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Social-class differences in self-concept clarity and their implications for well-being

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Abstract

A consistent/stable sense of the self is more valued in middle-class contexts than working-class contexts; hence we predicted that middle-class individuals would have higher SCC than working-class individuals. It is further expected that SCC would be more important to one's well-being among middle-class individuals than among working-class individuals. Supporting these predictions, SCC was positively associated with higher social-class. Moreover, although SCC was associated with higher life satisfaction and better mental health, the association significantly attenuated among working-class individuals. In addition, SCC was not associated with physical health and its association with physical health did not interact with social class.

Keywords

Social Class; Self-concept clarity; Life Satisfaction; Mental Health; Physical Health

Social-class differences have long been studied by social scientists across diverse disciplines (e.g., Durkheim, 1893/1933). When operationalized by income, education, occupational prestige, or their combination, social class has been shown to have profound implications for social life (Adler & Snibbe, 2003; Fiske & Markus, 2012). Specifically, socio-cultural contexts associated with social-class (e.g., social hierarchy) can lead to different views of the self, such that middle-class individuals tend to adopt a self-view valuing control and influence whereas working-class individuals tend to adopt a self-view valuing flexibility and fitting-in (Snibbe & Markus, 2005; Stephens, Markus, & Townsend, 2007). Building on these differences in the existing literature, we hypothesize that a clear and well-defined self-view, operationalized through self-concept clarity, is more compatible with middle-class contexts than working-class contexts. Consequently, we predict that people with middle-class backgrounds would have a clearer self-view than their counterparts with working-class

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backgrounds. Moreover, we posit that the potential benefits of having a clear self-view would be stronger in middle-class contexts than in working-class contexts. In other words, we examine how self-concept clarity interacts with social-class to determine one's level of well-being.

Self-concept clarity (SCC) is defined as the extent to which an individual's self-concept is clearly defined, internally consistent, and stable over time and across situations (Campbell et al., 1996). SCC is closely linked to socio-cultural contexts in which the self can be viewed as an independent entity (e.g., the US). In this independent view of the self, SCC is more likely to be emphasized because the self is believed to have unique internal attributes that are stable and consistent across time and situations (Markus & Kitayama, 1991; Na et al., 2010). In contrast, SCC is less likely to be emphasized in socio-cultural contexts where the self is viewed as a fundamentally interdependent entity (e.g., Asia). In this interdependent view of the self, the self is fully embedded in its social network and thus required to be contextually flexible and responsive to ever-changing social expectations (Markus & Kitayama, 1991). Consistent with this reasoning, cross-cultural study has found that Japanese undergraduates display lower levels of SCC than Canadian undergraduates (Campbell et al., 1996).

Similar differences in socio-cultural contexts have also been observed with respect to social-class, such that working-class individuals are more likely to adopt the interdependent self-view while middle-class individuals are more likely to adopt the independent self-view (Cohen, 2009; Stephens, Fryberg, & Markus, 2011). Compared to middle-class individuals who have enough resources to be autonomous and independent, working-class individuals are likely to have a greater number of experiences where their actions are constrained due to financial and structural pressures and, therefore, need to be adjusted (Kusserow, 2004; Lareau, 2002). Consequently, working-class individuals place more emphasis on adjusting to contingencies, whereas middle-class individuals place more emphasis on personal growth and control (Markus, Ryff, Conner, Pudberry, & Barnett, 2001; Stephens et al., 2011; Townsend, Eliezer, Major, & Mendes, 2014). Similarly, working-class parents emphasize obedience rather than self-direction (Kohn & Schooler, 1969). Lower socio-economic status is also associated with more external locus of control and more powerlessness (Mirowsky & Ross, 1986).

Taken together, the literature suggests that working-class contexts may discourage the adoption of self-concepts that are consistent and stable across time and situation. Instead, self-concepts emphasizing fitting-in and adjusting are likely to be promoted (Townsend et al., 2014). However, middle-class contexts can provide enough resources and autonomy to maintain well-defined and consistent/stable self-concepts. In other words, middle-class contexts are more likely to provide life experiences that are conducive to SCC than working-class contexts. Therefore, the first aim of the present work is to test the hypothesis that middle-class individuals would have higher SCC than working-class individuals. Consistent with this prediction, previous research suggests that unstable life conditions lowers SCC (Light & Visser, 2013).

