

Who Are We? Social Identity and Psychological Well-Being

Steven Pirutinsky and Alfred F. Mancuso
Georgian Court University

Social identification – the perception of the self as an exemplar of a social category – forms an essential part of an individual’s identity. Previous studies have found a relationship between various forms of social identity (e.g., ethnic, religious, national) and psychological well-being. The current research examines whether strength of social identification, regardless of specific identity and pattern of acquisition, correlates with life satisfaction, self-esteem, depression, anxiety, and stress. One hundred and two participants completed an internet survey including the Multi-Component Social Identity Scale and multiple measures of psychological well-being. Results indicated that the strength of social identification predicted life satisfaction and self-esteem, controlling for demographic and clinical (i.e., depression, anxiety, and stress) variables. Possessing a strong social identity of any type appears to be an important correlate of life satisfaction and self-esteem. Potential implications for clinical work are discussed.

Erikson (1975) defined identity as a subjective sense of personal sameness and continuity in which numerous given aspects of the self, such as appearance, temperament, and abilities, combine with chosen roles, occupations, and relationships. Even casual observation of human behavior, however, reveals that beyond an individuated conception of personal identity, lays a collective or *social identity* to which individuals are emotionally committed and act to preserve (Brewer, 1991). These social identities—whether ethnic, national, religious, or occupational—shift focus away from the characteristics that differentiate us from others, and “towards the perception of self as an interchangeable exemplar of some social category” (Turner, Hogg, Oakes, Riecher, & Wetherell, 1987, p. 50).

Early social theorists explored these ideas empirically, finding that self-categorization accentuates perceived similarities between in-group members, exaggerates differences from out-group members, and encourages preference for the in-group (Tajfel & Turner, 1986; Turner et al., 1987). Thus, they concluded that social categorization forms an essential part of an individual’s identity. This process appears to be so innate and fundamental that even arbitrary categorization of participants, an experimental procedure known as the minimal group paradigm, elicits these effects (Diehl, 1990).

Despite focusing primarily on inter-group consequences, such as conflict, stereotyping, and preference (Brewer, 1991; Dosie, 1988; Hogg, 1996), many social theorists also endeavor to link social identity with psychological well-being. For instance, social identity theory initially proposed that in-group identification and preference results in enhanced self-esteem (Hogg & Abrams, 1988). Others

suggest that group identification reduces uncertainty by prescribing who individuals are, how they should behave, and how others may react to them (Hogg, Sherman, Dierselhuis, Maitner, & Graham, 2007). Social identity has also been theorized to provide meaning (Abrams & Hogg, 1988), a sense of belonging (Baumeister & Leary, 1995), increased self-regulation (Twenge, Baumeister, Tice, & Stucke, 2001), protection from death anxiety (Solomon, Greenberg, & Pyszczynski, 1998), and an optimal level of distinctness (Brewer, 1991).

Taken in aggregate, these theories suggest that social identity may be related to overall psychological well-being, which has been generally defined as including increased positive-hedonic indicators, such as self-esteem and life satisfaction, and decreased negative indicators such as depression, anxiety, and stress (e.g., Ahren & Ryff, 2006; McDaniel & Grice, 2008). However, prior empirical investigation primarily explored the basic mechanisms and motivations of social identity formation with limited consideration of the broader proposition that social identity enhances psychological well-being (Greenfield & Marks, 2007). Moreover, previous research has been limited to exploration of specific social identities in particular theoretical frameworks, such as ethnic identity (Mossakowski, 2003; Negy, Shreve, Jensen, & Uddin, 2003), religious identity (Greenfield & Marks, 2007; Keyes & Reitzes, 2007), national identity (Zheng, Sang, & Wang, 2004), and athletic identity (Brewer, 1993). Thus, the current research aims to integrate these perspectives and findings by examining if the strength of an individual’s social identity, regardless of type, is correlated with psychological well-being, specifically life satisfaction, self-esteem, depression, anxiety, and stress.

