

The Relational-Interdependent Self-Construal, Self-Concept Consistency, and Well-Being

Susan E. Cross, Jonathan S. Gore, and Michael L. Morris
Iowa State University

Examination of the assumptions underlying consistency perspectives in social and personality psychology reveals that they are based on an independent, individualistic view of the self. If the self is constructed as relational or interdependent with others, consistency may be less important in social behavior and well-being. Using a variety of measures of well-being, the studies showed that there is a weaker relation between consistency and well-being for individuals with a highly relational self-construal than for those with a low relational self-construal. Study 3 examined the association between the self-construal, consistency, authenticity, and well-being. These findings reveal the importance of a cultural analysis of theories of the self, personality, and well-being for further theory development.

In Western cultural contexts, consistency is a good thing. People who are perceived as behaving consistently across situations are evaluated positively (Suh, 2002), but the inconsistent person is described negatively, with terms such as “waffler” or “two-faced.” Consequently, Western theories of social behavior and personality assume the importance and value of consistency. Theories of attitude change (Aronson, 1969; Festinger, 1957), attribution (Kelley, 1967), and partner selection (Swann, Stein-Seroussi, & Giesler, 1992), to name just a few, assume the importance of consistency. Consistency pressures make people susceptible to many compliance techniques, such as the foot-in-the-door and low-balling approaches (Cialdini, 1993). Consistency plays different roles in these theories, but the need for consistency between two domains (e.g., between attitudes and behavior, or between one’s self-concept and behavior) is implicated at some point in each theory.

Consistency also plays a central role in personality theory. Trait perspectives are based on the premise that personality dispositions are relatively stable, consistent, and expressed across situations (see Mischel, 1998, for a discussion). In fact, consistency has at times been assumed to be the foremost expression of personality (Shoda, 1998). Early self psychologists, such as Lecky (1945) and Allport (1937), argued that consistency is necessary for maintaining the integrity of the self. Others have argued that consistency is an important indicator of successful adaptation and good mental health (Funder, 1995; Rogers, 1959). Recent research shows that

individuals who describe themselves relatively consistently in different roles or situations report higher levels of well-being than do individuals who have more inconsistent or fragmented self-concepts (Block, 1961; Donahue, Robins, Roberts, & John, 1993; Sheldon, Ryan, Rawsthorne, & Ilardi, 1997).

Why is the construct of consistency so important to Western theories of social behavior, personality, and well-being? This question is seldom asked. In fact, the importance of consistency is often assumed to be self-evident, and therefore needs no explanation. Festinger (1957) viewed consistency as a powerful basic drive, similar to other drives such as hunger or thirst. Lecky (1945) described the need for self-consistency as a fundamental human motive. Others refer to the aversive consequences of inconsistency as a justification for the importance of consistency. Zajonc (1960) described inconsistency as “a painful or at least psychologically uncomfortable state” (p. 282). Unfortunately, this begs the question of why inconsistency is painful or uncomfortable.

Others have offered pragmatic reasons for the importance of consistency motives. For example, the assumption of the consistency of personality attributes allows people to predict the behavior of others and facilitates smooth social interactions. If an individual is characterized as “honest,” he or she is assumed to be honest across situations, and other people predicate their interactions with this person on the belief that he or she will behave honestly in the future. According to self-verification theory, individuals select relationship partners whose perceptions of them are consistent with their own self-perceptions because this leads to smooth interpersonal interactions (Swann et al., 1992). Cialdini (1993) suggested that consistency serves as a convenient, time-saving heuristic for decision making. Once a person has taken a stand on an issue, the consistency rule provides a quick and efficient shortcut for decision making. Thus, consistency is the cognitive miser’s approach to decision making in the context of previous commitments.

If consistency is a fundamental human motive, and if it is essential for well-being and smooth interpersonal relationships, then it should be fairly pervasive across cultures. In the next section, we briefly review the cross-cultural research examining consistency-related behaviors.

Susan E. Cross, Jonathan S. Gore, and Michael L. Morris, Department of Psychology, Iowa State University.

Portions of this research were presented at the Self and Identity Pre-conference of the Society for Personality and Social Psychology Conference in Savannah, Georgia, February 2002. We thank Carolyn Cutrona and Dan Russell for helpful comments. Frindee Daly, Carrie Driscoll, Tangela Duncan, Marietta Dyer, Anne Koenig, Carolyn Myers, John Neal, Ike Nnadi, Carrie Rosentrater, Becky Schmidt, and Christine Schwab assisted in data collection.

Correspondence concerning this article should be addressed to Susan E. Cross, Department of Psychology, W112 Lagomarcino Hall, Iowa State University, Ames, Iowa 50011. E-mail: scross@iastate.edu

The Cross-Cultural Challenge to Consistency Theories

Considerable cross-cultural research shows that consistency is less valued and emphasized in collectivist cultures than in individualist cultures. Attempts to replicate Western studies of cognitive dissonance in East Asian societies have been largely unsuccessful. For example, Heine and Lehman (1997), using a free-choice paradigm, found that Japanese students showed much less dissonance reduction (through the rationalization of decisions) than did the North American participants. In another study, Japanese students reported greater discrepancies between their actual and ideal self-views than did European Canadians, but these discrepancies were less strongly related to depression for the Japanese than for the European Canadians (Heine & Lehman, 1999). In a study directly relevant to the research reported here, Suh (2002) asked Korean and North American college students to describe themselves in several relationships (e.g., with a friend, a stranger, and a family member). Suh found that the Korean students' self-descriptions across their relationships were less consistent than the North American students' self-descriptions. Moreover, this index of consistency was less strongly related to well-being for the Korean students than for the North American students.

In short, research in collectivist, particularly East Asian, cultural contexts, reveals that consistency is not the fundamental motivator of behavior or the indicator of good mental health that it is assumed to be in Western cultural contexts. What accounts for this difference? Recent investigations into cultural differences in the definition of the person and the self in Western and East Asian societies provide insight into this issue. In the following section, we explore these recent developments in cultural psychology.

Cultural Models of the Self

The Independent Self-Construal

Theories of personality and social psychology in the West have been based on an individualistic definition of the person (see Cross & Markus, 1999; Markus & Kitayama, 1991). In this definition of the person, the individual is viewed as autonomous, unique, abstracted from the social environment, and independent of others. The individual is fundamentally, morally, and legally prior to society, and the autonomous and self-sufficient individual enters into and leaves social relations and roles freely (Lukes, 1973). What importantly defines a person are internal and private attributes, abilities, beliefs, and characteristics that make one unique, special, and different from others.

This culturally endorsed model of the person shapes individuals' self-views, resulting in the development of an *independent self-construal* (Markus & Kitayama, 1991). In this view, there is one "true" nature to a person or "real" self. Consistent expression of stable traits, abilities, attitudes, and other personal characteristics forms the foundation for defining and validating the real self. People who are confident that they know their real self can behave autonomously and resist the influence of others. Inconsistency poses a threat to the core, stable, authentic self, and can lead to self-concept confusion, lack of clarity, or a sense of having a "divided self" (Campbell, 1990; Donahue et al., 1993). As a result, individual consistency is indicative of maturity, self-integrity, and unity, and therefore associated with positive dimensions of well-being (Allport, 1937; Lecky, 1945; Shoda, 1998). Several studies

have found positive associations between measures of self-perceived inconsistency across social roles and indices of distress and poor well-being (Donahue et al., 1993; Sheldon, et al., 1997).

The Interdependent Self-Construal

The individualistic, independent model of the self fails to describe the self-views of all people. Cross-cultural research reveals that members of many collectivist cultures view the person as embedded in a social network, defined by their social roles and social position, and fully human only in the context of personal relationships (Markus & Kitayama, 1991; Triandis, 1989). Given this model of the person, members of East Asian collectivist cultures tend to construct an *interdependent self-construal* (as termed by Markus & Kitayama, 1991), in which important relationships, group memberships, and social roles define the self. Individual characteristics, beliefs, and attitudes are relatively less important in self-definition. In fact, aspects of the private or internal self are commonly referred to in many East Asian societies as the "small self," which should be subordinated to the "greater self" of commitment to family, in-groups, and society (Wu, 1994).

