



# Exploring the Mechanism of Subjective Social Status on Compulsive Shopping Behavior: A Moderated Mediation Model of Self-compassion and Depression

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## Abstract

The present study aimed to explore the mediating role of depression in the relationship between subjective social status (SSS) and compulsive shopping behavior (CSB) and whether self-compassion (SC) played a moderating role in this model. The study was designed based on the cross-sectional method. The final sample includes 664 Vietnamese adults ( $M_{age} = 21.95$ ,  $SD = 5.681$  years). Participants completed an online survey, including questionnaires about SSS, CSB, depression, SC, and basic demographic information. First, the study results showed that SSS did not directly affect CSB ( $p > .05$ , 95% CI includes zero). Second, a mediating role of depression and a moderating role of SC in the research model was discovered ( $p < .001$ , 95% CI does not contain zero). Results indicated that individuals with a higher SSS experienced lower depression. Moreover, during a depressive episode, having a higher level of SC increases CSB. The study highlighted meaningful recommendations to promote consumers' mental health and healthy shopping behaviors.

**Keywords** Subjective social status · Depression · Self-compassion · Compulsive shopping behavior

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## Introduction

For the average person, buying is a normal activity that provides life's necessities. However, for compulsive shoppers, the uncontrollable urge to buy can severely negatively impact individuals and societies (O'Guinn & Faber, 1989). Compulsive shopping behavior (CSB) is characterized by a chronic and pervasive preoccupation with shopping and a lack of impulse control over shopping (Ridgway et al., 2008). CSB contains both dimensions of compulsion (i.e., repetitive buying) and impulsivity (i.e., uncontrollable impulse to buy) (Ridgway et al., 2008). CSB may be a primary response to stressful events, as it may provide immediate gratification and relief from negative emotions. Yet, eventually, it may lead to delayed harmful consequences if left unattended (O'Guinn & Faber, 1989).

Existing studies have identified several factors as antecedents of CSB, including personality factors, motivation, and psychological issues (O'Guinn & Faber, 1989). Compulsive buying was found to be positively correlated with low self-esteem (Moon & Attiq, 2018), stress (Moon & Attiq, 2018), social status (d'Astous, 1990), and hedonic motivations (Horváth & Adıgüzel, 2018). Compulsive buying was not driven by the desire to possess but by the instant pleasure from high self-perception and positive interpersonal (e.g., praises from salespeople) (O'Guinn & Faber, 1989). Though robust, research on CSB has primarily been conducted in developed Western countries. Literature about CSB in developing markets is still relatively scarce and fragmented; rarer is research looking at Vietnamese consumer behavior (Mai et al., 2013). Considering the prevalence and consequences of CSB, this paper will investigate the mechanism by which subjective social status, depression, and self-compassion influence CSB in Vietnamese consumers.

## Subjective Social Status (SSS) and Compulsive Shopping Behavior (CSB)

Subjective Social Status (SSS) refers to individuals' self-assessment and beliefs of their own social status in relevant social hierarchy (Adler et al., 2000). It is different from objective social status, which is one's socioeconomic position in a relevant context measured by objective indicators like income, education, and occupation (Operario et al., 2004). In recent years, SSS has gained scholarly attention as a strong predictor of the mental health, even rising above objective measures (OSS) (Schubert et al., 2016).

Based on the existing literature review, there is no study that looks at SSS in Vietnam. However, evidence from countries with similar social and cultural characteristics demonstrated that SSS was a relevant determinant of various life domains in East Asian society, with SSS consistently predicting depression in China, South Korea, and Japan (Zang & Bardo, 2019). Similarly, longitudinal studies conducted in Hong Kong found that low SSS predicted depressive symptoms (Kwong et al., 2020), as well as cognitive decline in Chinese elderly individuals (Kim et al., 2021). Altogether, there is reason to believe that SSS may be a relevant predictor of the mental health and behavior outcomes in Vietnam.

Our postulation for the relationship between SSS and CSB is drawn from theories of material consumption. According to the symbolic self-completion theory, acquir-

ing and displaying material symbols (e.g., buying and wearing jewelry) are strategies to compensate for the perceived shortcomings in one's self-concept (Wicklund & Gollwitzer, 1982). When people observe a discrepancy between their ideal and actual selves, they may engage in symbolic consumption for its self-completing effect (e.g., improve appearance, self-confidence, or interpersonal interactions) (Kukar-Kinney et al., 2012). Some people need affirmation from others of their own identities. Thus, symbolic consumption not only serves as a self-completing strategy but also helps gain others' acknowledgment of their own images (Dittmar et al., 1996). This compensatory behavior can also be seen in compulsive shoppers, who shop excessively to cope with their low self-esteem, gain affirmation from others to compensate for it, and ease the emotional pain caused by deprecating self-evaluation (Biolcati, 2017).

