



Nature of relationship between self-construal, health and well-being among Hindu participants

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Abstract

This study examined the pattern of relationship between self-construal, Health and well-being. Self-construal plays an important role in defining health and well-being of an individual. In this context, the present study identifies the role of independent self-construal and interdependent self-construal in health and well-being among Hindu male and females. Social well being scale was used to measure social integration, social acceptance, social isolation, social coherence and social contribution. Sample included 150 participants selected from Hindu community. Findings of the study show significant differences between self-construal, Health and well-being. The Hindu participants displayed the presence of both kinds of self-construal i.e. independent and interdependent in equal strength. It was found that there was a significant positive relationship between the independent and interdependent self-construal. The interdependent self-construal was positively associated with health and well being. It is generally believed that modernization would greatly reduce the role of religion both at the individual as well as societal levels of functioning. Yet it is evident that even in the 21st century the role of religion continues to be salient across all the important spheres of life; personal, social, cultural, intellectual, political and economic.

Keywords: Self-construal, Health, Well-being and Hindu Community

Introduction

India is a plural society in which people from different religions, idioms, castes and other socio-cultural kinds live together. Groups are socially diversified and always strive to maintain a peaceful coexistence for the growth and development but at the other end are not free from differences and conflicting issues. Researchers at recent times showed greater concern on quality of life, happiness, and well-being from the individual point of view with social perspective taking back seat.

Religion helps in understanding of caste system, faith, belief and sex. The people who are broad minded have the universal vision. They follow the path of religion, universal charity and human compassion which also enshrine righteousness, piety, truthfulness and kindness. The people belonging to different ethnic backgrounds, cultures and languages have been intermingling for many centuries, as seen in the cross-current exchanges of religious ideas. Following themes emerged in course of discussion made on religion: an organized set of rules, worshipping a God/higher power, and a community of followers. Themes that emerged while describing spirituality includes: belief in God an individual, personal experience, and rules/morals dictating how one should live life.

It is generally believed that modernization would greatly reduce the role of religion both at the individual as well as societal levels of functioning. Yet we note that even in the 21st century the role of religion continues to be salient across all the important spheres of life – personal, social, cultural, intellectual, political and economic. The renewed religious vitality witnessed worldwide makes it important for social scientists to understand the dynamism and force that religion has in shaping life ways of the people (Clarke, 2009; Geertz, 1993) [10, 18]. Undoubtedly, religion not only plays a vital role in terms of beliefs and practices connecting to the supernatural

but current research indicates a host of socio-psychological gains for the individual in terms hope, optimism, agency, sense of inner control and coping strategies (Deiner & Clifton, 2002; Heelas & Woodhead, 2005; Hood, Hill & Spilka, 2009; Paloutzian & Park, 2005; Pargment, 1997; Pargament & Mahoney, 2005; Park, 2005; Ysseldyk *et al.* 2011) [13, 22, 23, 51, 53, 52, 54, 80]. At the group level religious self-construal is central to social self-construal, collective self-esteem and morale (Luhtanen & Crocker, 1992) [40].

An important task for social and behavioral researchers has been to understand the mechanisms through which social forces enhance people's mental and physical health. A close perusal of research literature shows a serious lapse capturing the power of religion in shaping self-construal and well-being. Research in the Indian setting shows that religious orientation, self-construal and beliefs and practices do have implications for both the individual and society (Dutta, 2010; Kakar, 1982, 2003; Madan, 2006; Sen & Wagner, 2009; Sengupta, 2007; Sharma, 2005) [15, 27, 29, 41, 65, 66, 68]. The implications are visible for the areas such as sharing and conflict, gender and class relationships, economic growth and inclusion-exclusion to name a few.

The role of religion in shaping human experience, particularly in self-construal, has been a theme within behavioral and social sciences, yet recently investigators have endeavored to empirically investigate the implications of religion for well-being. The findings have been not so consistent, with some studies indicating that religion is detrimental to individuals' well-being and other studies indicating lack of any significant association (Koenig & Larson, 2001; Miller & Kelley, 2005) [38, 43]. There are also works that suggest that religious involvement is positively related to physical and mental health.

