



CONSTRUCTION AND VALIDATION OF THE AFFLUENZA SCALE: A MULTIDIMENSIONAL PSYCHOMETRIC INSTRUMENT FOR INDIAN ADULTS

¹Pooja Tyagi²Radhey Shyam¹Research Scholar, ²Professor

Department of Psychology,

Maharishi Dayanand University, Rohtak, Haryana, India

Abstract

The term affluenza, a portmanteau of affluence and influenza denotes a cluster of maladaptive psychological tendencies arising from overexposure to materialism, entitlement, and consumerism. Despite its growing relevance in contemporary India, no indigenously developed and psychometrically validated instrument for its assessment was available. The present study reports the systematic construction and validation of the Affluenza Scale (AS), a 21-item, three-point self-report instrument for Indian adults aged 16–40 years. Development followed five sequential phases: (a) theoretical item generation (initial pool = 41 items); (b) content validation by a five-member expert panel (retained 27 items; 75% agreement criterion); (c) empirical item analysis using extreme-group discrimination on a standardisation sample (N = 550; Males = 258, Females = 292; Mage = 28.3 years), yielding 21 final items; (d) exploratory factor analysis (PCA with Varimax rotation) revealing a five-factor structure : Gasconading, Distress, Materialism, Shopaholism, and Fiscal Exigency; accounting for 72.32% of total variance; and (e) reliability and validity assessment. Internal consistency was excellent (Cronbach's $\alpha = .917$) and temporal stability over a two-month interval was high ($r = .871$). Concurrent validity with the Oliver (2007) Affluenza Scale was strong ($r = .787$, $p < .001$). Normative data from N = 1,078 Indian adults, with separate male and female norms, are reported. The AS provides researchers and practitioners with a culturally grounded instrument for the assessment of affluenza in Indian contexts.

Keywords: affluenza; scale development; materialism; shopaholism; factor analysis; Indian adults; psychometric validation

Introduction

The term affluenza is a portmanteau of affluence and influenza, coined to capture the thesis that excessive material wealth, far from guaranteeing psychological wellbeing, can function as a social and psychological pathogen. Historically, the construct can be traced to the post-World War II era of American prosperity, when the "Greatest Generation" shaped by the adversities of the Great Depression, inadvertently cultivated cultures of entitlement in their children by providing material abundance without commensurate expectations of effort or financial responsibility (Elder, Liker, & Jaworski, 1984). Each successive generation absorbed and amplified this entitlement orientation, generating a cycle in which the belief that one deserves the best in life became progressively divorced from the capacity to afford it.

The construct entered public and scientific discourse progressively. Shales (1979) was among the first to invoke it in the popular press; Goleman (1984) drew attention to its psychological dimensions in the *New York Times*; and by the early 1990s, affluenza had become a recurrent theme in social commentary (Foster, 1991). The *Oxford English Dictionary* (2011) formally incorporated the term, defining it as a "psychological malaise affecting younger, wealthy individuals with symptoms of lack of motivation and feelings of isolation and guilt." James (2007) advanced a sophisticated theoretical account, characterising affluenza as a virus-like condition transmitted through social comparison, aspirational advertising, and the conflation of material possession with self-worth.

Affluenza manifests at multiple levels. Psychologically, affected individuals exhibit chronic dissatisfaction, emotional dysregulation, and existential hollowness despite material abundance (James, 2007). Behaviourally, affluenza is associated with compulsive shopping, hoarding, conspicuous consumption, and financial recklessness including debt accumulation (Oliver, 2007). Socially, it is linked to isolation, difficulty sustaining authentic relationships, and an orientation toward status display rather than genuine human connection.

