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UNDERSTANDING DEPRESSION THROUGH THE CULTURAL SELF: COPING AND EMOTION REGULATION IN ADULTS WITH MAJOR DEPRESSIVE DISORDER

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Abstract
This study investigated the relationships between self-construal, coping strategies, and emotion regulation among patients with Major Depressive Disorder (MDD). Using a correlational design and purposive sampling, data were collected from N=250 participants (aged 18–60 years) from various hospitals in Lahore. Standardized instruments included the Self-Construal Scale, Brief COPE, Emotion Regulation Questionnaire, and Beck Depression Inventory were utilized. Findings indicated that interdependent self-construal was more prominent among MDD patients. Pearson correlations revealed significant positive associations between both independent and interdependent self-construal and approach-oriented coping strategies. However, emotion regulation showed a non-significant relationship with both self-construal and coping. These results underscore the necessity of moving beyond Western centric psychological models in Pakistan. The prevalence of interdependent self-construal suggests that therapeutic interventions should focus toward family systems and collectivist-oriented frameworks rather than strictly individualistic approaches. Furthermore, the non-significant role of emotion regulation highlights a critical "skill gap" in the local clinical population, suggesting that indigenous mental health programs should prioritize culturally adapted cognitive reappraisal techniques. These findings encourage the development of indigenous psychometric tools that better capture the nuances of emotional expression and social obligation within the Pakistani cultural landscape.

Keywords: *self-construal, coping strategies, emotional regulation, major depressive disorder, collectivist culture, mental health*

Introduction

Major Depressive Disorder (MDD) is a leading cause of global disability, characterized by persistent low mood, anhedonia, and cognitive impairments (APA, 2022; WHO, 2023). Its etiology involves a complex interplay of genetic, environmental, and traumatic factors (Nemeroff, 2007). In Pakistan, MDD remains a critical public health challenge, with prevalence rates estimated between 22% and 34% (Mirza & Jenkins, 2004). The collectivist nature of Pakistani society uniquely shapes this experience; while strong familial bonds provide essential social support, rigid social expectations can exacerbate psychological distress (Husain et al., 2000). Furthermore, a cultural emphasis on maintaining family "image" often fosters pervasive self-stigma, deterring individuals from seeking professional help (Karim & Nasar, 2014). This barrier is particularly acute for women, who face the added pressure of traditional gender roles (Jawaid et al., 2021). Consequently, the cultural framework in Pakistan significantly influences both the clinical presentation of MDD and subsequent help-seeking behaviors (Gater et al., 1991).

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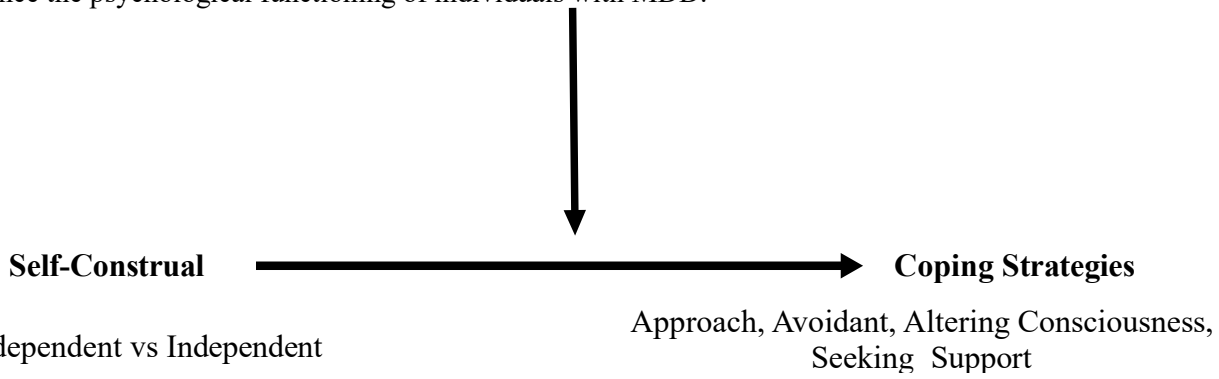
Central to understanding these cultural variations is the concept of self-construal, defined by Markus and Kitayama (1991) as the way individuals perceive themselves in relation to others. This is categorized into independent and interdependent types. Independent self-construal, prevalent in individualistic cultures, prioritizes autonomy and personal achievements, whereas interdependent self-construal, dominant in collectivist societies like Pakistan, emphasizes social harmony and interconnectedness. These self-orientations fundamentally dictate preferred coping mechanisms: the cognitive and behavioral efforts used to manage stress (Folkman & Lazarus, 1980). Specifically, independent individuals often favor problem-focused approaches that target stressors directly (Carver & Connor-Smith, 2010), while interdependent individuals may rely more on emotion-focused strategies and social support networks (Kashdan et al., 2008; Ying, 2000).

