



Implications of Self-Construal for Affect and Well Being: An Indian Experience

Abhijit Mishra¹, Shivani Mani¹

¹Department of Humanities and Management Science
Madan Mohan Malaviya University of Technology Gorakhpur (U.P.), India

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*Correspondence:

Shivani Mani
PhD Scholar, Psychology
Department of Humanities &
Management Science
Madan Mohan Malaviya
University of Technology
Gorakhpur-273010, U.P., India
E-mail:
mshivani2711@gmail.com
Tel: 8840646660

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Abstract

The present study was conceptualized with a view to understand the differential effects of self-construal on positive and negative affect, life satisfaction, domain satisfaction and psychological well-being in Indian adults. Following a cross-sectional developmental strategy, a sample of 593 adults from three developmental stages namely young adults, adults, and middle adults was drawn from northern part of India. Based on Q1 and Q3 for both independent and interdependent dimensions of self-construal, two groups were formed. Mean scores of the two groups on all measures were compared by administering independent samples *t* test. Comparison of extreme two groups revealed that high independent and low interdependent self-construal group displayed higher positive affect, life satisfaction, resource satisfaction, hope, psychological wellbeing and better social and emotional health. In contrast, high interdependent self-construal group reported better spiritual health. The two groups did not differ on negative affect, resource relevance, and domain satisfaction, physical and emotional health. Research findings have been discussed in light of existing theories and explanations.

INTRODUCTION

Understanding the self is a key focus in psychology, especially when investigating emotional experiences and well-being. A major framework that tackles this issue is the concept of self-construal, which describes how people perceive, understand, and interpret their identity in relation to others (Markus & Kitayama, 1991). This concept suggests that individuals from various cultures develop different self-views, specifically independent and interdependent self-construal's. Independent self-construal emphasizes autonomy, individuality, and personal success, whereas interdependent self-construal emphasizes relational harmony, social ties, and group belonging (Singelis, 1994).

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India, a nation with an entrenched collectivist heritage, family-oriented values, and hierarchical social organisation, offers a rich setting to explore how interdependent and independent self-construals influence affective experience and subjective wellbeing. In present-day Indian life, particularly in the face of speedy globalisation and urbanisation, many people walk a fine line between traditional collectivist expectations and new emerging individualistic desires. This cultural tension between continuity and adaptation in modern times presents a special case to investigate how self-construal operates alongside emotional regulation, happiness, and mental health in the Indian scenario.

This paper explores the impact of self-construal on well-being and emotion regulation in India. It attempts to explain how culturally unique self-meaning construal affects emotional state, coping, and life satisfaction. In addition, it explains dynamic and hybrid nature of Indian self-construal in a globalized world and its impact on both positive and negative emotions. Based on cultural psychology and supported by empirical findings, this research attempts to link universal psychological theories with culturally embedded lived realities.

Markus and Kitayama (1991) self-construal theory significantly challenged the Western self universality, stressing the powerful effect of culture in self-concept. The model emphasizes that independent self-construal dominates Western cultures, especially in North America and Western Europe, where people see themselves as independent and differentiated. Interdependent self-construal is more common in Asian, African, and Latin American cultures, where identity arises from relationships, roles, and group membership.

Extended cross-cultural studies have established this dichotomy, finding distinct psychological patterns associated with self-construal. For instance, one who have independent self-construal generally prioritises individual goals, self-assurance, and self-expression, whereas person with an interdependent self-construal tend to prioritize social harmony, obligations, and normative compliance (Kitayama et al., 2009; Oyserman et al., 2002).

India's collectivist culture is deeply rooted in its multi-faceted religious, philosophical, and social heritage. Hinduism, for example, emphasises dharma (duty) and karma (action and its

consequence), connecting individual behaviour to social obligations and moral obligations. Similarly, the traditional joint family system as well as caste systems facilitate interdependence, provide social roles, and create relational identity (Sinha & Tripathi, 1994).

Yet the Indian self cannot be solely defined as interdependent. Numerous researchers promote a bicultural or hybrid self-concept in urban India, particularly among youth and middle-class professionals (Chadda & Deb, 2013). They tend to maintain both interdependent values, such as family loyalty and social obligation, and independent values such as personal development and personal choice. So, the Indian self can be conceived as situation-dependent, in which the meaning of independence or interdependence shifts depending on various situations, relationships, and stages of life (Verma & Triandis, 1999).

Affect—rendered as the experience of emotion or feeling—operates as an important domain where self-construal has its impact. Affect encompasses positive affect (e.g., pride, joy, contentment) and negative affect (e.g., anxiety, guilt, and sadness). Studies have determined that self-construal not only influences the kinds of feelings individuals experience but also how they construe, express, and manage those (Matsumoto et al., 2008).