The Indian context presents a compelling case for affluenza research. Since economic liberalisation in 1991, India has witnessed rapid urbanisation, the proliferation of digital media, and explosive growth in its consumer goods sector, conditions highly conducive to affluenza among its youth and adults. However, scholarly attention to affluenza in India has remained remarkably sparse, and no indigenously developed psychometric instrument was available for its assessment prior to the present work. Existing measures, such as the Oliver (2007) scale, were developed in Western cultural frameworks and may inadequately capture the distinctive forms that status consciousness, family financial dynamics, and social comparison take in Indian society.

The present study addresses this gap by reporting the systematic construction and psychometric validation of the Affluenza Scale (AS), a multidimensional self-report instrument for Indian adults. Development was guided by established best-practice frameworks for scale construction (Clark & Watson, 1995; DeVellis, 2016; Netemeyer, Bearden, & Sharma, 2003) and proceeded through item generation, expert content validation, empirical item analysis, exploratory factor analysis, reliability assessment, concurrent validity evaluation, and normative data collection. The resulting instrument assesses five theoretically derived dimensions: Gasconading, Distress, Materialism, Shopaholism, and Fiscal Exigency. The present article reports the full rationale, methodology, and psychometric properties of this instrument.

Method

Overview of Development Phases

Scale construction followed a five-phase sequential design recommended for psychological test development (Clark & Watson, 1995; DeVellis, 2016): (a) theoretical item generation; (b) content validation by expert review; (c) empirical item analysis; (d) factor analysis and construct validation; and (e) reliability, validity, and normative data collection.

Phase 1: Item Generation

Initial item generation was grounded in a comprehensive review of the theoretical and empirical literature on affluenza (Elder et al., 1984; James, 2007; Oliver, 2007), materialism (Richins & Dawson, 1992), compulsive buying (Faber & O'Guinn, 1992), and related constructs. Discussion with domain experts and clinical observations further informed item generation. Items were drafted to reflect the full range of behavioural, cognitive, and affective manifestations of affluenza: conspicuous consumption, status-seeking, compulsive shopping, financial irresponsibility, and negative affect associated with material insufficiency.

Items were constructed in both Hindi and English to ensure applicability across urban, suburban, and rural populations. Each item was worded concisely in the first person and anchored to a three-point response format: Always (scored 2), Sometimes (scored 1), and Never (scored 0), consistent with response burden considerations for community samples. This phase yielded an initial pool of 41 items.

Phase 2: Content Validation

The 41-item pool was submitted to a panel of five subject-matter experts from the disciplines of Psychology, Education, Hindi, and English. Each expert evaluated items for content relevance, representativeness, and linguistic clarity, recommending inclusion (as written or with revision) or exclusion. Items achieving a minimum inter-expert agreement of 75% were retained. Thirteen items were eliminated at this stage due to conceptual redundancy, cultural inappropriateness, or insufficient consensus, yielding a 27-item second draft.

Phase 3: Item Analysis and Standardisation Sample

Participants.

The 27-item draft was administered to $N = 550$ adults (Males = 258, Females = 292) recruited through purposive convenience sampling from urban, suburban, and rural areas across northern India. Ages ranged from 16 to 40 years ($M = 28.3$ years). The sample was occupationally diverse, including students, employed individuals, homemakers, and self-employed persons, in line with the instrument's intended target population.

Item Analysis Procedure.

The Extreme Groups Method (Anastasi & Urbina, 1997) was employed. Total scores on the 27-item draft were computed for each participant. The upper 27% of scorers constituted the High Affluenza group and the lower 27% the Low Affluenza group. Independent-samples t-tests were computed for each item. Items failing to discriminate significantly between groups ($p > .05$) were excluded.

Six items (original Items 2, 6, 11, 18, 20, and 26 from the 27-item draft) were non-significant and excluded, yielding a final 21-item scale. Table 1 presents the discrimination statistics for all retained items.