Only a handful of studies investigated SSS and CSB, or their related concepts, together and showed mixed results. Yurchisin and Johnson (2004) found that perceived social status positively correlated with CSB. Similarly, Chen and colleagues (2022) reported that low subjective social class positively correlated with conspicuous consumption more than high SSC. On the other hand, one study showed that socioeconomic status was a weak indicator of CSB (Maraz et al., 2015). Since past studies are scarce, the relationship between SSS and CSB and its directionality remains relatively inconclusive. Based on relevant theories and existing evidence, we postulate SSS is a predictor of CSB.

### **Mediating Role of Depression in the Relationship Between SSS and CSB**

Depression is described as overwhelming sadness, hopelessness, and lack of pleasure in daily activities, which can persist for months or even years (Ferrari et al., 2013). As previously reviewed, studies show that SSS may be a predictor of depression (Kwong et al., 2020). One's perceived low social status may induce negative feelings (e.g., stress, anxiety), which subsequently influence an individual's mental health (Adler et al., 2000). On the other hand, individuals who self-identified as of a high social class were frequently reported to have better health, intelligence, and welfare (Varnum, 2013). In other words, individuals' attitudes and beliefs towards their own social position can have significant impacts on their physical and mental health.

Existing literature has shown that depression is linked to both CSB and SSS (Demakakos et al., 2008). However, the mechanism of their interaction remains relatively unclear. CSB was found to correlate with several psychiatric illnesses, including depression disorder (Lejoyeux & Weinstein, 2010; Müller et al., 2015). In depressed patients, compulsive buying was reported to increase during depressive episodes as it temporarily compensated for the negative moods (Lejoyeux & Weinstein, 2010). Depressed individuals with CSB also reported frequently purchasing gifts for themselves and others, as they perceived buying to be an obligation and to heighten their social position (Lejoyeux et al., 2011). Consequently, they would choose to buy items they consider enhancing others and their self-image (Lejoyeux et al., 1999). This is in line with other suggestions that CSB serves to compensate for low self-esteem and social status (e.g., O'Guinn & Faber 1989; d'Astous, 1990).

Drawing from relevant theories and evidence, we postulate that individuals with low SSS who have depressive symptoms will be more likely to engage in CSB, which

acts to cope with negative feelings resulting from ‘incomplete’ self-perception and depression. The present study hypothesizes that depression plays a mediating role in the relationship between SSS and CSB.

### **The Moderating Role of Self-compassion**

Self-compassion (SC) is the ability to be touched by and accept one’s suffering and offer an unprejudiced understanding that one’s flaws and failures are a part of what it means to be human (Neff, 2003). Individuals with self-compassion do not avoid or disconnect from their suffering but strive to alleviate and heal it with kindness directed at themselves (Neff, 2003) emphasized that self-compassion is distinct from self-centeredness and self-pity, which both allude to an egocentric sense of disconnectedness from the world, ignorance of others’ pain, and inflated personal suffering. Self-compassionate individuals perceive their life and suffering in relation to the entire human existence and realize that pain is universal and that all people, including themselves, deserve forgiveness (Neff, 2003).

Promising results of SC in mental health have been observed. Several studies found that a higher level of SC negatively correlated with mental health symptoms, including depression, anxiety, and stress (MacBeth & Gumley, 2012), addiction (Wisener & Khoury, 2020), obsession with weight, appearance, and eating disorders (Stutts & Blomquist, 2018). SC was also reported to be a dependable protective factor during depressive episodes (MacBeth & Gumley, 2012), an effective coping mechanism when dealing with hardships (Neff & Dahm, 2015), and lowering post-crisis stress levels and limiting harmful behaviors (Muris et al., 2016).

Though in its initial stages, mindful consumption research has received scholarly attention for its potential positive impacts on social change, markets, and life satisfaction (Milne et al., 2020). A study of Bahl and Milne (2010) also suggested that consumers use SC to cope with tension and inconsistent perceptions. Self-compassion was recommended to help individuals regulate emotions and cope with stressful situations by promoting adaptive coping behaviors (Sirois et al., 2015; Allen & Leary, 2010) reported that self-compassionate individuals were more likely to adopt positive cognitive restructuring (i.e., consider stressful events more positively). Taken together, we assume that self-compassion may be a potential buffer against compulsive buying resulting from stress.

Nevertheless, the effectiveness of SC as an adaptive coping strategy or intervention for mental conditions is still a subject of debate. Literature on depression demonstrated that depressed individuals were more inclined to adopt negative mood control tactics than positive ones (Joormann & Stanton, 2016), suggesting that self-compassion may not even be an option in the first place. Furthermore, stressful conditions may lead to impaired cognitive functions, including misinterpretation of information, hazy memory, or biased thinking (Everaert et al., 2014).