Emotions that enhance between-persons harmony—such as empathy, shame, and gratitude—are nurtured in collectivist cultures like India. Emotions that can potentially hinder group solidarity, such as anger or pride, are repressed (Mesquita & Walker, 2003). For example, an Indian pupil may repress pride to avoid looking arrogant or boastful in a family environment, feeling severe guilt if they believe they have not met family expectations. This cultural context renders people more susceptible to feeling emotions that lead to social withdrawal, such as frustration, pride, and anger (Kitayama et al., 2006).

Also, those who have interdependent self-construals are predisposed to experience more socially engaging emotions, such as guilt, sympathy, and respect. It is opposite for those with independent self-construals, as they experience more socially disengaging emotions, such as anger, pride, and frustration (Kitayama et al., 2006). This difference affects mental health and relationship satisfaction because the emotional regulation strategies vary depending on the prevailing self-

construal.

Subjective well-being, encompassing cognitive measures like life satisfaction and affective ratings like happiness, also varies as a function of self-construal. Diener and Diener (1995) indicate that in individualistic cultures, social self-esteem and personal achievement are most central to well-being, whereas in collectivist cultures, relational harmony and social achievements are more central.

A study in India further reinforces this difference. Kumar and Singhal (2021) identified that for Indian youth, the support of family and performance of social roles more directly determined life satisfaction than individual accomplishment. Likewise, Mishra and Singh (2010) mentioned that older Indians exhibited increased well-being if their relationship with children and community were strong irrespective of their economic or work situation.

Also, self-construal influences people's reactions to events in life concerning their well-being. Individuals with interdependent self-construal are likely to show more resilience toward personal failures, particularly when embedded in a strong social network. In contrast, individuals with independent self-construal are most likely to experience more significant variation in their well-being based on personal successes or failures (Suh et al., 1998).

The classical Indian concept of self is being radically transformed by urbanization, economic liberalization, digital globalization, and the influence of Western values. Most specifically, young Indian urbanites are adopting beliefs such as independence, competitiveness, and self-expression influenced by education, media, and the workplace (Arnett, 2002). This transformation prompts significant concerns regarding the emotional and psychological consequences of reconciling these conflicting self-conceptions.

A newer issue is the bicultural stress or identity conflict of city-born Indian youth. They are to be assertive and goal-directed in work settings, while obedient and relational in family settings. This conflict can lead to emotional dissonance, complexity in emotional regulation, and intrapsychic conflicts which affect mental health and general well-being (Das & Kemp, 1997).

Research has also established that Indian youth with high bicultural identity integration report greater emotional regulation, flexibility, and

psychological resilience (Verma, 2011). Hence, it becomes necessary to comprehend the complex and dynamic self-construals of contemporary India for the formulation of culturally responsive models of emotional well-being and mental health interventions.

Self-construal provides a useful lens through which to examine emotions and well-being in the Indian sociocultural context. While classic interdependent self-construals capture India's collectivist values, current socio-economic transitions are cultivating a more complex and hybrid sense of self. Hybridization has a profound impact on the experience, regulation, and expression of emotion, as well as on the construction and pursuit of well-being. More effective psychological theory, better public mental health policy, and culturally tailored therapies can be achieved through a more in-depth cultural understanding of such dynamics.

Objective

To determine the differential impact of varying self-construals on the experience of affect (both positive and negative) and various life outcomes related to wellbeing, such as life satisfaction, domain satisfaction, and psychological wellbeing.

Hypotheses

Independent and interdependent modes of self-construal will be differentially related to affect, wellbeing, life satisfaction and health.

METHOD

Participants

Following a cross-sectional developmental strategy, a sample of 593 adults (347 males and 246 females) from three developmental stages namely young adults (18-22 years), adults (28-32 years), and middle adults (40-50 years) was drawn. The mean age values for these groups were 18.69 (SD= 1.27), 29.16 (SD =1.53) and 45.77(SD =4.92), respectively. The distribution of sample in the different subgroups is given in Table 1. It may be noted that initially 700 individuals were contacted but due to various reasons data could not be completed with 107 individuals

.Table 1 : Distribution of the Sample in Different Age and Gender Groups

Gender	Age Group			
	Young Adults (18-22 years)	Adults (28-32 years)	Middle Adults (40-50years)	Total
Male	132	135	80	347
Female	119	77	50	246
Total	251	212	130	593

The participants were drawn from northern parts of India. Majority of the participants (84%) spoke Hindi. There were 8% Punjabi speaking, 5 % English speaking and about 3 % of them spoke other Indian languages. Forty two percent of the total participants had 12 years of education, 21 % had 14 years of education, and 37% had 16 or more years of education. In terms of SES background 62 % participants perceived themselves to be in the category of middle SES, 13 %to upper middle SES, and 17 %in the low SES.