Secondly, the present research also investigated social-class differences in the association between SCC and well-being. Previous literature has established a positive association

between SCC and well-being. For example, increased clarity about the self leads to increased positive affect about the self (Baumgardner, 1990), self-esteem (Campbell et al., 1996), and life satisfaction (Usborne & Taylor, 2010). SCC is also negatively associated with indicators of ill-being such as neuroticism, ruminative forms of self-attention (Campbell et al., 1996), and depressive symptoms (Smith, Wethington, & Zhan, 1996). Similarly, a recent longitudinal study showed that SCC could buffer the negative effect of low self-esteem on depressive symptoms (Lee-Flynn, Pomaki, DeLongis, Biesanz, & Puterman, 2011). Thus, the current literature suggests that SCC is closely related to various indicators of well-being (see also Campbell, Assanand, & Paula, 2003).

However, to the extent that the importance of SCC varies across socio-cultural contexts, its effect on well-being would correspondingly differ across socio-cultural contexts. Specifically, SCC should be more strongly associated with well-being in socio-cultural contexts in which consistent and stable self-concepts are highly emphasized than in socio-cultural contexts in which flexible and adjustable self-concepts are highly sanctioned. For example, the correlation between SCC and self-esteem was lower in Japan than in Canada presumably because East Asian cultures place far less emphasis on a clear sense of the self (Campbell et al., 1996). Similarly, compared with Americans, Koreans had more flexible (or less consistent) self-concepts and moreover, their subjective well-being suffered less from having inconsistent self-concepts (Suh, 2002). As we noted above, we predicted that middle-class contexts would be more compatible with a clear sense of the self than working-class contexts. Therefore, we further hypothesized that the effects of SCC on well-being would be attenuated among working-class individuals. In the present work, we tested these predictions with a lifespan sample (age range: 20 – 89) and across various indexes of well-being including subjected well-being and self-reported health. It is noteworthy that the present research included both psychological and physical indicators of well-being.

Methods

Participants

Three hundreds and seventy five adults (225 females) in the Dallas-Fort Worth area participated in the study (302 European, 19 African, 8 Asian, 4 Hispanic, & 3 Native Americans and also, 9 multi-racial & 30 unreported participants). They were aged between 20 and 89 (Age_{mean} = 58.63, Age_{std} = 17.23). In addition, 60.8% of them (228 participants) had a bachelor's degree, 35.7% (134 participants) lived alone, and 33.1% (124 participants) were employed. Participants were from a cross-sectional lifespan sample of the Dallas Lifespan Brain Study (DLBS). Participants were recruited through media advertisements and flyers. The DLBS was designed to study the effect of healthy aging and thus, all participants were highly screened for health using various exclusion criteria: BMI > 35, loss of consciousness greater than 10 min, radiation/chemotherapy within the last 5 years, various diseases (e.g., epilepsy, multiple sclerosis, Parkinson's, or major psychiatric disorders), excessive alcohol or caffeine consumption, blood pressure > 160/90, and un-prescribed/illegal drug use. Furthermore, those who scored less than 25 on the Mini Mental State Examination (MMSE; Folstein, Folstein, & McHugh, 1975) were also excluded. Taken together, participants in the study were mentally and physically healthy in many respects.

Measures

Social Class—The index of social class was based on two different indicators, years of formal education (Mean = 15.92, SD = 2.31, & Range: 11 – 21) and occupational prestige (Mean = 46.91, SD = 12.24, & Range: 12.92 – 77.77). Occupational prestige was determined using the prestige scores from Hauser and Warren (1997). These two indicators of social class modestly correlated with each other in our data, $r = .516$ [.429, .603], $p < .001$. In order to calculate the index of social class, we ran a principle component analysis (PCA). The component scores from the PCA was used as an index of social class (% of variance explained = 75.79%).

Self-Concept Clarity (SCC)—SCC was measured with the Self-Concept Clarity Scale (the SCC scale; Campbell et al., 1996). The SCC scale included 12 statements regarding the extent to which self-beliefs are clearly defined, internally consistent, and stable (e.g., “In general, I have a clear sense of who I am and what I am”). Participants reported how much they agreed with each statement on a 5-point scale (1: Strongly disagree to 5: Strongly agree). The internal reliability was acceptable ($\alpha = .86$).

Subjective well-being—Participants’ subjective well-being was measured with the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). In the SWLS, participants were asked to report their agreement with five statements on their satisfaction with life as a whole (e.g. “In most ways my life is close to my ideal”) on a 7-point scale (1: Strongly disagree to 7: Strongly agree). As in previous studies, its reliability was quite high ($\alpha = .87$).