Previous research suggests that social identity is particularly related with the positive facets of psychological well-being (Ahren & Ryff, 2006). The present study examined if social identity would correlate with life satisfaction and self-esteem beyond the influence of

Correspondence concerning this article should be addressed to Steven Pirutinsky, Teachers College, Columbia University, Department of Counseling and Clinical Psychology, Box 303, 525 West 120th Street, New York, NY 10027. Email: sp2813@columbia.edu.

depression, anxiety, and stress. Specifically, we hypothesized that 1) the strength of an individual's salient social identity would correlate positively with satisfaction with life and self-esteem (H1); 2) social identity would predict satisfaction with life and self-esteem above the effects of relevant background variables and depression, anxiety, and stress (H2); 3) social identity would predict satisfaction with life and self-esteem, regardless of whether an individual was born into their identity or chose it later in life (H3); 4) all types of social identities (e.g., religious, ethnic, occupational) would equally predict satisfaction with life and self-esteem (H4); and finally, 5) social identity would relate with satisfaction with life and self-esteem among those reporting high and low levels of depression, anxiety, and stress (H5).

Method

Participants

One hundred and two participants were recruited for a study of "social identity and psychological well-being" through a variety of internet sources including 17 randomly selected newsgroups and several websites listing online psychological research projects. Participants ranged in age from 18 to 75 years ($M = 35.65$, $SD = 14.92$) with females representing 63% ($n = 64$) and males 37% ($n = 38$). Fifty-nine percent ($n = 60$) of participants were married and 41% ($n = 42$) were single. Measurement of socio-economic status consisted of education, 46% ($n = 58$) of the sample reported having a bachelors degree, and income which had a median of \$25,001 - \$50,000 ($IQR =$ less than \$25,000 through \$75,000). The majority of participants self-reported their ethnicity as Caucasian (86%, $n = 88$), while others reported Hispanic (2%, $n = 2$), African-American (4%, $n = 4$), Native-American (1%, $n = 1$), and Other (6%, $n = 6$). The vast majority of participants reported residing in the U.S. (70%) with additional participants from a variety of countries including Indonesia, Uruguay, Russia, and Israel.

Instruments

To identify participants' most salient social identity, participants were asked:

People often define themselves by the different groups – gender, ethnic, religious, occupational, and social – that they belong to. For example, some may say: "I am an African-American", "I am an accountant", "I am Muslim", or "I am a college student". How would you complete the following sentence? "I am a _____."

Because individuals are often members of multiple social groups, participants were then asked to complete the statement "I am a _____" for as many groups as they could, and to select the particular social identity most important to them.

Subsequently, to assess the strength of their chosen identity, participants completed the Multi-Component Social Identity Scale (MCSIS; Leach et al., 2008) referring to their self-selected most salient identity. This 14-item scale draws extensively on previous research (e.g., Doosje, 1998;

Ellemers, Kortekaas, & Ouwerkerk, 1999; Luhtanen & Crocker, 1992) and includes a variety of theoretically and empirically derived aspects of social identity, such as individual self-stereotyping, in-group homogeneity, self-investment, solidarity, satisfaction, and centrality. Items include, "I think that [In-group] have a lot to be proud of.", "I feel a bond with [In-group].", and "[In-group] people are very similar to each other." These items were rated on a Likert-type response scale ranging from 1 (strongly disagree) to 7 (strongly agree). The MCSIS has shown both construct, predictive, and discriminant validity across diverse group identities (Leach et al., 2008) and was ideal for measuring the diversity of social identities examined in the current research. It was internally consistent ($\alpha = .91$) in the current sample. In addition, participants indicated if they were born into or chose their salient social identity.

To assess psychological well-being, participants completed the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985; SWLS), the Rosenberg (1986) Self-Esteem Scale (SES), and the Depression, Anxiety, and Stress Scales short-form (Lovibond & Lovibond, 1995; DASS). These measures are widely used, Likert-type scales, and have previously demonstrated reliability and validity (see citations above). In the current sample, these scales were internally consistent with the following Cronbach alphas: SWLS (.91), SES, (.84), DASS-Depression (.79), DASS-Anxiety (.73), DASS-Stress (.76).