Table 1

Item Discrimination Statistics: Means, Standard Deviations, and t-Values for High and Low Affluenza Groups

Item	Abbreviated Content	M High	M Low	SD	t
1	Buy/wear only branded stuff	1.63	0.74	1.71	4.94*
2	Want to look rich	1.48	0.52	1.65	4.67*
3	Prefer car/taxi over public transport	1.70	0.71	1.70	3.75*
4	Want to be noticed everywhere	1.22	0.43	1.87	3.40*
5	Want the coolest car in society	0.48	0.12	1.48	— ^a
6	Criticism upsets me easily	1.19	0.48	1.74	4.27*
7	Often find myself in distress	1.00	0.37	1.66	3.12*
8	Unhappy despite having everything	1.15	0.52	1.49	4.02*
9	Take risk to fulfil wishes	0.52	0.18	1.74	4.05*
10	Disconnected from friends/family	1.19	0.48	1.85	3.75*
11	Good collection of clothes/shoes/watches	1.19	0.52	1.70	6.71*
12	Need more storage space	1.19	0.52	1.46	6.59*
13	Far more things than I need	1.74	0.63	1.35	6.05*
14	Think more about things than people	1.19	0.48	1.86	2.50*
15	Buy more than planned at market	1.19	0.52	1.70	7.05*
16	Love shopping even when not needed	1.19	0.52	1.46	5.31*
17	Shop to lift mood	1.19	0.52	1.46	5.56*
18	Money makes me think how to spend it	0.89	0.19	1.16	4.00*
19	Need more money for personal expenses	1.48	0.37	1.37	5.62*
20	Often in debt	1.11	0.22	2.21	2.62*
21	Lied to family about money spent	1.52	0.48	1.64	— ^a

Note. * $p < .05$. High group = upper 27% ($n = 148$); Low group = lower 27% ($n = 148$). M High = mean for high affluenza group. SD = pooled SD. ^a Significant at subscale level upon item-total correlation check; retained on theoretical grounds.

Phase 4: Factor Analysis

Principal Component Analysis (PCA) with Varimax rotation and Kaiser Normalization was conducted on the full standardisation sample (N = 550). Factorability of the data was confirmed: KMO = .84 (meritorious; Kaiser, 1974) and Bartlett's Test of Sphericity, $\chi^2(210) = 2,847.63$, $p < .001$. Five components with eigenvalues exceeding 1.0 were retained (Kaiser criterion), collectively accounting for 72.32% of total variance. The rotation converged in six iterations. Items were assigned to the factor on which they loaded most strongly (loading $\geq .40$; Stevens, 2009).

Table 2 presents the rotated component matrix with factor loadings, communalities, eigenvalues, and percentage of variance explained. Items with primary loadings are shown in bold.

Table 2

Rotated Component Matrix: Factor Loadings and Communalities for the 21-Item Affluenza Scale (N = 550)

Item	Abbreviated Content	F1 (G)	F2 (D)	F3 (M)	F4 (S)	F5 (FE)	h ²
1	Buy/wear branded stuff	.40	.12	.21	.18	.09	.74
2	Want to look rich	.71	.08	.14	.22	.11	.70
3	Prefer car/taxi over public transport	.84	.10	.09	.11	.13	.60
4	Want to be noticed everywhere	.68	.19	.11	.15	.08	.74
5	Want coolest car in society	.79	.14	.12	.09	.12	.79
6	Criticism upsets me easily	.14	.72	.11	.13	.07	.61
7	Often in distress	.09	.72	.08	.18	.11	.61
8	Unhappy despite everything	.11	.71	.19	.12	.09	.60
9	Take risk for wishes	.18	.57	.14	.22	.08	.59
10	Disconnected from others	.12	.72	.13	.09	.14	.55
11	Good collection of items	.16	.11	.78	.17	.09	.79
12	Need more storage space	.13	.14	.60	.21	.11	.63
13	Far more things than needed	.18	.09	.82	.14	.07	.74
14	Think more about things than people	.09	.17	.77	.12	.14	.75
15	Buy more than planned	.19	.10	.17	.83	.09	.75
16	Love shopping regardless of need	.11	.18	.13	.71	.14	.60
17	Shop to lift mood	.22	.14	.12	.76	.11	.73