The Facets of Self-construal

Relationship between the self and significant others has continued to be a topic of interest and enquiry. Although philosophers reflected on the social nature of self since long, it was over a century ago that came up with the concept of “*social me*” which referred to the aspects of self-experienced in relation to significant others (individuals or groups) whose opinions are valued.

In subsequent period psychologists and other social scientists continued to delve into the role of others in shaping the self. Particularly remarkable was the work done following a symbolic interactionist perspective which viewed self to be a social product (Cooley, 1902/1922; Mead, 1934) ^[11, 42]. In Cooley’s (1902) ^[11] words, the person and society are two sides of the same coin. Cooley used the term *looking glass self* to express the idea that people perceive themselves through the eyes of others, particularly the significant others. Echoing Cooley’s (1902) ^[11] view of self being shaped by the anticipated and observed responses of others, G. H. Mead (1934) ^[42] stressed on the influence of important social groups and the society at large.

Cooley (1902) ^[11] emphasized on feelings about the self, Mead (1934) ^[42] primarily focused on the cognitive aspects of self. For Mead, the emergence of self entails an individual “taking the attitudes of other individuals toward himself within a social environment or context of experience and behavior in which both he and they are involved” (p. 203). This means that the individual takes the role of other and “becomes an object to himself” (Mead, 1934) ^[42]. Extending this position in a different direction Goffman’s (1959) ^[20] work on self-presentation held role taking as its central tenet. He observed that self depends on the (social) role one is playing for the current audience.

It is during the 1980s that Tajfel’s (1978) ^[74] *Social Self Identification Theory* and Turner’s (1986) ^[73] *Self-Categorization Theory* emerged. They focused on the influence of groups on self. The social self develops through the process of learning, imbibing within it the social norms, values, and beliefs, which are based on the governing beliefs of the society, primarily the religious beliefs.

Everyday forms of sociality in the Indian setting indicate the coexistence of various communities. A study of the census revealed that as colonial rule progressed census became more ethnic with the creation of linguistic and religious identities. Also new definitions of what it meant to be Hindu, Muslim or Sikh emerged due to the efforts of reformers, political leaders and the colonial rule. The social and inter group context of religion has been explored by several researchers (Ahmad, 2000; Akoijam, 2001; Hutnik, 2004; Kakar, 1995; Kapur & Misra, 2003; Mishra, Akoijam & Misra, 2009; Nandy, 2001; A. Sen, 2006; Tripathi, 2005) ^[1, 2, 24, 28, 29, 30, 44, 50, 64, 75]. These studies show a complex relationship of religion with self-construal and indicate that the socio-historical, cognitive factors, socialization practices and economic changes are critically involved in determining the nature of relationship between religion and quality of life (Ghosh & Tripathi, 1992) ^[19].

Religion and Well-being

Research indicates low positive relationship between religiosity and general well-being (Diener & Clifton, 2002) ^[13] particularly for the older adults (Chamberlain & Zika, 1988;

Willits & Crider, 1988) ^[7, 79]. Religion’s association with life satisfaction may be mediated by meaning in life (Ardelt, 2003) ^[4]. It may lead to positive emotions of joy, hope and security (Fredrick, 2002). Following religious goals lead to the feelings of satisfaction and fulfillment (Emmons, 1999) ^[16] and offer a sense of control and well-being (Baumeister, 1991) ^[5].

Well-being is considered as the state of optimal psychological functioning and experience (Keyes, Shmotkin, & Ryff, 2002; Ryan & Deci, 2001) ^[33, 58]. Psychological well-being draws its source from humanistic-existential and developmental theories such as Maslow’s concept of self-actualization, Rogers’ notion of the fully functioning human being, Jung’s idea of individuation, Allport’s conceptualization of maturity, and Erikson’s notion of successful resolution of adult developmental stages and tasks (Keyes & Magyar-Moe, 2003) ^[34]. Ryff and Keyes (1995) ^[60] tried to integrate the earlier foundations and proposed a multidimensional approach for measuring psychological well-being comprising of the following: self-acceptance, positive relations with others, environmental mastery, autonomy, purpose in life and personal growth (Keyes & Waterman, 2003) ^[37].