Procedure

Participants were directed to the survey website, which explained the nature of the study, and asked them to give informed consent in order to proceed. After giving consent, participants were asked to provide demographic information such as age, gender, income (selected from a pre-defined list), occupation, ethnicity (selected from a pre-defined list), and religious affiliation (selected from a pre-defined list). Once complete, the participants were directed to choose a salient social identity and completed the MCSIS, SWLS, SES, and DASS. Upon completion of all survey items, the participants were given contact information for the researchers and the Georgian Court University Institutional Research Review Board, which approved this study. Participants were not reimbursed.

Results

Social Identity Selected

Participants chose a variety of social identities, however, several common themes emerged accounting for 76% of the salient identities. These were family role (e.g., mother and father; 28%), occupation (18%), religion (16%), gender (8%), and nationality (6%). Age was unrelated to choice between these categories ($F(4, 72) = .10$, $p = .98$), as was income ($F(4, 69) = 1.20$, $p = .32$), college degree ($\chi^2(4, N = 77) = 3.68$, $p = .45$), gender ($\chi^2(4, N = 77) = 6.96$, $p = .14$), religion ($\chi^2(12, N = 57) = 9.82$, $p = .63$), and ethnicity ($\chi^2(12, N = 73) = 11.56$, $p = .48$). Married individuals were significantly

SOCIAL IDENTITY AND PSYCHOLOGICAL WELL-BEING

Table 1

Correlations between Social Identity, Satisfaction with Life (SWLS), Self-Esteem (SES), and DASS

	1	2	3	4	5	6
1. MCSIS	—					
2. SWLS	.28**	—				
3. SES	.20*	.37***	—			
4. DASS Depression	-.06	-.45***	-.47***	—		
5. DASS Anxiety	.03	-.36***	-.48***	.76***	—	
6. DASS Stress	.02	-.43***	-.45***	.79***	.77***	—

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

more likely to choose family role and less likely to choose occupational identity ($\chi^2(4, N = 77) = 12.84, p = .01$).

Social Identity and Psychological Well-being

This study assessed the strength of each participant's most salient, self-selected social identity (using the MCSIS), as well as multiple aspects of psychological well-being. To test our hypothesis that social identity would be related to these outcome variables (H1), we conducted a series of Pearson correlations. Results indicate that while strength of social identity significantly correlated with SWLS and SES, it did not correlate with depression, anxiety, or stress (see Table 1). Depression, anxiety, stress, SWLS, and SES were all significantly correlated with each other.

Regressions on Satisfaction with Life and Self-Esteem

We further hypothesized (H2) that although previous research suggests that stress, anxiety, and depression are important correlates of SWL and SES, strength of social identity would positively predict SWLS and SES, beyond these effects, and beyond relevant background variables. To

test this hypothesis, a hierarchal regression analysis was conducted (Tabachnick & Fidell, 1996) and results are presented in Table 2. Model 1 included only background variables (i.e., age, gender, income, college degree, and married), which predicted a non-significant portion of the variance (SWLS, $p = .22$; SES, $p = .19$), suggesting that these variables were unrelated to SWLS and SES in our sample. Model 2 introduced the three DASS subscales—depression, anxiety, and stress—and the overall model significantly predicted both SWLS ($p < 0.001$) and SES ($p < 0.001$). Due to a high degree of co-linearity, individual coefficients for depression, anxiety, and stress could not be interpreted. Model 3 added strength of social identity (MCSIS), and accounted for a significant amount of variance beyond Models 1 and 2 for both SWLS ($p < 0.001$) and SES ($p = 0.02$). These results support our hypothesis (H2) that social identity strength uniquely relates with both SWLS and SES, above the effects of background variables and negative affect.