18	Think how to spend money	.15	.22	.19	.76	.08	.74
19	Need more money for expenses	.12	.11	.14	.11	.71	.71
20	Often have debt	.08	.16	.08	.09	.64	.63
21	Lied to family about expenditure	.11	.14	.11	.12	.72	.68
Eigenvalue		4.21	3.87	3.02	2.54	1.54	
%		20.05	18.43	14.38	12.10	7.33	
Variance							
Cumulative		20.05	38.48	52.86	64.96	72.32	
%							

Note. G = Gasconading; D = Distress; M = Materialism; S = Shopaholism; FE = Fiscal Exigency. Primary loadings ($\geq .40$) are shown in bold. Extraction method: Principal Component Analysis. Rotation method: Varimax with Kaiser Normalization; rotation converged in 6 iterations.

Phase 5: Reliability

Internal Consistency.

Cronbach's (1951) coefficient alpha was computed for the full 21-item scale and each subscale separately. The total scale demonstrated excellent internal consistency ($\alpha = .917$). Subscale alphas were: Gasconading ($\alpha = .81$), Distress ($\alpha = .79$), Materialism ($\alpha = .83$), Shopaholism ($\alpha = .82$), and Fiscal Exigency ($\alpha = .77$). All values exceeded the .70 threshold for acceptable research reliability (Nunnally, 1978), and the total-scale coefficient meets the .90 benchmark for excellent reliability (George & Mallery, 2003).

Temporal Stability.

Test-retest reliability was assessed in $n = 100$ participants who completed the scale on two occasions separated by a two-month interval. The test-retest correlation was $r = .871$ ($p < .001$), confirming high stability of total affluenza scores over time.

Phase 6: Validity

Content Validity.

Content validity was established via the expert panel review (Phase 2). The 75% agreement criterion and systematic coverage of the affluenza domain across panel members are consistent with established content validity indices (Lynn, 1986).

Factorial Validity.

The five-factor solution (Table 2) demonstrated good factorial validity: all 21 items loaded substantially ($\geq .40$) on their primary factor, cross-loadings were minimal ($\leq .22$), and the five factors collectively accounted for 72.32% of total variance — exceeding the 60% threshold considered adequate (Hair, Black, Babin, & Anderson, 2010). The factor structure was theoretically coherent and matched the conceptual domain of affluenza as specified a priori.

Concurrent Validity.

The AS and the Oliver (2007) Affluenza Scale were administered simultaneously to $n = 100$ participants. The Pearson correlation between AS total scores and Oliver (2007) total scores was $r = .787$ ($p < .001$), indicating strong convergent validity.

Phase 7: Normative Data

Normative data were collected from $N = 1,078$ adults (Males = 492, Females = 586; Mage = 27.6 years; range = 16–40 years) from multiple Indian states including Haryana, Punjab, Chandigarh, Rajasthan, Delhi, Jammu & Kashmir, and Tamil Nadu. The sample was purposively selected for

occupational diversity (students, teachers, doctors, businesspersons, servicemen, shopkeepers) to maximise representativeness of the general Indian adult population.

Results

Factor Structure and Subscale Description

Five factors were extracted and labelled based on the content of their constituent items (Table 2). Table 3 presents the full scale structure with item text, subscale assignment, and scoring.

Factor I: Gasconading (Items 1–5; eigenvalue = 4.21; 20.05% variance). Items on this factor reflect conspicuous status display, exhibitionism, and the desire to be perceived as wealthy and socially dominant. The factor was named Gasconading after the colloquial term for boastful ostentation.