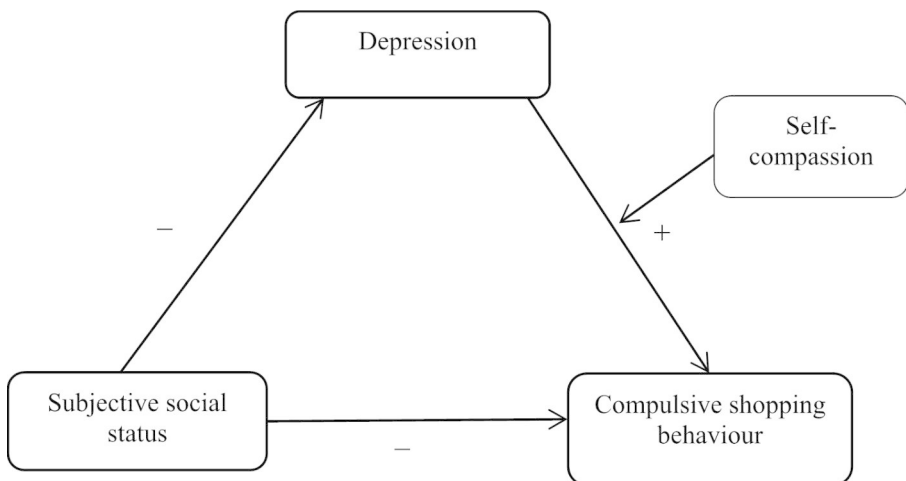
Consequently, depressed individuals may have a distorted view of themselves and self-compassion, which motivates them to engage in indulgent behaviors that they mistakenly perceive to be self-compassion (Sirois et al., 2015). This is consistent with evidence showing that individuals with CSB tend to buy gifts for themselves (Lejoyeux et al., 1999). SC and its positive influence have been better documented

in the West than in Asia (Neff, 2003). To our best knowledge, this is the first study that looks at self-compassion as a potential protective factor against CSB. Based on existing evidence and relevant theories, we assume that SC moderates the influence of SSS and depression on CSB.

## Research Purpose and Hypothesis

Ever since Doi Moi (economic revolution) in 1986, Vietnam has undergone dramatic transformations across all domains, notably rapid economic expansion, and an increase in consumer spending (Mai et al., 2013). A growing purchasing power combined with easy access to information and increased socialization has given way to the likelihood of excessive purchasing in Vietnamese consumers (Mai et al., 2013). Nevertheless, Vietnam's consumer behavior research is still in its infancy. Thus, very little is understood about this abnormal spending habit by Vietnamese consumers, which may hold essential insights across social, economic, and psychological levels. This study aims to address this gap in the literature by looking at compulsive purchasing in the Vietnamese context.

In addition, based on the literature review, there is no study that has examined the moderated mediating mechanisms between SSS, depression, SC, and CSB variables. Thus, this study aims to investigate the interaction between SSS and CSB, the mediator of depression and moderator of SC in the research model. The first objective is to examine whether depression could be a mediating variable in the interaction between SSS and CSB. Subsequently, we want to see whether SC could moderate the direct effects of depression on CSB, especially in the Vietnamese sample. The hypotheses and research model are presented as follows (see Fig. 1).



**Fig. 1** Theoretical model: depression and self-compassion as mediator and moderator of the relationship between subjective social status and compulsive shopping behaviour

**Hypothesis 1** Depression is negatively correlated with subjective social status but positively correlated with compulsive shopping behavior. Besides, subjective social status negatively correlated with compulsive shopping behavior.

**Hypothesis 2** Depression plays a mediating role in the relationship between subjective social status and compulsive shopping behavior.

**Hypothesis 3** Self-compassion moderates the pathway from depression to compulsive shopping behavior.

## Method

### Statistical Power Analysis

The G\*power (Faul et al., 2007) was used to calculate the required sample size in preliminary power analysis in the present study. Based on a pioneering research (Cohen, 1998) suggestions, at effect size=0.10, power=0.80,  $\alpha=0.01$ , at least 121 participants were required for four variables. Besides, a study by Chu and Chen (2012) suggested that the minimum sample size (110 individuals) is enough to obtain a power level of 0.80 in the research using the moderated mediation model.