The concept of social well-being fills an important gap in the conceptualization of well-being. As noted earlier the psychological tradition held well-being in terms of subjective evaluation of satisfaction with life, positive affect and personal functioning. However, as persons we are embedded in social structures and have to fulfil a number of social responsibilities. Hence, the need was felt to expand the scope of the notion of well-being to incorporate social well-being in its orbit. In broad terms, social well-being refers to the appraisal of one’s circumstances and functioning in society. Keyes (1998) ^[31] has identified five dimensions of social well-being: social integration, social acceptance, social contribution, social actualization, and social coherence.

The studies claim that social and psychological well-being is separate factors. found the scales of social and psychological well-being correlated as high as .44 whereas exploratory factor analysis revealed two factors with the scales of social well-being loading on a separate factor from the items measuring happiness, satisfaction, and the overall scale of psychological well-being. Keyes, Shmotkin and Ryff (2002) ^[33] observed that the measures of emotional well-being (positive and negative effect in life satisfaction) and psychological well-being represent discrete factors.

Well-being, Coping, Stress, and Physical Health

According to us, the differential impact of happiness and self-realization on stress could be explained by their respective influence on coping strategies (i.e., the efforts that people employ to master, tolerate, reduce, or minimize stressful events). More specifically, we suppose that self-realization, which entails an active and striving organism in the face of challenge, reduces stress because it sets in motion a more adaptive coping pattern. Alternatively, it may be argued that happiness does not supply individuals with such an adaptive coping pattern as it entails a more passive approach under stress.

To date, empirical evidence supports the link between both forms of well-being (i.e., happiness and self-realization) and adaptive or maladaptive coping strategies. For instance, prior research (Park & Adler, 2003) ^[55] has demonstrated that both happiness and self-realization were positively associated with

vigilant coping (a more proactive and adaptive way to deal with stressful events) whereas, they were negatively associated with avoidant coping (a less adaptive way to deal with stressful events). However, no research has yet looked at the relative impact of happiness and self-realization on coping strategies and therefore, whether happiness and self-realization will have the same impact on vigilant and avoidant coping when their influence is simultaneously compared is still not known. Nevertheless, some researchers have found that vigilant coping strategies were positively associated with less stress (e.g., shorter duration and a better resolution of the stressors) whereas avoidant coping strategies led to the opposite consequences (e.g., Brissette, Scheier, & Carver, 2002; Harnish, Aseltine, & Gore, 2000) ^[62, 21].

Well-Being and Physical Health

Prior research reveals that happiness is positively related to physical health, whereas it is negatively associated with illness or physical symptoms (e.g., Dua, 1994; Pettit *et al.*, 2001; Roysamb *et al.*, 2003) ^[14, 56, 57]. Similarly, some researchers have demonstrated that self-realization was positively linked with physical health and negatively associated with a variety of physical symptoms (e.g., Lindfors & Lundberg, 2002) ^[39]. Past research thus shows that both happiness and self-realization are positively associated with good physical health, but negatively associated with poor physical health. However, such work has not examined the relative impact of happiness and self-realization on physical health. In line with Ryff *et al.* (2004) ^[36], it is proposed that self-realization should lead to greater health benefits than happiness because it calls upon a more active and striving organism in the face of existential life challenges. As such, self-realization may prompt greater biological activation of the organism than the states of happiness or contentment.

This later assumption is actually supported by the work of Ryff *et al.* (2004) ^[36]. When examining the relationships between both types of well-being (i.e., happiness and self-realization) and physical health, these authors found numerous significant positive associations between self-realization and various physical health outcomes. However, they found that happiness was only positively related to one of these health outcomes. Thus, possessing high levels of self-realization would appear to be more conducive to physical health than high levels of happiness.

It is a very popular adage that “if wealth is lost then nothing is lost, if health is lost then something is lost and if character is lost then everything is lost”. This proverb gives insight to understand the role of health and character in making of a person. Nowadays, some modifications are required as it seems that health is playing a major role in person’s life. Now health is not limited to physical domain. It incorporates many more dimensions like mental, emotional and spiritual.

