

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

Journal of Health Psychology
2018, Vol. 23(7) 951–960
© The Author(s) 2016
Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1359105316643597
journals.sagepub.com/home/hpq


Jinkyung Na¹, Micaela Y Chan²,
Jennifer Lodi-Smith³ and Denise C Park²

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 self-concept clarity than working-class individuals. It is further expected that self-concept clarity would be more important to one's well-being among middle-class individuals than among working-class individuals. Supporting these predictions, self-concept clarity was positively associated with higher social class. Moreover, although self-concept clarity was associated with higher life satisfaction and better mental health, the association significantly attenuated among working-class individuals. In addition, self-concept clarity was not associated with physical health and its association with physical health did not interact with social class.

Keywords

life satisfaction, mental health, physical health, self-concept clarity, social class

Social-class differences have long been studied by social scientists across diverse disciplines (e.g. Durkheim, 1933 [1893]). When operationalized by income, education, occupational prestige, or their combination, social class has been shown to have profound implications for social life (Adler and Snibbe, 2003; Fiske and 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 and Markus, 2005; Stephens et al., 2007). Building on these differences in the existing literature, we hypothesize that a clear and well-defined self-view, operationalized through self-concept clarity (SCC), 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 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 SCC interacts with social class to determine one's level of well-being.

¹Sogang University, Korea

²University of Texas at Dallas, USA

³Canisius College, USA

Corresponding author:

Jinkyung Na, Department of Psychology, Sogang University, 35 Baekbeom-ro, Mapo-gu, Seoul 04107, Korea.

Email: jinkyung@sogang.ac.kr

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 United States). 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 and 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 and 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 et al., 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 et al., 2001; Stephens et al., 2011; Townsend et al., 2014). Similarly, working-class parents emphasize obedience rather than self-direction (Kohn and Schooler, 1969). Lower socio-economic status is also associated

with more external locus of control and more powerlessness (Mirowsky and 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 lower SCC (Light and Visser, 2013).

Second, 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 and 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 et al., 1996). Similarly, a recent longitudinal study showed that SCC could buffer the negative effect of low self-esteem on depressive symptoms (Lee-Flynn et al., 2011). Thus, the current literature suggests that SCC is closely related to various indicators of well-being (see also Campbell et al., 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 years) 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

A total of 375 adults (225 females) in the Dallas-Fort Worth area participated in the study (302 European, 19 African, 8 Asian, 4 Hispanic, and 3 Native Americans and also, 9 multi-racial and 30 unreported participants). They were aged between 20 and 89 ($Age_{mean}=58.63$, $Age_{SD}=17.23$) years. In addition, 60.8 percent of them (228 participants) had a bachelor's degree, 35.7 percent (134 participants) lived alone, and 33.1 percent (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: body mass index (BMI) > 35, loss of consciousness greater than 10 minutes,

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 et al., 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, standard deviation (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 principal component analysis (PCA). The component scores from the PCA was used as an index of social class (% of variance explained = 75.79%).

SCC. SCC was measured with 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 et al., 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 Medical Outcomes Study (MOS) 36-item Short-Form Health Survey (SF-36) was administered (Ware and 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 and 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 summarizes 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 age² (see below for the nature of curvilinear relations), replicating recent studies examining the relationship between SCC and age (Light and Visser, 2013;

Lodi-Smith and Roberts, 2010). Thus, age² was used as a control variable in the main analyses reported below.

Social class and 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, $\beta = 0.142$ [0.042, 0.243], $p = .006$, and moreover, this positive association between social class and SCC remained significant even after controlling for demographic variables, $\beta = 0.148$ [0.051, 0.245], $p = .003$. We also noted 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, $\beta = 1.346$ [0.752, 1.940], $p < .001$, and negatively associated with age², $\beta = -1.056$ [-1.656, -0.457], $p = .001$. Thus, as in the previous finding (Lodi-Smith and 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, $\beta = -0.099$ [-0.198, -0.001], $p = .047$. No other association was significant (see Table 2).

Social class, 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, $\beta = 0.385$ [0.292,

Table 1. Binary correlations among key variables.

	M (SD)	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	0.36 (.48)	-.139**	-.082	.154**	.164**	.120*	-.113*	-.130*	1				
Employment status	0.33 (.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

SD: standard deviation.
* $p < .05$; ** $p < .01$.

Table 2. Standardized coefficients in the regression analysis with SCC as a dependent variable.

	Model 1	Model 2
Social class	0.142**	0.148***
Age		1.346***
Age ²		-1.056**
Gender		0.094 ⁺
Live alone		-0.099*
Employment		0.110 ⁺
R ²	.020**	.135***
R ² change	.020**	.115***

SCC: self-concept clarity.

* $p < .06$; ** $p < .05$; *** $p < .01$; **** $p \leq .001$.