Additionally, H3 suggested that social identity would be an equally important predictor of SWLS and SES, for both

Table 2

Hierarchical Regression on Satisfaction with Life and Self-Esteem

Step/Predictor	Satisfaction with Life				Self-Esteem			
	ΔR^2	<i>B</i>	<i>SE B</i>	β	ΔR^2	<i>B</i>	<i>SE B</i>	β
<i>Model 1:</i>	.07				.07			
<i>Background Variables</i>								
Age		-.02	-.07	-.03		.08	.06	.17
Gender (1 = Male, 0 = Female)		-3.04	1.71	-.19		.24	1.50	.02
College Degree		1.70	1.77	.11		1.19	1.56	.09
Income		.52	.52	.11		.44	.46	.11
Married		1.44	1.75	.09		-1.17	1.55	-.09
<i>Model 2: Negative Affect</i>	.21**				.20**			
Depression		-.91*	.41	-.38		-.32	.37	-.15
Anxiety		.17	.40	.07		-.46	.36	-.22
Stress		-.50	.41	-.21		-.32	.37	-.16
<i>Model 3: Social Identity</i>	.10**				.05*			
MCSIS		.18**	.05	.32		.11*	.05	.24

Note. * $p < 0.05$, ** $p < 0.001$

those who chose their identity and those who were born into it. An additional regression analysis examining this interaction was conducted. As per Aiken and West (1991), “born into” was dummy coded, (1 = born into, 0 = chosen), and then multiplied with the MCSIS (centered) to yield an interaction term. Both “born into” and the interaction term (“born into X social identity”) were then entered into the regression equation described above (Model 3; Table 3). Results indicate that the addition of this interaction did not significantly increase the proportion of variance explained for SWLS ($p = .15$) or SES ($p = .86$), suggesting that social identities, both chosen and born into, equally relate with SWLS and SES.

H4 stated that regardless of type (e.g., religious, ethnic, occupational), the strength of social identity would predict satisfaction with life and self-esteem. To test this hypothesis, membership in each of the five identified social identity categories was dummy coded, and multiplied with the MCSIS (centered) yielding an interaction term for each identity type. We then added these interactions to the regression equation (Table 3). Results indicated that adding the interaction of social identity type and strength of identity did not significantly increase the proportion of variance explained for SWLS ($p = .13$) or SES ($p = .67$), indicating that social identities of all types equally predicted SWLS and SES. In regards to H5, social identity did not appear to interact with the level of depression, stress, and anxiety (Table 3) and was an equally important predictor among both those with high and low levels of distress (SWLS $p = .24$; SES $p = .38$).

Discussion

Research suggests that social identity is an innate and fundamental psychological process with implications for psychological well-being. However, previous studies have focused primarily on inter-group processes and specific forms of identity (e.g., ethnic, religious, occupational).

These findings can be integrated and suggest that social identities of any type are related to psychological well-being. Accordingly, the current study examined the relationship between social identity, social identity type, and negative (depression, anxiety, and stress) and positive indicators of psychological well-being (life satisfaction and self-esteem). Consistent with these ideas and the five specific hypotheses presented in this study, we found that individuals reporting strong social identities of any type (e.g., religious, occupational, gender), reported higher levels of both satisfaction with life and self-esteem (H1). This relationship remained significant even when background and clinical (i.e., depression, anxiety, and stress) variables were controlled for (H2). The relationship also held for both identities an individual was born into and those chosen later in life (H3), as well as for each of the diverse types of social identities selected (H4). Social identity also equally predicted satisfaction with life and self-esteem for both individuals with high and low distress (H5).

These results suggest that having a salient strong social identity significantly relates to both satisfaction with life and self-esteem independent of levels of depression, anxiety, and stress. This finding has important implications for clinical work with individuals struggling with social identity transformations (e.g., acculturation, academic and occupational transitions, disability, religious change, and divorce), since beyond targeting specific symptoms (e.g., depression and anxiety), clients may also benefit from the reacquisition of a strong positive social identity. Although psychotherapy increasingly focuses on symptom relief (e.g., Barlow, 2008), our results suggest that an additional consideration of identity and identity formation is relevant to improving positive-hedonic aspects of psychological well-being.