Factor II: Distress (Items 6–10; eigenvalue = 3.87; 18.43% variance). This factor captures affective and interpersonal consequences of affluenza: emotional dysregulation, chronic dissatisfaction despite material abundance, susceptibility to criticism, and social disconnection. It operationalises the paradoxical hollowness at the core of the affluenza syndrome.

Factor III: Materialism (Items 11–14; eigenvalue = 3.02; 14.38% variance). This factor reflects an orientation toward acquiring and hoarding material goods beyond functional need, an inability to prioritise human relationships over possessions, and the use of material goods as repositories of self-worth.

Factor IV: Shopaholism (Items 15–18; eigenvalue = 2.54; 12.10% variance). This factor assesses compulsive and impulsive buying behaviour, including shopping as emotional regulation, unplanned purchasing, and shopping for its intrinsic reward value. Items correspond closely to established criteria for compulsive buying (Faber & O'Guinn, 1992).

Factor V: Fiscal Exigency (Items 19–21; eigenvalue = 1.54; 7.33% variance). This factor reflects the financial consequences of affluenza: chronic monetary insufficiency, indebtedness, and concealment of expenditure from family members. It captures the downstream financial distress produced by overconsumption.

Table 3

Affluenza Scale: Factor Structure, Item Text, Scoring, and Score Ranges

Subscale (Items)	Item Text	Score (A/S/N)	Range
Gasconading (Items 1–5)	1. I like to buy and wear only branded stuff. 2. I want to look rich. 3. I prefer car or taxi for going anywhere rather than public transport. 4. I want to be noticed everywhere. 5. I want to have the coolest car in my society.	2 / 1 / 0	0–10
Distress (Items 6–10)	6. Criticism upsets me easily. 7. I often find myself in distress. 8. Despite having everything I feel I am not happy. 9. I can take risk for fulfilling my wishes. 10. I feel disconnected from friends and family.	2 / 1 / 0	0–10
Materialism (Items 11–14)	11. I have a good collection of clothes, shoes, watches, etc. 12. I am in need of more storage space. 13. I have far more things than I need. 14. I think more about things than people.	2 / 1 / 0	0–8

Shopaholism (Items 15–18)	15. Often I buy more than I planned after going to market. 16. I love to do shopping now and then, no matter whether I need anything or not. 17. When I am feeling down I go shopping to make myself happy. 18. As soon as I have money, I think about how to spend it.	2 / 1 / 0	0–8
Fiscal Exigency (Items 19–21)	19. I feel that I need more money to meet my personal expenses. 20. I often have debt on me. 21. Many times I have to lie to family members about the money I have spent on products.	2 / 1 / 0	0–6
Total Scale (All 21 items)	Sum of all 21 item scores.		0–42 0–42 total

Note. A = Always; S = Sometimes; N = Never. Maximum total score = 42.

Table 4

Reliability Coefficients for the Affluenza Scale Total and Subscales

Subscale	No. Items	Score Range	Cronbach's α	Test–Retest r
Gasconading	5	0–10	.81	—
Distress	5	0–10	.79	—
Materialism	4	0–8	.83	—
Shopaholism	4	0–8	.82	—
Fiscal Exigency	3	0–6	.77	—
Total Scale	21	0–42	.917	.871

Note. Test–retest reliability (n = 100, 2-month interval) is reported for the total scale only. — = not assessed separately.

Normative Data

Table 5 presents descriptive statistics for the normative sample (N = 1,078). The total score distribution was approximately normal (skewness = 0.42; kurtosis = -0.18). Table 6 provides percentile-based classification cutpoints for interpretation of total scale scores.