MEASURES

Self-Construal:

Self Construal Scale (Singelis, 1994) was used to measure the strength of independent and interdependent dimensions of self-construal of participants. The scale has 30 items of which 15 items each are for the independent and interdependent dimensions. The items are in form of statements about oneself. Respondents must rate the degree to which they agree or disagree with each of the given statements on 7 points Likert type rating scale.

Affect

Negative and Positive Affect Scale developed by Wills et al. (1999) was used to assess the positive and negative affect of participants over the last one month. It has 24 items in form of affective states, out of which 12 are positive in valence and remaining 12 items with negative valence. Respondents must indicate the extent to which they felt each of the given affective states during the past one month on 5 points Likert type rating scale.

Life Satisfaction

Satisfaction with Life Scale (Diener et al. 1985) was used to ascertain participant's global cognitive judgments of satisfaction with his/her life. The scale has 5 items in the form on some statements about

one's life. Respondents must rate the degree to which they agree or disagree with each of the statements on 7 points Likert type rating scale.

Resource

Relevance: Resource Relevance Check list developed by Biswas-Diener (2010) was used to measure this dimension. This scale consists of 16 items referring to common personal resources. Respondents must rate the degree to which they were satisfied with each of the given resources in their lives on 10 points Likert type rating scale.

Hope:

Adult Hope Scale (Snyder et al. 1991) was used to measure the level of hope in one's life. The scale has 12 items and is divided into two subscales namely Agency (goal directed agency and Pathways. Respondents must rate the degree to which each of the statements is true or false for them on 8 points Likert type scale.

Psychological Well Being

Psychological Well Being Scale (Diener & Biswas-Diener, 2009) was utilized to the global assessment of participants of their psychological wellbeing. It has 8 items in the form of sentences about one's psychological wellbeing. Respondents must rate the degree to which they agree or disagree with each of the statements on 7 points Likert type scale.

Domain Satisfaction

Domain Satisfaction Scale (Biswas-Diener, 2010) aims at assessing the degree of satisfaction with various areas in one's life. It has 10 domains of life. Respondents must rate the degree to which they are satisfied or dissatisfied with each of the above domains on 7 points Likert type scale.

Health

This measure was developed by Donatelle

and Davis (2000) to measure five dimensions of health. It consists of 50 items- 10 each for the five dimensions. Respondents must indicate how often each of the statements describes them using a 4 points Likert type scale.

All the measures were pilot tested (n =10) and necessary changes were made to make the measure more suitable to the participants. The Hindi version of the measures were created with the help of back translation.

Procedure

The participants from adult and middle adult groups were individually contacted and requested to complete the measures. At the outset it was emphasized that the responses would represent participants own views. The participants were assured that their identity shall remain anonymous, and their responses shall be kept strictly confidential. The young adult age group comprised mainly of students who were contacted in their respective institutions after their classes were over and were requested to participate in the study. All the participants were explained the purpose of the study and their doubts were clarified. It was made clear that participation in the study was voluntary and if at any time they wish to withdraw their participation, they can do so. The individuals who consented were given the measures in Hindi or

English and were requested to complete them. The young adults completed the measures in small group. Most of the participants took 40-45 minutes on average to complete the measures. Each participant was thanked for his/her participation and cooperation.

RESULTS

The data were subjected to statistical analysis to address the research issues. To understand the differential effects of the independent and interdependent dimensions of self-construal, Q1 and Q3 were determined for both from the entire dataset. Based on these criteria, two groups were formed: the first group consisted of participants with a higher strength of interdependent self-construal and a lower strength of independent self-construal (n=20), while the second group included participants with a higher strength of independent self-construal and a lower strength of interdependent self-construal (n=14). The mean scores of the two groups on all measures were compared by administering an independent samples t-test. Means, standard deviations, and t-test values are presented in Table 2 below

Table 2 : Comparison of Means of High Independent and High Interdependent Self-Construal Groupson allvariables.

Measures	High Interdependent Low Independent Self Construal Group(n=20)		High Independent Low Interdependent Self Construal Group (n=14)		t (32)
	Mean	SD	Mean	SD	
Negative Affect	29.90	9.55	29.92	8.20	-.009
Positive Affect	37	3.68	41.42	7.88	-2.20*
Life Satisfaction	19.25	3.07	23.78	5.96	-2.96**
Resource Satisfaction	91.85	19.9	115	21.4	3.25**
Resource Relevance	119.40	23.48	113.86	39.10	.516
Agency	20.45	2.43	25.71	3.91	-4.84***
Pathway	22	5.89	24.71	2.61	-1.61
Psychological Well-Being	39.60	5.05	45.57	5.28	-3.328**
Domain Satisfaction	52.65	9.37	51.50	7.20	-.386
Physical Health	25.45	7.31	23.78	4.88	.742