### Participants and Processes

The present study was designed based on the cross-sectional research approach. Data were collected by using the Snowball sampling method. The researchers used social media platforms such as Facebook and Twitter to recruit participants. Due to the COVID-19 pandemic situation, the research was conducted using an online survey (Microsoft Form) and took around 15 minutes to complete. In the present study, participants include 707 Vietnamese adults who are living in Vietnam. Finally, 664 valid responses were found ( $Mean=21.95$ ,  $SD=5.681$  years), with 186 (28%) male and 478 (72%) female. The highest level of education was Bachelor with 471 people (70.9%). Participants came from different provinces; the majority was 279 (42%) from Ho Chi Minh city, 125 (18.8%) from Thanh Hoa province, and 160 (15,1%) from Ha Noi capital.

The procedures of this study strictly followed the ethical guidelines of the American Psychological Association (APA) and were approved by the ethics committee of the first authors' university. We have presented all the information about the study, including the Research purpose, the number of items in the survey, the amount of time each person needs to spend answering this survey, principles of ethics and data confidentiality, benefits, and risks that participants may face when participating in the study. The study could be carried out only when participants agreed to participate voluntarily. We also announced to participants that they have the right to withdraw from this study whenever they want, without the consent of the researchers. Partici-

pants provided signed consent in the attached survey form and were asked to answer questionnaires about SSS, CSB, depression, SC, and basic demographic information.

## Measurement

### Subjective Social Status

SSS was measured using the adult version of the MacArthur Scale of Subjective Social Status (Adler et al., 2000). This scale consists of 2 items assessing subjective social status in the small community where they are attached and the large community - Vietnam, modeled on the image of a ten steps ladder. For example, the item number one is presented as follows “*Think of this ladder as representing where people stand in Viet Nam. At the top of the ladder are the people who are the best off – those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are the worst off – those who have the least money, least education, the least respected jobs, or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom. Where would you place yourself on this ladder?*”

The scale has been widely used, and its reliability and validity have been proven (Chen et al., 2020). The total score was obtained by putting all the item scores together; the score range was 1 (lowest subjective social status) to 10 (highest subjective social status). A higher score indicates a greater self-perception of one’s social position. In the present study, Cronbach’s  $\alpha=0.768$ .

### Compulsive Shopping Behavior

CSB was measured using the compulsive shopping scale (Ridgway et al., 2008). This scale included 6 items, divided into 2 sub-scales, exploring impulsive shopping behavior (e.g., *Much of my life centers around buying things*) and compulsive buying behavior (e.g., *I buy things I did not plan to buy.*) Participants rated their experience over the past week on a scale of 1 (strongly disagree) to 7 (strongly agree). The total score was obtained by adding all the items. The higher the score, the higher the propensity to shop compulsively. In the present study, Cronbach’s  $\alpha$  was 0.826.

### Depression

Depression was measured using the Vietnamese version of the Depression, Anxiety and Stress Scale (DASS-21) (Le et al., 2017). The questionnaire consists of 3 sub-scales; each scale has 7 items to measure symptoms of depression (e.g., *I felt that I had nothing to look forward to*), anxiety (e.g., *I felt I was close to panic*), and stress (e.g., *I found it difficult to relax*). Participants rated their experience from 0 (Did not apply to me at all–Never) to 3 (Applied to me very much, or most of the time–Almost always). This present study only used the depression sub-scale consisting of 7 items. The total score was calculated by adding all the items. The scores ranged from 0 to 21. The higher the score, the more severe the depression. In the present study, Cronbach’s  $\alpha$  was 0.854.

## Self-compassion

Self-compassion was measured using the Vietnamese version of Self-compassion Scale (SCS-26) (Nguyen & Le, 2021). This scale consists of 26 items measuring 6 subscales: self-kindness with 5 items (e.g., *I try to be loving towards myself when I'm feeling emotional pain*), self-judgment included 5 items (e.g., *I'm disapproving and judgmental about my own flaws and inadequacies*), common humanity comprised 4 items (e.g., *When things are going badly for me, I see the difficulties as part of life that everyone goes through*), isolation included 4 items (e.g., *When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world*), mindfulness with 4 items (e.g., *When something upsets me, I try to keep my emotion in balance*), and over-identification included 4 items (e.g., *When something upsets me, I get carried away with my feelings*). Participants rated their experience from 1 (never) to 5 (always). The total score was obtained by getting the average score of all the items. A higher score indicating a high level of compassion. Cronbach's  $\alpha$  was 0.791 in the present study.

## Data Analysis

For data management, descriptive statistics, and correlation analysis, the study used Statistical Package for Social Sciences 21.0 software. Besides, the PROCESS 3.5 developed by Hayes (2017) was also used to test the moderated mediation effect. Our study was designed based on the moderated mediation model number 14 by Hayes (2017). In the present study, the researchers used a moderated mediation model to build the research framework because we wanted to present and test hypotheses regarding mediation and moderation simultaneously. This model allows the researchers to understand and describe the conditioned nature of the mechanism or mechanisms by which one variable imparts its influence on another variable and test hypotheses about such random effects (Hayes, 2017). First, we used linear regression to examine the total impact of SSS on CSB. Second, the depressive variable was included in the model as a mediator. Finally, SC was expected as a moderator in the relationship between depression and CSB.