Similar to health, well-being also has many dimensions such as physical, social, personal, emotional and spiritual. Health means not only the absence of disease or injury but also includes overall physical, mental and social well-being of an individual. Well-being can be explained as a global sense of life-satisfaction, happiness and high on positive affect and low on negative effect (Misra, 1994, 1999) ^[45, 46].

Well-being depends on a number of factors such as genetic predispositions, personality traits and demographic variables. Till date, most of the scholars have focused on psychological

well-being and emotional well-being whereas social well-being has not received the necessary importance and hence this area remains unexplored. Keyes and Shapiro (2004) ^[36] unveiled a strong association between pro-social community involvement and aspects of social well-being. It has also been found that individuals involved in their communities during the previous year reported feeling more socially integrated and socially contributive than people who had never been involved. There was greater level of social integration and social contribution among adults who had worked with others in their neighborhoods to solve a problem (Keyes, 1998) ^[32]. Social well-being increased as levels of the perceived safety of one’s neighborhood and trustworthiness of neighbors increased (Keyes, 1998) ^[31]. Keyes and Ryff (1998) ^[32] noted that the level of overall social well-being increased with increased perceived civic responsibilities, perceptions of being caring, wise, and knowledgeable and generativity toward others.

It is believed that there is an association between health and well-being. If a person is rated as having good physical health, he or she is likely to obtain high score on physical well-being. Similarly, if there is any problem with physical health such as prolonged illness, then it may lead to poor well-being. Healthy person interacts with society in a positive way that promotes healthy interpersonal relationship, social integration, acceptance in society and ultimately productive individual and society.

The twin concepts of health and well-being are getting valued in modern times because today’s world is driven by the four Cs, namely, competition, conflict, crisis and chaos. Fast food cultures, sedentary life style, anti-nature human practices are some characteristics of modern world which are impacting the individual’s thinking, affect and has behavioural consequences. In the Indian context, it has been reported that wellness is in jeopardy owing to obesity, body image concerns, and hypertension. Some of the causes of this situation include over-consumption of fast foods, less intake of healthy food items and reduced activity level. These ill practices have bearing over mental health that causes mental disorders: stress, anxiety, depression etc. It becomes necessary to improve health and well-being. If the aforementioned four ill Cs are skillfully managed by humans then the four healthy Cs, that is, cooperation, companionship, cohesiveness, competency can be focused upon (Verma, 2015) ^[77].

Discourse on the negative side of individual life world, such as, mental disorders, neurosis, and psychosis have taken place till the date. But, the focus of researchers is now shifting towards the positive side of life. It has been helpful in the emergence and growth of positive psychology that emphasizes about hope, happiness, optimism, care, resilience and strength etc. The knowledge of positive psychology allows the person to enhance the capability, competence and coping of the individuals while dealing with daily life situations.

Several indigenous practices such as yoga, wrestling, meditation have been proven instrumental in keeping the physical, mental and spiritual health at optimum level. As people are becoming modern, they are adopting more fascinating ways of exercise like classical dance, salsa, swimming, sport activities, gym, jogging and weight training etc. as another way for promoting health and well-being. It short, it can be concluded that whether the practices are

classical or modern, they all have potential to optimize mind-body synchronization.

Yet we need to turn towards another facet of health and well-being. Neither everyone is equally ready to contribute to social well-being nor have social interest to do so. We are often bogged down by personal interest and selfishness and jeopardize social life. Unluckily the gulf between personal interest and social interest is escalating and social well-being is being marginalized. At least some part of corruption, discrimination, violence and impropriety in behavior present in various sections of the Indian society is becoming prominent. The social change is leading to decline in family ties, increased social mobility, cut throat competition, increased emphasis on economic values, low concern for communal life, weak social participation and over concern with personal joys and aspirations. All this point to a state of affairs which is not satisfying and raise questions about the quality of social life.