In general, most research studies and theoretical models have focused on one aspect of social identity (e.g., race, gender, religion). While this approach highlights important

Table 3

Interaction of MCSIS with “Born into,” Social Identity Type, and Distress

Step/Predictor	Satisfaction with Life				Self-Esteem			
	ΔR^2	<i>B</i>	<i>SE B</i>	β	ΔR^2	<i>B</i>	<i>SE B</i>	β
<i>Adding “Born into”</i>	.01				.001			
Born into X MCSIS		-.16	.12	-.14		.03	.11	.03
<i>Adding Social Identity Type</i>	.04				.05			
Family Role X MCSIS		-.08	.15	-.06		-.22	.14	-.21
Occupation X MCSIS		.14	.15	.11		-.13	.14	-.12
Religion X MCSIS		.15	.13	.16		-.20	.13	-.12
Gender X MCSIS		.09	.28	.03		-.57	.27	-.22
Nationality X MCSIS		-.50	.35	-.13		-.14	.33	-.04
<i>Adding Personal Distress</i>	.05				.01			
Depression X MCSIS		.06	.03	.35		-.02	.03	-.12
Anxiety X MCSIS		-.05	.03	-.29		.02	.03	.12
Stress X MCSIS		-.04	.03	-.24		-.01	.03	-.07

Note. * $p < 0.05$, ** $p < 0.001$

SOCIAL IDENTITY AND PSYCHOLOGICAL WELL-BEING

issues that are often marginalized, our findings suggest that multiple forms of social identity factor into life satisfaction and self-esteem. This is unsurprising, given that the psychological and neurological mechanisms underlying group affiliation and social identity are likely consistent across multiple forms of identity (Brewer, 1991). Given these results, perhaps it is time to integrate the divergent lenses through which various aspects of human social identity have been considered and begin integrating these perspectives into a common conceptualization of social and group identity.

Limitations

This research was limited by use of a self-selected, Internet sample, which was necessary to obtain a broad and diverse assortment of social identities, but may limit the generalizability of the study findings. Another limitation is that the DASS instrument appeared to be only moderately internally consistent; future research using a more reliable measure is needed. Additionally, due to the correlational nature of this research, any causal interpretation of the link between social identity and psychological wellbeing should be cautiously viewed. Further longitudinal or experimental research examining the process of social identity formation and disruption is necessary.

Finally, the broad measure of identity used did not elicit the content – or diverse meanings, roles, and attitudes – implicit in a specific social identity. These aspects of identity can be expected to differ, and thereby influence the relationship between social identity and psychological variables. For example, an identity of “criminal” or “mentally ill” would likely have very different consequences than the identity of “student” or “accountant.” Future research can also explore the extent to which socio-economic status influences the choice and importance of social identities. Nevertheless, the current research sheds light on the link between social identity, satisfaction with life, and self-esteem demonstrating the utility to future research.

In conclusion, although previous research consistently relates a variety of social identities with psychological outcomes, our results integrate these findings and suggest that possessing a strong social identity of any type is an important correlate of satisfaction with life and self-esteem.