In this cultural model of the self, maintaining self-integrity is not a matter of being consistent across situations, but rather a matter of fitting into the norms, rules, and expectations of particular roles and situations. Consistency is not assumed to be a fundamental human need, nor is inconsistency uncomfortable or tension inducing. In fact, inconsistency across situations is expected, because the norms and rules associated with different situations are likely to vary. The ability to modulate one's behavior across situations smoothly is the sign of a mature person (Kitayama & Markus, 1998). In the research by Suh (2002), North American participants with high levels of self-concept consistency across relationships were evaluated as socially skilled and likeable by others who knew them, but there were no associations between consistency and these informant ratings for the Korean participants.

Culture, Consistency, and Well-Being

Just as long-standing Western assumptions about the structure of the self have given way to understanding of variation in the nature of the self, self psychologists and cultural psychologists have also begun to examine the prevailing assumptions of the sources of well-being. Kitayama and Markus (2000) argued that the concepts of "being" and "wellness" are culturally construed, and that in some collectivist cultures, such as in East Asian societies, well-being derives from maintaining harmony in relationships and from self-critical, rather than self-enhancing, evaluations (see also Heine, Lehman, Markus, & Kitayama, 1999). They suggested that consistency is not as important in East Asian cultures as it is in Western cultures. Evidence for this claim comes from research by Suh (2002), who examined the association between self-perceived consistency across several types of relationships and well-being among Korean and United States students. His study revealed that consistency was not as strongly related to well-being for South Koreans as for North Americans. Others have begun to examine within-culture variation in aspects of well-being among North Americans. Crocker and Wolfe (2001) have elaborated several different sources or contingencies of self-esteem, such as the approval of others, school competence, and appearance. Their research shows that positive and negative events in-

fluence individuals' self-esteem differently, depending on the importance of related contingencies. For example, students for whom academic competence was an important source of self-esteem were more likely to experience wide variations in state self-esteem when they received notice of acceptance or rejection from graduate school than were students who did not base their self-esteem on academic competence.

Just as individuals may derive self-esteem from a variety of sources, so also they may derive a sense of well-being from varied sources. Consistency promotes a sense of self-integrity and well-being in the context of a self-construal that emphasizes internal attributes, individual psychological characteristics, private beliefs, and attitudes. Given this model of the self, maintaining a consistent self-view across situations and relationships helps achieve the goal of perceiving oneself as independent of pressures to conform to situational norms, as freely choosing one's actions, and as directed by one's real beliefs, values, and desires. If an individual's self-construal diverges from the independent model, then consistency may be less important in directing behavior and in promoting well-being, as research in East Asian cultures indicates. In the remainder of this article we examine a third model of the self, the relational-interdependent self-construal, and the implications of this self-structure for the relations between self-concept consistency and well-being.

The Relational-Interdependent Self-Construal

One value of research that looks beyond Western cultural boundaries is that it provides new concepts, theories, and methods for understanding psychological phenomena in Western cultural contexts. Western researchers are beginning to look for ways that members of their societies construct self-construals that diverge from the independent, individualistic cultural model. For example, Crocker and her colleagues (Crocker, Luhtanen, Blaine, & Broadnax, 1994) have examined the group-oriented sources of self-esteem for members of U.S. ethnic groups with origins in collectivist cultures. Cross and Madson (1997) argued that gender differences in behavior observed in the West may be explained in terms of differences in the self. They suggested that because women in Western cultural contexts are socialized to attend to relationships and to consider the needs and wishes of close others, they are more likely than men to develop a self-construal that is defined at least in part by relationships with others (termed the "relational-interdependent self-construal" by Cross, Bacon, & Morris, 2000; for brevity's sake, we shorten this to the *relational self-construal*). In this self-construal, close relationships are included in the self-space; when representations of the self are activated, representations of close others will be activated also. For persons with a highly relational self-construal, close relationships are essential for self-expression, self-enhancement, and self-verification. Therefore, these individuals will be motivated to develop, maintain, and enhance close, harmonious relationships (see Cross et al., 2000; Cross, Morris, & Gore, 2002, for more information).

This self-construal contrasts with the group-oriented interdependent self-construal of members of East Asian cultures, in which roles and group memberships are importantly self-defining. Many have argued that group memberships and collectives are not as important, stable, or long-lasting in contemporary U.S. society as they are in East Asian cultures; instead, dyadic relationships (such

as with a romantic partner or close friend) tend to be the focus of interdependence (Triandis, 1989). The relational self-construal may therefore be thought of as a Western version of the interdependent self-construal, or as intermediate between the individualistic orientation of the independent self-construal and the group-oriented interdependent self-construal. Cross et al. (2000) developed the Relational-Interdependent Self-Construal (RISC) Scale to directly assess the degree to which individuals define themselves in terms of close relationships.

The relational model of the self suggests new perspectives on self-related concepts and processes. Recent research shows that individuals with a highly relational self-construal are more likely than others to have well-organized cognitive networks for relationship information, and to encode and organize information about others in terms of their close relationships (Cross et al., 2002). Individuals with a highly relational self-construal tend to pay close attention to the self-disclosures of their relationship partners, resulting in relatively accurate descriptions of a roommate's values, beliefs, and commitment to the relationship (Cross & Morris, 2003). These persons are more likely to perceive themselves as similar to a close friend than are low relationals (Cross et al., 2002).

Self-related motivational processes are also associated with variation in the relational self-construal. For individuals with a highly relational self-construal, self-enhancement requires enhancing not simply individual wishes, needs, or attributes, but also enhancing self-defining relationships. Self-integrity or a sense of a coherent self is not so much a process of affirming a core, stable set of attributes that define the "real" self, but rather a process of affirming the self in relationships by developing and maintaining close, harmonious relationships. If consistency is somewhat less important for defining and maintaining a coherent sense of self, then it also may be less predictive of well-being for individuals with a highly relational self-construal than for others.

Thus, we hypothesize that the association between self-perceived consistency across situations and well-being is moderated by the degree to which individuals have constructed a relational self-construal. In many ways, this research is very similar to that of Suh (2002), who found cultural differences in the association between consistency and well-being. Although Suh hypothesized that differences in the self-construals of the participants accounted for this relation, variation in the self-construal was inferred from the cultural backgrounds of the participants, not directly measured. Thus, the basic premise of our studies and Suh's studies are very similar, but other aspects of the research are quite different. The studies described here examine within-culture variability in the relational self-construal within a sample of North Americans only. Individual differences in the relational self-construal are measured directly, which allows us to examine variability in the self-structure of North Americans.

What about the relation between the relational self-construal and self-perceived consistency? One might expect persons with a highly relational self-construal to adapt their behavior in different relationships and so describe themselves as relatively low in consistency across relationships. Indeed, in the research by Suh (2002), the South Koreans (who presumably were more interdependent than the North Americans) described themselves less consistently than the North American participants. North American women tend to develop more highly relational self-construals than do North American men (Cross et al., 2000), so one might

expect women to describe themselves less consistently across relationships than men. Evidence to support this expectation is contradictory. In Suh's (2002) Study 1, North American women described themselves more consistently across relationships than did North American men, but this was reversed in Study 2 (but the actual means were not reported). Sheldon et al. (1997), also found greater self-perceived consistency across roles among women than men, but Donahue et al. (1993, Study 1) found no gender difference in self-perceived consistency across social roles. Thus, we have made no predictions concerning gender differences in self-reported consistency across relationships or in the association between the relational self-construal and consistency. Instead, these studies focus on the moderating role of the relational self-construal in the association between self-perceived consistency and well-being.