In a study (Sinha, 1969) [70], villagers were asked to conceptualize what constitute a happy life, it was found that education was not an important constituent in their responses. In the rank order of various categories of needs expressed by the villagers, it was way down and occupied eleventh and twelfth rank out of the possible 30 and odd ranks among villagers from highly developed and very poorly developed areas respectively (Sinha, 1986) [72].

In a study conducted in Maharashtra it was found that adult education and rural development had no link with the skill development or employment, and did not seem to have the demand from the people (Muthayya, 1971, Muthayya; & Prasad, 1982) [47, 48]. In a study motivational syndrome of farmers was analyzed and it was generally characterized by apathy and disinterestedness, caution and stagnant level of aspiration immediate necessities and subsistence values, to keep their goals tied down little urge to take chances and lack of enterprises (Sinha, 1969, 1974) [70, 8]. It has been hoped that bringing generates the right kind of some motivations process of development sustained and make it self-generating. This study observed that adoption of improved farm practices was associated closely with need for achievement, planning orientation and optimism. It was contended that the important role played by old and aged farmers in making decisions regarding cultivation had hindered economic growth in the undeveloped villages.

The Present Study

The present study aimed at examines the pattern of relationship between self-construal, health and social well being among Hindu participants. The Indian constitution has adopted the principal of secularism and has committed itself to the ideal of peaceful co-existence of different religions on an equal footing. This goal has not been fully achieved because religion exists within the broader socio-cultural context. As a result clashes between religious groups have taken place and at times religion has been used as a mask for ulterior motives. These factors have made the study of religion less popular. The resulting negligence has led to the mistake of misunderstanding religion's pivotal place in life.

In general religion seems to constitute a basic human need or urge. Whether it is to find hope, peace, self-actualization, or harmony with the inner and outer aspects of self, in a world full of uncertainties and ambiguities, struggles and frustrations

religion occupies a central place and one cannot afford to ignore or reject it. Religion and its practice involve symbols, practices, customs, rituals, beliefs and world views. These offer diverse positions to view the reality organize behaviors (e.g. taking decisions, defining morality, right and wrong actions) and in important ways organizes behavior as a source or constraint.

Religion has pervasive effect on economy, politics and quality of life of the people. We suspect that it is through the peculiar construction of people's identities and making those aspects of self-construal salient that religion facilitates/inhibits the processes of personal and social well-being. As discussed earlier self-construal is conceived as a socially constructed process subject to negotiations that evolve under certain socio-historical circumstances (Tajfel, 1978) [74]. Gradually religion is increasingly being considered as a social phenomenon with its influence and resultant consequences for the individual and community. The society is witnessing that people are everywhere becoming ethnically and culturally diverse. With this view this study sought to address the following research questions.

Research Questions

The quest for well-being is currently receiving considerable attention across the globe. A search for key factors underlying variation in the degree of well-being is undertaken in the developing as well as developed parts of the world. The studies have yielded a host of social and psychological variables. However, most of the researchers have focused on personal/subjective well-being and ignored social well-being. In the Indian context religion continues as an important place in individual and community life. In some sense it has grown and influenced all aspects of life and across all segments of the population.

The present study attempted to study the dynamic relationship between these two interrelated aspects. The second exploratory variable consisted of self-construal. It has received considerable attention in cross-cultural and cultural psychological research. Generally the researchers have used individualism-collectivism and interdependent-independent categorizations of self-construal. This does not represent the diversity present in the notion of self-construal. Research on self-construal across cultures and communities reported in recent past tends to suggest that a dichotomous categorization of self (e.g. independent vs. interdependent) does not capture the cultural diversity present in this multifaceted construct. In a large scale work by seven aspects of self covering major conceptual variations have been noted. They include a nuanced way of appreciating and exploring self-construal.

The chief aim of this study was to investigate the role of religiosity and self-construal in shaping social and personal well-being. The study addressed the following major objectives:

1. Examining the relative contribution of self-construal, health and social well being.
2. Examining the relationships of self-construal and health with social well-being of Hindu Participants.

The Strategy of the Study

The present study takes on a social-psychological approach to explore the linkages between self-construal, health and well-being in the Indian socio-cultural context. These issues, as

mentioned earlier, were further detailed in terms of self-construal, Health and social well-being.

