituality may be expressed publically, it is often a more private issue. Religion is a part of spirituality, and for many people it is an expression of their spirituality; however, religion does not comprise the total meaning of the broader concept (Myers, Sweeney, & Witmer, 2000).

Emerging research supports the fact that spirituality is essential to one's well-being and mental health; therefore, many practitioners and researchers believe that spirituality is an important component of counseling and renders the counseling process more effective. As a result of this belief, spirituality is receiving attention in the counseling profession at a level unparalleled in history. This is evidenced by the inclusion of spirituality in the accreditation

standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP), a V-code for Religious or Spiritual Problems in the *Diagnostic and Statistical Manual of Mental Disorders*, and an abundance of scholarly writing on the subject (Cashwell, Bentley, & Bigbee, 2007).

As spirituality is intrinsic in nature, it is often posited that Carl Rogers and Abraham Maslow's path of self-actualization leads to spiritual wellness. Rogers (1980) theorized that clients strive toward self-actualization and toward harmony between their real self-concept and their perceived self-concept. To make this possible, each client needs the mental health practitioner's unconditional positive regard. With the mental health practitioner's unconditional positive regard, the client can begin his or her spiritual journey towards optimum wellness (Benjamin & Looby, 1998). According to Rogers, the uniqueness of spirituality lies in the fact that each client has a distinctive encounter with this distinction lying in the counseling relationship as well as in the unconditional positive regard extended to each client. Spiritual development (i.e., the process of growth strengthened by one spiritual experience after another, which ultimately leads to spiritual transformation) washes away the intimidating spiritual blocks of shame, guilt, anger, fear, doubt, and anxiety, and becomes the cornerstone for new and healthy experiences of growth and strength, enhanced values, and greater potential. A mental health practitioner's strength in facilitating such personal and spiritual growth lies in Roger's recommended counseling relationship, which created the warm, safe, nurturing, and comforting atmosphere for which every client is craving and the atmosphere necessary to promote clients' spiritual development (Benjamin & Looby, 1998).

Maslow (1970) presented a developmental model in which individuals progressed from a primary focus on having basic physical needs met to self-actualization. Maslow (1971) stated

that self-actualization is not a "one great moment" (p. 50) experience, rather it is a slow process of taking one small painful step after another into the dark unknown. Maslow (1998) also provided a list of attributes he believed were present in transcendent self-actualizers, that is, people who are developing spiritually. This list of Maslow's includes such attributes as independence from environment and resistance to enculturation, social conscience, intimate personal relations, non-hostile sense of humor, movement from egoism to altruism, acceptance of self and others, spontaneity and simplicity, new found appreciation, and creativity and originality. He believed these attributes evolved through a lifelong process of spiritual study, practice, and experience.

Maslow and Rogers believed that personal autonomy, self-acceptance, open communication and interaction, and the freedom to make choices are also characteristics of a self-actualized person. Additionally, they posited that a spiritually transformed individual bears the stamp of self-actualization and is a person who has found meaning and a purpose in life. Decision making for such a person is clear and sometimes unconventional, and the person displays a love and compassion for humans that breaks all barriers of race, culture, and creed. Maslow's and Rogers's self-actualized persons have a kindred spirit with all human beings. They have a deep and gentle caring for all mankind and are therefore able to establish interpersonal relationships, both harmonious and profound (Benjamin & Looby, 1998). Rogers (1961) asserted that a fully functioning person, while experiencing a richness, ecstasy, and variety of life, is simultaneously aware of feelings of pain, anger, or fear. These feelings of pain, anger, or fear are realistically acknowledged and worked through with a new confidence. This is the spiritual transformation of the client, who was earlier in denial and in a state of helplessness.

Rogers (1961) and Maslow (1971) emphasized that every human being has an actualizing tendency that leads to growth, direction, and productivity. Rogers (1961) further endorsed this aspect of spiritual wellness when he stated that self-actualization is a process of acknowledging intrinsic potentialities that lie within individuals/clients. To assist clients in discovering their intrinsic potential, clients need positive regard to learn to think confidently and maintain new behavior. Every human being has the potential to be self-aware when his or her needs for unconditional positive regard are fully met.

Roger's concept of unconditional positive regard parallels Maslow's need for love and belonging. Surrendering most of his or her defenses, the client becomes self-aware and is open to new experiences. According to Maslow (1971), self-exploration is finding out who one is, what one likes and dislikes, what one considers good and bad for the self, where one is going, and what one's mission is—in short, getting in touch with one's inner self. This is perhaps the individual's first exposure to his or her own psychopathology and, paradoxically, perhaps the commencement of a spiritual perspective. It means identifying defenses, scrutinizing those defenses, and then finding the courage to let go of that familiar and pseudoprotective lifeline. Rogers's (1961) and Maslow's (1954) self-actualized individuals have the ability to cope with change because of flexibility and resilience. Because of a sense of responsibility, acceptance, duty, obligation, and commitment, these individuals are able to use their potential talent to the utmost capacity.

Viktor Frankl, one of the individuals credited with creating the philosophical theory known as existential therapy, believed that the essence of being human lies in the search for meaning and purpose. At one time or another, most people who enter counseling asking themselves these existential questions: Why am I here? What do I want from my life? What

gives my life purpose? Where is the source of meaning for me in my life? Meaninglessness in life leads to emptiness or hollowness; however, as there is no preordained design for living, people are faced with the task of creating their own meaning (Frankl, 1978). Spirituality provides a framework for mental health practitioners to assist, explore, and encourage clients to create a meaningful existence (Corey, 2013) and a greater purpose in life (Ellison, 1991).