The effectiveness of these coping efforts is often mediated by emotion regulation, which involves the processes by which individuals influence the experience and expression of their emotions (Gross, 2001). Adaptive strategies like Cognitive Reappraisal (CR) allow individuals to reframe stressors to alter their emotional impact (Gross & John, 2003). Conversely, maladaptive strategies such as Expressive Suppression (ES) or avoidant coping: the repression of emotions to avoid social conflict are consistently linked to increased negative affect and the exacerbation of depressive symptoms over time (Aldao et al., 2010; Holahan et al., 2005).

In individuals with MDD, deficits in executive control often lead to a reliance on these maladaptive strategies, such as suppression and rumination, rather than adaptive reappraisal (Joormann & Vanderlind, 2014). This creates a dysfunctional cycle that maintains and worsens depressive states. Therefore, the link between one's cultural identity (self-construal) and their chosen coping or regulatory strategies is not merely academic; it is a critical pathway for clinical intervention. In a Pakistani context, where interdependent self-construal may prioritize social image over emotional expression, understanding these interactions is essential for developing culturally tailored therapies that address the specific regulatory failures inherent in MDD.

While self-construal, coping strategies, and emotion regulation have been studied individually, their combined impact on Major Depressive Disorder remains under-explored. In particular, there is a limited understanding of how cultural factors specifically independent and interdependent self-construal shape stress management in MDD patients within non-Western contexts. Given Pakistan's ethnic diversity and the profound influence of culture on mental health behaviors, this study addresses this gap by examining how self-construal interacts with coping mechanisms and emotion regulation to influence the psychological functioning of individuals with MDD.



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Emotional Regulation

Methods

The current research aimed to explore the correlation among self-construal, coping strategies and emotional regulation in adults with MDD.

Research Design Sample and Sampling Strategy: Using a correlational research design, this study employed purposive sampling (N = 250: males and females aged ranged 18–60 years) to examine the relationship between self-construal and coping strategies, as well as the moderating role of emotion regulation, among patients with Major Depressive Disorder

Operational Definition of Study Variables

Self-Construal: Self-Construal refers to how people understand themselves within the context of with other people and the surrounds (Markus & Kitayama, 1991).

Coping Strategies: Coping Strategies are the behavioral and psychological endeavor that is employed by an individual to deal with stressors, correct emotions and or overcome obstacles. (Lazarus & Folkman, 1984).

Emotional Regulation: is defined as the cognitive and behavioral strategies which serve to modulate feelings to control emotional response to meet specific objectives or to match situational requirements. It consists of processes which can heighten or diminish feelings and is required for optimal psychological function (Gross, 1998).

Tools of Assessment Informed Consent

Demographic Information Sheet: A self-constructed demographic sheet including items related to age, gender, marital status, no of children, no of siblings, birth order, residence type, family system, profession and monthly income of the participants.

Self-Construal Scale (SCS) (Singelis,1994). Singelis (1994) developed SCS which is a psychological tool used to measure self-construal that shows how one perceives oneself in connection to others. The SCS is 30 items-based scale which are divided into two subscales. Each subscale consists of 15 items rated on a 7- point Likert scale, ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). It consists of two subscales: independent and interdependent SCS. *Independent SC Subscale*. This subscale measures the extent to which individuals perceive themselves as autonomous and separate from others. It emphasizes traits such as self-reliance, uniqueness, and prioritization of personal goals over group objectives. An example item is: "I enjoy being unique and different from others in many respects" (Singelis, 1994). *Interdependent SC Subscale.* This subscale assesses the degree to which individuals perceive themselves as connected to others, prioritizing relationships, social harmony, and collective goals. An example item is: "It is important for me to maintain harmony within my group" (Singelis, 1994). The reported Cronbach's alpha for the independent and interdependent self-construal subscale typically ranges between 0.70 and 0.80, indicating good internal consistency (Singelis, 1994).