Participants

150 samples were taken in this study from Hindu community. They included equal number of males and females. In order to age 18 to 55 selected in data collection.

Measures

Self-construal: measure of self-construal is a multidimensional tool having seven aspects. These are termed as *self-reliance* and *self-direction*, in which the self does not depend on others and acts independently; close interconnectedness with other people was named *inclusion of others* in the self; *consistency* of the self and lack of contextual influence on the self and *commitment to others*; the sixth dimension represents desire for harmonious relationships, that is, *harmony* and finally the seventh dimension, *uniqueness*, assesses the desire for uniqueness and being different. There were 3 items in each domain. Response options range from ‘not at all’ (1) ‘exactly’ (9). The Chronbach alpha values for the components were estimated between .42 to .49.

Social Well-being: It was assessed on the personal and social levels. (Ryff’s 1989; Ryff & Keyes, 1995) [59, 60] test was used to assess the meaning of psychological well-being and Keyes (1998) [31] test on social well-being to measure social well-being. The measure developed by Keyes (1998) [31] consists of the following five dimensions: coherence, integration, actualization, contribution, and acceptance. It has 35 items each to be rated on a 7-point scale ranging from “strongly disagree” (1) to “strongly agree” (7). The Chronbach alpha values for the five dimensions were in the range of .42 to .57.

Self-reported health: It allowed assessment of health status as reported by the participants. It was measured on a single question using a 5 point Likert scale of *Optimism* It was measured by a single question where participants rated the level of being optimistic in terms of hope, cheerfulness and confidence on a 5 point Likert scale.

Result and Discussion

The study also aimed at tracing the gender differences in self-construal. The main effects of gender on self-construal are summarized in the female participants displayed significantly higher scores on the aspects of *consistency* and *IOS*, than male participants. In contrast, *self-direction* was stronger among males than females.

Table 1: Mean Scores on the Measure of Self-construal by Gender

Aspects of Self-construal	Gender				t-value
	Male (n=75)		Female (n=75)		
	Mean	SD	Mean	SD	
Self-reliance	18.71	4.28	18.81	4.41	0.07
Consistency	15.64	3.88	16.53	4.11	7.44**
Self-direction	14.27	5.28	12.63	4.90	15.48***
Uniqueness	15.70	3.97	16.24	4.50	2.43
IOS	18.89	4.82	20.42	4.29	16.77**
CO	16.57	4.67	17.20	4.56	2.76
Harmony	16.80	4.68	17.39	4.69	2.38

p < .01, * p < .001

Note: IOS- Inclusion of Others in the Self; CO- Commitment to Others

Table 2 showing social well-being reflects how much individuals and groups feel a part of the society they live in. Advancing age does bring in changes in life roles and expectations. In comparison to females the male participants scored highest on *social integration*, *social contribution*, *social actualization* and *social coherence*; whereas female participants scored the highest on *social acceptance* component of social well-being. A higher level of social well-being for men presents evidence for gender differences in the components of social well-being. It appears that women evaluate the quality of their lives and functioning in society at low levels.

We have noted that the women participants have been accorded the role of being nurturers and carriers of tradition. This trend perhaps also provides an interesting view into the gender dynamics in the Indian setting. It requires further investigation. The perceived health status did not show significant main effect across gender. Table 2 shows the mean differences and t-value for the measures of self-rating of health status.

Table 2: Mean Scores and t- value on Measures of Social Well-being and Health for Gender

Social Well-being Measures	Gender				t-value
	Male (n=75)		Female (n=75)		
	Mean	SD	Mean	SD	
Social Integration	27.60	5.52	26.51	4.57	6.94**
Social Acceptance	26.28	6.00	28.02	5.62	13.54***
Social Contribution	28.19	5.98	26.71	5.85	9.44**
Social Actualization	32.41	6.13	30.71	6.00	11.83***
Social Coherence	25.82	5.97	24.46	5.00	9.06**
Perceived Health	3.25	0.94	3.13	0.92	2.34

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

Table 3 shows that *self-reliance* was positively related to the perceived health. In regard to self-construal the present results indicated that it was more strongly associated to most of the components of social well-being, in particular, three aspects of self-construal i.e. *consistency*, *uniqueness* and *harmony* related to social well-being. In particular *self*

reliance was related to health. *Harmony and uniqueness* were positively related to aspects of social well-being. *Commitment to others* was negatively related to health. Thus, the present results tend to suggest that the salience of social aspect of person’s self-construal enhanced social well-being more than aspects of personal self-construal.