0.478], $p < .001$ (first column in Table 3), and more importantly, the positive association between SCC and life satisfaction was qualified by social class, $\beta = 0.103$ [0.014, 0.201], $p = .024$. Consistent with our hypothesis, SCC was more strongly associated with life satisfaction for (upper) middle-class participants (1 SD above the mean social class, $N = 53$), $\beta = 0.556$ [0.351, 0.782], $p < .001$, than for working-class participants (1 SD below the mean social class, $N = 66$), $\beta = 0.342$ [0.077, 0.537], $p = .010$. 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 \rightarrow more life satisfaction), $\beta = 0.163$ [0.072, 0.254], $p < .001$

Mental health. Similar to the relation between SCC and life satisfaction, SCC was positively associated with mental health, $\beta = 0.338$ [0.242, 0.433], $p < .001$. Again, the effect of SCC on mental health was significantly qualified by social class, $\beta = 0.093$ [0.002, 0.194], $p = .046$. In support of our hypothesis, the association between SCC and mental health was stronger for (upper) middle-class participants (+1 SD), $\beta = 0.512$ [0.323, 0.867], $p < .001$, than for working-class participants (-1 SD), $\beta = 0.262$ [0.000, 0.573], $p = .050$. We also found that the

association between social class and mental health was negative and yet, it was only marginally significant and 95 percent confidence interval (CI) included 0, $\beta = -0.092$ [-0.186, 0.002], $p = .055$. 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 \times 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), $\beta = -0.036$ [-0.333, 0.256], $p = .792$, and working-class participants (-1 SD), $\beta = 0.020$ [-0.265, 0.308], $p = .880$.

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. Finally, SCC was not significantly associated with physical health in this sample.

Discussion

The present research showed that 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

Table 3. Standardized coefficients in regression analyses with measures of well-being as dependent variables.

	SLS	Mental health	Physical health
SCC	0.385***	0.338***	0.063
Social class	0.163***	-0.092 ⁺	-0.031
SCC × social class	0.103*	0.093*	-0.027
Age	-1.212***	-0.204	0.457
Age ²	1.389***	0.505 ⁺	-0.829**
Gender	0.158***	-0.038	-0.060
Live alone	-0.106*	0.006	-0.006
Employment	0.059	-0.039	0.081
R ²	.300***	.257***	.186***

SCC: Self-concept Clarity; SLS: Satisfaction with Life Scale. ⁺ $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$.

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 and 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 et al., 2012) and ecological perspective (Frankenhuis and 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 et al., 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 and 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 et al., 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 and 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. SCC 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; Osborne and 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 et al., 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 and Ariely, 2011), it may be that material resources (e.g. income), rather than psychological factors (e.g. SCC), 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 et al., 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 (1970 [1845]) 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.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by a grant from the National Institute of Health (NIH 5R37AG-006265-30) to Denise C. Park.

References

- Adler NE and Snibbe AC (2003) The role of psychosocial processes in explaining the gradient between socioeconomic status and health. *Current Directions in Psychological Science* 12(4): 119–123.
- Baumgardner AH (1990) To know oneself is to like oneself: Self-certainty and self-affect. *Journal of Personality and Social Psychology* 58(6): 1062–1072.
- Campbell JD, Assanand S and Paula AD (2003) The structure of the self-concept and its relation to psychological adjustment. *Journal of Personality* 71(1): 115–140.
- Campbell JD, Trapnell PD, Heine SJ, et al. (1996) Self-concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology* 70(1): 141–156.
- Cohen AB (2009) Many forms of culture. *American Psychologist* 64(3): 194–204.
- Diener E (2000) Subjective well-being: The science of happiness, and some policy implications. *American Psychologist* 55: 34–43.
- Diener E, Emmons RA, Larsen RJ, et al. (1985) The Satisfaction with Life Scale. *Journal of Personality Assessment* 49(1): 71–75.
- Diener E, Sandvik E, Seidlitz L, et al. (1993) The relationship between income and subjective well-being: Relative or absolute? *Social Indicators Research* 28(3): 195–223.
- Durkheim E (1933 [1893]) *The Division of Labor in Society*. New York: The Free Press.
- Fiske ST and Markus HR (2012) *Facing Social Class: How Societal Rank Influences Interaction*. New York: Russell Sage Foundation.
- Folstein MF, Folstein SE and McHugh PR (1975) Mini-mental state: A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research* 12(3): 189–198.
- Frankenhuis WE and de Weerth C (2013) Does early-life exposure to stress shape or impair cognition? *Current Directions in Psychological Science* 22(5): 407–412.
- Hauser RM and Warren JR (1997) Socioeconomic indexes for occupations: A review, update, and critique. *Sociological Methodology* 27: 177–298.
- Kahneman D and Deaton A (2010) High income improves evaluation of life but not emotional well-being. *Proceedings of the National Academy of Sciences of the United States of America* 107(38): 16489–16493.
- Kohn ML and Schooler C (1969) Class, occupation and orientation. *American Sociological Review* 34: 659–678.
- Kohn ML and Schooler C (1973) Occupational experience and psychological functioning: An assessment of reciprocal effects. *American Sociological Review* 38(1): 97–118.
- Kohn ML and Schooler C (1983) *Work and Personality: An Inquiry into the Impact of Social Stratification*. Norwood, NJ: Ablex.
- Kraus MW, Piff PK and Keltner D (2011) Social class as culture: The convergence of resources and rank in the social realm. *Current Directions in Psychological Science* 20(4): 246–250.
- Kraus MW, Piff PK, Mendoza-Denton R, et al. (2012) Social class, solipsism, and contextualism: How the rich are different from the poor. *Psychological Review* 119(3): 546–572.
- Kusserow A (2004) *American Individualisms: Child Rearing and Social Class in Three Neighborhoods (Culture, Mind, and Society)*. New York: Palgrave Macmillan.
- Lareau A (2002) Invisible inequality: Social class and childrearing in Black families and White families. *American Sociological Review* 67(5): 747–776.
- Lee-Flynn SC, Pomaki G, DeLongis A, et al. (2011) Daily cognitive appraisals, daily affect, and long-term depressive symptoms: The role of self-esteem and self-concept clarity in the stress