Physical and Mental Health—In order to measure their physical and mental health, the MOS 36-item Short-Form Health Survey (SF-36) was administered (Ware & Sherbourne, 1992). The SF-36 consists of 36 items measuring mental and physical health across eight domains, Physical Functioning, Role Limitation due to Physical Problems, Bodily Pain, Mental Health, Role Limitation due to Emotional Problems, Vitality, and General Health (see Ware & Sherbourne, 1992 for the details about SF-36). The standard scoring procedures were used to calculate normed indexes of physical and mental health, using the calculator on the official website: http://www.sf-36.org/nbscalc/index.shtml.

Control Variables—Gender and age were used as control variables. In addition, the current employment status (employed or not) and living condition (living alone or not) were controlled in the main analyses due to their potential association with well-being measures.

Results

Preliminary Correlations

Table 1 summarized the correlations among all variables. Most notably, social class was positively associated with SCC, $r = .142$ [.042, .243], $p = .006$ and life satisfaction, $r = .229$ [.130, .328], $p < .001$. In addition, SCC was positively correlated with well-being measures except for physical health, life satisfaction: $r = .413$ [.320, .506], $p < .001$, and mental health: $r = .365$ [.270, .459], $p < .001$. Interestingly, the key variables in the present research

(i.e., social class, SCC, and well-being measures) showed curvilinear relations with age as suggested by significant correlations with age^2 (see below for the nature of curvilinear relations), replicating recent studies examining the relationship between SCC and age (Light & Visser, 2013; Lodi-Smith & Roberts, 2010). Thus, age^2 was used as a control variable in the main analyses reported below.

Social Class and Self-Concept Clarity (SCC)

Multiple regression analysis was used to further investigate the relationship between social class and SCC. As shown in Table 2, social class was positively associated with SCC, β = .142 [.042, .243], p = .006, and moreover, this positive association between social class and SCC remained significant even after controlling for demographic variables, β = .148 [.051, .245], p = .003. We also note that social class did not significantly interact with demographic variables thus, confirming our prediction that participants who were higher on the social-class index show clearer self-concept, regardless of their age, gender, and living conditions. In addition, SCC was positively associated with age, β = 1.346 [.752, 1.940], p < .001 and negatively associated with age^2, β = −1.056 [−1.656, −.457], p = .001. Thus, as in the previous finding (Lodi-Smith & Roberts, 2010), the curvilinear relation (i.e., quadratic relation) between age and SCC was found such that SCC increased from young adulthood to midlife but decreased in old age. Also, not living alone was associated with higher SCC, β = −.099 [−.198, −.001], p = .047. No other association was significant (see Table 2).

Social Class, Self-Concept Clarity (SCC), and Well-being

Our main hypothesis is that SCC would be significantly associated with the measures of well-being (i.e., Life Satisfaction, Mental and Physical Health) and yet, these associations would be qualified by social class, such that the associations would be stronger for middle-class participants than for working-class participants. In order to test the hypothesis, we ran a series of regression analyses for each well-being measure.

Life Satisfaction—First, SCC was positively associated with life satisfaction, β = .385 [.292, .478], p < .001 (first column in Table 3) and more importantly, the positive association between SCC and life satisfaction was qualified by social class, β = .103 [.014, .201], p = .024. Consistent with our hypothesis, SCC was more strongly associated with life satisfaction for (upper) middle-class participants (1 SD above the mean social-class, N = 53), β = .556 [.351, .782], p < .001, than for working-class participants (1 SD below the mean social-class, N = 66), β = .342 [.077, 537], p = .010. Thus, those with clearer self-concept were more satisfied with their life and yet, this effect was more pronounced for (upper) middle-class participants than for working-class participants. We also note that social class was significantly associated with life satisfaction (higher class → more life satisfaction), β = .163 [.072 .254], p < .001

Mental Health—Similar to the relation between SCC and life satisfaction, SCC was positively associated with mental health, β = .338 [.242, .433], p < .001. Again, the effect of SCC on mental health was significantly qualified by social class, β = .093 [.002, 194], p = .046. In support of our hypothesis, the association between SCC and mental health was stronger for (upper) middle-class participants (+1 SD), β = .512 [.323, .867], p < .001 than

for working-class participants (−1 SD), $\beta = .262$ [.000, .573], $p = .050$. We also found that the association between social class and mental health was negative and yet, it was only marginally significant and 95% CI included zero, $\beta = -.092$ [−.186, .002], $p = .055$. It is noteworthy that higher social-class was associated with worse mental health (albeit marginally) given that higher social class was associated with better life satisfaction (see above). We will consider this finding further in the discussion.