According to previous studies, although the conditions in the causal statement cannot be satisfied, the cross-sectional study design can nevertheless be used in a moderated mediation model (Hayes, 2017; Nguyen et al., 2020). In addition, as Bollen (1989, p.52) stated that "*lack of correlation does not disprove causation, and correlation is neither a necessary nor a sufficient condition of causality,*" and most researchers today using a moderated mediation model have now agreed and applied this statement by Bollen in their studies (Hayes, 2017). Based on these suggestions above, although our present study is a cross-sectional study, it is nevertheless satisfactory to perform mediating and moderating analyses. In addition, we will not refer to the condition of the correlation coefficient being large, medium, or small to decide whether to proceed with the moderated mediation analysis.



## Common Method Bias Testing (CMB)

When both the independent and dependent variables are measured simultaneously, CMB could occur with the same method (Podsakoff et al., 2003). To evaluate the CMB, researchers used Harman's single-factor analysis and conducted an exploratory factor analysis considering only one latent factor and no rotation. The results showed about 16.358% of the variance, lower than the recommended level of 50% (Podsakoff et al., 2003). Thus, there was no risk of CMB in the research data, allowing the data analysis process to proceed.

## Result

### Descriptive Statistics and Correlation Between Variables

First, the results indicated that SSS was negatively correlated with depression and positively correlated with SC. Second, depression had a positive correlation with CSB but a negative correlation with SC. Third, SC negatively correlated with CSB. Finally, there was no correlation between SSS and CSB (see Table 1).

### Moderated Mediation Model Test

The total effect of SSS on CSB was tested using multiple linear regression ( $R = .036$ ,  $R^2 = 0.001$ ,  $F_{(1)} = 0.877$ ,  $\beta = -0.036$ ,  $t = -0.936$ ,  $p = .349$ ). Next, we assumed that depression would mediate the relationship between SSS and CSB. Besides, we also supposed that SC moderated the influence of depression on CSB. If one or both of the following paths were significant, the moderated mediation model was established (i) SC moderated the pathway from depression to CSB, and (ii) depression played as a mediator of the relationship between SSS and CSB (Muller et al., 2005). All results are shown in Table 2.

When depression was included in the model as a mediator and SC as a moderator, the results showed that SSS had no direct effect on CSB ( $\beta = 0.023$ ,  $p = .556$ , 95% CI [-0.053, 0.099]). The effect of SSS on depression was significant negatively ( $\beta = -.227$ ,  $p < .001$ , 95% CI [-0.302, -0.153]). In addition, the effect of depression on CSB was significant positively ( $\beta = 0.293$ ,  $p < .001$ , 95% CI [0.202, 0.385]). Finally, the interaction between depression and SC on CSB was positively significant ( $\beta = 0.133$ ,  $p < .001$ , 95% CI [0.058, 0.208]).

**Table 1** Mean, standard deviation and correlation between variables

	<i>M</i>	<i>SD</i>	1	2	3
1. SSS	5.435	1.667			
2. CSB	3.080	1.334	-0.036		
3. Depression	6.691	4.456	-0.227**	0.248**	
4. SC	3.181	0.430	0.243**	-0.142**	-0.529**

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

Note: SSS=subjective social status, CSB=compulsive shopping behaviour, SC=self-compassion

**Table 2** Analysing moderated mediation model

Regression equation ( $n=664$ )		Moderator variable				
Result variable	Predictor variable	SC				
		$R$	$R^2$	$F_{(df)}$	$\beta$	$t$
CSB	SSS	0.281	0.079	14.146 <sub>(4)</sub>	0.023	0.590
	Depression				0.293***	6.288
	SC				0.012	0.270
	Depression $\times$ SC				0.133***	3.473
Depression	SSS	0.227	0.052	36.064 <sub>(1)</sub>	-0.227***	-6.005

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

**Table 3** Simple slope estimation for the moderating role of self-compassion

	SC levels	Effect value	Boot SE	95% CI
Direct effect of depression on CSB	low	0.183	0.048	0.089, 0.276
	moderate	0.285	0.046	0.195, 0.375
	high	0.415	0.066	0.285, 0.546
Mediating effect of depression	low	-0.042	0.015	-0.074, -0.016
	moderate	-0.065	0.017	-0.101, -0.034
	high	-0.094	0.024	-0.144, -0.052

Note:  $n=664$ ; SC=self-compassion; CSB=Compulsive shopping behavior

The levels of SC were encoded as: -0.832=low, -0.063=moderate, and 0.921=high

Researchers used the simple slopes tests (Dearing & Hamilton, 2006) to test the moderating effect of SC on the pathway from depression to CSB. The results in Table 3; Fig. 2 revealed that regardless of whether an individual's SC level was low, moderate, or high, depression still increased CSB. Especially, the effect of depression on CSB was greater in individuals with a higher score of SC (95% CI did not contain zero). All significant paths and the moderating role of SC in the model have been shown in Fig. 3.