We anticipated a stronger relation between consistency and well-being for individuals with a low relational self-construal than for individuals with a highly relational self-construal. We based our research on the findings and methods first developed by Block (1961) and more recently used by Donahue et al. (1993) and Sheldon et al. (1997). They found that individuals who described themselves consistently across a variety of situations also reported higher levels of well-being than did others. Our studies focus on self-descriptions in relationships rather than roles or situations, but we nonetheless expected this form of self-concept consistency to be positively associated with well-being.

Study 1

Method

Participants

Participants were 209 undergraduates from a Midwestern university enrolled in introductory psychology courses. From this sample, all nonnative English speakers and non-U.S. citizens were dropped ($n = 23$, 8 men, 10 women, and 5 unstated gender). This resulted in an analyzed sample of 186 participants (41 men, 143 women, and 2 unstated). The participants received extra class credit in exchange for their voluntary participation.

Materials

Several measures were included in all three studies; therefore, they are described in detail for Study 1 only. In each study, the mean of the items for each scale was obtained so that high scores reflect high levels of the construct.

Relational-interdependent self-construal. In each of the three studies reported here, the RISC Scale (Cross et al., 2000; Cronbach's $\alpha = .84-.88$ in these samples) was used to measure a person's tendency to include close relationships in one's self-definition. Participants rated the items using a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). The scale has been found to correlate moderately with Clark, Ouellette, Powell, and Milberg's (1987) Communal Orientation Scale ($r = .41$) and with Davis's (1980) Empathic Concern Scale ($r = .34$). An item example is "My close relationships are an important reflection of who I am."

Global self-esteem. The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965; Cronbach's $\alpha = .86-.88$) was used to measure global self-esteem. In Studies 1 and 3, participants rated the items using a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*); a 5-point scale was used in Study 2 (1 = *strongly disagree*, 5 = *strongly agree*). This scale is well known for its high reliability and validity for measuring global self-esteem. An example of an item is "I feel that I am a person of worth, at least on an equal plane with others."

Life satisfaction. The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985; Cronbach's $\alpha = .85-.87$) was used to measure a general feeling of satisfaction. In Studies 1 and 3, participants rated the items using a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*); a 5-point scale was used in Study 2 (1 = *strongly disagree*, 5 = *strongly agree*). The scale has been used extensively and has good psychometric properties. An item example is "The conditions of my life are excellent."

Depression. The Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977; Cronbach's $\alpha = .90-.92$) was used to measure depression. The CES-D correlates strongly with the number of negative life events and other measures of depression, such as the Beck Depression Inventory (Beck, 1967). Respondents were asked to indicate how often they had felt certain ways in the past 2 weeks. In Study 1, participants rated the items using a 7-point scale (1 = *never*, 7 = *very often*); a 5-point scale was used in Studies 2 and 3 (1 = *never*, 5 = *very often*). Examples of items include "I feel depressed" and "I had crying spells."

Perceived stress. The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983; Cronbach's $\alpha = .84-.88$) measures individuals' sense of personal control over daily life stressors. The scale correlates strongly with depression and physical symptomatology ($r_s = .70$ and $.65$, respectively). Participants were again asked to indicate how often they felt a certain way during the past 2 weeks by finishing the sentence "In the past 2 weeks, how often have you . . ." with each item. In Study 1, participants rated the items using a 7-point scale (1 = *never*, 7 = *very often*); a 5-point scale was used in Studies 2 and 3 (1 = *never*, 5 = *very often*). An item example is ". . . been upset because of something that happened recently."

Positive and negative affect. The Positive And Negative Affect Schedule (Watson, Clark, & Tellegen, 1988; Cronbach's $\alpha = .84$ for positive affect, $\alpha = .87$ for negative affect) was used in Study 1 only to measure participants' tendencies toward positive (e.g., "attentive") or negative feelings (e.g., "ashamed"). Participants were asked to indicate the extent to which they had experienced feelings during the past 2 weeks. Participants rated the items using a 5-point scale (1 = *never*, 5 = *very often*).

Self-consistency. First, participants listed five significant people in their lives with whom they interacted frequently. Next, they rated the degree to which a list of 32 words described them within each relationship using a 5-point scale (1 = *does not describe me at all in this relationship*, 5 = *describes me extremely well in this relationship*). These terms were largely drawn from prototypes of the five-factor model of personality (John, 1990). Some examples of the words used were *caring*, *selfish*, and *sincere*. Participants were also asked to indicate how much the words described themselves in general. The words were in different orders for each relationship and for the self-in-general, and the self-in-general description sheet was placed either first, last, or in the middle of the relationship descriptions. The order of the forms did not interact with any of the findings below ($p > .1$).

Procedure

Upon arrival to the designated classroom at each session, participants were seated and asked to provide informed consent. They were then asked to complete a questionnaire, which included the measures of relational self-construal and well-being. Participants were then asked to complete the self-consistency measure, which was described as a "relationships task." Upon completion, participants were debriefed and dismissed.

Gender Differences

Independent sample t tests showed that women scored higher than men on the RISC Scale ($M_{\text{women}} = 5.60$ [$SD = 0.73$] vs. $M_{\text{men}} = 5.27$ [$SD = 0.75$]), $t(176) = 2.40$, $p < .01$, and on consistency ($M_{\text{women}} = 78.90$ [$SD = 11.32$] vs. $M_{\text{men}} = 73.26$ [$SD = 10.96$]), $t(176) = 2.80$, $p < .01$. Men and women did not differ significantly on any of the well-being indices, and

participant gender did not interact with any of the findings below ($p > .1$) and therefore will not be discussed further.

Results and Discussion

To compute the participants' consistency scores, we used the technique used by Donahue et al. (1993) and developed by Block (1961).¹ First, the participants' data were transposed so that each descriptor (e.g., *caring*) was treated as a case. The participants' ratings for each relationship, as well as themselves in general, were treated as variables. Next, for each participant individually, consistency scores were obtained by conducting a factor analysis of the relationship descriptions. The percentage of variance explained by the first principal component is used as the consistency score. An index of positive well-being was created by adding the standardized scores of the life satisfaction, self-esteem, and positive affect scales. A negative well-being index was created by adding the standardized scores of the depression, stress, and negative affect scales. The total well-being index was created by taking the difference between positive and negative well-being (composite reliability coefficient = .78; Nunnally, 1978).

As shown in previous studies, self-consistency was related to psychological well-being ($r = .24, p < .01$). Participants' RISC Scale scores, however, were not related to their self-consistency scores ($r = .10, ns$) or to well-being ($r = -.01, ns$).

To test the hypothesis that RISC Scale scores moderate the relation between self-consistency and well-being, we conducted hierarchical regression with the composite well-being score as the dependent variable, and the centered RISC Scale and centered consistency scores and their interaction term as the independent variables.² The results revealed a significant main effect of consistency, which was qualified by a significant interaction (see Table 1 and Figure 1). Simple slopes analysis showed that the relation between consistency and well-being was strongest at low levels of the RISC Scale (one standard deviation below the mean; $\beta_{\text{consistency}} = .40, p < .01$). There was no relation at high levels of the RISC Scale (one standard deviation above the mean; $\beta_{\text{consistency}} = .08, ns$).