The Brief-COPE Scale (Carver, 1997): is a 28-item self-report multidimensional inventory designed to assess the diverse cognitive and behavioral strategies individuals employ to manage stressful life events. The scale is structured into 14 subscales, which researchers typically aggregate into three overarching styles: approach coping, avoidant coping, and emotion-focused coping. Approach-oriented subscales include active coping, planning, and instrumental support, reflecting a proactive engagement with the stressor. In contrast, avoidant subscales: such as denial, substance use, behavioral disengagement, and self-blame measure maladaptive responses that often exacerbate psychological distress. The remaining subscales:

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including positive reframing, acceptance, religion, and humor, focus on managing the emotional impact of the stressor. The scale consistently demonstrates acceptable to high internal consistency. In the original validation by Carver (1997), Cronbach's alpha coefficients for the 14 subscales ranged from .50 to .90. Subsequent studies in Pakistan have reported overall reliability scores around .73 to .88, though specific subscales with only two items (like denial or venting) may occasionally show lower alpha values compared to broader factors like problem-focused coping.

Emotional Regulation Questionnaire (ERQ). Gross and John (2003) developed ERQ that is used to assess emotional regulation, which is the ability to manage and respond to emotions (Gross, 2015). ERQ contains 2 subscales which are referred as Cognitive Reappraisal (CR) and Expressive Suppression (ES) which regulate the severity and period of emotional experiences (Gross & John, 2003).

Cognitive Reappraisal strategy involves varying a person's interpretation of circumstances to decrease the severity of their emotions (Gross, 1998). On the contrary, Emotional suppression can be explained as a way of holding back or suppressing the external expression of one's emotions. Rather expressing feelings openly, people try to hide or control their psychological responses (Gross & John, 2003).

Beck Depression Inventory (BDI): was used to measure depression. It measures change in appetite, sleep-wake disturbances, fatigue, and suicidal ideation. It consists of 21 items, each indicating a specific sign of depression. Participants rate the severity of each symptom on a scale ranging from 0, not at all to 3, severely depressed. The total score on the BDI provides a quantitative measure of the overall severity of depressive symptoms.

Results

The current research was conducted to investigate the relationship among self-construal, coping strategies and emotional regulation in adults with MDD.

Table 1

Descriptive Statistics of the Demographic Characteristics of the Sample (N=250)

Characteristics	***M***	***SD***	***f***	***%***
Age	35.90	10.15		
Gender				
male			79	31.6
female			171	68.4

Note. (f)= Frequency, (%) = Percentage, (M)= Mean, (SD)= Standard Deviation

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Table 2

Cronbach's Alpha Reliability of Study Variables

Variables	*k*	*α*	*M*	*SD*	*K*	*S*	*Range*
Self-Construal	30	.71	153.96	17.16	1.16	-.37	89-205
Independent SC	15	.59	76.26	10.43	-.09	-.15	46-105
Interdependent SC	15	.70	77.70	11.26	.71	-.61	40-104
Coping strategies	28	.71	70.44	9.70	.28	-.13	39-90
Approach Coping	9	.66	25.16	4.59	.09	-.22	12-35
Avoidance Coping	9	.54	20.70	4.69	-.03	.26	11-37
Altering Consciousness coping	4	.20	9.71	1.95	1.50	.14	4-16
Seeking Support coping	5	.50	12.51	2.89	-.11	.25	5-20
ERQ	10	.71	44.02	9.59	-.17	-.20	13-68
Reappraisal	6	.70	26.72	6.75	-.47	-.38	9-41
Suppression	4	.56	17.30	4.99	.28	-.13	4-28
BDI	21	.76	31.68	8.38	-.009	-.06	7-56

Note. (k)= no. of items, (S)= Skewness, (K)= Kurtosis, α = (Cronbach's alpha), M = (Mean), SD = (Standard Deviation, Range = (Range)

Table 2 presents mean, standard deviation, Cronbach's alpha reliability, internal consistency, skewness, kurtosis and range of the variables. Alpha coefficients were assessed to measure internal consistency for all the scales.

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Table 3

Inter-correlation among Demographics Variables and Self-Construal, Coping Strategies, Emotional Regulation and Depression.