- process. *Personality and Social Psychology Bulletin* 37(2): 255–268.
- Light AE and Visser PS (2013) The ins and outs of the self: Contrasting role exits and role entries as predictors of self-concept clarity. *Self & Identity* 12(3): 291–306.
- Lodi-Smith J and Roberts BW (2010) Getting to know me: Social role experiences and age differences in self-concept clarity during adulthood. *Journal of Personality* 78(5): 1383–1410.
- Markus HR and Kitayama S (1991) Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review* 98: 224–253.
- Markus HR, Ryff CD, Conner AL, et al. (2001) Themes and variations in American understandings of responsibility. In: Rossi AS (ed.) *Caring and Doing for Others: Social Responsibility in the Domains of Family, Work, and Community*. Chicago, IL: University of Chicago, pp. 349–399.
- Marx K and Engels F (1970 [1845]) *The German Ideology* (3rd rev edn). Moscow: Progress Publishers.
- Mirowsky J and Ross CE (1986) Social patterns of distress. *Annual Review of Sociology* 12: 23–45.
- Na J, Grossmann I, Varnum MEW, et al. (2010) Cultural differences are not always reducible to individual differences. *Proceedings of the National Academy of Sciences of the United States of America* 107(14): 6192–6197.
- Na J, McDonough IM, Chan MY and Park DC (2016) Social-class differences in consumer choices: Working-class individuals are more sensitive to choices of others than middle-class individuals. *Personality and Social Psychology Bulletin* 42(4): 430–443.
- Norton MI and Ariely D (2011) Building a better America—One wealth quintile at a time. *Perspectives on Psychological Science* 6(1): 9–12.
- Smith M, Wethington E and Zhan G (1996) Self-concept clarity and preferred coping styles. *Journal of Personality* 64(2): 407–434.
- Snibbe AC and Markus HR (2005) You can't always get what you want: Educational attainment, agency, and choice. *Journal of Personality and Social Psychology* 88(4): 703–720.
- Stephens NM, Fryberg SA and Markus HR (2011) When choice does not equal freedom: A socio-cultural analysis of agency in working-class American contexts. *Social Psychological and Personality Science* 2(1): 33–41.
- Stephens NM, Markus HR and Fryberg SA (2012) Social class disparities in health and education: Reducing inequality by applying a sociocultural self model of behavior. *Psychological Review* 119: 723–744.
- Stephens NM, Markus HR and Townsend SSM (2007) Choice as an act of meaning: The case of social class. *Journal of Personality and Social Psychology* 93(5): 814–830.
- Suh EM (2002) Culture, identity consistency, and subjective well-being. *Journal of Personality and Social Psychology* 83(6): 1378–1391.
- Townsend SSM, Eliezer D, Major B, et al. (2014) Influencing the world versus adjusting to constraints: Social class moderates responses to discrimination. *Social Psychological and Personality Science* 5(2): 226–234.
- Usborne E and Taylor DM (2010) The role of cultural identity clarity for self-concept clarity, self-esteem, and subjective well-being. *Personality and Social Psychology Bulletin* 36(7): 883–897.
- Ware JE and Sherbourne CD (1992) The MOS 36-item short-form health survey (SF-36): I. Conceptual framework and item selection. *Medical Care* 30(6): 473–483.