These results support the hypothesis that the strength of the association between self-concept consistency and well-being depends on the degree to which individuals have constructed a relational self-construal. As expected, this association was stronger

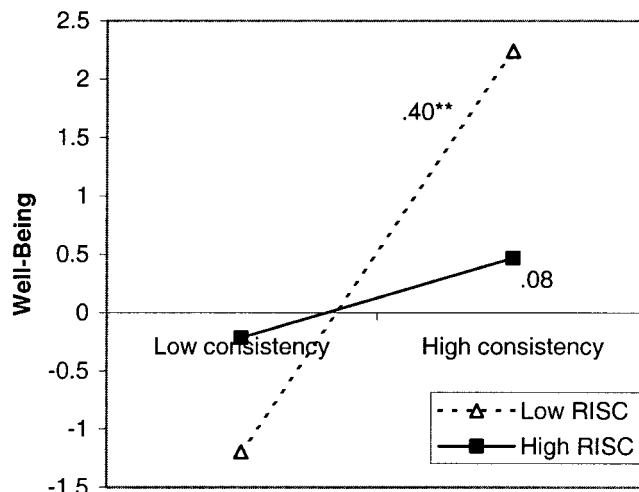


Figure 1. Interaction of the Relational-Interdependent Self-Construal (RISC) Scale and self-consistency predicting psychological well-being, Study 1. $**p < .01$.

for low relationals than for high relationals. There was no bivariate association between the RISC Scale and the consistency measure, indicating that high relationals were no more likely than lows to describe themselves as inconsistent across relationships. Thus, these results indicate that the self-construal is not directly associated with self-consistency but that the importance of self-consistency for well-being depends on the self-construal.

This study defined consistency in terms of individuals' perceptions of their characteristics or traits within each relationship. In Study 2, we sought to replicate these findings using participants' descriptions of how they *feel* in each relationship rather than descriptions of their characteristics. In Study 2 we also added a relationally oriented assessment of well-being to complement the individual-focused measures (i.e., self-esteem, life satisfaction, stress) used in Study 1. We expected to find the same moderating effect of the relational self-construal when affect-based consistency was substituted for trait-based consistency, and when relational well-being was substituted for psychological, or personal, well-being.

Study 2

Method

Participants and Procedure

Participants were 170 undergraduate students (52 men and 118 women) from a Midwestern university enrolled in introductory psychology courses,

¹ Donahue et al. (1993) focused on self-concept differentiation (i.e., inconsistency), whereas we are interested in self-consistency. As a result, we obtained the consistency score by using the percentage of variance accounted for by the first principal component, whereas Donahue et al. subtracted this value from 1.00.

² To reduce the effects of outliers in these analyses, we excluded the data from individuals who scored more than two-and-a-half standard deviations away from the mean of the three variables. This resulted in an analyzed sample of 179 participants (39 men, 138 women, and 2 unstated).

Table 1

Hierarchical Regression Analysis for RISC Scale and Self-Consistency Predicting Psychological Well-Being, Study 1

Variable	B	β
Step 1		
RISC Scale	-.30 (.44)	-.05
Self-consistency	.10 (.03)	.25**
Step 2		
RISC Scale	-.21 (.43)	-.03
Self-consistency	.09 (.03)	.24**
RISC \times Self-Consistency	-.08 (.04)	-.16*

Note. Standard errors are shown in parentheses. $R^2 = .06$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($ps < .05$). RISC = Relational-Interdependent Self-Construal.

* $p < .05$. ** $p < .01$.

who volunteered in exchange for extra credit. From this sample, all nonnative English speakers and non-U.S. citizens were dropped ($n = 15$, 6 men and 9 women). The procedure for this study was identical to that of Study 1, with the addition of the authenticity and relationship quality measures to the "relationships task" (the consistency measure).

Materials

The packet of materials the participants completed included the RISC Scale, the RSES, the SWLS, the CES-D, and the PSS (described in Study 1). Additional measures are described below.

Psychological well-being. The psychological well-being index was created by taking the difference between the standardized positive (self-esteem and life satisfaction) and negative well-being (stress and depression) measures (composite reliability coefficient = .86).

Relational well-being. Two measures were combined to create an index for relational well-being. Carol Ryff's (1989) Positive Relations With Others subscale (Cronbach's $\alpha = .88$) assesses well-being based on satisfying interpersonal relationships. Participants rated the items using a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). An example item is "I feel like I get a lot out of my friendships." The Collective Self-Esteem Scale (Luhtanen & Crocker, 1992; Cronbach's $\alpha = .83$) measures the extent to which individuals base their self-esteem on their involvement and satisfaction with their in-groups. We modified the Private (four items) and Membership (four items) subscales so that the items focused on close relationships. Participants rated the items using a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). An example of an item in its original form is "I feel good about the social groups I belong to." The modified version of this item is "I feel good about the close relationships I have." The relational well-being index was created by obtaining the sum of the standardized positive relations with others and the modified collective self-esteem measures (composite reliability coefficient = .83).

Self-consistency. First, participants listed five significant people in their lives with whom they interacted frequently. Next, they rated the degree to which a list of 40 affect words described how they felt within each relationship using a 5-point scale (1 = *I never feel this way in this relationship*, 5 = *I always feel this way in this relationship*). Some examples of the words used were *nervous*, *cheerful*, and *active*. Participants were also asked to indicate how much the words described themselves in general. The words were in different orders for each relationship and for the self-in-general, and the self-in-general description sheet was placed either first, last, or in the middle of the relationship descriptions.³ We computed participants' consistency scores using the technique described in Study 1.

Gender Differences

Independent samples t tests showed that women scored higher than men on the RISC Scale ($M_{\text{women}} = 5.42$ [$SD = 0.79$], $M_{\text{men}} = 5.11$ [$SD = 0.75$]), $t(146) = 2.12$, $p < .05$, the consistency measure ($M_{\text{women}} = 84.95$ [$SD = 10.39$], $M_{\text{men}} = 80.14$ [$SD = 10.54$]), $t(146) = 2.58$, $p < .05$, and relational well-being ($M_{\text{women}} = 0.28$ [$SD = 1.71$], $M_{\text{men}} = -0.75$ [$SD = 1.98$]), $t(146) = 3.24$, $p < .01$. Men and women did not differ significantly on the psychological well-being measure. Participants' gender did not interact with any of the findings below ($p > .1$) and therefore will not be discussed further.

Results and Discussion

As in Study 1, there were no bivariate relations between scores on the RISC Scale and the psychological well-being or consistency measures. The RISC Scale, however, correlated positively with the relational well-being index (see Table 2).

To replicate the results from Study 1, we conducted hierarchical regression, with the composite psychological well-being score as

Table 2
Correlations Among RISC Scale Scores, Self-Consistency, Psychological Well-Being, and Relational Well-Being, Study 2

Variable	1	2	3	4
1. RISC Scale	—	.04	.04	.40**
2. Self-consistency		—	.45**	.30**
3. Psychological well-being			—	.58**
4. Relational well-being				—
<i>M</i>	5.33	83.49	0.02	-0.03
<i>SD</i>	0.79	10.63	0.99	1.85

Note. $N = 148$. RISC = Relational-Interdependent Self-Conceptualization.
** $p < .01$.

the dependent variable, and the centered RISC Scale and consistency scores and their interaction term as the independent variables.⁴ The results revealed a significant main effect of consistency, which was qualified by a significant interaction (see Table 3 and Figure 2). Simple slopes analysis showed that the relation between consistency and well-being was strongest at low levels of the RISC Scale (one standard deviation below the mean; $\beta_{\text{consistency}} = .57$, $p < .01$). The relation was weaker at high levels of the RISC Scale (one standard deviation above the mean; $\beta_{\text{consistency}} = .33$, $p < .01$).

We also tested the moderation hypothesis using relational well-being as the dependent variable. The results of the hierarchical regression revealed a significant main effect of RISC Scale score and consistency, which was qualified by a significant interaction (see Table 3 and Figure 3). Simple slopes analysis showed that the relation between consistency and relational well-being was strongest at low levels of the RISC Scale ($\beta_{\text{consistency}} = .45$, $p < .01$). There was no relation at high levels of the RISC Scale ($\beta_{\text{consistency}} = .12$, ns).

As in Study 1, these findings reveal that self-consistency is less strongly related to well-being for people with highly relational self-construals than for people with low relational self-construals. These results expand the findings of Study 1 to include well-being based on positive relationships with others in addition to well-being based on more private, psychological measures, such as low stress and high self-esteem. Individuals who score high on the RISC Scale are no less consistent than the low scorers, but self-concept consistency is less strongly related to private or relational feelings of well-being for the high relationals than for lows.