Table 3: Coefficients of Correlations showing Relationships of Self-construal and Religiosity with Well-being for Hindu participants (n=150)

Self- construal	Health and Social Well-being					
	Integratation	Acceptance	Contribution	Actualization	Coherence	Health
Self-reliance	.09	-.09	.04	.08	.08	.21**
Consistency	.11	-.12	-.15*	-.10	-.24**	-.11
IOS	-.07	.04	.07	.06	.06	-.05
CO	-.09	-.03	.03	.02	.03	-.17*
Uniqueness	.07	.10	.23**	.06	.06	.03
Harmony	.05	.15	.09	.21**	.16*	-.04
Self-direction	.03	-.04	.14	-.04	.10	.21**

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

Note: IOS= Inclusion of others in the self, CO= Commitment to others,

In general positive relationships were noted for *optimism*, *agency* and *pathways thinking* with various self-construal components. Optimism was positively related to *self-reliance*, *IOS* and *harmony*. Optimism allows a person to cope adaptively with stressful life events. Importantly it helps self-regulation of behavior (Carver & Scheier, 1990; Scheier & Carver, 1988) [6, 61]. The Hindu participants indicated a positive association of *optimism* with the components of self-construal. When people are optimistic about attainment of goals they put in the necessary effort. Optimism has motivational property as it is related to positive affect ranging from pride to gratitude. The Hindu participants indicated goal directed behavior and pathways to attain the goals. Hope is a positive motivational state that allows people to move forward and not be weighed down by adverse of circumstances. Higher levels of hope bring in the spirit of challenge, vigor, and self-improvement.

Finally, the relationship of self-construal with social well-being was very weak while the relationship between self-construal and personal well-being was moderate. At the same time religious belief and practices were strongly negatively related to social well-being and weakly related to personal well-being. The close relationship between personal well-being and self-construal goes well as such factors allow the individual to progress in life.

The present findings indicate that religious beliefs and practices were related to social and personal well-being. The same is reflected in the Sikh way of life which is encapsulated in the famous saying '*kirat karo, naam japo, vaandh chako*'. The term '*kirat karo*' means to earn an honest and dedicated living by exercising the skills, abilities, talents and hard labor for (*vandh chako*) and to share the benefit for the improvement of the individual, family and society at large. Meanwhile, '*naam japo*' or '*simran*' refers to remembering God and dedication to the work of God, not for personal gain, but the welfare of all, should be an individual's main motivation. These three aspects help the Sikh followers to guide their life towards both the empirical and spiritual worlds (Kapur, 2006) [30].

This section presented the pattern of relationships between self-construal, religious beliefs and practices and well-being. We note that religion offers a social context and provides social experiences to the individual for well-being. Two points are in order: first, results indicate varied relationship between both self-construal and religious beliefs and practices with well-being, and, second, variations occur across religious groups. It is surprising to note that across religious groups, religious beliefs and practices indicated both a positive and negative relationship.

For the Hindu community religious beliefs and practices indicated both patterns of relationships, while, for the Muslims self-construal components emerged to have a predominant relationship with well-being. For the Christian group both self-construal and religious beliefs and practices were related and finally for the Sikh group we note that self-construal and religious beliefs and practices play a mixed role for well-being. Research has shown mixed results but more in favor of a positive relationship with personal well-being. Indian research work (S. Sharma, 2010) [70] also have indicated a conclusive role of religion for mental and physical well-being.

Limitations of the study

It must be noted that this study was correlational and this was conducted on small sample of Hindu community, further study would be conducted with using qualitative interview and Developmental stage as a variable can be included.

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