## Discussion

### The Correlation Between Subjective Social Status and Compulsive Shopping Behavior

Contrary to our hypothesis, the study results showed that SSS had no link to CSB. Compulsive buying happened regardless of individuals' social status, whether their social class was low, medium, or high. To the best of our knowledge, based on the literature review, there is a lack of previous studies that explored a direct correlation between SSS and CSB. Therefore, unfortunately, we could not find research evidence to support this finding. However, other relevant findings showed that CSB was unrelated to social class or average income (Biolcati, 2017). More precisely, Hoebel and Lampert (2018) found that occupation and status had no significant impact on customers' behavior and purchasing styles. In other words, income and social status may not influence consumers' buying habits. These findings reinforce Meng and Fraed-

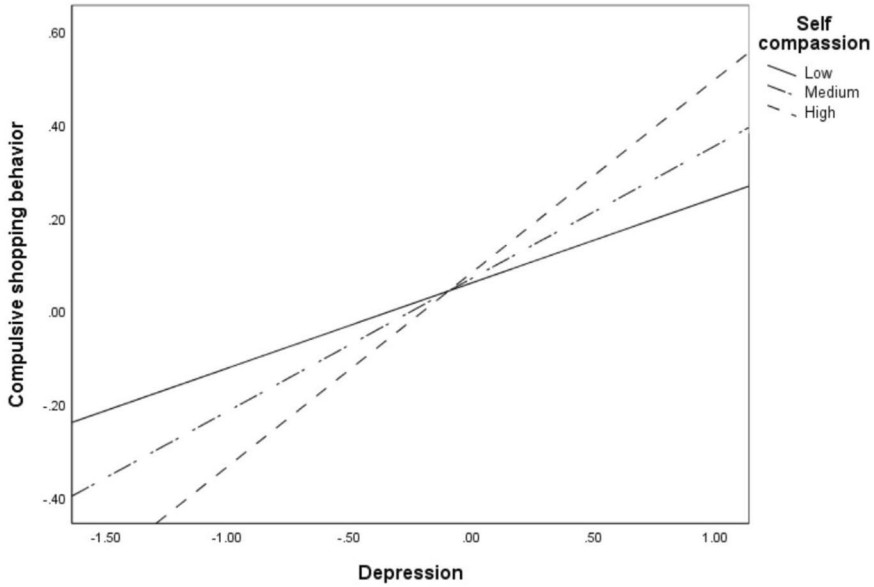


Fig. 2 Effect of depression on compulsive shopping behaviour, self-compassion as a moderator

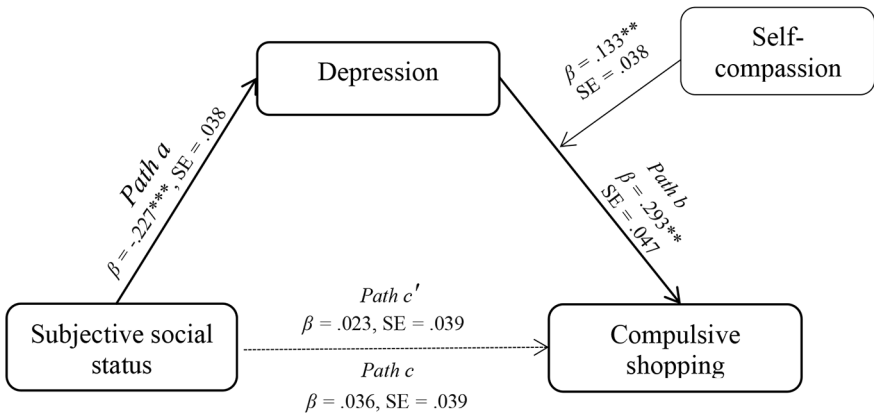


Fig. 3 The result model: The moderated mediation model of depression and self-compassion on the relationship between subjective social status and compulsive shopping behaviour

rich’s (2010) conclusion that 21st century consumers appear to behave similarly in many scenarios regardless of social class.