Social Health	27.95	3.21	33	5.90	-3.213**
Emotional Health	24.20	4.87	29.35	5.49	-2.88**
Spiritual Health	31.75	3.46	26.78	5.47	3.241**
Intellectual Health	30.80	5.47	30.92	2.92	-.080

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

As observed, individuals with a strong independent self-construct experienced greater positive affect, increased life satisfaction, enhanced resource satisfaction, agency thinking, psychological well-being, and improved social and emotional health when compared to those with a strong interdependent self-construct. In contrast, those with a stronger interdependent self-construct reported superior spiritual health relative to their counterparts with a stronger independent self-construct. The two groups showed no significant differences in areas such as negative affect, resource relevance, pathway thinking, domain satisfaction, and physical and intellectual health. The results outlined several notable trends :

1. People with strong independent self-construct displayed higher positive affect, higher life satisfaction, resource satisfaction, hope, psychological well-being, and better social and emotional health.
2. People with strong interdependent self-construct reported better spiritual health.
3. There was no effect of different self-construct's on negative affect, resource relevance, domain satisfaction, physical and intellectual health.

DISCUSSION

The present study was conceived with a view to explicating the linkages of self-construct with affective states, psychological well-being, life satisfaction and health. Therefore, the primary concern of this study was to investigate the relationship between self-construct and a set of psychological outcomes. The study, in short, tries to address some of the growing concerns of developmental social psychology and positive psychology. To appreciate and discuss the findings as contextualised in the cultural ethos, it would be pertinent to reiterate some of the core assumptions and premises which formed the basis of this research endeavour. Past research in self-processes has often indicated that there exists cultural

variation in the meaning, structure, and functions of self-construct. In this frame of reference, the term self-construct' was introduced to underline the critical role of subjective constructions in shaping the idea of self which is not a concrete entity but a multifaceted. Such constructions take place with the help of symbolic resources available within a given culture. The same, however, is not static. They often change on account of within cultural processes as well as intercultural contact. These changes may or may not get explicit manifestation but may influence a people's behaviors in diverse ways. It is also important to note that cultures do not form homogenous categories nor exist in isolation. They are constantly changing due to contact with other cultures (or acculturation). Also, due to variations in lifestyle , exposure to other cultures and changes brought with media all members of any given culture may not share or conform to the same (or single) view of self. This implicates that within cultural variations in self construct too need research attention and critical appreciation. The cultural psychological studies are indicating that there are systematic variations in cognition, emotions, and motivation in relation to the modes of self-construct (Markus & Kitayama, 1991; Misra, 2010). The health and wellbeing related outcomes have often been shown to be related to types of self-construct held by the people. They are also shown to be related to various affective characteristics and dispositions like resilience, social support, future time perspective, and hope. All these attributes and dispositions furnish a strong ground to facilitate health, wellbeing, and life satisfaction. However, the relative significance of self-construct and affective variables has been relatively less explored. In past, several studies have reported that people in independent contexts display higher positive affect and lower negative affect (Scollon et al., 2004); seem to promote happiness and de-emphasize unhappiness (Lu, 2001; Minami, 1971; Ng, Ho, Wong & Smith, 2003); report more positive emotions than negative emotions and seek out events that are

likely to elicit positive affect (Mesquita & Leu, 2007). In this study too, it was found the people with high independent self-construal displayed higher positive affect, life satisfaction, resource satisfaction, hope, psychological wellbeing, better social and emotional health than the people with higher interdependent self-construal. Mesquita & Leu (2007) argue that when feeling good about oneself is the goal, pursuing positive affect is normative.

CONCLUSION

The present study highlights the need to go beyond the dichotomies of interdependent versus independent selves or collectivist versus individualist selves and treating cultures as having people with homogeneous kind of self-construal. Cultures are dynamic in the sense that cultural ideas and practices are invented, accumulated, and systematically changed over time, both within and across generations (Moscovici, 1984). Cultures are also dynamic in the sense that cultural ideas and meanings have multiple meanings that are constantly in flux, negotiated, manipulated, and arbitrated for a variety of reasons by all the individuals of a cultural community (Kitayama, Duffy & Uchida, 2007). Therefore, there will be within cultural as well as within and across generational variations in the way self will be construed. These differences need to be appreciated, understood, and carefully researched to develop a contextualized model of self. The present work was a preliminary effort, and many gaps are still there in deciphering the role of self-construal and affect in shaping health and wellbeing. The diversity in social structure and ecological conditions demands studying various groups and communities of the Indian society. Also, life historical analyses may offer better insight into the dynamics of health and wellbeing. Future research may be directed in these directions.

Data Availability

Data are available on request from the authors.

Conflict of Interest

The authors declare that there is no conflict of interest.

Author Contribution

Both authors of this manuscript have contributed substantially to the conception, design, acquisition, analysis, and interpretation of the data.

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