What factors other than consistency might influence well-being for individuals with a highly relational self-construal? In Study 3, we draw on an alternative conception of self-integrity and examine its association with well-being.

Study 3

Consistency is only one way that psychologists have represented self-integrity and unity. Humanistic and phenomenologically ori-

³ Because of a clerical error, order classification was not noted in the data and possible effects of order were therefore not analyzed.

⁴ To reduce the effects of outliers in these analyses, we excluded the data from individuals who scored more than three standard deviations away from the mean on the consistency measure ($n = 4$, 1 man and 3 women) and three outliers on age (all women born before 1971). This resulted in an analyzed sample of 148 participants (45 men and 103 women).

Table 3
Hierarchical Regression Analysis for RISC Scale and Self-Consistency Predicting Psychological Well-Being and Relational Well-Being, Study 2

Variable	Psychological well-being			Relational well-being		
	<i>B</i>	β	ΔR^2	<i>B</i>	β	ΔR^2
Step 1			.21**			.24**
RISC Scale	.07 (.31)	.02		.91 (.17)	.39**	
Self-consistency	.14 (.02)	.45**		.09 (.003)	.19*	
Step 2			.02*			.04**
RISC Scale	-.02 (.31)	.00		.85 (.17)	.36**	
Self-consistency	.14 (.02)	.45**		.05 (.01)	.28**	
RISC \times Self-Consistency	-.05 (.02)	-.14*		-.04 (.01)	-.20**	

Note. $N = 148$. Standard errors are shown in parentheses. RISC = Relational-Interdependent Self-Construal.
 * $p \leq .05$. ** $p < .01$.

ented psychologists have also focused on the need to be “authentic” or to be one’s “real” or “true” self (May, 1983; Rogers, 1959). In other research, authenticity has been defined as perceiving one’s behavior as self-initiated or self-determined (Sheldon et al., 1997). As Sheldon et al. (1997) put it, “People feel most authentic when they act with a full sense of choice and self-expression” (p. 1381). Authenticity and self-perceived consistency are not identical; a person may perceive his or her behavior as authentic or self-directed across situations, but describe the self in those situations somewhat differently. Sheldon et al. (1997) used statements such as “I have freely chosen this way of being” to assess authenticity within roles. They found a fairly strong correlation between participants’ perceptions of their consistency across roles and their authenticity within important roles (e.g., student, friend, romantic partner; $r = \sim .60$), and both measures predicted well-being in multiple regression analyses.

What does it mean to behave authentically in relationships given variation in the self-construal? If the self is defined as a single bounded set of relatively stable traits, attitudes, abilities, wishes, desires, and so forth that are ideally stable across situations, then to be one’s authentic self is to perceive that one has chosen to express these (or a subset of these) core characteristics in one’s

relationships. To the extent that relationships require deviation from this set of central, defining attributes, they limit authenticity. For persons with a low relational self-construal, perceptions that one behaves authentically in a variety of relationships should therefore be strongly associated with self-concept consistency in those situations.

What does it mean to be authentic in relationships for the person with a highly relational self-construal? Because the self is defined in terms of close relationships, high relationals may be more likely than lows to report that they are able to behave authentically (e.g., with perceived choice and self-direction) in close relationships. Thus, we expected to find a positive correlation between the RISC Scale and evaluations of authenticity in relationships. When others are included in the self, however, authentic behavior may not be defined by the expression of a stable, core set of self-attributes. Instead, because relationship partners differ from one another, a person may feel that she has freely chosen a way of being in one relationship that differs from how she is in other relationships. Consequently, for highly relational individuals, being authentic (e.g., perceiving one’s behavior as freely chosen) in relationships may not be as strongly related to being consistent across relationships as for low relationals. Thus, we expected that the RISC Scale

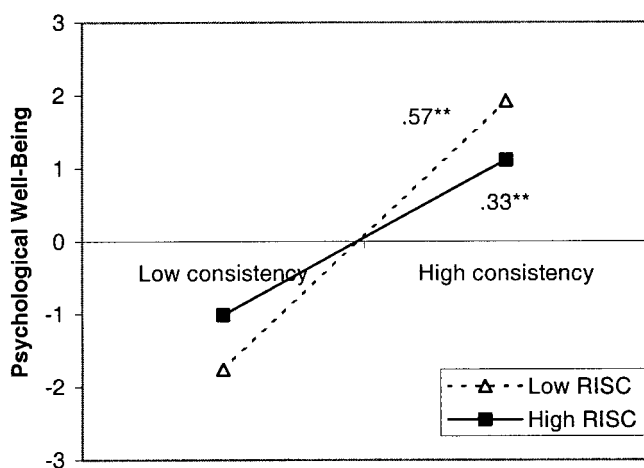


Figure 2. Interaction of the Relational-Interdependent Self-Construal (RISC) Scale and self-consistency predicting psychological well-being, Study 2. ** $p < .01$.

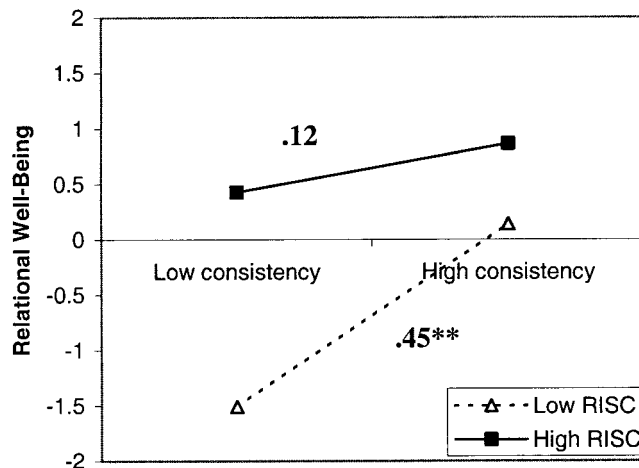


Figure 3. Interaction of the Relational-Interdependent Self-Construal (RISC) Scale and self-consistency predicting relational well-being, Study 2. ** $p < .01$.

Table 4
Correlations Among RISC Scale Scores, Self-Consistency, Relational Authenticity, Psychological Well-Being, and Physical Symptoms, Study 3

Variable	1	2	3	4	5
1. RISC Scale	—	.14*	.28**	.01	-.10
2. Self-consistency		—	.59**	.49**	-.25**
3. Authenticity			—	.31**	-.11*
4. Psychological well-being				—	-.25**
5. Physical symptoms					—
<i>M</i>	5.49	74.93	6.09	0.03	1.61
<i>SD</i>	0.70	13.39	0.57	1.80	0.46

Note. $N = 320$. RISC = Relational-Interdependent Self-Construal.

* $p < .05$. ** $p < .01$.

scores would moderate the association between consistency and authenticity, such that consistency would be less strongly related to authenticity for high relationals than for lows. We also expected to replicate the findings of Studies 1 and 2, in which the self-construal scale moderated the association between consistency and psychological well-being. To extend these findings, we added a measure of well-being that focuses on physical symptoms.

Method

Participants and Procedure

Participants were 362 undergraduate students enrolled in introductory psychology courses who volunteered in exchange for extra credit. Again, all nonnative speakers of English and non-U.S. citizens were dropped from the analyses ($n = 29$; 10 men and 19 women). The procedure for this study was identical to that of Studies 1 and 2.

Materials

As in Studies 1 and 2, the packet of measures that the participants completed included the RISC Scale, the RSES, the SWLS, the CES-D, and the PSS. Additional materials are described below.

Psychological well-being. The total well-being index was created by taking the difference between the standardized positive and negative well-being measures (composite reliability coefficient = .88).

Physical symptoms. An inventory of physical symptoms (Reifman, Biernat, & Lang, 1991; Cronbach's $\alpha = .75$) was used to measure physical health. Participants used a 6-point scale (1 = *never*, 5 = *11 or more days*, 6 = *not applicable*) to rate the frequency during the past 2 weeks they had experienced physical symptoms, such as "cold or flu," "chest pains," and "nausea."