Nowadays, CSB is considered a ubiquitous phenomenon in commercial world (Eren et al., 2012). Consumers from all social classes participate in uncontrolled shopping behavior, which is unexclusive of the lower social class, as shopping helps them express and gain a sense of belonging at once (Chinwendu & Shedrack, 2018). Perhaps the upward and downward comparisons of SSS no longer impact CSB. Irre-

spective of social level, everyone desires to be recognized, and they shop indiscriminately since it allows them to feel safe and confident (Owusu et al., 2021). People tend to forget their difficulties and status in developing and integrated economies by wallowing in impulsive behavior without realizing its potential repercussions (Wilk, 2018). This leads to the development of a social phenomenon known as “*consumption hunger*” (Unger et al., 2014, p. 179). These attitudes and views which consider excessive shopping as the norm are gradually formed, thereby creating a solid value system in each consumer (Solomon et al., 2010). With the combination of data analysis from the present study and evidence from previous studies, we concluded that SSS did not affect CSB, contrary to our initial hypothesis.

### Mediating Role of Depression

The study indicated that the mediating role of depression on the path from SSS to CSB was significant. Compared to individuals with higher SSS, individuals with lower SSS had a higher risk of developing depression, consequently increasing their CSB. This result is consistent with previous findings showing that SSS was a strong predictor of mental and physical health (Chetty et al., 2016). Lower social status has also been linked to higher levels of psychological and physiological stress and long-term use of maladaptive coping techniques, including excessive contemplation and negative thinking (Murray et al., 2019; Schubert et al., 2016).

Lay theories about depression emphasize that beliefs, families, politics, and social systems affect people’s perception, thinking, and mental health (Lauber et al., 2003). Based on these theories, social class may influence the psychological health of lower-class individuals by increasing or decreasing self-conscious negative emotions (Tan & Kraus, 2015). Being more successful than others improves happiness, whereas being less successful diminishes subjective well-being (Tan & Kraus, 2015). People with higher social rank (respected and admired by peers and others) are expected to experience more positive emotions through feelings of power and social acceptance and vice versa; lower-rank individuals are more likely to experience negative emotions (Anderson et al., 2012). In other words, people with low SSS are more at risk of depression. Previous research also found that depressive symptoms could lead to excessive buying, especially for those having difficulty regulating their state of boredom (Brand et al., 2016). Boredom can vanish when people try to alleviate their melancholy by compulsive purchasing because the behavior provides instant pleasure (Bozaci, 2020).

CSB is believed to result from the association between conditioned and natural stimuli; when making a purchase, people feel pleasure from the process. Thus, it will become an “enhanced stimulus” that may be repeated for more and more gratification (Presskorn-Thygesen & Bjerg, 2014). Notably, individuals actively use reactive behaviors like CSB to overcome or cope with stressful situations. Faber (2004) proposed that CSB functions as an escape from negative states. Consumers seek relief by engaging in urgent, self-destructive behaviors such as compulsive shopping or binge eating because mental health problems have compromised their self-perception and feelings (Yi, 2012). Compulsive shoppers use cognitive narrowing to focus their attention only on the hedonic experience that shopping delivers, thereby temporarily

suppressing their anxiety. They ignore the long-term harmful effects of their immediate actions to enjoy short-term satisfaction (Darrat et al., 2016). The findings from the present study combined with the research evidence above supported our hypothesis that depression mediates the relationship between SSS and CSB.

### **Moderating Role of Self-compassion**

The result showed that the moderating role of SC on the path from depression to CSB was significant. When individuals experience depressive symptoms, the higher their SC, the more likely they would engage in CSB. Our present results are not consistent with previous findings, which demonstrated that SC appeared to have the potential to prevent risky behaviors caused by mental distress (Marsh et al., 2018). However, our results showed that self-compassion is not always a positive emotion and can instead increase impulsive behavior, which agrees with other studies (Bayir & Lomas, 2016).

It is essential to acknowledge that people's perceptions and motivations for SC differ between cultures (Gilbert, 2017). Internal cognitive processes such as sympathetic beliefs, overwhelming pain, or a lack of understanding regarding SC can bring diverse outcomes (Gilbert, 2019). Besides, SC has been demonstrated to lessen self-criticism due to a lack of morals or weak competence in dealing with stressful conditions (Breines & Chen, 2012). As SC encompasses a sense of safety and acceptance, people can reflect on their inadequacies or mistakes without fear of being judged, rather than resorting to punishment or self-doubting behaviors (Breines & Chen, 2012; Neff, 2015). Meanwhile, depression is linked to shallow coping, truth denial, and self-doubt, leading to a lack of precise awareness in the long run (Lawrence & Elphinstone, 2020). Depressed people find it difficult to detect and classify the flow of information or events that come so suddenly that they lack the ability and skills to cope effectively. In other words, people in a state of depression tend to use negative coping techniques, which partly help foster mental comfort that facilitates diverting one from the constant unpleasant state (Carver et al., 1989). Because of an inability to recognize and deal with unwanted beliefs, it should be noted that purported biases towards information can hinder depressed people from adequately understanding how SC works (Baránková et al., 2019).