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Age	-														
2. Gender	.12	-													
3. Education	-.51**	-.09	-												
4. Marital status	.46**	.22**	-.22**	-											
5. No of children	.70**	.20**	-.47**	.48**	-										
6. No of siblings	.33**	.13*	-.26**	.22**	.28**	-									
7. Birth order	.17**	-.04	-.15*	.13*	.12	.56**	-								
8. Residence type	-.02	-.04	-.06	-.01	-.10	-.01	.06	-							
9. Family system	.05	-.02	.02	.01	.02	-.08	.06	.04	-						
10. Profession	-.22**	-.69**	.19**	-.26**	-.32**	-.14*	-.04	.02	-.01	-					
11. Monthly income	.08	-.32**	.14*	-.01	-.03	.01	.04	.09	-.02	.23*	-				
12. Self-Construal	.13*	.09	.02	.05	.14*	.003	-.10	-.05	-.12	-.16**	.14*	-			
13. Coping Strategies	-.23**	-.10	.14*	-.13*	-.11	-.15*	-.04	.00	-.09	.05	-.04	.08	-		
14. Emotional regulation	-.12	-.04	.10	-.14*	-.03	-.02	-.02	.002	-.04	.06	-.07	.18**	.06	-	
15. Depression	.01	.08	.01	.04	-.05	-.05	.01	.07	.09	.04	-.09	-.12	.07	-.09	-

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

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CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
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Table 3 displays the inter-correlations between demographic factors and study variables. Age (r = .13, p < .05) and number of children (r = .14, p < .05) both showed weak positive correlations with self-construal, while profession exhibited a weak negative correlation (r = -.16, p < .01). Regarding coping strategies, age demonstrated a moderate negative correlation (r = -.23, p < .01), whereas education showed a weak positive association (r = .14, p < .05) and number of siblings showed a weak negative association (r = -.15, p < .05). Emotion regulation was only significantly related to marital status, showing a weak negative correlation (r = -.14, p < .05). Notably, no significant correlations were found between demographic variables (age, gender, education) and the severity of depression, suggesting that these factors did not directly contribute to the intensity of depressive symptoms in this sample.

Table 4

Inter-correlation among Study Variables and their subscales

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Self-Construal	-											
2. Independent Self-Construal	.77**	-										
3. Interdependent Self-Construal	.81**	.25**	-									
4. Coping Strategies	.05	.07	.06	-								
5. Approach coping	.24**	.17**	.21**	.72**	-							
6. Avoidance coping	-.08	-.06	-.06	.75**	.24**	-						
7. Altering Consciousness coping	.02	.11	-.07	.43**	.13*	.25**	-					
8. Seeking support coping	-.02	-.02	-.01	.61**	.29**	.28**	.10	-				
9. Emotional Regulation	.18**	.09	.18**	.06	.12	.06	.01	-.09	-			
10. ER-Reappraisal	.14*	.06	.16**	.13*	.19**	.08	-.003	-.01	.87**	-		
11. ER-Suppression	.14*	.09	.13*	-.05	-.02	.01	.02	-.17**	.75**	.32**	-	
12. Depression	-.12	-.09	-.10	.07	-0.089	.201**	.13*	-.04	-.09	-.12	-.02	-

*Note. ER= Emotional Regulation, * p < .05, ** p < .01, *** p < .001*

Pearson's correlation analysis (Table 4) revealed significant relationships among the study variables. Self-construal demonstrated strong positive correlations with its independent ($r = .77$, $p < .01$) and interdependent ($r = .81$, $p < .01$) subtypes. A modest positive correlation between independent and interdependent self-construal ($r = .25$, $p < .01$) suggests these constructs are complementary rather than mutually exclusive. Additionally, self-construal was positively associated with approach coping ($r = .24$, $p < .01$), overall emotion regulation ($r = .18$, $p < .01$), and cognitive reappraisal ($r = .14$, $p < .05$). Regarding coping strategies, approach coping was positively correlated with both avoidance coping ($r = .24$, $p < .01$) and seeking support ($r = .29$, $p < .01$). Avoidance coping was also positively linked to altering consciousness coping ($r = .25$, $p < .01$). In terms of emotion regulation, cognitive reappraisal showed a weak positive relationship with approach coping ($r = .13$, $p < .05$), while expressive suppression showed no significant associations with coping mechanisms. Finally, depression severity was significantly and positively correlated with avoidance coping ($r = .20$, $p < .01$). Notably, no significant relationships were observed between depression severity and other coping strategies (approach, altering consciousness, or seeking support) or emotion regulation components in this sample.

Discussion

This study aimed to examine the relationships between self-construal, coping strategies, and emotional regulation in adults with MDD. Specifically, it explored how independent and interdependent self-construal influence coping strategies and whether emotional regulation moderates these relationships. Overall, the findings provide meaningful insights into the role of self-construal in coping among individuals with MDD, although the relationships were more complex and weaker than initially anticipated.