Self-consistency. As in the earlier studies, participants rated themselves in general and in their five most significant relationships. Participants responded using a 5-point scale and the same trait-like words used in Study 1. As in the previous studies, the order of the trait terms was varied for each description, and the general description sheet was placed as either first, last, or in the middle of the relationship descriptions. Order did not interact with the findings below ($p > .1$). We computed participants' consistency scores using the technique described in Study 1.

Authenticity. A modified version of Sheldon et al.'s (1997) five-item Authenticity Scale was used to measure the degree to which individuals feel they can be themselves in each relationship described in the self-consistency measure. Participants rated the items using a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). Examples of the revised items are "I experience this relationship as an authentic part of who I am," and "I have freely chosen this way of being in this relationship." Two additional items were included in this measure. These items were "In general, I feel

good about myself in this relationship" and "I can be my real self in this relationship" (α for the seven-item measure = .86).

Gender Differences

Independent sample t tests showed that women scored higher than men on the RISC Scale ($M_{\text{women}} = 5.55$ [$SD = 0.68$], $M_{\text{men}} = 5.32$ [$SD = 0.74$]), $t(318) = 2.50$, $p < .02$, and on the consistency measure ($M_{\text{women}} = 75.79$ [$SD = 13.67$], $M_{\text{men}} = 72.38$ [$SD = 12.24$]), $t(318) = 1.98$, $p < .05$. Men scored higher than women on the physical symptoms measure ($M_{\text{men}} = 1.79$ [$SD = 0.69$], $M_{\text{women}} = 1.55$ [$SD = 0.34$]), $t(318) = 3.99$, $p < .01$. Men and women did not differ significantly on the psychological well-being or authenticity measures. Participants' gender did not interact with any of the findings below ($p > .1$) and therefore will not be discussed further.

Results

There were no bivariate correlations between the RISC Scale and the psychological well-being or physical health variables. As hypothesized, the RISC Scale correlated positively with authenticity ($r = .28$, $p < .01$). There was also a small but significant correlation between the RISC Scale and self-concept consistency ($r = .14$, $p < .05$; see Table 4).

Consistency, Well-Being, and Authenticity

We first examined the hypothesis that the relational self-construal moderates the relation between consistency and well-being.⁵ We conducted hierarchical regression analysis, with the composite well-being score as the dependent variable, and the centered RISC Scale and centered consistency scores and their interaction term as the independent variables. The results revealed a significant main effect of consistency, which was qualified by a significant interaction (see Table 5 and Figure 4). Simple slopes analysis showed that the relation between consistency and psychological well-being was strongest at low levels of the RISC Scale (one standard deviation below the mean; $\beta_{\text{consistency}} = .59$, $p <$

⁵ To reduce the effects of outliers in these analyses, we excluded the data from individuals who were more than three standard deviations away from the mean on consistency ($n = 4$; 1 man and 3 women) and well-being (1 woman). We also excluded three outliers on age ($n = 8$; 1 man and 7 women). This resulted in an analyzed sample of 320 participants (80 men and 240 women).

Table 5

Hierarchical Regression Analysis for RISC Scale and Self-Consistency Predicting Psychological Well-Being, Physical Symptoms, and Authenticity, Study 3

Variable	Well-being			Physical symptoms			Authenticity		
	<i>B</i>	β	ΔR^2	<i>B</i>	β	ΔR^2	<i>B</i>	β	ΔR^2
Step 1			.24**			.07**			.39**
RISC Scale	-.14 (.13)	-.05		-.04 (.04)	-.07		.16 (.04)	.20**	
Self-consistency	.07 (.01)	.49**		-.08 (.002)	-.24**		.02 (.002)	.56**	
Step 2			.01*			.02**			.01*
RISC Scale	-.13 (.13)	-.05		-.05 (.04)	-.07		.16 (.04)	.20**	
Self-consistency	.07 (.01)	.49**		-.08 (.002)	-.24**		.02 (.002)	.56**	
RISC \times Self-Consistency	-.02 (.01)	-.11*		.01 (.002)	.13**		-.01 (.002)	-.09*	

Note. $N = 320$. Standard errors are shown in parentheses. RISC = Relational-Interdependent Self-Construal.

* $p < .05$. ** $p < .01$.

.01). The relation was weaker at high levels of the RISC Scale (one standard deviation above the mean; $\beta_{\text{consistency}} = .39, p < .01$).

The same pattern was found with physical symptoms as the dependent variable. The results of the hierarchical regression revealed a significant main effect of consistency, which was qualified by a significant interaction (see Table 5 and Figure 5). Simple slopes analysis showed that the negative relation between consistency and physical symptoms was strongest at low levels of the RISC Scale (one standard deviation below the mean; $\beta_{\text{consistency}} = -.36, p < .01$). There was no relation at high levels of the RISC Scale (one standard deviation above the mean; $\beta_{\text{consistency}} = -.13, ns$). Thus, these findings replicate and extend the results of the previous studies, showing that consistency is less strongly related to both psychological well-being and reports of physical symptoms for high relationals than for lows.

We also examined the hypothesis that the RISC Scale would moderate the association between self-consistency and the authenticity measure. As in the Sheldon et al. (1997) study, these two variables were quite highly correlated ($r = .59, p < .01$). To test the moderation hypothesis, we conducted hierarchical regression analysis, with the authenticity score as the dependent variable, and

the centered RISC and consistency scores and their interaction term as the independent variables. The results revealed two significant main effects, which were qualified by a significant interaction (see Table 5 and Figure 6). Simple slopes analysis showed that the relation between consistency and authenticity was strongest at low levels of the RISC Scale (one standard deviation below the mean; $\beta_{\text{consistency}} = .64, p < .01$). The relation was weaker at high levels of the RISC Scale (one standard deviation above the mean; $\beta_{\text{consistency}} = .49, p < .01$). Thus, as expected, self-concept consistency was less strongly related to the perceptions that one could be one's real self in the relationship for high relationals than for low relationals.

These findings replicate and extend the results of Studies 1 and 2, showing again that consistency is not as strongly associated with psychological well-being for high relationals as for low relationals. This moderation effect was also demonstrated using a measure of physical symptoms of well-being. Furthermore, these findings show that consistency is not as strongly related to a sense that one behaves authentically across relationships for persons with a highly relational self-construal as for those with a low relational

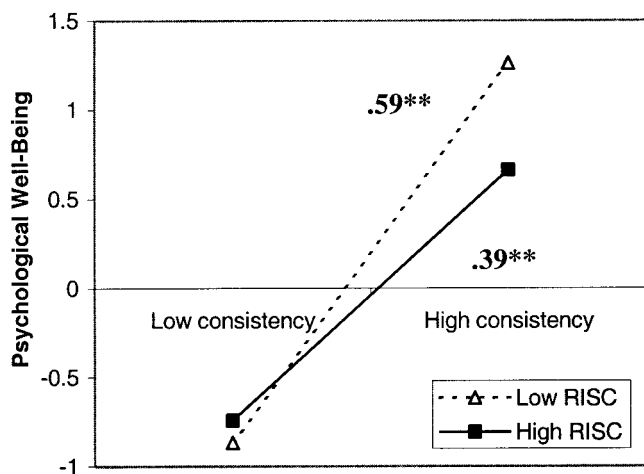


Figure 4. Interaction of the Relational-Interdependent Self-Construal (RISC) Scale and self-consistency predicting psychological well-being, Study 3. ** $p < .01$.