During stressful episodes, some people may confuse that self-compassion is self-indulgence, self-pity, and self-centeredness, which may result in unpleasant changes in behaviors, such as impeding their capacity to fulfill efficiency or stifling motivation (Kelly et al., 2020). These misunderstandings can even predict risky behaviors, including drug addiction, binge eating, and other impulsive behaviors (Bayir & Lomas, 2016). A study found that excessive compassion amid tiring circumstances could lead individuals to use self-kindness as an excuse, evident by this brief statement: *"I should not make any mistake...But this is too compelling... Cos... I don't know how to live otherwise..."* (Bayir & Lomas, 2016, p. 28). Thus, CSB can be a decisive compensating factor when buyers use as a form of relief from stress, fatigue, or even loss of self-control (Roberts & Roberts, 2012) in the condition of higher SC.

The present study's data analysis and preceding evidence have supported our research hypothesis that under vulnerable conditions (i.e., depression), having a higher level of SC can actually lead individuals to engage in impulsive activities (i.e.,

CSB). This behavior can be seen as a coping mechanism tailored to the circumstances and perceptions of individuals. Perhaps, when depressed, we believe that being kind to ourselves and “*boosting the mood*” means engaging in CSB, which helps people achieve happiness in difficult times and not wallow in immediate misery.

### Contributions and Limitations

The current study found that SSS correlated with CSB via a mediated mechanism of depression. It suggests that SSS functions as a protective factor against depressive syndrome. Furthermore, one’s level of depression can also significantly predict CSB. This study is the first in Vietnam to examine the effects of SSS on depression and CSB context. In particular, the results shed light on the moderating effect of SC in depression and CSB, which have not been addressed before. The findings do not contradict prior findings of SC’s benefits but provide insight that high SC does not always help us in challenging situations. SC only works when a person fully comprehends the concept, what motivations it includes, and how it works and interacts in each unique case. The results help to provide the following recommendations. It should be emphasized that the impact of SSS on CSB is reportedly inconsistent. In countries influenced by collectivism, like Vietnam, people are expected to increase savings rates (Shoham & Malul, 2012) and have fewer material temptations (Vandana & Lenka, 2014).

However, CSB stays consistent across different countries and social values (MacCarrone Eaglen & Schofield, 2017). On an additional note, future research should explore the severity of depression in individuals with CSB. Psychotherapists can extend or subdivide the goals and treatment for varying groups by doing this. Discussions about how clients understand SC can help improve intervention outcomes (Bennett et al., 2017). Additionally, several Asian countries appear to have a different perspective on SC, which should be examined further (Kotera & van Gordon, 2021). In terms of consumer welfare, marketers and consumer corporations should be held socially accountable by developing re-education programs and awareness campaigns to reduce compulsive shopping caused by psychological dysfunction (Mrad & Cui, 2020). Advertisers’ roles should include generating short-term profits for businesses, offering healthy alternatives to customers, improving their well-being, and contributing to the growth of social security (Horváth & Adgüzel, 2018).

The research acknowledges several limitations. The study was conducted with a cross-sectional design. It is difficult to conclude a precise causative relationship because the results only showed the correlation relationships between variables. Future studies may consider using other approaches, such as longitudinal research, to clarify the result further. Due to the Covid-19 situation, the present study collected data via an online approach, self-report, and the snowball method. Although the researchers tested for the common method bias, it could still impact the results’ validity. Future studies may use complementary methods, such as observation and interview, to increase data validity. Besides, the research has revealed a moderating role of SC in the interaction between depression and CSB. Since it is one of the first studies exploring the relationship, therefore, the researchers have discussed the interconnection between variables, but it is only at the theoretical conjecture phase.

Future studies should include other approaches, such as qualitative studies or mixed-methods studies, to explain this phenomenon from the participants' perspective and obtain more convincing explanations.

Finally, our present study did not include clinical samples since snowball sampling was our only approach to data collecting, which may influence our data diversity and results. Future research may consider implementing studies on clinical specimens to broaden results and knowledge in future studies. Finally, since our study was conducted in Vietnam with Vietnamese participants, the findings should not be generalized to other cultural contexts. Future cross-cultural studies are encouraged to achieve better generalizability.

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**Data Availability** The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

## Declarations

**Informed Consent** Informed consent was obtained from all individual participants included in the study. The findings, interpretations, and conclusions expressed in the paper are the sole of the authors and do not necessarily represent the views of author's university.

**Conflicts of Interest** There are no conflicts of interest to report. The materials and analysis code for this study are available by emailing the corresponding author.

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