References

- Ahren, C., & Ryff, C. (2006). Multiple roles and well being: Socio-demographic and psychological moderators. *Sex Roles, 55*, 801-815. doi: 10.1007/s11199-006-9134-8
- Aiken, L.S., & West, S.G. (1991). *Multiple Regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage.
- Barlow, D.H. (2008). *Clinical Handbook of Psychological Disorders* (4th ed.). New York: The Guilford Press.
- Baumeister, R.F., & Leary, M.K. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*, 497-529. doi:10.1037/0033-2909.117.3.497
- Brewer, M.B. (1991). The social self: On being the same and different at the same time. *Personality and Social Psychology Bulletin, 17*, 475-482. doi:10.1177/0146167291175001
- Brewer, M.B. (1993). Self-identity and specific vulnerability to depressed mood. *Journal of Personality, 61*, 344-364. doi:10.1111/j.1467-6494.1993.tb00284.x
- Diehl, M. (1990). The minimal group paradigm: Theoretical explanations and empirical findings. In W. Stroebe & M. Hewstone (Eds.), *European Review of Social Psychology* (Vol. 1, pp. 263–292). Chichester, England: Wiley.
- Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*, 71-75. doi:10.1207/s15327752jpa4901_13
- Doise, W. (1998). Individual and social identities in intergroup relations. *European Journal of Social Psychology, 18*, 99 – 111. doi:10.1002/ejsp.2420180202
- Doosje, B., Branscombe, N.R., Spears, R., & Manstead, A.S.R. (1998). Guilty by association: When one’s group has a negative history. *Journal of Personality and Social Psychology, 75*, 872–886. doi: 10.1037/0022-3514.75.4.872.
- Ellemers, N., Kortekaas, P., & Ouwerkerk, J.W. (1999). Self-categorization, commitment to the group and group self-esteem as related but distinct aspects of social identity. *European Journal of Social Psychology, 29*, 371-389. doi: 10.1002/(SICI)1099-0992(199903/05)29:2/3<371::AID-EJSP932>3.0.CO;2-U
- Erikson, E.H. (1975). *Life History and the Historical Moment*. New York: Norton.
- Greenfield, E.A., & Marks, N.F. (2007). Religious social identity as an explanatory factor for associations between more frequent formal religious participation and psychological well-being. *International Journal for the Psychology of Religion, 17*, 245-259.
- Hogg, M. (1996). Intragroup processes, group structure and social identity. In: Robinson W. (eds.), *Social Groups and Identities*. Oxford: Butterworth Heinemann.
- Jones, A., & Crandall, R. (1986). Validation of a short index of self-actualization. *Personality and Social Psychology Bulletin, 12*, 63-73. doi:10.1177/0146167286121007
- Keyes, C.L., & Reitzes, D.C. (2007). The role of religious identity in the mental health of older working and retired adults. *Aging and Mental Health, 11*, 434-443. doi:10.1080/13607860601086371
- Leach, C. W., van Zomeren, M., Zebel, S., Vliek, M., Pennekamp, S. F., Doosje, B., Ouwerkerk, J.W., & Spears, R. (2008). Group-level self-definition and self investment: A hierarchical (multicomponent) model of in-group identification. *Journal of Personality and Social Psychology, 95*, 144-165. doi:10.1037/0022-3514.95.1.144

- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.
- 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. doi:10.1177/0146167292183006
- McDaniel, B. L., & Grice, J. W. (2008). Predicting psychological well-being from self-discrepancies: A comparison of idiographic and nomothetic measures. *Self and Identity*, 7, 243-261. doi: 10.1080/15298860701438364
- Mossakowski, K. N. (2003). Coping with perceived discrimination: Does ethnic identity protect mental health? *Journal of Health and Social Behavior*, 44, 318-331. doi:10.2307/1519782
- Negy, C., Shreve, T. L., Jensen, B. J., & Uddin, N. (2003). Ethnic identity, self-esteem, and ethnocentrism: A study of social identity versus multicultural theory of development. *Cultural Diversity and Mental Health*, 9, 333-344. doi:10.1037/1099-9809.9.4.333
- Rosenberg, M. (1989). *Society and the adolescent self-image*. Middletown, CT: Wesleyan University Press.
- Sheldon, K. M., Ryan, R. M., & Reis, H. (1996). What makes for a good day? Competence and autonomy in the day and in the person. *Personality and Social Psychology Bulletin*, 22, 1270-1279. doi:10.1177/01461672962212007
- Tabachnick, B. G., & Fidell, L. S. (1996). *Using multivariate statistics*. New York: HarperCollins.
- Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology*, 33, 1-30. doi:10.1146/annurev.ps.33.020182.000245
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of inter-group behavior. In S. Worchel & W. Austin (Eds.), *Psychology of inter-group relations*. Chicago: Nelson-Hall.
- Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality*, 72(2), 271-322. doi:10.1111/j.0022-3506.2004.00263.x
- Turner, J. C., Hogg, M., Oakes, P., Reicher, S., & Wetherell, M. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford: Basil Blackwell.
- Zheng, X., Sang, D., & Wang, L. (2004). Acculturation and subjective well-being of Chinese students in Australia. *Journal of Happiness Studies*, 5, 57-72. doi:10.1023/B:JOHS.0000021836.43694.02