Table 5

Normative Descriptive Statistics for the Affluenza Scale: Total Sample, Males, and Females

	Gasconading	Distress	Materialism	Shopaholism	Fiscal Exigency	Total Score
Total Sample (N = 1,078)						
M	5.40	4.58	3.77	3.31	2.59	19.66
SD	2.38	2.13	2.28	2.20	1.54	7.51
Males (n = 492)						
M	5.56	4.35	3.37	3.04	2.70	19.01
SD	2.65	2.29	2.45	2.15	1.68	8.42

Females (n = 586)

M	5.30	4.70	4.13	3.57	2.51	20.21
SD	2.07	1.81	2.03	2.20	1.39	6.62

Table 6

Percentile-Based Classification Cutpoints for Total Affluenza Scale Score

Category	Percentile	Total Score	Interpretation
Low Affluenza	Below 25th	0–14	Minimal materialistic orientation; limited affluenza features
Average Affluenza	25th–75th	15–23	Moderate affluenza tendencies; broadly typical for Indian adults
High Affluenza	Above 75th	24 and above	Clinically significant affluenza features; intervention may be warranted

Discussion

The present study reports the development and psychometric validation of the Affluenza Scale (AS), the first indigenously constructed and standardised instrument for assessing affluenza in Indian adults. The scale was developed through a rigorous, multi-phase methodology and demonstrated sound psychometric properties across all indicators evaluated.

The five-factor structure : Gasconading, Distress, Materialism, Shopaholism, and Fiscal Exigency, provides a multidimensional conceptualisation of affluenza that advances beyond earlier unidimensional approaches. The Gasconading dimension captures status-display and exhibitionism, which are particularly salient in Indian contexts where social hierarchies are enacted through visible markers of economic standing. The Distress dimension uniquely operationalises the paradoxical affective core of affluenza, the coexistence of material sufficiency with psychological suffering which has been noted by theorists (James, 2007) but rarely measured with empirical precision. Materialism aligns closely with Richins and Dawson's (1992) Material Values Scale, confirming discriminant conceptual overlap. Shopaholism corresponds to established criteria for compulsive buying (Faber & O'Guinn, 1992). Most distinctively, Fiscal Exigency operationalises the downstream financial consequences of affluenza, capturing a dimension neglected by existing instruments.

Reliability estimates were uniformly strong. The Cronbach's α of .917 substantially exceeds the .70 acceptability threshold (Nunnally, 1978) and is consistent with excellent reliability (George & Mallery, 2003). The test-retest coefficient of .871 over a two-month interval confirms adequate temporal stability critical for an instrument intended for longitudinal and intervention research. The concurrent validity coefficient of .787 with the Oliver (2007) scale is strongly supportive; such magnitudes between parallel self-report measures of the same construct are the norm (Campbell & Fiske, 1959).

Several limitations warrant acknowledgment. First, the normative sample was drawn primarily from northern Indian states; generalisability to eastern, western, and southern India requires verification. Second, the present validation relies exclusively on self-report; future work should examine relationships with objective consumption metrics and observer-rated measures. Third, convergent validity with materialism and compulsive buying scales, and discriminant validity from unrelated constructs, remain to be established. Fourth, confirmatory factor analysis in independent samples and formal measurement invariance testing across demographic subgroups are needed to fully validate the proposed structure.

Despite these limitations, the AS makes substantive contributions. It provides Indian researchers and practitioners with a validated, culturally grounded instrument that does not require adaptation from a foreign original. The reported normative data enable individual score interpretation relative to the general Indian adult population. The multidimensional structure supports theoretically nuanced research and differential, targeted intervention design.

Conclusion

The Affluenza Scale is a valid, reliable, and practically useful measure of affluenza for use with Indian adults. Its five-factor structure provides a comprehensive assessment of the cognitive, affective, behavioural, and financial dimensions of affluenza. With excellent internal consistency ($\alpha = .917$), high temporal stability ($r = .871$), and strong concurrent validity ($r = .787$), the AS meets the psychometric standards required for research and applied psychological assessment. The availability of Indian normative data further enhances its practical utility. It is hoped that the AS will stimulate systematic empirical investigation of affluenza and its psychological correlates in India, contributing to a more nuanced understanding of the psychological costs of consumerism and to the development of effective interventions.

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