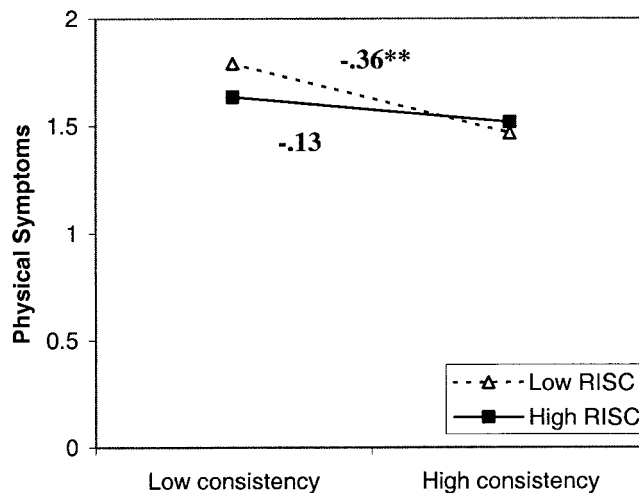


Figure 5. Interaction of the Relational-Interdependent Self-Construal (RISC) Scale and self-consistency predicting physical symptoms, Study 3. ** $p < .01$.

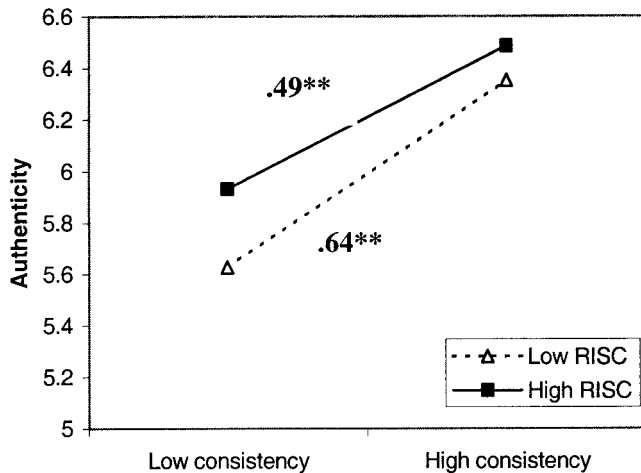


Figure 6. Interaction of the Relational-Interdependent Self-Conceptual (RISC) Scale and self-consistency predicting authenticity, Study 3. $**p < .01$.

self-construal. Although there was a small but significant association between the relational self-construal measure and self-concept consistency, it appears that the highly relational persons may evaluate their authenticity in relationships in ways that go beyond the degree to which one behaves consistently with an internal, stable, or “core” set of self-defining attributes. We return to this issue again in the General Discussion.

General Discussion

Social and personality psychologists have long viewed individual consistency as the foundation of personality coherence and integrity, and as essential for mental health. An examination of the assumptions underlying these beliefs reveals that this view of consistency is based on a particular conceptualization of the self and its function. In specific, these beliefs assume a view of the self as internal, private, separate from roles and relationships, and defined by dispositions, traits, personal beliefs, goals, abilities, wishes, and other abstract conceptions (Markus & Kitayama, 1991). This independent conceptualization of the self is not as universally held as once thought, even in North American cultures. Instead, many people define themselves in terms of their close relationships and construct a relational-interdependent self-construal.

What are the implications of variation in the relational self-construal for consistency and well-being? First, it is notable that there was not a strong relation between the relational self-construal measure and the self-concept consistency scores (r s ranged from .04 to .14). This contrasts with Suh’s (2002) research, which showed that East Asians described themselves much less consistently across situations than did European Americans. Suh and others (Kitayama & Markus, 1998) noted that consistency is evaluated differently in North American and East Asian cultures. In East Asian cultures, the consistent person is not evaluated as favorably as is the person who adjusts his or her behavior to fit the demands of the situation. In North American cultural contexts, however, consistency is viewed as evidence of maturity and independence; the mature, self-determined person is not swayed by

others’ expectations but seeks to express a unified, stable set of self-defining personal attributes (the “real self”) across situations. Although it is reasonable to expect that the highly relational participants in our study would, much like East Asians, adjust their behavior to promote harmony in their close relationships, they did not describe themselves less consistently across relationships than did the low relationals. Several factors may account for this. Students may feel the cultural press to view themselves as consistent, and so minimize the ways that they behave differently with different relationship partners. We also allowed the participants to select their closest relationships, whereas others who have used this paradigm direct participants to write about themselves in specified roles (e.g., as a student, as a friend, as a romantic partner; Donahue et al., 1993; Sheldon et al., 1997), or with particular interaction partners (e.g., with a parent, with a professor, with a friend; Suh, 2002). Students may choose close friends who allow them to behave consistently with their most important views of themselves, which may have reduced the variance in the consistency measure. A replication of these studies using prescribed roles and relationships to test this hypothesis is currently underway.

This research focused on the moderating role of the self-construal in the relation between consistency and well-being. These studies repeatedly demonstrate that viewing oneself as consistent across important relationships is not as strongly related to well-being for individuals with a highly relational self-construal as for those with a low relational self-construal. We assessed consistency in these studies in two ways. In Studies 1 and 3, we used trait terms (such as *caring* or *persistent*), but in Study 2 the consistency measure used emotion terms (such as *cheerful* and *nervous*). These studies also assessed well-being in a variety of forms. Study 1 focused on individual, psychological aspects of well-being, such as feelings of stress, depression, self-esteem, and affect. In Study 2, we expanded this conceptualization of well-being to include relational forms of well-being, such as having positive relations with others and relational self-esteem. Study 3 included a measure of physical symptoms associated with poor well-being. Despite these variations in measurement and conceptualization, the studies concurred in showing that self-concept consistency was less strongly related to well-being for high relationals than for lows.

Study 3 expanded our investigation into the sources of well-being with the inclusion of an alternative measure of self-integrity, relationship authenticity (defined as the perception that one’s behavior in the relationship is self-chosen). As predicted, participants with a highly relational self-construal reported higher levels of authenticity in their relationships than did other participants. Although there was a strong bivariate correlation between the measures of consistency and authenticity, this association was weaker for individuals scoring high on the RISC Scale than for lows. This suggests that high relationals do not necessarily perceive authentic behavior as the consistent expression of a single, stable set of attributes. High relationals may use other criteria to evaluate the extent to which they are their authentic selves in a relationship, such as the degree of harmony experienced in the relationship, the affective tone of the relationship, or levels of intimacy in the relationship (Kwan, Bond, & Singelis, 1997; Reis & Patrick, 1996).

Suh (2002) very effectively demonstrated cultural differences in the association between self-concept consistency and well-being, but the variables assumed to account for that difference were not assessed. Although gender differences in behavior among mem-

bers of North American societies are often described as similar to the cultural differences between North America and Eastern Asia, women in our studies tended to score higher on the self-concept consistency measure than did the men. Gender did not moderate the association between consistency and well-being in these studies, however, demonstrating the importance of measuring the constructs that are assumed to account for a cultural or gender difference in behavior.

This research contributes to a growing literature that reexamines the primacy of consistency in human behavior. Using a measure of individual differences in preference for consistency, Cialdini, Trost, and Newsom (1995) found that research participants with a low preference for consistency were less influenced by compliance techniques based on consistency pressures, such as the foot-in-the-door technique. Cialdini and his colleagues argued that those low in preference for consistency are less influenced by their own previous behavior than are high scorers, indicating a "present orientation" or a sense of behaving in the "here and now." A present orientation rather than comparisons with past behavior may account for the low association between self-concept consistency and well-being for individuals with a highly relational self-construal. Perhaps the current ups and downs of their self-defining relationships contribute more to variation in well-being for the high relationals than does behaving consistently over time.

Just as our understanding of the self has benefited from cultural comparisons and a cultural analysis, so also will theoretical formulations of personality, social behavior, and well-being benefit from a consideration of a broad range of cultures. Western psychologists can no longer simply assume that their theories of the self, personality, and their consequences for behavior and well-being are culturally universal; these assumptions must be tested in a variety of cultural settings where the conceptions of the person and of "being well" differ from those that prevail in Western, industrialized societies. These cultural comparisons force researchers to make their assumptions about the nature of the person explicit, and in so doing, reveal the possibilities of alternatives to these long-standing assumptions. As a result, social-personality researchers may discover a variety of ways of being that are overlooked or as yet unidentified in Western culture, but that play an important role in behavior, mental health, and well-being. Using the concepts and hypotheses generated in cross-cultural research to investigate psychological processes within a culture can direct research into new and exciting paths, can reveal new dimensions of behavior, and can produce more universal theories of psychological phenomena.