Independent self-construal showed a statistically significant positive correlation with approach coping strategies, including problem-solving and active engagement. This finding aligns with previous research suggesting that individuals with an independent self-construal are more likely to use active, problem-focused coping strategies (Markus & Kitayama, 1991; Leung et al., 2001). Individuals who value autonomy and individualism tend to confront challenges directly. However, the effect size was small, indicating that additional factors such as depression severity may influence coping behaviors in MDD.

In contrast, interdependent self-construal did not show a significant relationship with either approach or avoidance coping strategies. This finding diverges from earlier research suggesting that interdependent individuals often rely on emotion-focused or support-seeking coping due to their emphasis on relationships and social harmony (Markus & Kitayama, 1991; Kim et al., 2006). One possible explanation is the impact of depressive symptoms. Depression is associated with reduced motivation, social withdrawal, and diminished self-efficacy, which may disrupt typical coping patterns. Although individuals with interdependent self-construal may normally seek social support, the severity of MDD may inhibit this tendency.

The study also hypothesized that emotional regulation would moderate the relationship between self-construal and coping strategies. However, emotional regulation did not significantly moderate these associations. Previous research highlights the importance of emotional regulation in stress management, particularly in mood disorders (Aldao et al., 2010; Gross, 2002). In MDD, emotional dysregulation often contributes to maladaptive coping strategies such as rumination and avoidance (Nolen-Hoeksema, 2012). The absence of a moderation effect may be explained by the severity of depressive symptoms in the sample, which may have impaired participants' regulatory capacities. Individuals with severe

depression often struggle with cognitive control and attentional biases, limiting the effectiveness of emotional regulation strategies (Joormann & Gotlib, 2010).

Meta-analytic findings indicated a positive association between emotional regulation and approach coping, consistent with prior research demonstrating that adaptive regulation strategies such as cognitive reappraisal predict greater use of active coping (Aldao et al., 2010). Additionally, higher depressive symptom severity was associated with greater use of avoidance coping, consistent with earlier findings (Spinhoven et al., 2015). Avoidance coping does not address the source of stress and is linked to poorer psychological functioning in MDD (Aldao et al., 2010). In contrast, approach coping may be less prominent among individuals with severe depressive symptoms due to reduced motivation and impaired problem-solving abilities (Beck, 1967).

Cultural context also provides important insight. In collectivistic cultures such as Pakistan, coping strategies may function differently. Avoidance coping, often viewed negatively in Western literature, may sometimes preserve family harmony or reduce interpersonal conflict in collectivistic societies (Carver et al., 1989). However, stigma surrounding mental health in Pakistan may discourage individuals from seeking social support, thereby increasing reliance on avoidant strategies. These cultural factors may partially explain the small effect sizes observed in the relationships among self-construal, coping, and depression.

Implications

This study offers important theoretical and clinical implications. Understanding an individual's self-construal (independent vs. interdependent) can help clinicians tailor therapeutic interventions more effectively. Individuals with an independent self-construal may benefit more from individual-based cognitive and problem-solving interventions, whereas those with an interdependent orientation may respond better to family-based or group therapy approaches.

The findings also suggest that directly enhancing adaptive coping strategies may be more beneficial than focusing exclusively on emotional regulation as a moderating mechanism. Interventions aimed at strengthening problem-solving skills, behavioral activation, and culturally responsive coping approaches may improve treatment outcomes in MDD.

Furthermore, this study highlights the importance of culturally sensitive mental health interventions in Pakistan. Addressing social stigma and promoting collective support systems may enhance help-seeking behaviors and improve treatment accessibility.

Future research should examine additional moderating variables, such as perceived social support, family functioning, religious coping, and community influences. Longitudinal designs would also help clarify causal relationships among self-construal, coping strategies, and depressive symptoms.

Conclusion

The present study explored the relationships among self-construal, coping strategies, and emotional regulation in individuals with MDD. Independent self-construal was positively associated with approach coping strategies, while interdependent self-construal showed no significant relationship with coping styles. Emotional regulation was positively related to adaptive coping but did not moderate the relationship between self-construal and coping.

These findings suggest that while self-construal influences coping behaviors, its effects may be attenuated in clinical populations due to depressive symptom severity. Coping strategies appear to play a more central role than emotional regulation as a moderating

mechanism in this sample.

Overall, this study contributes to the understanding of culturally embedded psychological processes in depression. Integrating culturally sensitive coping strategies and considering self-construal in therapeutic planning may enhance mental health interventions and improve outcomes for individuals with MDD.

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