Physical Health—Finally, both SCC and social-class were not significantly associated with physical health. In addition, a SCC × social-class interaction was not significant (third column in Table 3). That is, it can be said that neither SCC nor social class was a critical factor in physical health of our participants. The association between SCC and physical health was not significant for both (upper) middle-class participants (+1 SD), $\beta = -.036$ [−.333, .256], $p = .792$ and working-class participants (−1 SD), $\beta = .020$ [−.265, .308], $p = .880$.

Taken together, we showed that SCC had positive effects on life satisfaction and mental health; those with clearer self-concept were more satisfied with their life and mentally healthier. Moreover, such positive effects were significantly qualified by social class for both life satisfaction and mental health. Specifically, the role that SCC plays in these indicators of well-being was greater among (upper) middle-class individuals than among working-class individuals. Lastly, SCC was not significantly associated with physical health in this sample.

Discussion

The present research showed that self-concept clarity (SCC) increased as a function of social class. Moreover, SCC played a greater role in the well-being for middle-class individuals than for working-class individuals. Specifically, although SCC was positively associated with life satisfaction and mental health, such positive association was significantly attenuated among working-class participants, compared to (upper) middle-class participants. The finding clearly shows that one's self-related processes are substantially influenced by socio-cultural contexts. In this sense, the present research is directly relevant to the cultural perspective on self-construal (Markus & Kitayama, 1991). Moreover, our theoretical approach is in line with emerging literatures emphasizing the role of social contexts in social-class differences such as social cognitive perspective (Kraus, Piff, Mendoza-Denton, Rheinschmidt, & Keltner, 2012) and ecological perspective (Frankenhuis & de Weerth, 2013).

The first contribution of the current findings was to show the association between SCC and social class. Numerous studies have demonstrated that social class can influence and shape psychological processes such as cognitive style and social orientation (Cohen, 2009; Kraus, Piff, & Keltner, 2011; Na et al., 2010). Most relevant to the current findings, Snibbe and Markus (2005) showed that self-concept varies as a function of social class such that college-educated participants (i.e., middle-class) adopted a model of agency valuing controlling environments whereas less-educated participants (i.e., working-class) adopted a different model of agency valuing adjusting selves (see also Townsend et al., 2014). The present work further develops this notion and demonstrates that clear and well-organized

self-views are more emphasized in the middle-class contexts than in the working-class contexts. Since those living in working-class contexts are often asked to adjust the self to the external world rather than to influence the external world to fit the self (Kusserow, 2004; Lareau, 2002), the development of a clear and stable self-concept is relatively precluded in working-class contexts. In addition, this suggests that working-class contexts facilitate the development of a different type of self-concept that is flexible and sensitive to external factors. In contrast, middle-class individuals often take occupational positions which allow them to maintain or even strengthen their independence (or self-direction) in work (Kohn & Schooler, 1973, 1983), which could help the development of SCC. This is largely consistent with an emerging literature suggesting that the view of the self as independent, stable, and unique is much more emphasized in middle-class contexts (Stephens, Markus, & Fryberg, 2012). Moreover, the social-class difference in the present research is in line with the fact that SCC is moderated by socio-cultural factors such as income and social role experiences (Lodi-Smith & Roberts, 2010).

Second, the present findings can speak to the role of SCC in well-being. First of all, our results reinforced that a clear sense of the self is associated with well-being. Self-concept clarity was positively associated with life satisfaction and mental health. In addition, the positive effect of SCC remained significant even after controlling for demographic variables such as age and gender. In particular, it is remarkable that SCC was associated with well-being more strongly than indicators of life style such as employment status. All in all, the results suggest that SCC plays a substantial role in one's well-being. The results are consistent with previous findings showing the positive effects of SCC (Campbell et al., 1996; Lee-Flynn et al., 2011; Usborne & Taylor, 2010). However, SCC was not significantly associated with physical health. This may have something to do with the fact that participants in the present research were highly screened for physical health. Alternatively, SCC may not be directly relevant to physical health. It may be an important topic for future research to investigate the differences between physical and psychological health in their relation with SCC.

More importantly, when the association between SCC and well-being was significant, the association was weaker among working-class participants than among middle-class participants. However, our data do not suggest that the clear sense of self is not important to the well-being of working-class individuals. Instead, clearer self-views were associated with more life satisfaction and better mental health, not only among middle-class participants but also among working-class participants. In other words, it can be concluded that SCC plays a critical role in one's well-being and yet, its role is more important in middle-class contexts than in working-class contexts.