Because society has developed a renewed interest in spiritual and/or religious concerns, it can be concluded that many clients will enter counseling embodied with some type of religious or spiritual orientation. A client's spirituality can enhance the therapeutic process and can have a positive healing impact, but it is equally imperative that helping practitioners understand the nature of their clients and their own spirituality as there is much that spirituality can teach mental health practitioners. If mental health practitioners are to use spirituality as a therapeutic construct, it is incumbent on them to find out and understand how to use it in the name of therapy. Spirituality has to be conceptualized as multidimensional in nature, not limited only to religious beliefs (Maher & Hunt, 1993).

CHAPTER 6. CONCLUSION

6.1. Conclusion

Literature on the relationship between income and well-being suggests: (1) there are small, if any connections between income and well-being (Ahuvia, 2007; Ahuvia & Friedman, 1998; Diener & Biswas-Diener, 2002; Layard, 2005; Myers, 2000), (2) people who focus on extrinsic goals at the detriment of intrinsic goals have an overall lower well-being than those who value intrinsic pursuits (Auerback et al., 2011; Deci & Ryan, 1985; Dykman, 1998; Kasser & Ryan, 1993, 1996; Lapierre et al., 1997; Ryan & Deci, 2000; Schmuck et al., 2000; Sheldon et al., 2010; Sheldon & Kasser, 1995, 1998) , and (3) people who prize material possessions tend to be substantially less happy on average than those who do not as materialists set their standard of living goals unrealistically high in comparison to others who have more income, wealth, and possessions (Kasser, 2002; Kasser & Ahuvia, 2002, Richards & Dawson, 1992; Sirgy, 1998; Tazel, 2003).

The inalienable right to the “pursuit of happiness” listed in the U.S. Declaration of Independence illustrates American’s long-standing concern with happiness (Tkach & Lyubomirsky, 2006); therefore, the question of what will increase their well-being remains an integral part of most people’s daily lives. Research shows that the answer to this question does not lie in monetary pursuits but instead lies largely in social relationships and religion (Argyle, 2001; Lim & Putnam, 2010; Lucas et al., 2008; Maltby et al., 2008; Shobhna et al., 2008; Thayer et al., 1994; Tkach & Lyumbomirsky, 2006; Warner & Vronman, 2011).

Because many clients enter therapy to reduce their psychological distress (Csikszentmihalyi, 1999), it is important that mental health practitioners help their clients identify when their pursuits for money and/or possessions may be morphing into an unhealthy

obsessive behavior known as Compulsive Buying Disorder (Karim & Chaudri, 2012; Maltby et al., 1995; Maltby et al, 1994). It is also critical for mental health practitioners to examine if they have any unresolved money issues of their own or if they have any biases towards working with clients that come from differing socioeconomic levels. The consideration of these two things is essential as the therapy environment is fertile ground for mental health practitioners to act out their own unresolved issues and/or socioeconomic biases (Kleefeld, 2000; Lott, 2002; Pearne, 1999).

Mental health practitioners can utilize: (1) Adler's family-of-origin work to help clients identify the etiology of their dysfunctional thoughts and behaviors regarding money and/or material possessions (Carlson et al., 2006; Corey, 2013; Sweeney, 1998), (2) Beck's Cognitive Behavioral Therapy to assist clients in identifying, challenging, and restructuring dysfunctional thought patterns concerning money and/or possessions (Beck, 2011; Corey, 2013); and (3) Roger's and Maslow's self-actualization theories as they relate to spirituality to guide clients in their search for meaning in life (Cashwell et al, 2007; Maslow, 1954, 1970, 1971, 1998; Rogers, 1961, 1980).

6.2. Recommendations

The debate continues as to whether money and well-being are positively correlated; therefore, in keeping with suggestions recommended by Lucas et al. (2008), it is proposed that more research is needed to determine if the correlation coefficients of .17 to .21 between income and well-being, when compared to Cohen's (1998) statistical guidelines, is indeed reflective of money being unimportant for increased well-being or may these small correlations actually translate into large mean differences in well-being between the rich and the poor if the data is interpreted using different measures than Cohen's guidelines.

The original intent of this research paper was to explore the psychopathology of affluence; however, it was discovered that very little has been researched and written about the three main psychopathologies known to affect the affluent: Antisocial Personality Disorder, Narcissism, and Depression (Kleefeld, 2000). More research is needed on the etiology of these disorders among the wealthy. Valuable research questions in this area would include: (1) Is the motivation for money and/or material possessions, if taken to the extremes, part of the etiology of these three pathologies?, (2) Are these traits present in people prior to their drive for money and/or possessions and is such a value system the way such disorders manifest themselves among the successful (i.e., the person with Antisocial Personality Disorders decides to become a Chief Executive Officer [CEO] versus a criminal)?, or (3) Are these psychopathologies an expression of living among the subculture of the wealthy where one is to look good at all costs (O'Neill, 1997)? Perhaps when we have the answers to these questions, mental health practitioners will be better able to help their clients achieve their true American Dream.

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