References

- Allport, G. W. (1937). *Personality: A psychological interpretation*. New York: Holt.
- Aronson, E. (1969). A theory of cognitive dissonance: A current perspective. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 4, pp. 1–34). New York: Academic Press.
- Beck, A. T. (1967). *Depression: Causes and treatment*. Philadelphia: University of Pennsylvania Press.
- Block, J. (1961). Ego-identity, role variability, and adjustment. *Journal of Consulting and Clinical Psychology, 25*, 392–397.
- Campbell, J. D. (1990). Self-esteem and clarity of the self-concept. *Journal of Personality and Social Psychology, 59*, 538–549.
- Cialdini, R. B. (1993). *Influence: Science and practice*. New York: HarperCollins.
- Cialdini, R. B., Trost, M. R., Newsom, J. T. (1995). Preference for consistency: The development of a valid measure and the discovery of surprising behavioral implications. *Journal of Personality and Social Psychology, 69*, 318–328.
- Clark, M. S., Oullette, R., Powell, M. C., & Milberg, S. (1987). Recipient's mood, relationship type, and helping. *Journal of Personality and Social Psychology, 53*, 94–103.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*, 385–396.
- Crocker, J., Luhtanen, R., Blaine, B., & Broadnax, S. (1994). Collective self-esteem and psychological well-being among White, Black, and Asian college students. *Personality and Social Psychology Bulletin, 20*, 503–513.
- Crocker, J., & Wolfe, C. T. (2001). Contingencies of self-worth. *Psychological Review, 108*, 593–623.
- Cross, S. E., Bacon, P. L., & Morris, M. L. (2000). The relational-interdependent self-construal and relationships. *Journal of Personality and Social Psychology, 78*, 791–808.
- Cross, S. E., & Madson, L. (1997). Models of the self: Self-construals and gender. *Psychological Bulletin, 122*, 5–37.
- Cross, S. E., & Markus, H. R. (1999). The cultural constitution of personality. In L. Pervin & O. John (Eds.), *Handbook of personality theory and research* (2nd ed., pp. 378–396). New York: Guilford Press.
- Cross, S. E., & Morris, M. L. (2003). Getting to know you: The relational self-construal, relational cognition, and well-being. *Personality and Social Psychology Bulletin, 29*, 512–523.
- Cross, S. E., Morris, M. L., & Gore, J. S. (2002). Thinking about oneself and others: The relational-interdependent self-construal and social cognition. *Journal of Personality and Social Psychology, 82*, 399–418.
- Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *JSAS: Catalog of Selected Documents in Psychology, 10*, 85.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*, 71–75.
- Donahue, E. M., Robins, R. W., Roberts, B. W., & John, O. P. (1993). The divided self: Concurrent and longitudinal effects of psychological adjustment and social roles on self-concept differentiation. *Journal of Personality and Social Psychology, 64*, 834–846.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.
- Funder, D. C. (1995). On the accuracy of personality judgment: A realistic approach. *Psychological Review, 102*, 652–670.
- Heine, S. J., & Lehman, D. R. (1997). Culture, dissonance, and self-affirmation. *Personality and Social Psychology Bulletin, 23*, 389–400.
- Heine, S. J., & Lehman, D. R. (1999). Culture, self-discrepancies, and self-satisfaction. *Personality and Social Psychology Bulletin, 25*, 915–925.
- Heine, S. J., Lehman, D. R., Markus, H. R., & Kitayama, S. (1999). Is there a universal need for positive self-regard? *Psychological Review, 106*, 766–794.
- John, O. P. (1990). The "Big Five" factor taxonomy: Dimensions of personality in the natural language and in questionnaires. In L. Pervin (Ed.), *Handbook of personality theory and research* (pp. 66–100). New York: Guilford Press.
- Kelley, H. H. (1967). Attribution theory in social psychology. In D. Levine (Ed.), *Nebraska symposium on motivation* (Vol. 15, pp. 192–240). Lincoln: University of Nebraska Press.
- Kitayama, S., & Markus, H. R. (1998). Yin and yang of the Japanese self: The cultural psychology of personality coherence. In D. Cervone & Y. Shoda (Eds.), *The coherence of personality: Social cognitive bases of personality consistency, variability, and organization* (pp. 242–302). New York: Guilford Press.
- Kitayama, S., & Markus, H. R. (2000). The pursuit of happiness and the realization of sympathy: Cultural patterns of self, social relations, and

- well-being. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 113–161). Cambridge, MA: MIT Press.
- Kwan, V. S. Y., Bond, M. H., & Singelis, T. (1997). Pancultural explanations for life satisfaction: Adding relational harmony to self-esteem. *Journal of Personality and Social Psychology, 73*, 1038–1051.
- Lecky, P. (1945). *Self-consistency: A theory of personality*. New York: Island Press.
- Luhtanen, R., & Crocker, J. (1992). A collective self-esteem scale: Self-evaluation of one's social identity. *Personality and Social Psychology Bulletin, 18*, 302–318.
- Lukes, S. (1973). *Individualism*. Oxford, England: Basil Blackwell.
- Markus, H., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*, 224–253.
- May, R. (1983). *The discovery of being*. New York: Norton.
- Mischel, W. (1998). Personality coherence and dispositions in a cognitive-affective personality system approach. In D. Cervone & Y. Shoda (Eds.), *The coherence of personality: Social-cognitive bases of consistency, variability, and organization* (pp. 37–60). New York: Guilford Press.
- Nunnally, J. C. (1978). *Psychometric theory* (2nd ed.). New York: McGraw-Hill.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401.
- Reifman, A., Biernat, M., & Lang, E. L. (1991). Stress, social support, and health in married professional women with small children. *Psychology of Women Quarterly, 15*, 431–445.
- Reis, H. T., & Patrick, B. C. (1996). Attachment and intimacy: Component processes. In E. T. Higgins & A. W. Kruglanski (Eds.), *Social psychology: Handbook of basic principles* (pp. 523–563). New York: Guilford Press.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science* (Vol. 3, pp. 184–256). New York: McGraw-Hill.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*, 1069–1081.
- Sheldon, K. M., Ryan, R. M., Rawsthorne, L. J., & Ilardi, B. (1997). Trait self and true self: Cross-role variation in the Big-Five personality traits and its relations with psychological authenticity and subjective well-being. *Journal of Personality and Social Psychology, 73*, 1380–1393.
- Shoda, Y. (1998). Behavioral expressions of a personality system: Generation and perception of behavioral signatures. In D. Cervone & Y. Shoda (Eds.), *The coherence of personality: Social-cognitive bases of consistency, variability, and organization* (pp. 155–181). New York: Guilford Press.
- Suh, E. M. (2002). Culture, identity consistency, and subjective well-being. *Journal of Personality and Social Psychology, 83*, 1378–1391.
- Swann, W. B., Jr., Stein-Seroussi, A., & Giesler, R. B. (1992). Why people self-verify. *Journal of Personality and Social Psychology, 62*, 392–401.
- Triandis, H. D. (1989). The self and social behavior in differing cultural contexts. *Psychological Review, 96*, 506–520.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54*, 1063–1070.
- Wu, D. Y. H. (1994). Self and collectivity: Socialization in Chinese preschools. In R. T. Ames, W. Dissanayake, & T. P. Kasulis (Eds.), *Self as person in Asian theory and practice* (pp. 235–250). Albany: State University of New York.
- Zajonc, R. B. (1960). The concepts of balance, congruity, and dissonance. *Public Opinion Quarterly, 24*, 280–296.

Received February 21, 2002

Revision received February 17, 2003

Accepted February 28, 2003 ■