In addition, it is noteworthy that social class showed positive and significant association with life satisfaction. In other words, our data suggest that (upper) middle-class individuals are more satisfied with their life than working-class individuals. The finding is largely in line with previous research report positive correlation between income and life satisfaction (Diener, 2000; Diener, Sandvik, Seidlitz, & Diener, 1993). More interestingly, Kahneman and Deaton (2010) found that high income/education led to the increase in life evaluation but not in emotional well-being. Consistent with their finding is that there was no significant

association between social-class and mental health in our data. Taken together, it can be said that life circumstances associated with middle/upper middle class (e.g., income or education) may improve overall evaluation of life and yet, they may not be directly relevant to affective adjustment or judgment.

Finally, one limitation of the present research is that we did not show what factor might be more important for one's well-being in working-class contexts than in middle-class contexts. None of the variables included in the present research demonstrated a statistically-significant interaction with social class that indicates a more important role among working-class participants. Given the relative scarcity of material resources in working-class contexts (for example Norton & Ariely, 2011), it may be that material resources (e.g., income), rather than psychological factors (e.g., self-concept clarity), are a more critical factor in one's well-being among working-class individuals than among middle-class individuals. We think that this speculation deserves a more systematic investigation in future. Also, we admit that our sample is restricted in a couple of aspects. First, the sample may not be representative since participants were recruited through advertisements. In particular, the majority of participants were European Americans (i.e., 302 out 375). Given that social-class differences can be moderated by cultural contexts (Na, McDonough, Chan, & Park, 2016), it would be informative to further investigate the relations between social-class, SCC, and well-being with more representative samples across cultures.

To conclude, the present research examined social-class differences in SCC and its role in one's well-being. It is noteworthy that our sample covers the whole range of adulthood, even including healthy oldest-old (80 or older) participants who were screened for both physical health and cognitive functioning. The present results showed not only that the self is construed in a different way depending on one's social-class, but also that such differences can have important implications for basic psychological experiences such as well-being. If nothing else, our findings confirm the age-old claim by Marx and Engels (Marx & Engels, 1970) that human experience in general is subjected to social-class influences. Moreover, our findings underscore one of the fundamental tenets of psychology, namely, that social contexts can shape basic psychological processes.

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Table 1

Binary correlations among key variables

	M (Std)	1	2	3	4	5	6	7	8	9	10	11	12
Social Class	0 (1)	1											
Self-concept Clarity	4.01 (0.72)	.142**	1										
Age	58.63 (17.23)	−.075	.220**	1									
Age^2	3733.73 (1915.68)	−.076	.186**	.987**	1								
Gender	1.60 (0.49)	−.106*	.071	−.008	−.013	1							
Education Years	15.92 (2.31)	.871**	.126*	−.157**	−.156**	−.098	1						
Occupation	46.91 (12.24)	.871**	.122*	.026	.023	−.087	.516**	1					
Live Alone	.36 (.48)	−.139**	−.082	.154**	.164**	.120*	−.113*	−.130*	1				
Employment Status	.33 (.47)	.103*	−.004	−.510**	−.520**	.007	.155**	.024	−.075	1			
Life Satisfaction	4.86 (1.27)	.229**	.413**	.176**	.195**	.151**	.155**	.244**	−.102*	−.020	1		
Physical Health	54.18 (6.09)	.017	.002	−.385**	−.405**	−.045	.112*	−.082	−.088	.276**	−.016	1	
Mental Health	54.96 (5.66)	−.049	.365**	.391**	.390**	−.005	−.134**	.049	.045	−.208**	.440**	−.278**	1

* $p < .05$,

** $p < .01$

*** $p < .001$

Table 2

Standardized coefficients in the Regression analysis with SCC as a dependent variable

	Model 1	Model 2
Social Class	.142**	.148***
Age		1.346***
Age^2		−1.056**
Gender		.094+
Live Alone		−.099*
Employment		.110+
R^2	.020**	.135***
R^2 Change	.020**	.115***

+ $p = .06$,

* $p < .05$,

** $p < .01$

*** $p \leq .001$

Table 3

Standardized coefficients in regression analyses with measures of well-being as dependent variables

	SLS	Mental Health	Physical Health
SCC	.385***	.338***	.063
Social Class	.163***	−.092+	−.031
SCC × Social Class	.103*	.093*	−.027
Age	−1.212***	−.204	.457
Age^2	1.389***	.505+	−.829**
Gender	.158***	−.038	−.060
Live Alone	−.106*	.006	−.006
Employment	.059	−.039	.081
R^2	.300***	.257***	.186***

+ $p < .10$,

* $p < .05$,

** $p < .01$,

*** $p < .001$